

ATTESTATION PAPER.
15th O/S Brigade C. F. A.

No. 332880

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

1. What is your surname?..... Owens
- 1a. What are your Christian names?..... Robert Owens
- 1b. What is your present address?..... Provincial Police Office
2. In what Town, Township or Parish, and in what Country were you born?..... Bangor Co Down, Ireland
3. What is the name of your next-of-kin?..... Mrs R Owens
4. What is the address of your next-of-kin?..... Maywood P.O. Victoria B.C.
- 4a. What is the relationship of your next-of-kin?..... Mother
5. What is the date of your birth?..... Feb 18th 1885
6. What is your Trade or Calling?..... Provincial Police Officer
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Owens, 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.

Date May 12th 1916 Robert Owens (Signature of Recruit)
C.R. Patterson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Owens, 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.

Date May 12th 1916 Robert Owens (Signature of Recruit)
C.R. Patterson (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Victoria B.C. this 12th day of May 1916
[Signature] (Signature of Justice)

Description of Robert Owen on Enlistment.

Apparent Age..... 31 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..... 5 ft. 10 1/2 ins.

Chest measurement. { Girth when fully expanded..... 39 ins.
 Range of expansion..... 3 1/2 ins.

Red scar at base of neck
Right side.

Complexion Medium

Eyes Blue

Hair Medium Dark

Religious denominations.
 Church of England.....
 Presbyterian..... X
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....
 Jewish.....
 Other denominations.....
 (Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date..... May 12th 1916.

Place..... Victoria, B.C.

[Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Robert Owen..... having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] (Signature of Officer)
 Captain

Date..... May 12th 1916.

REGIMENTAL DOCUMENTS

Plc NAME **DWENS ROBERT**

REGT. NO. **33 2880** UNIT

Gen Sep. C.F.A.

14/11/3/19

H. Q. FILE NO.

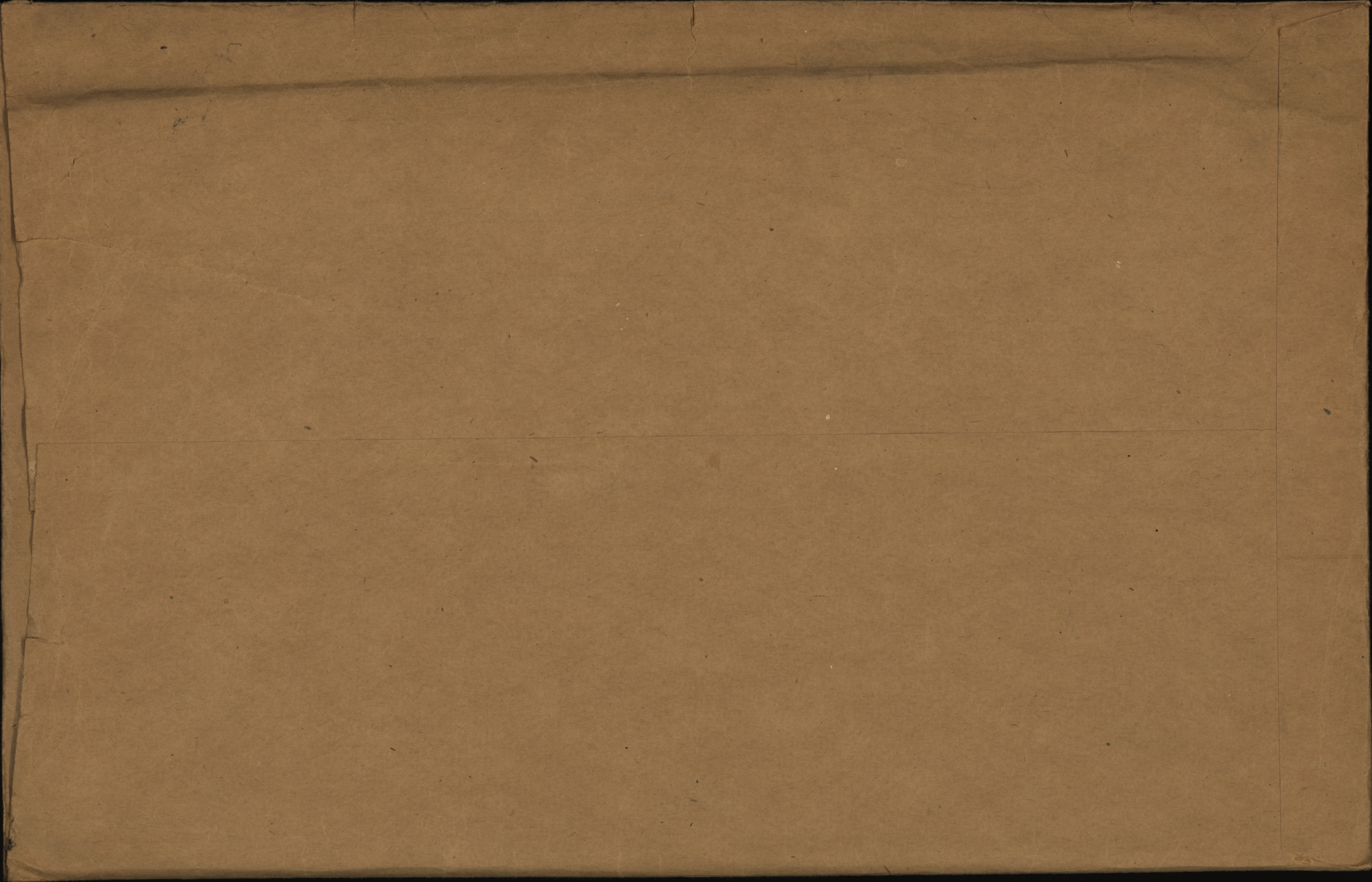
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CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>DR 20-1-19</i>			DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)			<i>Ret. 26/19</i>		
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
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)					<i>Demobn</i>
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)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					2
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				07858	
4 misc					31-7
2 Cas card					22-7
1 CDB					5--8
1 Bivv					2
1 Pay Card					



Reg. No. 332880 C.M.P.	Rank. Cpt.	Surname OWENS	Category.	Dentally Unfit. 2
Christian Names (1) Robert		(2)	(3)	Date 2.1

Place of Enlistment: Victoria.	Date of 2/5/16	Taken on from [Signature]	Religion	Inoculations	Company
Province: D.C.	Age on 31.	Date 3-2-19.	Wes	Vaccination	

On Command	Hospital	Permanent Cadre	Employed as
		Date taken on	
Date Proceeding	Date Admitted		

Record of Overseas Service: 7 mos.	Profession or Trade (Civil) Proc. Police.
Reason for Return: Sick	Transferred or Posted to Date

Married or Single	LEAVE.			
Address of Next of Kin Mrs a Owens 3321 Leanyon Rd Maywood P.O. Victoria B.C.	No. of Pass Issued.	FROM.	To.	Free Transportation.
		3.2.19	15.2.19	S.F.
		21-2-19	24-2-19	Spec. Leave.

No. 332880 RANK

Pvt.

NAME

Owens, Robt.

T. O. S. 13-5-16 D. O. 240 UNIT
13-5-16.

15th Bn. Brigade, C. F. A.

6th Battery & Comm. Co.

M. D. 11-3.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROM

PAID
TO

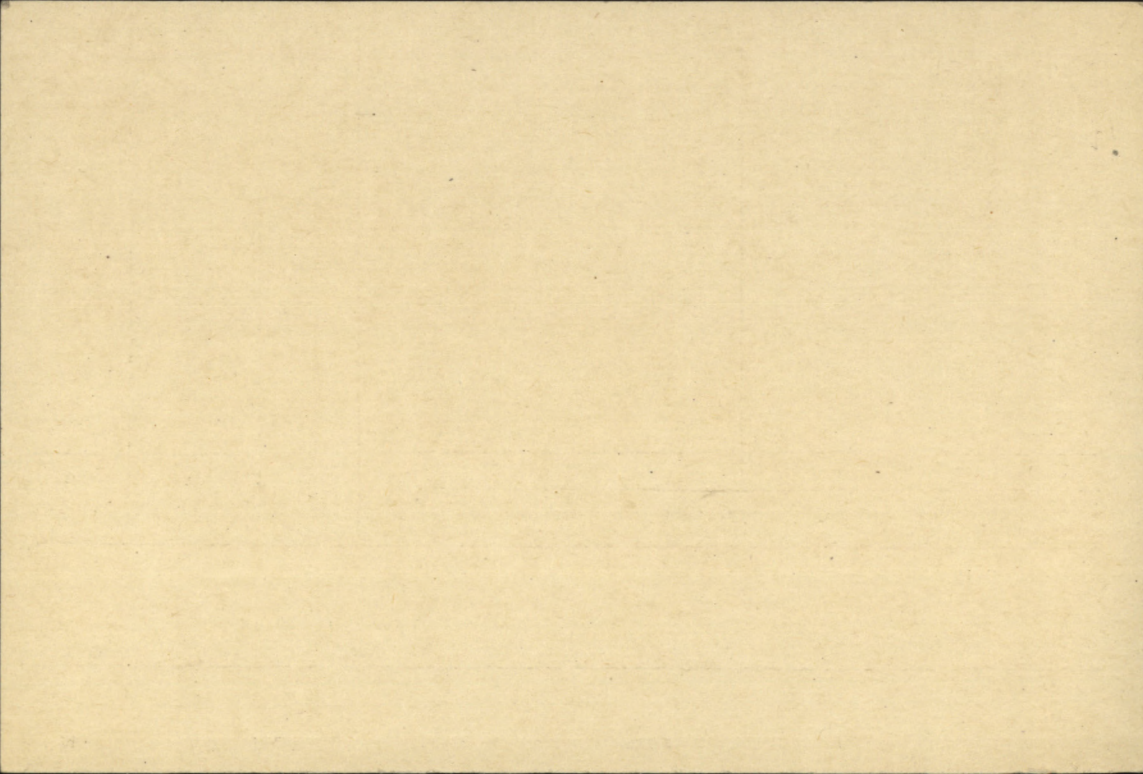
SIG.
OR
REC'T

1916
May 13
June
July
Aug
Sept.

1916
May 31

✓
✓
✓
✓
✓

U. S. L. forfeits 2 days pay & days. C. B. D. O. 76-4 of 1-9-16 -



Robert.

Name Owen.

Rank Pte

Reg. No. 332880

Unit M.P.C.C. (C.S.B. Depot)

Next of Kin Canada.

R B H

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918.						
11-10	14 Cdn Fld Amb		Scabies.	A 114		38283.
12-11	25 G H Hordelot		"	A 176		31705.
1-1-19	Brook Warth Wood	Woodwick-208	Appendicitis	B 222		4305.
2-1	Milton H Epsom		"	B 225		5438.
3-2	Discharged.		"	B 228		1525.
(3-2-19)	will proceed	15-2-19 to	rt. arm.			Exp. O-592.
		wife.				

Date

Movement

Place

Casualty

List
No.

Notified
N/K O.

W.O. List

S
T

H
M

W

SURNAME.

Owens

Serial: 11 CARD No.
SOS Dec 12-4-19 -
D.O. 105-8 FOLL 13-4-19
Demob #1100-

CHRISTIAN NAMES

Robert

REGL. No.

332880

RANK

Gr.

UNIT

15th Bde. Amm Col

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Owens, Mrs. A.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Maywood, P. O. B. C.

COUNTRY OF BIRTH

Ireland Bangor Co. Down

DATE

Feb. 18th 1885

PLACE OF ATTESTATION

Victoria, B. C.

DATE

May 12th 1916

RC 5-4-19 2/98
3-7 CPL

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Provincial

RELIGION

Presbyterian

Police Officer

DESCRIPTION.

APPARENT AGE

31

YEARS

2

MONTHS

HEIGHT

5

FEET

10 1/2

INCHES

CHEST MEASUREMENT

39

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Medium

EYES

Blue

HAIR

Medium dark

DISTINGUISHING MARKS

Red scar at base of neck right side.

MEDICAL EXAMINATION.

PLACE

Victoria, B. C.

DATE

May 12th 1916

Present Address

Provincial Police Office

FL ✓ ✓ ✓ ✓ ✓
Number, 332880

Rank, A/19th ✓
Surname, OWENS ✓

Christian Name, Robert ✓

Units, C.F.A. ✓ Theatre of War, France ✓

Date of Service, 18-6-78 ✓

Remarks, ✓

Latest Address, 3321 Tennyson Rd,
Victoria, BC ✓

Roll No.

B Page 8062.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes
 No

Date _____

Character on discharge _____

Previous occupation _____

Date and place of enlistment _____

Diagnosis _____

Date of Medical Boards _____

Date _____

Remarks _____

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

1961
DEC 10
REG. NO. 404784
DEPT. OF DEFENSE

NAME

Owen R

REGT. NO.

332880

RANK AND UNIT

Pte

M P 6 C

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS	Gen Dpo
A144-1	No 14 Cas Eldam	11-10-18	Scabies	Gen Dpo
a176 ¹	25 Gen Hardelet	12-11-18	Scabies	
B212 ¹	Brook Way, Woolwich	1-1-19	Scabies & Appendicitis	
B225 ²	To. mil. Com. Wdco	2-1-19	Scabies & Appendicitis	
B240	E " " " "	3-2-19	" " " (Kisch)	

Surname

Christian Name or Names

Reg. No.

Owen.

R.

32 2880.

Rank

Unit

Pte. Misc HQ Lab W G A (MOPCC) C. Inf.

Cas. List.

14 b F Amb. 11. 10. 18

Scabies of

18. 10. 18 A148/

25. 11. 18 A176. 25. Gen. Harkelot. 12. 8. 18.

9-1-19 B212 (1) Genl. W. Dep. Waldwick 1-1-19

"Scabies, Appendicitis" of operation.

24-1-19 B225 (2) Mty. Cowal - wood etc for 21-1-19

13. 2. 19 B240 (2) Disch 3. 2. 19

AM.D. 2 DEPT.

Boh. of D.C.M.S. O.M.F.C. London.

Cas. List.

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom Mrs. Anna Owens
 Address Jennyson Rd
Maywood P.O.
Victoria B.C.
 Rate 15⁰⁰

By Whom Assigned Owens R.
 Regtl. No. 332880
 Rank Sr.
 Corps 15th Brig. Am. Col

SEP 1 - 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



11

20th Nov 1951

10000

10000

10000

10000

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

Mrs. A Owens

PAYMENTS.

Name of Soldier

Owens R.

L. L. Job 4503 - Req. 6832.

Sr. 332880-15th Brig Ambd

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15 00</i>
				<i>SEP 1 - 1916</i>
April	1916			
May				
June				
July				
Aug.				
Sept.		<i>M 19474</i>	<i>15</i>	
Oct.		<i>K 22819</i>	<i>15</i>	
Nov.		<i>I 27777</i>	<i>15</i>	
Dec.		<i>D 35628</i>	<i>15</i>	
Jan.	1917	<i>M 40333</i>	<i>15</i>	
Feb.		<i>M 46231</i>	<i>15</i>	
March		<i>C 52198</i>	<i>15</i>	<i>15-6</i>
April		<i>Z 3668</i>	<i>15</i>	<i>15 Cu</i>
May		<i>310827</i>	<i>15</i>	
June		<i>17115</i>	<i>15</i>	<i>OB</i>
July		<i>Z 26406</i>	<i>15</i>	<i>6</i>
Aug.		<i>O 31591</i>	<i>15</i>	
Sept.		<i>Q 39033</i>	<i>15</i>	<i>6</i>
Oct.		<i>K 44299</i>	<i>15</i>	
Nov.		<i>N 51362</i>	<i>15</i>	
Dec.		<i>O 59695</i>	<i>15</i>	
Jan.	1918			<i>240 Mar</i>
Feb.				
March				
April				
May				
June				
July				

Inc

WAG

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

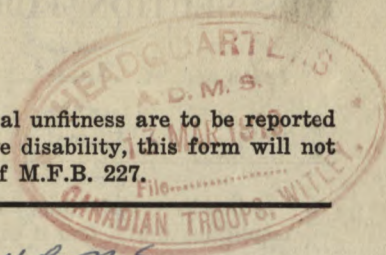
PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.	1919			
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.	1920			
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

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. 332 881 Rank A/ep. Surname Owens
(Given name in full)

..... Robert
 Unit or Corps Gen. Dept Birthplace Bangor, Ireland

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

1. GENERAL DESCRIPTION:

Physique good Weight 160 lbs. Height 5 ft. 1/2 in. Colour of Eyes Grey
 Nutrition good
 Pulse 72
 Condition of arteries good
 Vision Rt. 4/6 Left 4/6
 Hearing (conversational voice) Rt. 21 ft.
 Left 21 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Appendix scar, 9 Dec/18
small red scar base
of neck

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.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Witley (Overseas)

Date 13/3/40

Signed [Signature] 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 [Signature]

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

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

[OVER]

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *15th Brigade*

Regimental No. *332880* Rank *Pte* Name *Owens Robert*

Enlisted (a) *May 12 16* Terms of Service (a) *109/10* C. E. F. Service reckons from (a) *12 5-16*

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).....

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				

T. O. S. No 11 DD 29 Mch 19
S. O. S C. E, F Apr 12 19 UArea
No 11 DD do 105-Apr 15-19

W. MacLean Capt.
M. O. C. XI District Depot

(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.

OFFICE OF THE ADJUTANT GENERAL
ARMY SERVICE RECORDS DIVISION

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 332880 (Rank) Act Corp

Name (in full) Robert Owens enlisted in

the 15th C.P.S. Brigade C.F.A.

CANADIAN EXPEDITIONARY FORCE at Victoria B.C. on the 12th

day of May 19 16.

HE served in France with 5th Bg. C.F.A.

and is now discharged from the service by reason of ondemobilization

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

Age 33 Years 11 Months

Height 5' 10 1/2"

Complexion Medium

Eyes Blue

Hair Medium Black

Marks or Scars Red scar

at base of neck

right side

R. Owens

Signature of Soldier

L. B. Khan

Issuing Officer

Major

Rank

Date of Discharge 12th April 1919

C. H. Desjardins

Appointment

Signed at Victoria B.C. this 12th day of April 19 19

in Military District No. Eleven

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.

WAR SERVICE BADGE CLASS "A"

NO. 173091 ISSUED

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

Rank *gpr* Name OWENS, Robert. ✓ Reg'l No. 332880 ✓
 Unit 15th Bde Amn Col. If in perm. Corps, } Married or Single Single. ✓
 What Unit? }
 Place and Date of Enlistment Victoria B.C. 12th May 1916. ✓ Place of Birth Bangor, Co Down, ✓
 Ireland.
 Name and Address, Next-of-Kin Mrs A. Owens. ✓
 Maywood P.O., Victoria B.C. ✓ Relationship Mother. ✓
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Relationship

N/E. R.B. No 8687
 File R.L.
 Category OR can

Discharge, Date and Place *x 5th bio* Reason Character

H. W. & V., Ld.-7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
ARRIVED IN ENGLAND 3 S CAMERONIA 22-9-16					
<i>22-7-17</i>	<i>be H2 Witley</i>	<i>attached for duty</i>	<i>Witley</i>	<i>1-1-17</i>	<i>PD 5022</i>
<i>31-10-16</i>	<i>15th Bde C.79</i>	<i>Transferred to 4th W.C.</i>	<i>Camp</i>	<i>1-11-16</i>	<i>PH 11 50124</i>
<i>2 11 16</i>	<i>4th DAC</i>	<i>TAKEN on STR.</i>	<i>WITLEY.</i>	<i>1 11 16.</i>	<i>Pt2DO 144.A</i>
<i>8.2.17</i>	<i>4th O.C.</i>	<i>S.O.S. to Sub Staff</i>			
		<i>Stdgs. Can Spa. Witley</i>	<i>"</i>	<i>5.2.17</i>	<i>Pt 250.39</i>
<i>7-2-17</i>	<i>H2 Witley</i>	<i>208 from 4th O.C.</i>	<i>"</i>	<i>5-2-17</i>	<i>PD 5038</i>
<i>21-2-17</i>	<i>"</i>	<i>Apptd as cpl. while emp'd on mil. Police</i>	<i>"</i>	<i>5-2-17</i>	<i>" " 52</i>
<i>18-11-17</i>	<i>"</i>	<i>Apptd as Sgt without pay while emp'd on CMP</i>	<i>"</i>	<i>14-11-17</i>	<i>" " 262</i>
<i>23-3-18</i>	<i>N.A.5th Linn</i>	<i>T.O.S. to H.Q.C.T Witley</i>	<i>P/Sgt Witley</i>	<i>21-3-18</i>	<i>PH 0134 / PH 001 / 22-3-18</i>
<i>7-4-18</i>	<i>C.7.a.</i>	<i>T.O.S. on transfer from H.Q.C.T. Witley</i>	<i>Witley</i>	<i>14-4-18</i>	<i>PH 0097</i>

23

ST. 103 CHECKED: JUN 1918

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
7-4-18	21 Q.C.T.	S.O.S. on transfer to C.R. Army	Witley	4-4-18	A-102 & Res Bde 97 ^{7/4/18}
7-4-18	21 Q.C.T.	Reverts to rank of Pte	Witley	4-4-18	A-102.
19-6-18	Res Bde C.F.A.	S.O.S. of Sec	"	18/6/18	-170 & C.A.P. 84 ^{26/6/18}
22-9-18	Atty Pool.	S.O.S. on being trans: } to Military Police	Gnr Field	18.9.18	-127.
26-9-18	M.P.C.C.	S.O.S. on transfer ^(Can Corps) & att. C.S.B. Depot	"	19-9-18	- 29
15-10-18	1 st Bn HQ	S.O.S. on repatriating as h.w.P.	Field	7-10-18	+ M.P.C.C. P.C. 31 of 16-10-18
9-11-18	-do-	applied of Corps without pay	-do-	7-10-18	- 50
13-1-19	Gen Sup	S.O.S. from M.P.C.C.	Pte Witley	1-1-19	DD 10 ^{M. P. B. L.} _{Res Bde 25/1/19}
17-2-19	1 st Bn HQ	S.O.S. to M.P.C.C. on transfer	"	"	"
		England (Sick)	Gnr Field	1-1-19	No. 6
7-2-19	Gen Sup	On Com 1ccw with ^{Arrived Amiens in D.O.} Witley	Witley	3-2-19	52d/4-3-19 P 11 31
14-3-19	Gen Sup	Com 1ccw with Witley	"	11-3-19	S.O.S. ^{S.O.S. Res Bde D.O. 18 D/24-3-19}
25-3-19	2011 measuring	T.O.S. pending ret. to Canada	K Park	22-3-19	St II DD 12
		34 - U. 130 Sailing 29-3-19.			
31-3-19	" "	S.O.S. on proceeding to Canada	K Park	29-3-19	u-u " 77. Sailing No 35.
11-2-19	1 st Bn HQ	Att. from Dep for all purposes	Witley	3-2-19	- 40.
12-3-19	-do-	Leases to be att on proceeding	"	11-2-19	- 69.
		San Sen Depot			

$\frac{3}{18} = \frac{1}{6}$

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

MD 11

DIRECTIONS TO
DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

OWENS

R.

REGIMENT

Gen. Dept

RANK

Act/Capt

No.

332880

Date of Examination in England

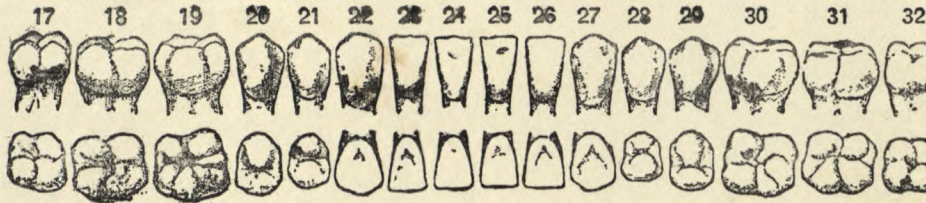
13/3/19

Date of Examination in France

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

31

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? *no*

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

(a) In Canada

(b) In England *yes*

(c) In France

Signature of Dental Officer

[Handwritten Signature]

STATEMENT OF DENTAL TREATMENT

1. This form will be made out by the dentist for the patient's records. It should be filled out at the time of the examination and should be given to the patient at the time of the treatment.

1. Name of Patient: *W. E. R.*
2. Address: *123 Main St. N. York, N.Y.*

3. Date of Examination: *10/15/32*
4. Name of Dentist: *J. H. Smith*

5. Description of Treatment:
Examination of teeth, filling of upper right molar, extraction of lower left wisdom tooth.

PRESENT DENTAL TREATMENTS

- 1. Filling
- 2. Extraction
- 3. Crown
- 4. Bridge
- () Full Upper
- () Part Upper
- () Full Lower
- () Part Lower

Has the patient any dental treatment? () Yes () No

- () In Canal
- () In Root
- () In Crown

DUPLICATE

To be made out in duplicate.

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 15th O/S Brigade C. F. A.
Ammunition Column

(2) Regimental Number 332880

(3) Full Name of Soldier Robert Owens

(4) Place of Birth Baugor Co Down Ireland

(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? no
If so, give number of boys and girls.....
Also their names and ages.....
.....
.....
.....

REPLICATE
REPLICATE

(9) Is your Father alive?..... no

If so, state name and address

(10) Is your Mother alive?..... yes

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

..... Maywood P.O. Victoria B.C.

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

Are you her sole support, or not?..... yes

(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.

45.00 per month

husband dead.

(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.

..... no

15) Are you insured?..... no

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..... July 27/16

.....
[Signature]
Officer Commanding.
Captain

MEDICAL HISTORY SHEET.

Surname Owens Christian Name Robert **089**

Examined { on 11th day of May 1916 Approved by [Signature]
 { at Victoria B.C.
 Birthplace { City or Town Manzan Rank Capt. C.M.S. M.O.
 { County Onze Indes

Apparent age 31
 Trade or occupation Provincial Police 27/1/19 cap. 21 to Ten M.O.
 Height 5 Feet 10 1/2 Inches. M.O.
 Weight 170 Lbs. M.O.
 Chest measurement { Minimum 35 1/2 inches. M.O.
 { Maximum expansion 39 inches. M.O.
 Physical development good M.O.
 Small-Pox Marks none M.O.

Vaccination Marks { A r m. Right 0 Left 1
 { Number 1
 When Vaccinated last Childhood 11.8.16 + [Signature] M.O.
 (a) Marks indicating congenital peculiarities or M.O.
 previous disease none M.O.

Small red oval scar on neck R. 20.8.16 24/1/19. [Signature] M.O.
 (b) Slight defects but not sufficient to cause rejection
none 3/7/16 [Signature] M.O.
 13/7/16 [Signature] M.O.
 2.8.16 [Signature] M.O.
 12/6/18 TAB [Signature] M.O.

Enlisted on 12th day of May 1916 at Victoria B.C.

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>15th Brigade C.F.A.</u>	<u>332880</u>		<u>May 12th 1916</u>
Transferred to	<u>15th O/S Brigade C.F.A. Ammunition Column 4th Div Am. Col.</u>			<u>1/14/16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>1st CCD Witley</u>	<u>27.2.19</u>	<u>Dub</u>	<u>[Signature]</u>
	<u>13.3.19</u>	<u>nil</u>	<u>[Signature]</u>

CANADIAN

Surname *Cowles* Christian Name *Arthur*

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				
WOODWICK WAR HOSPITAL, WOODWICK, S.E. 18.			1	1	19.20	1	19.	appendicitis	20.	appendicectomy to Rome under Lt Goodrich the 1st day	<i>W. Lewis</i> Major R.M.S.
M.C.H. Gosport			20	1	19		8 - FEB 1919	appendicitis (op.) (conv)	15	on admission open scar no disability good strong wall other systems 27/1/19 G.C. good Cat D.I. W. Lewis	

"H" DIVISION CAPTAIN

ASSIGNED PAY: ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA. NAME: OWENS Robert. NUMBER: 332880

EFFECTIVE DATE: 1/9/16 EFFECTIVE DATE: AMOUNT: 15.00

NAME, ADDRESS, RELATIONSHIP & AUTHORITY: Mrs Anna Owens, 12 Munson Rd, Maywood PO Victoria B.C.

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY: B.O. 2. 7/4/18. DATE EFFECTIVE: 4/4/18. RANK OR APPOINTMENT: a/spt without P/c a/sep without

UNIT AND TRANSFERS

ORIGINAL UNIT: 15.09A. DATE ACCOUNT FIRST OPENED: 1/9/16

AUTHORITY: B.O. 2. 7/4/18. DATE EFFECTIVE: 4/4/18. UNIT TRANSFERRED TO: 5 D HQ S/S @ RA.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
13/3	3636	Widley	14.60				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
B.O. 2. 10/4/18	1.00	25		
B.O. 2. 10/4/18	1.00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Transfd Canada 3/13/19 RR 4674 17/3 Widley to Widley wd. 11 L.R.C. 35.06

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal forward								7.80		
April	P. Pay 4/3/18 - 1/4/18	3.45		Cap				15			
	" " 4/1 - 30/18	29.40		DN AR 509 23-4 18 GRA	4.87				5.78		
		33.45			4.87			15			
May	G.P.	34.10		AR				15	24.88		
				AR 1107 17/5 GRA	19.47						
				DN AR 184 9/4	4.87						
				AR 875 7/5	24.33					33.52	
				1380 23/5	9.73					48.58	
		34.10			58.40			15			
June	G.P.	33		AR				15	15.52		
				AR 1652 11/6 GRA	4.87						
				5185 30/6	4.46					24.85	
		33			9.33			15			
July	G.P.	34.10		AR				15	5.75		
				DN AR 385 11/7 8 Bde	3.57					9.32	
				447 23/7	4.46					13.78	
		34.10			8.03			15			
Aug	G.P.	34.10		AR				15	5.32		
				DN AR 549 8/8	3.57						
				DN AR 4106 SSC HQ 16-8	3.57					18.7	
		34.10			7.14			15			
		33		AR				15			
				AR 4493 1/9	3.57						
				976 Detas 18/9	4.46					8.15	
		33			8.03			15			

COMPILED BY: W. Iron
CHECKED BY: W. Iron

over

NUMBER 332880 RANK

Pl

NAME OWENS R

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Balance Forward								8 15		
Oct	F. P.	34 10							42 25		
				bal				15	27 25		
				A.R. 1411 9/10/18 1st 60¢ 15 ✓	4 66				22 59		
				3426 16/10/18 3rd Signal 39	4 66				17 93		
Nov	do	34 10			9 32			15			
		33							50 93		
Dec		34 10		bal				15	35 93		
		29 10		CAP				15	50 3		
Jan	do	34 10						30			
				do					89 13		
		101 20						15	44 13		
Feb	do	30 80						45			
				bal					104 93		
								15	89 93		
				1962. 24/1/19 Woodstock 30 14 87					85 06		
				23100. 3/2/19 London 14 24 33					60 73		
				206 R. 204 3/2/19 Exams. 60 24 33					36 40		
Mar	AF 3/19 - 15/3/19 120 pay 430 80 41 14/1/19 1200	8 46							45 16		
	F. P.	34 10							49 26		
				bal				15	64 26		
				A.R. 11512. 21-2-19 1st 660 90 14 60					49 66		
				A.R. 3636. 15/2/19. R.D. 4. 105 14 60					35 06		
		2/3 66						30			
				4399. 24/3/19 N. Bank, 3	99 43				25 33		End L.P.C.
					9 73						
					9 73						
				S.O.S. Canada. List 34 29/3/19							

76303
mms

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Sep 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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2116

RATE OF ASSIGNMENT

15			
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PARTICULARS OF SEPARATION ALLOWANCE

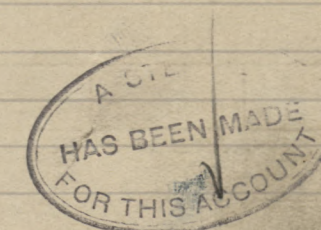
No. 332880
 Rank *Sp1* Promoted Reverted Discharge
 Soldier's Name *R. Crews*
 Battalion *15th Brig. Am. Col.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Anna Crews*
 Address *Tennison Rd. Maywood P.O.*
 Change of Address *Victoria B.C.*
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					014088-R-21
Dec 31			240	240	
Jan 18	L 67921		15	15	
Feb.	B 75075		15	15	
Mar.	P 93335		15	15	
Apr.	R 8932		15	15	✓
May.	T 14050		15	15	✓
June	P 21043		15	15	✓
July	G 31682		15	15	✓
Aug	R 40143		15	15	✓
Sept	Y 45230		15	15	✓
Oct	Y 51193		15	15	✓
Nov	W 59211		15	15	✓
Dec	X 72782		15	15	X
Jan 1919	X 72087		15	15	✓
Feb	X 79566		15	15	✓
Mar.	O 82046		15	15	✓
Apr	R 3647		15	15	✓
			480	480	
			A/c Closed 30.4.19.		
			Ret'd per <i>Carsona</i>		
			Date 4.4.19. M.F.W. 187 12.4.19		
			Clerk <i>C. Mitchell</i>		
			"M.R.O. Des" 84315 - 12.4.19. OAM		

M. F. W. 128
 400M-6-17-177-39-1141
 L. L. 22820-M. & D. 7998.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128
 400mc-6-17-1772-39-1141
 L. L. 22320-M. & D. 7583.

Caronia

5-4-19

AUDITOR *AK* PAYMASTER

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

REGT. NO. 332880 RANK *Pte* NAME (IN FULL) *Owens, R.*

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS		<i>Eng L.P.G. adv to</i>	<i>31-3-19</i>		PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE	
<i>Nil</i>					<i>15⁰⁰</i>	<i>1-5-19</i>	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		<i>Bank of Commerce, Victoria B.C.</i>
					STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
						<i>M.D.XI</i>	<i>12-4-19</i>

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.
<i>31-3-19</i>	<i>110</i>			<i>3506</i>														<i>3506</i>		
<i>18-4-19</i>	<i>110</i>	<i>1980</i>	<i>35-</i>	<i>5480</i>		<i>1 May Boul train</i>	<i>973</i>	<i>487</i>	<i>5-</i>	<i>12526</i>						<i>1960</i>	<i>70-</i>	<i>1546</i>		<i>35⁰⁰ O to lly</i>
<p>Certified that all payments have been made on this account for which covering authority has been received to date.</p> <p><i>APM</i> <i>153</i></p> <p><i>War Service Gratuity</i> Service <i>2</i> years <i>3</i> months</p> <p><i>May 24 181732 63 40</i> <i>June 12 80442 70 30</i> <i>July 12 821691 70 - 4</i> <i>Aug 12 838227 70 - 4</i></p> <p><i>350 -</i></p> <p>I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2595 received.</p> <p><i>W. J. ...</i> Officer i/c War Service Gratuity M.D. No. 11</p>																				
																		<i>7660</i>	<i>27340</i>	
																		<i>6340</i>	<i>210</i>	
																		<i>7040</i>	<i>140</i>	
																		<i>70</i>	<i>70</i>	
																		<i>70</i>		
																		<i>750</i>		

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DESCRIPTIVE RETURN of a Soldier at present stationed at Witley Camp
who is desirous of being* { transferred } from the A. I. S. I. "A. I. P." Regiment
{ posted }
{ attached } at Witley Camp to the C. R. A. Regiment
or Corps at Witley Camp for the purpose of duty.

Regiment and Battalion A. I. S. I. Loan Troops Witley.
No. 332880 Rank and Name Private Owens, R.
Service towards engagement one years 10 months.
Date of Attestation May 12th 1916.
Period for which attested Duration Colours _____ Reserve. _____
Age 32. years 40 days. Height 5 feet 10. inches.
Chest measurement { Girth when fully expanded 39. inches.
{ Range of expansion 3 inches.
Trade or Calling Police Service, Provincial Police Dept, Victoria B. C.
Where born Bangor County Down, Ireland
Married or single; if married, state if with leave single
Certificate of Education _____
Character _____
Good Conduct Badges _____
Musketry Qualification and Score _____
Schools or Courses of Instruction at which the Soldier has attended and qualified. Nature of certificates obtained to be stated. has leave 12-3-18 to 17-3-18
has free warrant 12-3-18
Category "A" II

To be signed by a Soldier applying to be transferred.

I request to be transferred as above, and I understand that, if transferred, my conditions of service will be modified (if necessary) so as to correspond with the general conditions of service in the Corps to which I am transferred, in accordance with Section 83 (3) of the Army Act.

Signature of Soldier R. Owens

To be signed by a Soldier applying to be posted or attached.

I request to be ‡ transferred as above.

Signature of Soldier R. Owens

I have examined the above man and find him medically fit for the branch of the service to which it is proposed to * { transfer } him. Signature of _____
{ post } Medical Officer } W. W. H. J. [unclear]
{ attach }

I have no objection to this man being ‡ transferred as above.

Signature of applicant's present Commanding Officer Chas. Thompson Lieut.

(Station) Witley, Surrey. (Date) 31st March 1918. Camp Commandant

I have no objection to this man being ‡ transferred as above.

Signature of Officer Commanding applicant's proposed Regiment, Corps or Battalion } E. D. [unclear]
Colonel, Commandant

(Station) Witley, Surrey. (Date) 3-4-18 Canadian Reserve Artillery

Signature of competent authority for transfer [unclear] Capt.

* See King's Regulations. The words which do not apply to be erased, and in the case of the R.A.M.C., it should also be stated whether suited for the duties of the Corps.
‡ Insert "transferred," "posted," or "attached," as the case may be.

H/SEAR.
[P.T.O.]

CERTIFICATE to be rendered in the case of a Non-Commissioned Officer who
 is to be { posted
 transferred } to the Regular Establishment of any arm of the
 attached
 Special Reserve or to the Permanent Staff of the Territorial Force, &c.

I certify that _____

is in every respect competent to undertake and suitable for the duties he will
 be required to perform as an Instructor in the arm of the Special Reserve or the
 Territorial Force to which I recommend he should be { posted
 transferred }
 attached

_____ Officer Commanding,

Place _____

Date _____

DOCUMENTS TO ACCOMPANY THIS FORM.

In all cases	Copies of Regimental and Company Conduct Sheets.
In cases of tradesmen	Certificate of Proficiency on Army Form B. 195 or 195A, as the case may be.
In case of Clerks (or of any trade if for Royal Army Medical Corps)	Specimen of handwriting and ciphering.
In case of Candidates for Military Police	Specimen of handwriting.
In case of Candidates for the Military Provost Staff Corps	Copy of Record of Service on Army Form B. 200.



DISPERSAL STATION U

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Badge

Class "A" No. 173091

93

1. No. 332880

2 Rank. Capt. / a

3. Name. Robert Owens

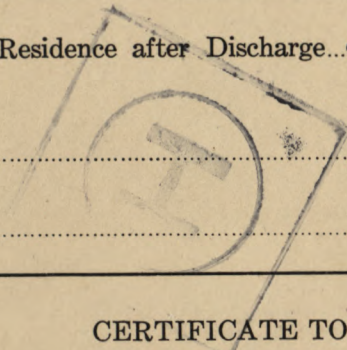
4. Unit. Gen. Depot. C.F.A.

5 Date of Discharge APR 12 1919 Place VICTORIA, B. C.

6 Reason for Discharge Demob
a. Mother. Victoria
6
Prov. Police

7. Authority.

8. Proposed Residence after Discharge 3321 Fenmore Rd. Victoria B.C.



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. B 39

SLI-11PL MAR 21/19
ARR SIX APL 5
I. M. I. # ARD. 111 #

R. Owens
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place VICTORIA, B. C.

Date APR 12 1919

Signature [Signature] (O. C. Discharging Unit.)

O. C. "U" DISPERSAL STATION

PROCEEDINGS ON DISCHARGE

(Demobilization)

1. No.	382 077
2. Name	W. J. ...
3. Grade	...
4. Unit	...
5. Date of Discharge	VICTORIA B.C.
6. Reason for Discharge	...
7. Authority	...
8. Proposed Position after Discharge	...

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the undersigned place and date I received my discharge Certificate

W. J. ...
 ...
 ...
 Signature of Soldier

CONFIRMATION

The details of the above named man is hereby confirmed.

Name

Date

(Signature of ...)

LIST OF DISCHARGE DOCUMENTS

Medical Form W. 10	Statement Paper, Triplicate
Medical Form W. 10	or Particulars of Record
Medical Form W. 10	Field Card, Single Sheet
Medical Form W. 10	Company Form
Medical Form W. 10	Final Discharge Certificate
Medical Form W. 10	Certificate that existing documents are under control
Medical Form W. 10	Medical History Sheet
Medical Form W. 10	Proceedings of Medical Board
Medical Form W. 10	Final History Sheet
Medical Form W. 10	Medical Report
Medical Form W. 10	Regimental Card, Single Sheet
Medical Form W. 10	Company Card, Single Sheet

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 A.F.A. 45).
5. Dental Certificate (C.A.D.C. Form 4).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings of Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 59) (Enclosed in special envelope (26031)).
9. Copy of Discharge Certificate (M.F.W. 59).
10. Dispersal Certificate (D.O.S. 2).
11. Equipment Statement (D.O.S. 2) and Clothing Statement (D.O.S. 2).
12. Last Pay Certificate (M.F.W. 44).
13. Pay Book (M.F.W. 129).
14. War Service Credit (Form M.F.W. 2595).
15. Sundry Documents.

Group..... A

Checked by..... [Signature]

.....

Date..... 28-3

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

W. S. B. CLASS A.
M. F. W. 54. (A. F. B. 103.
860M. 2-5-16
H. Q. 1772-39-920.

15th O/S Brigade C. F. A.

Casualty Form—Active Service.

Ammunition Column

Unit, Regiment or Corps.

15th Brigade C.F.A.

Regimental No.

332880

Rank

Private

Name

Owens Robert

Enlisted (a)

May 12/16

Terms of Service

1 year 4 mos

Service reckons from (a)

May 12th 1916

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)

Date	Report		Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
	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			
		Embarked. Canada	Halifax	11-9-16.	
		Disembarked. England.	Liverpool	22-9-16.	✓
1-11-16. 31-10-16	15 th Brigade	Transfd 4 th Div. Am. Col.	Witley	1/11/16	Part II Order #124 ✓ Vincent W. Keenan Lt. 15th O/S Brigade C. F. A. Ammunition Column
2-11-16	4th D.A.C.	TAKEN ON STRENGTH	WITLEY	1-11-16	Part 11 -- No. 1444 ✓ A.S. Macdonald Lt C/O 4TH SECTION 4TH D.A.C.
8-2-17	4th D.A.C.	Trans: to Sub Staff, Canadian Troops, Witley Head Quarters.	Witley	5-2-17	Pt 11 Orders 39 ✓ A.S. Macdonald Lt C/O 4TH SECTION 4TH D.A.C.

(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.

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				
1-1-17	RO # 279	Attached H.Q. S.S.	Witley	1-1-17	Part II Order # 22. 22-1-17
7-2-17	RO 553 H. G. Witley	Transferred to H.Q. S.S. J. O.	Witley	5-2-17	Part II Order # 38 ✓ 7-2-17
21-2-17	5th Can Div	Appointed Acting Corporal Taken on strength Substaff 5th Canadian Division.	Witley	5-2-17	Part II Order # 52 ✓ 21-2-17
18. 11. 17	J. Edu. Div.	Appointed Acting Sergeant without pay while employed on C. M. P.	Witley.	14-2-17	Part II Order # 3 22-2-17
7-4-18	H.Q. Coln. Tps.	Reverts to rank of Private at his own request.	Witley	14. 11. 17	Part II # 262 ✓ 18. 11. 17
7-4-18	do	P.O.S. on transfer to Canadian Reserve Artillery Witley.	Witley.	14-4-18	Part II # 2. ✓
					Chas. H. H. H. Lieut. Camp Commandant.
7-4-18	O.C. Res Bde. B. Fla	T.O.S. from H.Q. Can Troops, Witley	Witley	4-4-18	BO Pt. II 97 ✓
19-6-18	Res Bde 240	Proceeded Overseas to Ammunition Details	Witley	18.6.18	BO Pt. II 170 A. G. Schreiner LIEUT. & ASST. ADJUTANT. RESERVE BRIGADE, CANADIAN FIELD ARTILLERY.
22-3-18	H. G. 5th Div	S.O.S. to H. G. 5th Witley	"	22-3-18	Pt. II 613
22-3-18	H.Q. 6th	S.O.S. from H.Q. 5th Div	"	21-3-18	" - 1
22-3-17	O.C. H.Q. Witley	Att. for duty	"	1-1-17	" - 22

CERTIFIED CORRECT.

22 JUN 1918

CAN. REG'D LONDON.

W. H. H.

LIEUT.
FOR LT: COL: I/O RECORDS, C.O.M.F.

sheet 2
(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps Military Police (Educo) Regimental Number 332880

*Substantive Rank Private Surname Owens Christian Names Robert

*Acting Rank A/CORPORAL

(* To be entered in pencil to facilitate alteration.)

Nothing to be written in this margin.

To be folded on this line.

A1834 W. 6425-P1600 500,000 10/18 G.W.P.Co.3073

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					
20.6.18.	C.A.B.D.		Arrived reinf. for Cdu. unit + left for CERC.	Pool.	20.6.18	M.R. 689. ^{4/26.6.19}
27.6.18	CERC.		Arrived at CERC.		26.6.18.	Plt 7584. M.R. 1289
19.9.18	A.A.G.		S.O.S. of Edu. unit, Pool on being trans. to Military Police (E.C.P).		27.6.18	M.R. 987)
"	"		T.O.S. Military Police (E.C.P) and attached to C.A.B.D.		18.9.18	B241. K8334382
21.10.18.	9c. 14.	C. J amb.	Scabies.		19.9.18	Plt 75. 29.
11.12.18.	DAAG.	3rd Echelon.	Boils mild	adm. 14. Co. amb	11.10.18	A1202
2.11.18.	APM.	Cdu Corps.	Appointed A/CORPORAL without pay.	To. 4. CCS	21.10.18.	9911.
+				adm. 26 G. Hoptl.	22.10.18	Lt. H4 30713
1.1.19.	25. Gen.	Hoptl.	appendicitis.		7.10.18	M.P.C.C/m.21.
1.1.19.	"		Sick. Invalided and posted to Cdu Gen. Depot, Witley per A.T. "St Dennis"			KX18594.
						Plt 75. 33.
						W3034 M4069.
						W3083
						Plt 20 orders 1/25/19

W. H. ...
Lieut
for Lieut. C.S. A.A.G.
Cdu Sec. 9. HQ 3rd Ech

332880 Plt Owens Robert

W. S. B. CLASS A.

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					
13-1-19	Gen Dep	I.O. 1 from MPCC		Witley	1-1-19 2010	
11-3-19.		Ceases to be attached on proceeding to		Gen Depot.	D.O. No. 69 D/12.3.	
22-3-19	Gen Dep	D.O. 68 505 to 666 RHYI M.D. 91		Witley	22-3-19.	

W. S. B. Lieut.
for LtCol i/c Records **C.M.F.C.**

W. S. B. Adjutant,
Canadian Command Depot,

W. S. B. LIEUT.
OFFICER i/c RECORDS,

Attached C.O.C. Kimmel Park on embarking for Canada, Part II Order No. _____

Commanding _____ Wing,
Kimmel Park Camp,

Nothing to be written in this margin.

511-LVPL M. 20
511-R HFX APL 5
511-M T CARONIA