

M. D. Depot Battalion 1st Depot Bn., E.O. Regt., C.E.F. Regiment

Regtl. No. 3057853

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

28
4/18/18

(Class 1)

1. Surname Morrison

2. Christian name Alvin

3. Present address Canifton, Ont.

4. Military Service Act letter and number P.C. 916229

5. Date of birth 26th. May 1893

6. Place of birth Limerick, Ont.
(town, township or county and country)

7. Married, widower or single Single

8. Religion Methodist

9. Trade or calling Farmer

10. Name of next-of-kin William J. Morrison

11. Relationship of next-of-kin Father

12. Address of next-of-kin Canifton, Ont.

13. Whether at present a member of the Active Militia No.

14. Particulars of previous military or naval service, if any No.

15. Medical Examination under Military Service Act:—
(a) Place Belleville (b) Date 15th. Oct. 1917 (c) Category A2

DECLARATION OF RECRUIT

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

Witness
W. R. [Signature]

Alvin Morrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	24	yrs.	4	mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease. Left slightly deficient
Height	5	ft.	4 1/2	ins.	
Chest measurement	}	fully expanded	38	ins.	
		range of expansion	3	ins.	
Complexion	dark				
Eyes	Blue				
Hair	Brown				

O. C. [Signature] Depot Bn.
O. C. 1st Depot Bn., E.O. Regt., C.E.F. Regt.

Place Kingston, Ont. Date 20th. April 1918.

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class) _____

1. Surname _____
 2. Christian name _____
 3. Present address _____
 4. Military Service Act letter and number _____
 5. Date of birth _____
 6. Place of birth _____
 7. Married, widower or single _____
 8. Religion _____
 9. Trade or calling _____
 10. Name of next-of-kin _____
 11. Relationship of next-of-kin _____
 12. Address of next-of-kin _____
 13. Whether at present a member of the Active Militia _____
 14. Particulars of previous military or naval service, if any _____
 15. Medical Examination under Military Service Act _____
 16. Place of birth (a) _____ (b) Date of birth _____ (c) Category _____

DECLARATION OF RECRUIT

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

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparatus _____
 Height _____
 Chest measurement _____
 Chest _____
 Range of expansion _____
 Fully-expanded _____
 Complexion _____
 Eyes _____
 Hair _____

Distinctive marks and marks indicating essential peculiarities or previous diseases _____

G.O. Regt Depot Bn. E.O. Regt. O.E.F.

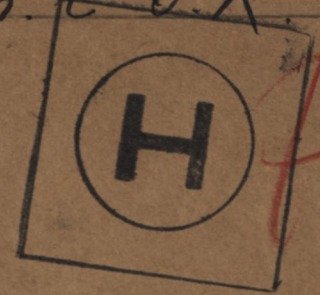
AB
31-319

MORRISON ALVIN

O. H. M. S.

3054853-

#3 Bn. C.G.R.



CONTENTS

- ATTESTATION PAGE (M. F. W. 23, 133 OR 51) 2/3
- CASUALTY REPORT (M. F. W. 54 OR A. F. B. 103) /
- TRAINING RECORD SHEET (M. F. W. 113)
- FIELD CONDUCT SHEET (M. F. W. 178 OR A. F. B. 122) /
- REGT. CONDUCT SHEET (M. F. B. 263 OR A. F. B. 121)
- COMPANY CONDUCT SHEET (M. F. B. 263A OR A. F. B. 121)
- MEDICAL HISTORY SHEET (M. F. B. 312 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. 37, C. D. O. S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M. F. B. 393 OR A. F. A. 2)
- DECLARATION, COURT OF INQUIRY (M. F. B. 390 OR A. F. B. 115)
- LAST PAY CERTIFICATE (M. F. W. 44) /
- PROCEEDINGS ON DISCHARGE (M. F. W. 218 OR A. F. B. 268) /
- PARTICULARS OF CHARACTER (M. F. W. 3236)
- COPY OF PARAGRAPH DISCHARGE CERTIFICATE (M. F. W. 39A) /
- DENTAL CERTIFICATE ON DISCHARGE (C. A. D. C. 5009)
- UNIT INDEX CARD (M. F. W. 71 OR 192)

"misconduct"



33864

Hand Card





No. 3057853 RANK *Pte.*

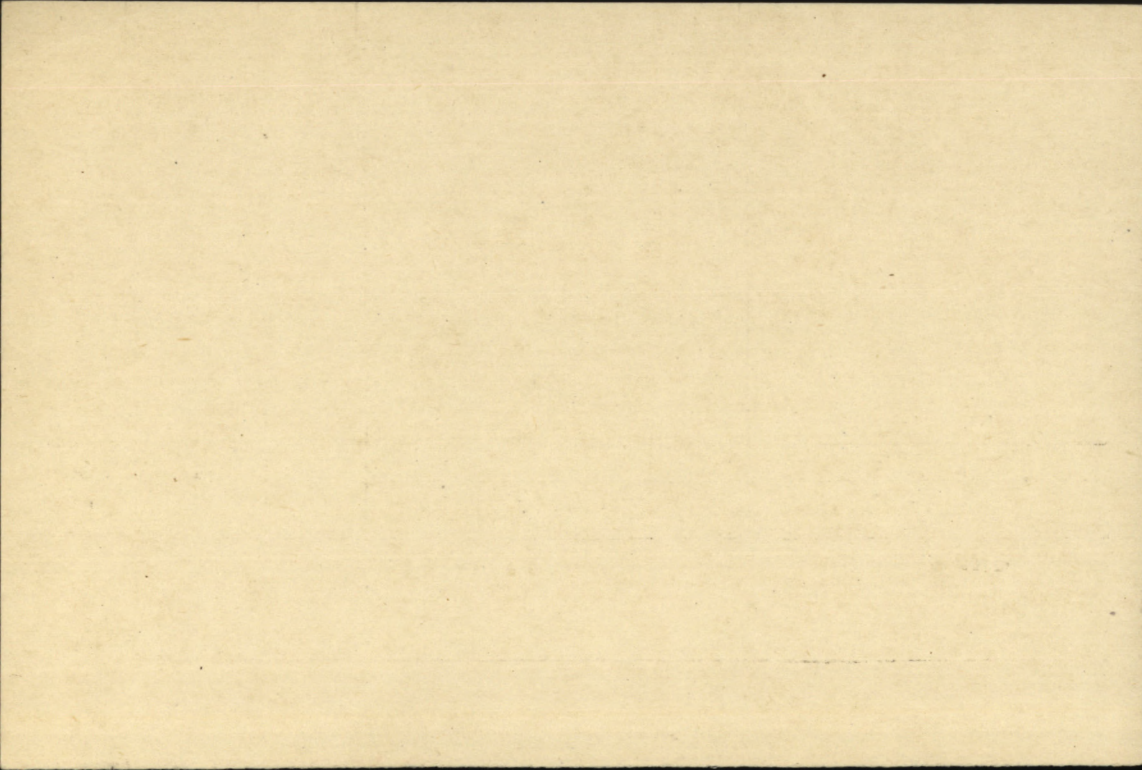
NAME *Morrison Alvin*

T. O. S. *19-4-18* UNIT

Do. 108 Apr. 1918. *1st. Dep't. Co. Lt. Regt*

M. D. *3*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1918</i> <i>Apr. 19</i>	<i>1918.</i> <i>Apr. 30</i>	<i>w</i>	<i>For 1 days pay.</i>	<i>Do 112 Apr. 1918</i>
<i>May</i>		<i>w</i>		
<i>June</i>		<i>w</i>		



SURNAME

Morrison

CHRISTIAN NAMES

Alvin

REGL. NO.

3054853

RANK

*Retaken on strength 13/12
30. 353 of 19. 12. 08.
1/002.*

UNIT

East. Ont. Regt 1st Bn 3rd Div

*3rd Div
D.O. Part II No. 08.*

FORMER CORPS

nil.

3. Dec
CAMP NO.
S.O.S. 31/5/18 = 3
42. 206 25/7/18
Deerter 1/2 O.R.
FOLL.
SoS Div 8-1-19
Do 50 of 19-2-19
I.O. 19. 1918

NEXT OF KIN.

NAMES IN FULL

Morrison, William J.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Cannifton, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada. Limerick Ont.

DATE

May. 26th 1893

PLACE OF ATTESTATION

Kingston Ont.

DATE

Apr. 20th 1918

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

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

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

350M.—5-16

H. Q. 1772-39-9M

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Depot Bn., E.O. Regt., C.E.F.

Regimental No. 3057853 Rank Pte Name Morrison Alvan
C. E. F.

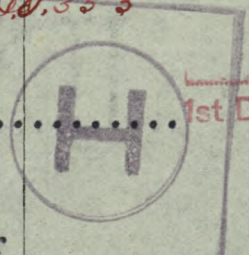
Enlisted (a) 20/4/18 Terms of Service (a) C.E.F. Service reckons from (a) 20/4/18

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b) 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				

S.O.S. as a Deserter 3/5/18 Do 206
Retaken on Strength Do. 553
J. C. Wood Capt. & Adjt.
1st Depot Bn., E.O. Regt., C.E.F.



D.C.M. Sentenced to serve (2) years without hard labor in Kingston Penitentiary. Belleville 8-1-19 Bn. O. # 10

TRANSFERRED TO #3 Bn. C. & R.
AND SOS 16-1-19
L. Blakes Capt. & Adjt.
1st Depot Bn., E.O. Regt., C.E.F.

8-1-19
TAKEN ON STRENGTH D.O. 23/23-1-19
No. 3 BATTALION GARRISON REGIMENT, C.E.F.
(37. D. 26-6-154-14/13-1-19)
H. Penn Capt. & Adjt.
No. 3 Bn. Canadian Garrison Regt. C.E.F.

(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.

[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				
		<p>DISCHARGED AND S.O.S. D.O. Pt. II. No. 3 Bn., C. G. Regt., C.E.F. No. 50 Date 19-2-19 On Demobilization, R.O. 1080 Dated 12, 12, 18.</p>			<p><i>[Signature]</i> Capt. & Adjt. No. 3 Bn., Canadian Garrison Regt., C. E. F.</p>

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 Morrison Christian name Alviq.
- 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)..... Canifton Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 16th. day of December 1918 by the undersigned medical board sitting at Belleville, Ont.

- 5. Age as stated 25 Years..... Months.....
- 6. Apparent age..... Years..... Months.....
- 7. Height 5 Feet 8 Inches.....
- 8. Weight 155 Pounds.....
- 9. Chest measurement { Minimum 34 Ins. Maximum 37 Ins. }
- 10. Complexion Dark { Eyes Blue Hair Brown }
- 11. Physical development Good { Good Fair Poor }
- 12. Smallpox marks Nil

- 13. Number of vaccination marks { Right arm 0 Left arm 0 }
- 14. When vaccinated last never

15. Distinctive marks and marks indicating congenital peculiarities or previous disease
Scar both knees, left leg, No evidence of 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 A11.
Vision. R. 20/30
L. 20/80
Hearing. Normal.

E. B. ... President.
W. Blakely Member. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 19th day of April 1918 at Barrieffield, Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st. Depot B'n E.O.R.</u>			
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Kempton Park</u>	<u>12/2/19</u>	<u>nil</u>	<u>A11</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 non-effective; the date and cause being stated on next page.

Signature of Man A. Morrison

8356

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Cauffman
Out.

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. *3057853* Rank *Plt* Surname *Morrison*
(Give name in full)

Unit or Corps *No 3 Bn C.G.R.* Birthplace *Alvin Lymeriek, Ont.*

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

1. GENERAL DESCRIPTION:

Physique *good* Weight.....lbs. Height.....ft.....in. Colour of Eyes

Nutrition *good*.....

Pulse *78*.....

Condition of arteries *Normal*.....

Vision Rt. *20/30* Left *20/80*.....

Hearing (conversational voice) Rt. *5* ft. Left *5* ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Scars both knees, left leg.

Opinion as to general health and physical condition..... *good*

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

Nervous System..... *no* Genito Urinary System..... *no* Cardio-Vascular System..... *no*

Special Senses..... *no* Integumentary System..... *no* Respiratory System..... *no*

Disturbance of mentality..... *no* Muscular System..... *no* Digestive System..... *no*

Osseous and Joint System..... *no* Any other general condition..... *no*

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Has had Rheumatic pains in left shoulder for past four or five years - no disability due to service, & also as well as on enlistment -

Category A II

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, *Kingsport*.....(Canada)

Date *15/3/19* Signed *Gen Scott*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 *Alvin F. Morrison*

(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.)

approved
J. Milloughly Capt.
fn advs md #3

[over]

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

FEBRUARY
A/C-4-10

Regimental No. 3057853 Rank Private Name MORRISON, A.
(Surname first)
Unit No. 3 Battalion, C.G.R. who was* discharged
On 8th. January 1919, to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from..... to 8/1/19 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....	14 61	
Regimental Pay..... days at \$..... c.....		
Field Allowance..... days at \$..... c.....		
Separation Allowance.....		
Clothing Allowance.....		
Post Discharge Pay.....		
*Other Credits <u>Sentenced to 2 Years Kingston Pen. 8/1/19</u>		
Advances.....		
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges.....		
Balance <u>on transfer</u> or on discharge, <u>cheque No. to be recovered</u>		14 61
Total.....	14 61	14 61

*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of
Assigned Pay for the month of..... NIL 191..... }
and Separation Allee. for month of..... 191..... } (to) Assignee..... NIL
(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..... 20/4/18..... married or single..... SINGLE
(2) Separation Allowance, entitled or not..... NO. (3) Reason for discharge..... MISCONDUCT
(4) Authority for discharge or transfer..... B.O. 1080

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 19th. February 1919

Place Kingston, Ont.

J. F. Biscoe
Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) 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 purposes 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 Certificate 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. 3057853 (Rank) PRIVATE

Name (in full) MORRISON, Alvin enlisted in
the 1ST DEPOT BATTALION E.C.F.

CANADIAN EXPEDITIONARY FORCE at KINGSTON, ONTARIO on the TWENTY
day of APRIL 18 19

HE served in CANADA

and is now discharged from the service by reason of MISCONDUCT
AUTH. P. O. 1080/1918

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

Age <u>25 YEARS-7 MONTHS</u>	Marks or Scars <u></u>
Height <u>5 FEET-4½ INCHES</u>	<u></u>
Complexion <u>DARK</u>	<u>SCAR BOTH KNEES, AND LEFT LEG</u>
Eyes <u>BLUE</u>	<u></u>
Hair <u>BROWN</u>	<u></u>

Alvin Morrison
Signature of Soldier

Lt. Col. O. C. No. 8
Issuing Officer, Can. Garr. Regiment

Date of Discharge 8th JANUARY 1919 Rank

Signed at KINGSTON, ONTARIO this EIGHTEENTH day of FEBRUARY 19

in Military District No. THREE
3RD-8356

File Reference No.

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

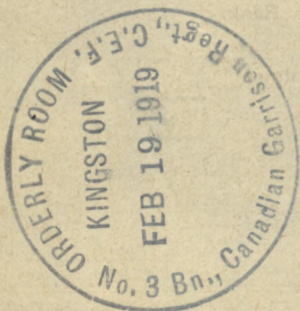
Signed at this day of 19

Geo. Crawford
Name of Officer Lt.-Col.
O. C. No. 3 Bn., Can. Garr. Regiment

Rank

Appointment

On Demobilization the Particulars called for on the back of this Certificate will not be completed.



A
MORNING SICK REPORT

Squadron
Battery
Company

*1st Bnⁿ E. O. Regt
Belleville 8th January*

unit or battalion

1919

Reg't No.	RANK AND NAMES (Christian Name in full)	Age	COMPLETED YEARS OF SERVICE		Religion	Whether for duty a prisoner or defaulter	Married or Single	DISEASE	Medical Officer's Remarks and initial
			In Canada	Overseas— Where and how long					
<i>3054863</i>	<i>Pvt Morrison A</i>	<i>25</i>	<i>1st</i>	<i>"</i>	<i>Meth</i>	<i>S</i>	<i>- fir</i>	<i>duty</i>	
	<i>fir. Category A1</i>								
	<i>E. B. Smith</i>								
	<i>Capt. Amel</i>								
						<i>Defaulter</i>			

Medical Officer.

G. H. Scanlan Steyer
Orderly N.C.O.

M. F. B. 292.

H. Q. 1772-39-248.
300M.-5-18.

11 (OVER)

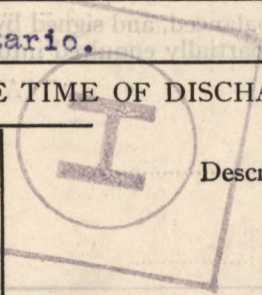
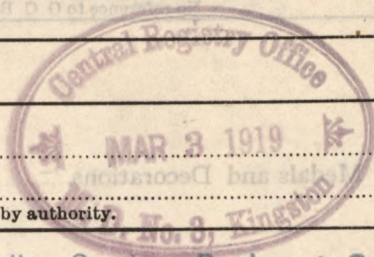
66-M-144

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.	3057853.	
Rank	Private.	
Surname	MORRISON.	
Christian Name	Alvin.	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	No. 3 Battalion, Canadian Garrison Regiment, C.E.F.	
Date of Discharge	8th January 1919.	
Place of Discharge	Kingston, Ontario.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	25 years.....	7 months.....
Height.....	5 feet.....	4½ inches.....
Complexion	Dark.	
Eyes	Blue.	
Hair	Brown.	
Trade	Farmer.	
Intended place of residence	Cannifton, Ont.	
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of		
"MISCONDUCT"		
Auth. R. O. 1080/1918.		
<small>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.</small>		
3. Conduct and character while in the service have been, according to the records, etc.		
<small>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.</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		



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

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).....

(Date).....

Commanding

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)..... KINGSTON, ONT.

Erin Morrison (Signature of Soldier.)

(Date)..... 8th January 1919.

G. Latimer (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)..... KINGSTON, ONT.

(Signature)

Lt. Crawford

(Date)..... 8th January 1919.

O. C. No. 8 Bn., Can. Garr. Regiment

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.)

No Reservations.

Alvin Morrison

<p>Militia Form B 238 Attestation Paper</p>	<p>Reg. Conduct Sheet Militia Form B 263</p>
<p>(a) Proceedings on Discharge (b) Attestation (c) Medical History Sheet (in the event of such having been prepared)</p>	<p>Squadron Battery Company Conduct Sheet B 263a Copies of Convictions by C. P. in M.S. Med. Hist. Sheet Militia Form H 313 Medical Report for Invalid* B 237 Statement of Man's Account on Transfer and Last Pay Cer- tificate D 877 *Only if discharged "Medically unfit."</p>

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.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

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.	<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

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.