

Original Duplicate
ORIGINAL

ATTESTATION PAPER.

No. 257283
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname?..... *Montour*
- 1a. What are your Christian names?..... *Joe*
- 1b. What is your present address?..... *Maple Creek Sask*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Montana, U.S.A*
- 3. What is the name of your next-of-kin?..... *Mrs Carolina Montour*
- 4. What is the address of your next-of-kin?..... *Coulee, P.O. Sask.*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
- 5. What is the date of your birth?..... *Oct 20th, 1898*
- 6. What is your Trade or Calling?..... *Rancher*
- 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?.. *None*
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 } *Yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 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?..... *None*
- 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?..... *None*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I,....., 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.

Joe Montour..... (Signature of Recruit)
J.E. Smith..... (Signature of Witness)

Date..... 191 *8*
Jan 13th

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.

Joe Montour..... (Signature of Recruit)
J.E. Smith..... (Signature of Witness)

Date..... 191 *8*
Jan 13th,

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..... this..... day of..... 191 *8*
Regina, *13th* *January,*
J. P. [Signature]..... (Signature of Justice)

M. F. W. 23.
750 M.-1-17.
H. Q. 1772-39-341.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Montour Joe on Enlistment.

Apparent Age 19 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 6 ft 2 ins.

Chest measurement { Girth when fully expanded 36 1/2 ins.
 Range of expansion 2 1/2 ins.

Complexion Dark

Eyes Brown

Hair Black

Religious denominations, { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic Yes.....
 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. A for the Canadian Over-Seas Expeditionary Force.

Date 14th January 1918

Place Regina, Sask.

W. J. D. Smith Capt.
 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:—

approved
Category A2
W. J. D. Smith
Symour Smith

CERTIFICATE OF OFFICER COMMANDING UNIT.

Joe Montour 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.

W. J. D. Smith Capt. (Signature of Officer)

Date 14 1 1918

REGIMENTAL DOCUMENTS

NAME

MONTGOMERY, Joe

REGT. NO.

257283

UNIT

5th Bn

H. Q. FILE NO.

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

28388

DISCHARGE

Category

Demob.

DESERTION

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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

TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

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

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

2 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)

LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 263)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 *0411237*

1 *0411181*

4 *Passcard*
kept

1 *R 149*

1 *0411237*

1 *R 122*

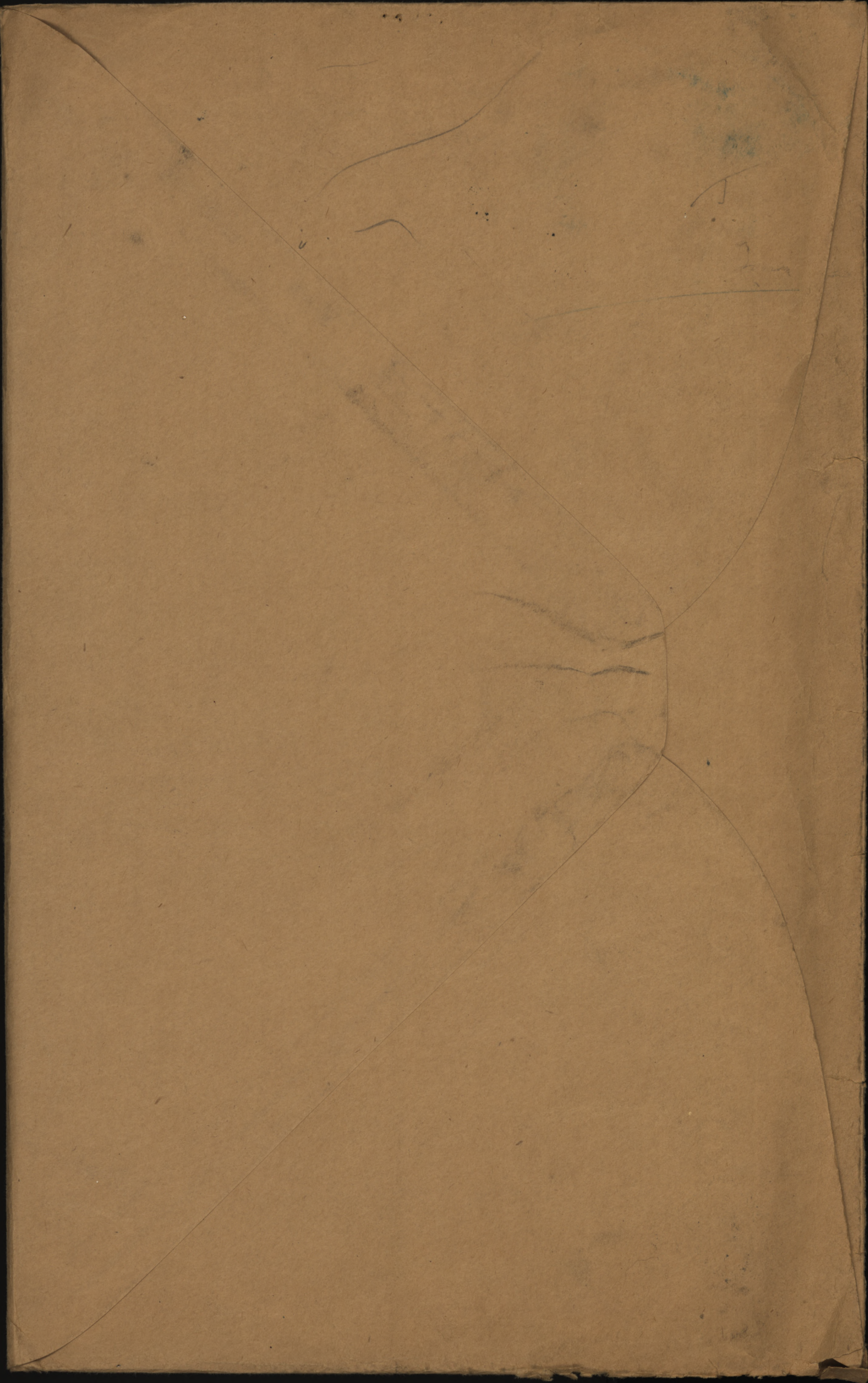
M
1/21/40

H

W80037

40-18
26-18
5-20

T



Joe Joe.
Pte

Name **MONTOUR** Rank

Reg. No. **257283**

Unit **15⁰ Reg**

Next of Kin

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
21.7.18	12 G 4 H Bramshott	Def	Joe's Foot	<i>C. 268</i>		21810
30.7.	Discharged		<i>Do</i>			6984

808 = 4/1/18

Bro 4/18

Date

Movement

Place

Casualty

List
No.

Notified
N/K O.

W.O. List

J

J

A. & D.
CARDA. & D. No. *A-11* 12. *Can Gen* HOSPITAL.

AT.....

A. & D. No. *5666* PL. OF ACTION.....RANK *1st Lt* REG. NO. *254283* UNIT *15th Res. W. Co* SICK OR WOUNDEDNAME *Montour* AGE *19* RELIGION *T.P.B.*PLACE IN HOSPITAL *Ward 19*DIAGNOSIS *Deformed toes left.*ADMITTED *20* *7* FROM *18*DISCHARGED *JUL 30 1918* TO *Home*

TRANSFERRED.....

SERVICE AT HOME *6/12* IN FIELD.....RESULTS *5/12*

(See Document Card for M.H. Sheet and other Documents.)

my. *ca*

Number. 257283 Rank. Pte. ✓ B

Surname. MONTOUR ✓ F

Christian Name. Joe ✓

Units. 5th Bn. Can. Inf. ✓ Theatre of War. France ✓

Date of Service. 20/8/18 ✓

Remarks. ✓

Latest Address. ~~Maple Creek, Sask.~~

Hobbina Alta

B. Page 8583.

Roll No.

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

DESP NOV 25 1921

REGN. NO. 673337

SURNAME.

Montow.

CHRISTIAN NAMES

Jae.

REGL. No.

257283.

RANK

Pte.

UNIT

Sask Regt 1st W/Co Bn.

FORMER CORPS

nil.

012.
 CARD NO.
 So's. Dis. 24/4/19
 Demob. DO 115 of
 25/4/19 # 1200.12
 FOLL.

NEXT OF KIN.

NAMES IN FULL

Montow, Mrs Carolina.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Coulce, Pte, Sask.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

U.S.A. Montana

DATE

Oct 20th 1898.

PLACE OF ATTESTATION

Regina, Sask.

DATE

Jan 13th 1918.

0/825/3/18 $\frac{1123}{7}$ 450.

R/c 19-4-19 $\frac{305}{82}$ Pte

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

NAME

Montour J.

RANK AND CORPS

Pte 15th Res Bn

REGT'L No.

257283

H. Q. FILE No. 649.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C268 ¹	12 Cav. Gen. Branshott	21-7-18	Sask. Reg. Def. Toes L. Foot.
C272 ["]	Discharged	30-7-18	" " " "

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

MONTOUR.

J.

257283.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

Sask. 15R.

HOSPITAL

DATE OF ADMISSION

12. C.G.H. B'shott.

21-7-18.

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Def. TOES Lt. Foot. *as*

1.

2.

3.

DISPOSITION

Dis. 30-7-18
DATE

C.I. 26-7-18. C268.

1-8-18 6272

REMARKS

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.	
2.	
3.	
4.	
5.	
6.	
7.	

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. 254283 Rank Plt. Surname MONTOUR
(Given name in full)
Joseph
Unit or Corps 5th Co. 2. Bu. Birthplace Ubaletie, Ubonwana, U.S.A.

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

1. GENERAL DESCRIPTION: Estimated

Physique Good Weight 164 lbs. Height 6 ft. 2 in. Colour of Eyes Brown
Nutrition Good
Pulse 72 Regular
Condition of arteries Normal - Soft
Vision Rt. 6/12 Left 6/12
Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin)
Scar Index finger, Lt. (1913)
Scar at bridge of nose (Accident 1915)

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 Sytem 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.

20.7.15 Inflammation of Great toe, Lt. Recurred

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Millford Camp (Overseas)

Date 19.3.19 Signed J.P. Swamesby Capt. R.M.C. 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 J. Montaur

(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.)

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MONTGOMERY, J.
REGIMENT 5th P.I. Bn RANK PTE No. 257283
Date of Examination in England 18-3-19 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 2.15.
- 2. EXTRACTIONS
- 3. CROWNS
- 4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

E. W. MONTGOMERY, Capt
A.D.D.S., C.A.D.C., M.D., R.C.S.D.

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 Yes
- (c) In France

Signature of Dental Officer *W. S. Rutherford Capt*

DENTAL CENTRAL FOR EMERGENCY

NAME OF PATIENT: _____
ADDRESS: _____
CITY: _____

DATE OF EXAMINATION: _____
DENTIST: _____

EXAMINATION REPORT: _____
DENTIST'S SIGNATURE: _____

LABOR CHARGES: _____

- () 1. X-ray
- () 2. Lab.
- () 3. Radi.
- () 4. Cast
- () 5. Model
- () 6. Study
- () 7. Wax
- () 8. Mount
- () 9. Other

DENTAL HISTORY SHEET

War Service Badge

CANADIAN ARMY DENTAL CORPS

DISTRICT *12*

NAME OF SOLDIER

Montezuma, Joe

REGIMENT *1st Coy. 1st Bn. 1st Regt. C.P.*

RANK *Sgt.*

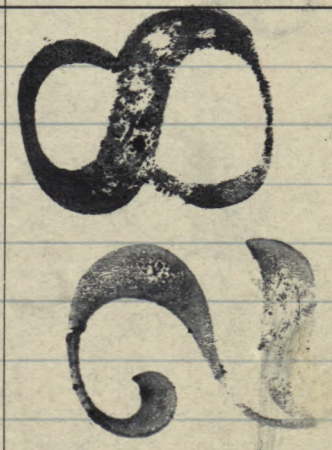
No. *25753*



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.

Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrheca	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS	
											U	L	P			Gold	Porcelain					
1918 <i>Jan 21 21</i>										<i>1</i> <i>32</i>									<i>Capt. J. Robertson</i>	<i>12</i>	<i>Can. 2. 3. 16. 18. 19. 31.</i>	



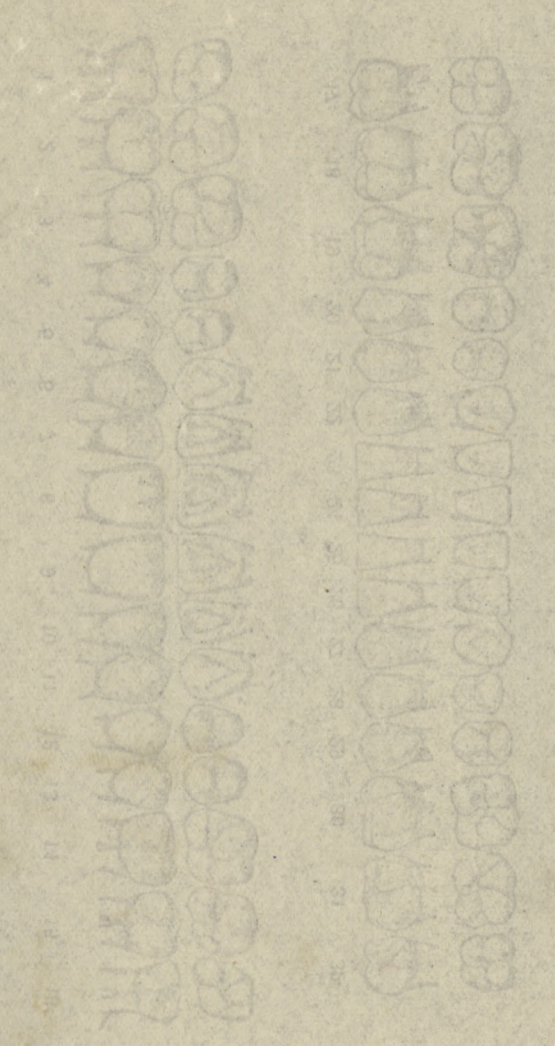
DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Name of Patient: _____

Rank: _____

Date	Dental Officer	Assistant	Notes



1. On this sheet and/or to be made by the dental officer. (If not shown)

2. On this sheet and/or to be made by the dental officer. (If not shown)

3. On this sheet and/or to be made by the dental officer. (If not shown)

4. On this sheet and/or to be made by the dental officer. (If not shown)

5. On this sheet and/or to be made by the dental officer. (If not shown)

INSTRUCTIONS

1. On examination, the condition of subject's mouth to be referred to

To be made out in duplicate.

War Service Badge
Class "A" No. *****

H.Q. 54-21-23-53

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..... 1st Depot Batta Sask. Regt......

(2) Regimental Number 257283.....

(3) Full Name of Soldier..... Joe Montour.....

(4) Place of Birth..... Montana 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?..... No.....

(8) Have you any children?..... —.....

If so, give number of boys and girls..... —.....

Also their names and ages..... —.....

M. F. W. 67.

500M.-9-16.
1772-39-954.

28

(SEE OTHER SIDE.)

(9) Is your Father alive?..... *No*

If so, state name and address.....

(10) Is your Mother alive?..... *Yes.*

If so, state name and address..... *Mrs Caroline Montour*

Coulee P.O. LaSalle

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

Are you her sole support, or not?..... *No.*

(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.

(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.

(15) Are you insured?.....

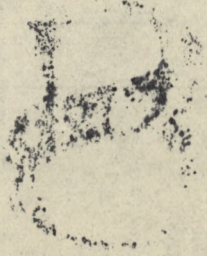
If so, in what Company?.....

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 *Jan 13 1918*

N. J. Binnie
Officer Commanding.
First Deputy Bu Dash Regt.



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

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

330m.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

War Service Badge
Class "A" No. _____

Unit, Regiment or Corps *3rd Dft 1st Dep of 2nd Light Reg*

Regimental No. *257283*

Rank *Pte*

Name *Montour Joe*

Enlisted (a) *13/1/18*

Terms of Service (a) *DURATION OF WAR*

Service reckons from (a) *13/1/18*

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on roll of N. C. Os. *Bois Roncher Military*

Extended

Re-engaged

Qualification (b) *Bois Roncher Military*

W. S. B. CLASS. A

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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CERTIFIED CORRECT.
29 AUG 1918
CAN RECORDS, LONDON.

APR 9 1918

Taken on the Strength of the 15th Can Res Battr.

4 APR 1918

PART II, DAILY ORDERS No. 99

AUG 10 1918

O.C. 15th RES. BN. PROCEEDED OVERSEAS FOR SERVICE WITH 5th BATTALION, C.E.F. BRAMSHOTT.

AUG 19 1918

PART II, DAILY ORDERS No. 232
J.S. Willis Lt Col ADJUTANT
15th RESERVE BATTALION

G. B. D.

ARRIVED C. B. D.

FRANCE

20.8.18

N. R. D. PART II ORDERS No. 107 D

C. B. D.

LEFT C. B. D. FOR

C.C.C.

23 10 1918

N. R. D. 27354

23 OCT 1918

BN ARRIVED C.C.C. BN.

FIELD 23 10 1918

B. 213 D. NR 01317

SEP 2 1918

CERC

LEFT FOR UNIT JOINED UNIT

765

SEP 2 1918

9M

7 SEP 1918

5th CAN BN.

3 SEP 1918

B 213. D.C. S. d/-

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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				
	Emb. Camp.	Proceeded to England.		15-3-19	N.R. PL2 O.N.O. d/.....
2/4/19.		<p>200. proceeding to Pt II order No. 24.</p> <p>CARMANIA - Sailing No. 45 Embarked 10 4 19 Disembarked 18 4 19 ☆.no.9 Conducting Staff. N</p>	Canada	10 APR 1919	<p>LIEUT. FOR L-COL. A.A.G</p> <p>H. Wing 6 to 6 W.F. Grissick M</p>
					<p>REGINA DISPERSAL AREA "O"</p> <p>T.O.S. R.O. 1420 (D.D.O. 115 Para 708)</p> <p>S.O.S. R.O. (D.D.O. Para 708)</p> <p>MEDICALLY UNFIT DEMOBILIZATION.</p> <p>J. Balfour LIEUT.</p>

DEPARTMENT OF VETERANS AFFAIRS

To **Copy for H.O. file**

Ottawa 4, Ont.

Date October 20, 1966

Attention of

P.A.

NAME **MONTOUR Joseph**

SERVICE NUMBER **257283 WW1**

C.P.C. No.

W.V.A. No. **58402**

NAVY

ARMY **X**

R.C.A.F.

The DEPARTMENT has received information from

Administrative Officer (P) C.P.C. Edmonton, Alberta. Date 11 October, 1966.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death September 1, 1966

Cause of Death _____

Place of Death WETASKIWIN Hospital, Wetaskiwin, Alta.

Name and Address of next of kin (if known) _____

Copies to: W.S.R.
V. I.
~~PAY~~
~~DO~~
H.O.

} Destroy form if advice of death already received.

E.C. Richards

for
Chief, Central Registry

1000
1000

SECRET

CONFIDENTIAL

October 1, 1964

Administrative Officer (S) C.I.C. Hamilton, Suite 11 Coropol, Tenn.

x

SOAB

FM

1000

1000

Coropol, SC 1000

October 1, 1964

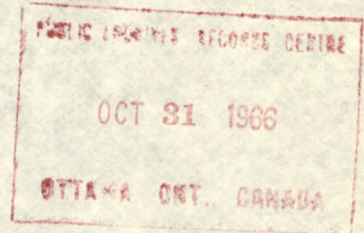
1000

End

Department of Veterans Affairs

Address: Edmonton

The Public Archives Records Centre,
Tunney's Pasture,
OTTAWA 3, Ontario.



Dear Sirs:

In order that the Department may prepare an appropriate inscription for a departmental grave marker for the grave of the above named deceased veteran, will you please insert the particulars required on this form and return the form to this office.

1. Surname	<u>MONTOUR</u>
2. Christian names	<u>JOSEPH</u>
3. Date of Birth	<u>20 October 1898</u>
4. Military Honours	<u>NIL</u>
5. Units (including that on discharge)	<u>Highest Rank in Unit</u>
(a)	<u>1st Depot B'n. Sask. Reg. Private</u>
(b)	<u>5th B'n. Private</u>
(c)	_____
(d)	_____
(e)	_____
(f)	_____

Chief J. H. Logan,
Head,
Accessions and Reference Section.

The Public Employees Payroll System
is a computerized system for processing
payroll information for all employees
of the Department of Veterans Affairs.
It is designed to provide accurate
and timely payroll information to
employees and management.

Page 2 of 2

In order that the Department may process an application
for a disability benefit, you must complete the
application form and return it to the
Department of Veterans Affairs, along with
the required supporting documents.

1. Name	_____
2. Social Security Number	_____
3. Date of Birth	_____
4. Military Service	_____
5. Unit (including branch or department) (Check one)	_____
(a) _____	_____
(b) _____	_____
(c) _____	_____
(d) _____	_____
(e) _____	_____
(f) _____	_____

Department of Veterans Affairs
Washington, D.C. 20330
Telephone: (202) 438-2000

VA Form 1041 (Rev. 10/83)

CANADIAN EXPEDITIONARY FORCE

War Service Badge

Class "A" No.

DISCHARGE CERTIFICATE

240776

THIS IS TO CERTIFY that No. 257283 (Rank) Private

Name (in full) Montour Joseph enlisted in
the 1st Depot Bn Sask. Regt.

CANADIAN EXPEDITIONARY FORCE at Regina on the 13th
day of January 1918

HE served in 5th C. Bn at France

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 20

Height 6' 2"

Complexion Dark

Eyes Brown

Hair Black

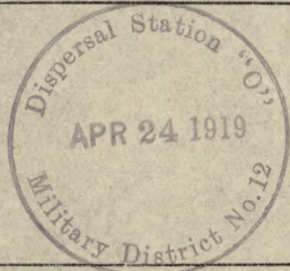
Marks or Scars

Scar under fingall. 1913
Scar at bridge of nose acc.
1918.

J Montour
Signature of Soldier

[Signature]
Issuing Officer
MAJOR

Date of Discharge



Rank

Date _____ 19____

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

Form No. 10
1917

THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (in full) _____

the _____

CANADIAN EXPEDITIONARY FORCE at _____

day of _____ 19 _____

HE served in _____

and is now discharged from the service by reason of _____

Medical Certificate _____

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

Age _____	
Hair _____	
Complexion _____	
Eyes _____	
Build _____	
Signature of Soldier _____	
Issuing Officer _____	Date of Discharge _____
_____	_____
Date _____	

Note: As an inducement to the Certificate will be issued, any person filling same is requested to forward it in an unsealed envelope to the Secretary, Military Department, Ottawa, Canada.

PRINTED AND PUBLISHED BY THE GOVERNMENT OF CANADA
1917

TLH

Rank **3rd Dft. 1st Bn SASK** Name **MONTOUR, Joe,**
Unit **SASK** If in perm. Corps, }
What Unit? }

Reg'l No. **257283**

Married or Single **Single**

Place and Date of Enlistment **Regina, Jan. 13th. 1918**

Place of Birth **Maple Creek, Sask.**

Name and Address, Next-of-Kin **Mrs. Carolina Montour**

Coulee P.O. Sask.

Relationship **Mother**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. **11754**
File R.L.
Date **O.R. Car.**

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.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.			
	C			
		Arrived in England		
9, 4, 18	15 Res	T.O.S FROM Canada	4, 18.	Pt II O c9
20 8 18	15 th Res	S.O.S to 5 th Bn	19-8-18	DO 232 8001024/28818 ^{5th Bn}
19 3 19	5 BN	PROC TO ENGLAND	15 3 19	DO 23
20 3 19	CCC	PEND RET TO CANADA	16 3 19	DO 15
10 4 19	5BN	SOS TO CAN	10 4 19	DO 24
	<i>ccc</i>	<i>H Wing With 5Bn</i>		
		<i>To Canada</i>	<i>10 4 19.</i>	<i>45.068</i>

A.F.B. 103 CHECKED
28 AUG. 1918



CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 15th Res.

Military Hospital 12 Can. Gen.

No. 257283 Rank and Name Pte A. Montean

Age 19 Service 12

Disease Deformed toes Date of admission 20-7-18. Date of discharge _____ Result _____

Dates of Observation	Time																												
	A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		A.M.P.M.		
Days of Disease																													
Temperature Fahrenheit																													
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per minute																													
Respirations per Minute																													
Motions per 24 Hours																													

Signature W. J. Army In charge of case.

12. CAN HP
BRAMSHOTT.

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

257283

Pte

Monten

A

5666

Unit.

Age.

Service.

Year

1918

154th. Res.

19

6
12

Station
and Date.

Disease Deformed toes

12 Can. Gen Bramshott

occupation - Ranger

Enlisted - Jan. 17/18 at Swift Current.

Previous History: - negative

Present Condition: -

Has an infection great toe
of left foot. due to some friend
trying to remove an ingrowing nail.
No pus to toe.

20/1/18 sent to hospital - negative
no discharge from toe.
Discharged to duties

W. J. Denny M.D.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

ORIGINAL

MILITARY SERVICE ACT, 1917.

257283

ORIGINAL MEDICAL HISTORY SHEET War Service Badge Class "A" No.

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 Montour Christian name Joe.
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) Gen Del. Maple Creek Sask

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

5. Age as stated 19 Years 2 Months. 6. Apparent age 20 Years _____ Months
7. Height 6 Feet 2 Inches. 8. Weight 146 Pounds.
9. Chest measurement { Minimum 34 Ins. Maximum 36 Ins. 10. Complexion Dark Eyes brown Hair Black
11. Physical development. { Good Fair Poor 12. Smallpox marks yes
13. Number of vaccination marks { Right arm none Left arm none 14. When vaccinated last no
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

17. Certified a true copy. (a) Vision R. L. (b) Hearing. R. 20/11 L. 20/11 J.A.P. Capt

Sgt D.W. Julian President. Sgt Member. Sgt Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12/1/18</u>	<u>+</u>	<u>M.O.</u>	<u>12/1/18</u>	<u>+</u>	<u>M.O.</u>
<u>25/1/18</u>	<u>+</u>	<u>M.O.</u>	<u>25/1/18</u>	<u>+</u>	<u>M.O.</u>
		<u>M.O.</u>	<u>1/2/18</u>	<u>+</u>	<u>M.O.</u>

Joined 13 day of Jan 1918 at Regina

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st Depot Batt</u>	<u>257283</u>		<u>13/1/18</u>
<u>Sask Regt.</u>			<u>4 APR 1918</u>
<u>15th Canadian Res. Batta</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>28</u>			

N. B.—This sheet is to be filled in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and station to be entered on next page.

Signature of Man

Surname ~~Mendon~~ Christian Name

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
No 12 CAN. GENERAL	HOSPITAL.	20	7	18	30	7	18	Inflammation toe //	Discharged to line	<i>[Signature]</i>	

ASSIGNED PAY <i>ST.</i>	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: <i>MONTGOMERY</i>
EFFECTIVE DATE: <i>1. 10. 16</i>		EFFECTIVE DATE: -		NUMBER: <i>25728</i>
AMOUNT: <i>#15</i>		AMOUNT: -		PARTICULARS OF RANK
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.		AUTHORITY
<i>MRS C MONTGOMERY (MOTHER)</i>				<i>loan PC</i>
<i>COULEE P.O. SASK.</i>				
<i>Stopped 1/4/19</i>				
				UNIT AND TITLE
				ORIGINAL UNIT: <i>#3rd Lt.</i>
				DATE ACCOUNT FIRST OPENED
				AUTHORITY
				DATE EFFECTIVE
				<i>1/9/18</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>17/3/14</i>	<i>6162</i>	<i>Mar</i>	<i>4 66</i>			<i>L Pb Bal</i>	<i>98 02</i>
<i>20/3</i>	<i>1518</i>	<i>Mar</i>	<i>58 00</i>				<i>70 65</i>
			<i>63 06</i>				

PARTICULARS OF RENDERING NON-EFFECTIVE: *B'sott F 5021 26/3/19 MD 12 B'shott Trans to Can*

1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR.
<i>Mar. 18</i>	<i>bal. from Canada</i>							
<i>Apr.</i>	<i>19/3 - 30/3. P.P.</i>	<i>4730</i>		<i>AR 224 30/4 15 Res</i>	<i>14 80</i>			
				<i>✓ 370 ✓ ✓</i>	<i>9 73</i>			
		<i>4730</i>			<i>14 60</i>			
<i>May</i>	<i>ste pay</i>	<i>3410</i>		<i>AR 472 15/5 15 Res</i>	<i>24 82</i>			
				<i>✓ 695 31/5 ✓</i>	<i>9 73</i>			
		<i>3410</i>			<i>24 55</i>			
<i>June</i>	<i>ste pay</i>	<i>33</i>		<i>AR 820 15/6 15 Res</i>	<i>9 73</i>			
				<i>✓ 935 38/6 ✓</i>	<i>14 60</i>			
		<i>33</i>			<i>24 33</i>			
<i>July</i>	<i>ste pay</i>	<i>3410</i>		<i>AR 1056 15/7 15 Res.</i>	<i>14 60</i>			
				<i>2333 24/7 12 C 4/4</i>	<i>4 87</i>			
		<i>3410</i>			<i>19 47</i>			
<i>Aug</i>	<i>P.P.</i>	<i>3410</i>		<i>AR 1155 15/8 15 Res.</i>	<i>19 47</i>			
				<i>AR 8651 2/9 69 B.D.</i>	<i>4 46</i>			
		<i>3410</i>			<i>23 93</i>			
<i>Sept</i>	<i>✓</i>	<i>33 00</i>		<i>✓ 1246. 2.9.18. C.C.R.C.</i>	<i>3 57</i>			
				<i>✓ 495. 14.9.18 28 B.D.</i>	<i>3 57</i>			
		<i>33 00</i>			<i>7 14</i>			
<i>Oct</i>	<i>-</i>	<i>3410</i>		<i>C.A.P.</i>				<i>15 00</i>
				<i>✓ 738. 20.10.18 ✓</i>	<i>3 73</i>			
				<i>✓ 994. 30.10.18. 5 Am</i>	<i>3 73</i>			<i>15 00</i>
		<i>3410</i>			<i>7 46</i>			
		<i>33 00</i>		<i>C.A.P.</i>				<i>15 00</i>
		<i>3410</i>		<i>✓ 1227. 10.11.18. ✓</i>	<i>3 73</i>			<i>15 00</i>
		<i>3410</i>		<i>✓ 1434 19.11.18 ✓</i>	<i>3 73</i>			<i>15 00</i>
				<i>✓ 1802 16.12.18 ✓</i>	<i>9 08</i>			
		<i>101 20</i>			<i>16 54</i>			<i>45 00</i>

* Strike out whichever inapplicable

ASSIGNED PAY *ST.* ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

EFFECTIVE DATE: *1. 10.16* EFFECTIVE DATE: -

AMOUNT: *#15* AMOUNT: -

NAME: *MONTGOMERY, J.C.*
NUMBER: *257283*

NAME, ADDRESS, RELATIONSHIP & AUTHORITY
*Mrs C MONTGOMERY (MOTHER)
COULEE P.O. SASK.
Stopped 1/4/19*

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>ban & PC</i>		<i>Plt.</i>

UNIT AND TRANSFERS			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'F'D	UNIT TRANSFERRED TO
			<i>15th Res.</i>
	<i>1/9/18</i>	<i>20/9</i>	<i>5th Res.</i>
			<i>ban Sec</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>17/3/19</i>	<i>6162</i>	<i>ban</i>	<i>4.66</i>			<i>L Pb Bal</i>	<i>98.00</i>
<i>20/3</i>	<i>1518</i>	<i>hell</i>	<i>58.00</i>				<i>70.60</i>
			<i>63.06</i>				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *B'sott F 5021 26/3/19 MD 12 B'shott Trans to ban 31/3/19*

1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Mar. 18</i>	<i>bal. from Canada</i>								<i>15.50</i>		
<i>Apr.</i>	<i>19/3 - 30/3. P.P.</i>	<i>4730</i>		<i>AR 221 30/4 15 Res</i>	<i>11.87</i>				<i>48.20</i>	<i>21.</i>	
				<i>1 370 ✓ ✓</i>	<i>9.73</i>						
		<i>4730</i>			<i>14.60</i>						
<i>May</i>	<i>Plt pay</i>	<i>3410</i>		<i>AR 472 15/5 15 Res</i>	<i>24.82</i>				<i>47.75</i>	<i>36</i>	
				<i>✓ 695 31/5 ✓</i>	<i>9.73</i>						
		<i>3410</i>			<i>24.55</i>						
<i>June</i>	<i>Plt pay</i>	<i>33</i>		<i>AR 820 15/6 15 Res</i>	<i>9.73</i>				<i>56.42</i>		
				<i>✓ 935 30/6 ✓</i>	<i>14.60</i>						
		<i>33</i>			<i>24.33</i>						
<i>July</i>	<i>Plt pay</i>	<i>3410</i>		<i>AR 1056 15/7 15 Res</i>	<i>14.60</i>				<i>71.05</i>	<i>66</i>	
				<i>2333 24/7 12 C 44</i>	<i>4.87</i>						
		<i>3410</i>			<i>19.47</i>						
<i>Aug</i>	<i>P.P.</i>	<i>3410</i>		<i>AR 1555 15/8 15th Res.</i>	<i>19.47</i>				<i>81.22</i>	<i>81.</i>	
				<i>AR 8651 2/9 69 Bd.</i>	<i>4.46</i>						
		<i>3410</i>			<i>23.93</i>						
<i>Sept</i>	<i>✓</i>	<i>33.00</i>		<i>✓ 1246. 2.9.18. CERC.</i>	<i>3.57</i>				<i>107.08</i>	<i>agreed</i>	
				<i>✓ 495. 14.9.18 28 Bd.</i>	<i>3.57</i>					<i>96</i>	
		<i>33.00</i>			<i>7.14</i>						
<i>Oct</i>	<i>-</i>	<i>3410</i>		<i>E.a.P.</i>				<i>15.00</i>			
				<i>✓ 738. 20.10.18 ✓</i>	<i>3.73</i>						
				<i>✓ 994. 30.10.18 5th Res.</i>	<i>3.73</i>				<i>118.72</i>		
		<i>3410</i>			<i>7.46</i>			<i>15.00</i>			
		<i>33.00</i>		<i>E.a.P.</i>				<i>15.00</i>			
		<i>3410</i>		<i>✓ 1227. 10.11.18 ✓</i>	<i>3.73</i>			<i>15.00</i>			
		<i>3410</i>		<i>✓ 1434 17.11.18 ✓</i>	<i>3.73</i>						
				<i>✓ 1802 16.12.18 ✓</i>	<i>9.08</i>				<i>158.38</i>		
		<i>101.20</i>			<i>16.54</i>			<i>45.00</i>			

NUMBER 757283 RANK

NAME MONTOUR Joe

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal fwd								158 38	96 00	
Feb	18a	30 80		adh. 2209 3.1.19 58 00	11 38						
Mar		34 10		✓ 2468 16.1.19 ✓	3 73						
	Int on def pay	3 87		Co P.				15 00			
				✓ 2633 1.2.19 ✓	3 73			15 00			
				✓ 2862 9.2.19 ✓	9 38						
				✓ 2941 17.2.19 ✓	3 73						
				✓ 3174 1.3.19 ✓	3 73				157 71		
				✓ 6162 13.3.19 ✓	4 66				161 58		
				✓ 1517 2/3 ✓	58 48				98 52		
		68 77			98 63			30 00			

S.O.S. Canada. 10-4-19 S. L. 45

757283

RANK

NAME MONTOUR

Joe

PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Real fund								158 38	96 00	
Pa.	3080		ch. 2209 3.1.19 5 Bm	11 32						
	3410		✓ 2468 16.1.19 ✓	3 73						
def pay	387		Co P.					15 00		
			✓ 2633 1.2.19 ✓	3 73				15 00		
			✓ 2862 9.2.19 ✓	9 33						
			✓ 2941 17.2.19 ✓	3 73						
			✓ 3174 1.3.19 ✓	3 73				157 71		
			✓ 6162 12.3.19 ✓	4 66				161 58		
			✓ 1517 2/3 ✓	58 48				98 52		
	6877			9863						
							30 00			

S.O.S. Canada 10-4-19 S.L. 45

War Service Badge
Class "A" No. 240776

SHORT FORM.


PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Occupational Group No. 1

da O.

B

1. No.	257283.
2. Rank.	Pt2
3. Name.	Montour Joe.
4. Unit.	5 th Can. Inf. Battr
5. Date of Discharge	REGINA, SASK. APR 24 1919
Place	Regina, Sask.
6. Reason for Discharge	Demobilization
7. Authority.	R.O. 1420 (D.D.O. 115 Para 70.9)
8. Proposed Residence after Discharge	Maple Creek, 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>J. Montour</i>	
Signature of Soldier.	
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place	
Date	
	<i>W. B. Smith</i>
Signature	MAJOR
(O. C. Discharging Unit.)	

PROCEEDINGS ON DISCHARGE

Demobilization

Class No. 887283

1. Name of Soldier: [Faint handwritten name]

2. Grade: [Faint handwritten grade]

3. Branch: [Faint handwritten branch]

4. Date of Discharge: [Faint handwritten date]

5. Place of Discharge: [Faint handwritten location]

6. Reason for Discharge: [Faint handwritten reason]

7. Remarks: [Faint handwritten notes]

8. Signature of Discharging Officer: [Faint signature]

9. Signature of Soldier: [Faint signature]

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the time of my discharge I received my discharge certificate.

Signature of Soldier: [Faint signature]

Date: [Faint handwritten date]

CONFIRMATION

The accuracy of the above report is hereby confirmed.

Signature of Discharging Officer: [Faint signature]

Date: [Faint handwritten date]



LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Tribunal	.....
of Parliament of Kingdom	.....
of this Kingdom	.....
General Form	.....
Particulars of Certificate	.....
Certificate that missing documents are deposited	.....
Medical History Sheet	.....
Form of Medical Board	.....
Dental History Sheet	.....
Medical Report	.....
General Conduct Sheet	.....
Company Conduct Sheet	.....

1. The following documents are to be submitted to the Tribunal in support of the application for discharge:

- Attestation Paper of the Tribunal
- Form of Medical Board
- Dental History Sheet
- Medical Report
- General Conduct Sheet
- Company Conduct Sheet

2. The following documents are to be submitted to the Tribunal in support of the application for discharge:

3. The following documents are to be submitted to the Tribunal in support of the application for discharge:

4. The following documents are to be submitted to the Tribunal in support of the application for discharge:

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

1. Triplicate Attestation Paper (M F W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 59)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). + sup
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
 Checked by No. [Signature]
 Date 4-4-19

File M 665 3/5 Caumanaia - 18th 19

AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

REGT. No. 257283 RANK *Pte* NAME (IN FULL) *Montow J.* (BLOCK LETTERS SURNAME FIRST)

M. OR S. NEXT OF KIN ADDRESS IS SEPARATION ALLOWANCE PAID? TO WHOM PAID ADDRESS	RELATIONSHIP DATE EFFECTIVE RELATIONSHIP	PARTICULARS EFFECTIVE DATE AUTHORITY	ORIGINAL UNIT C.E.F. PLACE OF ATTESTATION DATE OF ATTESTATION ASSIGNED PAY \$ PAYABLE TO ADDRESS STOP PAYMENT FORM RENDERED, DATE DISCHARGED	IF IN P.F. WHAT UNIT? TRANSFERRED TO DATE TRANSFERRED TO DATE RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS EFFECTIVE PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
<i>Boulee, Sask.</i> <i>ML</i> <i>Mrs J. Montow - Sask</i> <i>Boulee - P.O. Sask</i>			<i>1 Dep Det</i> <i>13/1/18</i> <i>1500</i> <i>Mrs J. Montow - Sask</i> <i>Regina 24/4/19</i>	<i>13th</i> <i>19</i> <i>Mothe</i> <i>20 115</i> <i>Demob</i> <i>Yes</i>

No. 12 DISTRICT DEPOT

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		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE		AMOUNT	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	\$	C.	\$		C.	\$	C.
31/3/19				98	52	98	52											98	52		
14 30/4	30	1 ¹⁰	33 00	35	00	98	52						15	00	660	83	243	12	76	60	<i>Boat</i> <i>5 00</i> <i>cheque</i> <i>21 65</i> <i>221 52</i>
			33 00	133	52	166	52						15	00	7 43	83	243	95	77	43	<i>WAR SERVICE GRATUITY M.D. 12</i> <i>280 =</i> <i>280 =</i>
122				280		280															<i>201998</i> <i>24/5/19</i> <i>620058</i> <i>24/6/19</i> <i>628596</i> <i>JUL 24 1919</i>

I certify that all payments due on this account have been completed.
Antson
Paymaster War Service Gratuity
Military District No. 12

Date of Enlistment 13.1.-18.

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

M-27412

1st Oct-18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15			
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423 M's

PARTICULARS OF SEPARATION ALLOWANCE

No.	Rank	Promoted	Reverted	Discharge
Soldier's Name				
Battalion <i>1st Depot Batt., Sask Regt. Coy 3.</i>				
Beneficiary				
Relationship				
Address				

PARTICULARS OF ASSIGNMENT

Name	Address	Change of Address
1	<i>O C</i> MRS. D. MONTOUR, (Mother)	<i>M.R.O. 12788 9/10/18</i> <i>anti M's on file</i>
2	COULEE, SASK.	15
3	A-C 257283 PTE J. MONTOUR	15.00
4	FIFTEEN DOLLARS	

Date	Cheque No.	Amount S/A	Amount A/P	Total
1918				
Oct	X 54687		15	15 ✓
Nov	J 61119		15	15 ✓
Dec	X 66447		15	15 ✓
1919				
Jan	U 71096		1.5	1.5 ✓
Feb	W 75507		1.5	1.5 ✓
Mar	M 84849		15	15 ✓
Apr	P 2704		15	15 ✓

File 13026-f-18. N.B. 1-2

O.P.M.G. letter 7/8/18 1-2-7-7818

105 =

30-7-19

A/c Closed

Ret'd per... Carmania

Date... 4/1/9 M.F.W. 187 23/4/9

..... Allen

M.O. # 12 Electricity # 87119 OK 18/18

M. F. W. 128.
400 No. 417 - 1772 35-1141
L. L. 22320 - M. & D. 7983.

AUTHORITY *O.P.M.G. letter P. 2. 9. 78-18.*
FOR *D. F. H.*
NEW ACC'T. *1st Oct. 18-18*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

CANCELLED

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.	Promoted	Reverted	Discharge
Rank			
Soldier's Name			
Eattalion			
Beneficiary			
Relationship			
Address			

Name	
Address	
Change of Address	
1	
2	
3	
4	

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128.
400mc-4317-1172-30-1111
L. L. 23223-N. & D. 7993.

AUTHORITY }
FOR }
NEW ACC'T. }