Transferred from "B" Sect. No 1 Field Ambulance C.E.F. to Canadian Dept. of Militia for Overseas Service

New No. 500569

Duplicate

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Discharged Exhibition Camp to Nominal Roll Dec 30/15

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?	Peters.
1a. What are your Christian names?	Robert.
1b. What is your present address?	Vernon, B. C.
2. In what Town, Township or Parish, and in what Country were you born?	Hackney, Middlesex, Eng.
3. What is the name of your next-of-kin?	Mrs. Alice Maud Peters.
4. What is the address of your next-of-kin?	Vernon B.C.
4a. What is the relationship of your next-of-kin?	Wife.
5. What is the date of your birth?	7th. April 1875.
6. What is your Trade or Calling?	Cooper?
7. Are you married ?	Yes.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	Yes. 30th B. C. Horse, 3years.
10. Have you ever served in any Military Force? If so, state particulars of former service.	Argyle Sutherland Highlanders. 12 years.
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 Peters, 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.

Robert Peters. (Signature of Recruit)

Date 20 Nov 1915 L. Copeland (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Peters, 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.

Robert Peters. (Signature of Recruit)

Date 20 Nov 1915 L. Copeland (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 this NOV 24 1915 day of 191 .

J. W. Gillespie (Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Transfer noted 17-5-16 J. McEn.

Description of Robert Peters on Enlistment.

Apparent Age 35 years 07 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8 ins.

Chest measurement.
- Girth when fully expanded 40½ ins.
- Range of expansion 5½ ins.

Complexion Fair

Eyes Blue

Hair Fair

Religious denominations
- Church of England C of E
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other Denominations (Denomination to be stated)

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.)

Tatoo of bust on left arm
go. Girl on each forearm
go. Britannia on Breast

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 declares that he is not subject to fits of any description.

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

Date Nov. 20th 1915

Place Esquimalt BC

W A Anderson Capt Can A M C
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 Peters 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.

J H Boggee (Signature of Officer)
Captain
C. C. B. Section, No. 1 Field Ambulance, C.E.F.

Date NOV 24 1915 191

REGIMENTAL DOCUMENTS

Pte NAME PETERS ROBERT REGT. NO. 540560 UNIT 6th GS H. Q. FILE NO.

3-7-19

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1	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)				4688	
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCFEDINGS, 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)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					2
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Mine					13-25
2	R149					13-25
1	Bivs					4-25
	Band					
1	mid card					

W. 2599
100M-11-18
1772-39-1377

CARD NO.

SURNAME. Peters.

CHRISTIAN NAMES Robert.

REGL. No. S-40, S-60 RANK Lgt.-Maj.

UNIT ~~"B." Section No. 1 Fld. Amb.~~ 4th. Div. Cyclists.

FORMER CORPS 30th. B.C. Horse. (3 yrs.) Argyle & Sutherland Highr. (12 yrs.

Sesdip. 2-6-19
Demob. # 1044
No. 157 FOLL. 6-6-19

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Peters, Mrs Alice Maud.

RELATIONSHIP TO SOLDIER (wife)

ADDRESS Vernon, B.C.

COUNTRY OF BIRTH England, Hackney, Middx. DATE Apr. 7th. 1875.

PLACE OF ATTESTATION Victoria, B.C. DATE Nov. 24th. 1915.

Trans. from "B." Sect. no. 1. Fld. amb. to Div. Cyclists Depot Auth. N.R. Dec. 30/18.

L. L. 94504. M. & D. 6512. O/S 28-4-16 41?

P/C 29-5-19-33

M. F. W. 22. 250M.-2-16. ~~H. Q. 1778-39-339.~~

94.

MARRIED yes. SINGLE WIDOWER

TRADE OR CALLING Cooper. RELIGION Church of Eng.

DESCRIPTION.

APPARENT AGE 35- YEARS 7 MONTHS

HEIGHT 5- FEET 8 INCHES

CHEST MEASUREMENT 40 1/2 INCHES EXPANSION 5- 1/2 INCHES

COMPLEXION fair EYES blue HAIR fair

DISTINGUISHING MARKS Tattoo of bust on left arm
" of girl on each forearm.
" of Britannia on breast.

MEDICAL EXAMINATION. PLACE Esquimalt, B.C. DATE Nov. 20th, 1915-

Present address: Vernon, B.C.

ROBERT

Form R. 149.

Name PETERS Rank Pte Reg. No. 540560

Unit CCBMG Sqn.

Next of Kin CANADA

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
19 5	D 2 C D Rouen		Myalgia	A 7	2 4	0 1457.4
20 5	Discharged B.D.		"	A 3	10	AAG
				L	4 1918	

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

Form R. 149.

Name PETERS ROBERT Rank Pte. Reg. No. 540560

Unit C.C.Cav.B. M.G.S.

Next of Kin CANADA

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
13	5	11 Stn Hosp. Rouen		Myalgia	A 21		1277.7
20	5	2 C Camp Rouen		"	A 223		1391.5
20	5	Discharged Camp Etaples		"	A 223	M	1425.4

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

No. 540, 660 RANK Pte NAME Peters Robert.

T. O. S. 2/12/15 UNIT Div. Cyclist Depot.
D.O. 92 of 22/12/15

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec. 2	1915 Dec. 31	L	Appt. Actg. Sgt.	D.O. 69
1916 Jan. 1	Jan. 31	L		
Feb.		L	Pro. Sgt. M. Det. 1/16	D.O. 28 of 1/2/16
Mar.		L		
Apr.		L	Proceeded OS 25/4/16	D.O. 113 of 26/4/16.

AD
Gmd

Number. 540560 Rank. G.C.S.M.

Surname. PETERS

Christian Name. Robert

Units. C.M.G.Bde Theatre of War. France

Date of Service. 23-2-18

Remarks.

Latest Address. Kelowna
B.C.

Roll No. B

Page 9529

Next of kin

Address on leave

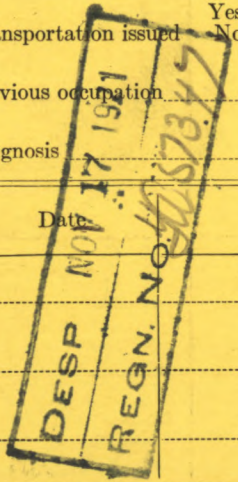
Address on discharge

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.

D.M.S. 1300 50M-21-'17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
PETERS.	R.	540560.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	M.G. CBMGS.			

HOSPITAL — DATE OF ADMISSION

11. Staty. Rouen. — 13-5-18.

1. 2 Convl Rouen. — Hosp. 119. 20.5.18

2. — Hosp.

3. — Hosp.

4. — Hosp.

DIAGNOSIS Myalgia. 40

1.

2.

3.

DISPOSITION — DATE

C.L. 20-5-18. A217.

27.5.18 a/223

21.5.18 a/224

5.9.18 A 310. 5

REMARKS Dis. 20.5.18

Dis. 20.8.18.

EPITOME OF HOSPITAL TREATMENT

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

FILE No. Peters Robt. VOL.

SUBJECT 540560

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE
~~Fee, Robert D.~~			~~Dec~~		
~~Room 340~~			~~15-2-45~~		
Atlas		15-2-45			

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY

O.S.S. 5—1000M—6-43 (612)
H.Q. 1772-45-8

FILE No. VOL.

SUBJECT

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE

Eng Board

M.B.108 Canadian Corps Camp Bramshott.

TO: Officer Commanding M. G. Coy

The following is a special EYE report on the undermentioned Your M.O(s attention should be called to it and the case should now be paraded with this report in triplicate, the Medical History Sheet and the Casualty Form to:-

The LONG Board as there IS a disability of the EYE.

NAME Peters R. NUMBER 340560 RANK pte UNIT M. G. Coy

FORMER OCCUPATION Bank Clerk.

ORIGINAL DISEASE OR INJURY Compound Hypermetropic astig: L.

DATE OF ORIGIN Accidental PLACE OF ORIGIN

CAUSE Refractive

PRESENT DISABILITY

PRESENT CONDITION:-

VISION ---RT:- 6/9 WITH GLASSES Rt:-

---Lt:- 6/36 Lt:- 6/12

CATEGORY RECOMMENDED A

HISTORY OF PRESENT CONDITION

Left always defective

DID THE DISABLING CONDITION HAVE ORIGIN BEFORE ENLISTMENT ? Yes

IF SO, HAS IT BEEN AGGRAVATED BY SERVICE ? No

HAS THE DISABILITY BEEN CAUSED OR AGGRAVATED BY INTEMPERANCE OR IMPROPER CONDUCT OR UNREASONABLE REFUSAL TO ACCEPT TREATMENT ? No.

WHAT IS THE PROBABLE DURATION(IN MONTHS) OF THE DISABILITY ? Permanent

CAN THE FORMER TRADE OR OCCUPATION BE RESUMED ? Yes.

FUNDI...

Nil

DATE 6-5-19

W. E. Campbell Capt ...Major R.A.M.C
Officer in Charge Medical Board dept
Eye & Ear Dept C.C.C. Bramshott.

Form P. 85

1918—60M—29-11-16.

FORM OF WILL.

93658

Name in full.

I Robert Peters

Regimental Number 540560 serving in the Canadian Reserve Cyclist

of the Canadian Expeditionary Force do hereby revoke all former Wills made by me and declare this to be my last Will.

Name & Address of person or persons to whom it is to go.

I DEVISE and BEQUEATH all my real estate unto my wife

Alice Maude Peters

PO Box 432, Vernon BC

absolutely, and my personal estate I bequeath to my wife

Name & Address of persons or person to receive personal estate (see Note 1.)

Alice Maude Peters

PO Box 432, Vernon BC

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this fourteenth day of February A.D. 1917.

R. Peters

(*Signature*)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness H Bassett.

Address of Witness Chiseldon Camp Wiltshire Eng

Occupation of Witness Soldier. Canadian Cyclists.

Name of Witness W Curran.

Address of Witness 18 Bromley Avenue, Liverpool

Occupation of Witness Soldier.

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

L. L. JOB. 85506 M. & D. 5997.

18/11/15

MILITIA AND DEFENCE

M. F. W. 11.
10m.—9-15.
H. Q. 1772-1-13.

SEPARATION ALLOWANCE

Name Peters Alice Maud

Address Gen Delivery
~~Verdon~~ Vernon
B C.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Peters Robert

Regtl. No.

Rank Private

Corps B section No 1 Fld Amb

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		H 20349	28	28
Jan.	1916	23984	20	20
Feb.		22706	20	20
March		036 320	20 —	20

CONSOLIDATED ACCOUNT

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Alice Maud Peters Wife

Name of Soldier Peters Robert

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	A3182	20	20
May		06892	20	20
June		J8787	20	20
July		C7465	20	20
Aug.		C13738	20	20
Sept.		L 16541	20	20
Oct.		J89216	20	20
Nov.		J24[illegible]7	20	20
Dec.		S 27104	20	20
Jan.	1917	H29752	20	20
Feb.		H 32845	20	20
March		I 35853	20	20
April		K2344	20	20
May		I 5489	20	20
June		I 8737	20	20
July		I 11903	20	20
Aug.		R [illegible]12	20	20
Sept.		C 19530	20	T
Oct.		F 22240	20	20
Nov.		O 24316	20	B
Dec.		H 28229	20	F 5-08 20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

L. L. [redacted]610—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Mrs Alice Maude Peters

Address Box 1432 Vernon B. C.

By Whom Assigned Peters Robt.

Regtl. No. 5-40360

Rank ~~Sgt. M.~~ Pte

Corps Cyclist Depot

Rate ~~30/-~~ ~~MAY 1916~~

20.00 May 1/17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			2m 17 5/17 20.00 1 5/17 S.R. 12 6/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 4 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Mrs. Alice Maude Peters

L. L. Job 310.—Req. 6574.

Name of Soldier. Peters Robt.

Sgt M. 540560 Cyclist Depot

MAY 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			~~30/-~~ 20.00 / 5/17
May		Y 6523	30	
June		6 [illegible] 790	30	
July		P 12620	30	
Aug.		H 12641	30	
Sept.		S 18912	30	
Oct.		S 24177	30	
Nov.		Q 29077	30	
Dec.		K 35703	30	
Jan.	1917	Y 41133	30	
Feb.		Y 46634	30	
March		M 51523	30	
April		K 4124	30	30 L
May		K 10652	30	
June		T 18828	10	Bal June to adjust May
July		K 24398	20	& 20 July & future Allos.
Aug.		V 31223	20	
Sept.		D 39117	20	
Oct.		V 43558	20	
Nov.		V 51613	20	
Dec.		J 61870	20	5-20.00
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

Army Form B. 103. Regimental Number 540560

Casualty Form—Active Service.

Regiment or Corps 4th Divisional Cyclists C.E.F. C.M.G.O.

Rank Pte Surname Peters Christian Name Robert

Religion C of E Age on Enlistment 40 years 8 months.

Enlisted (a) 20/11/15 Terms of Service (a) Duration of war Service reckons from (a) 20/11/15

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) Cavalry Mad. Gunner

or Corps Trade and Rate (Cooper)

..... Signature of Officer.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked	Halifax, Canada	28/4/16	H.M.T. Olympic
		Disembarked	Liverpool Eng.	3/5/16	
18/5/16	O.C. Can. Res. Cyc. Coy	Transferred to Canadian Reserve Cyclist Company	Chiseldon	6/5/16	D.O. Pt II 98
8/11/16	O.C. Unit	appointed act. C.S.M.	Chiseldon	6/5/16	D.O. Pt II 258
30/5/17	O.C. Unit	Transferred to Canadian Reserve Cavalry Regt. Shorncliffe	Chiseldon	28/5/17	D.O. Pt II 129 H.B. Brockville Ont. O.C. Can. Res. Cyclist Co.
29.5.17	O.C. CRCR	T.O.S. on transfer from Can. Cyclists	Seaford	28.5.17	P.U. Vol 85
29.5.17	O.C. CRCR	Reverts to rank of private on transfer	Seaford	28.5.17	P.U. Vol 85

(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) Signaller, Shoeing-Smith, &c.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./854.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
12-7-17	OC. CRCR	S.O.S. on transfer to Can. Machine Gun Depot.	S'cliffe.	12-7-17	Part II Order No. 129.
					A/Lieut. Lt. MAJOR & ADJUTANT FOR OFFICER COMMANDING RESERVE CAVALRY REGIMENT.
13	Com'				
12-7-17	C.M.G.D.	Taken on Strength, C.M.G.D.	Crowborough	12-7-17	Auth. Depot Order Pt. II 194
24/9/17	Com. C.M.G.D.	S.O.S. to C.M.G.C.D. On Command to Maresfield Park.	Seaford	24/9/17	Auth D.O. Pt II No 267
2/10/17	C.M.G.D.	appt. A/Cpl with pay	Maresfield Park	2/10/17	Auth D.O. Pt II 227.
21/2/18	COMM C.M.G.D.	Reverts to Private to proceed overseas	Seaford	21/2/18	Auth D.O.Pt II.NO 52
24/2/18	COMM C.M.G.D.	S.O.S. on proceeding overseas To C.M.G.Cav.Sqdn	Seaford	23/2/18	Auth D.O. Pt. II.No 55. J.H. Lamard Lieut. A/Adjutant, Canadian Machine Gun Depot.
25 9 17	M.G.R.D.	To Stoln Cm.G.D. & Comm. M.G. Cas. Pt Centre Maresfield	Seaford.	24.9.17	Pte 200 M.G. Depot Cas. Pt Centre Pte 2300 d/25.9.17
29 10 17	Cm.G.C.D.	S.O. Sh Cm.G.D. Pte Sherm & Comm. to Maresfield	do	27.10.17	Pte 2334 Pte 303 d/29.10.17
5.2.18	Cm.G.D.	Sherm reported from Maresfield Ceases to be Sherm & Comm. to Cas. M.G. D.E. & posted to Has Corp.	do	4.2.18	Pte 36. H.H. Peacock LIEUT. FOR LT. COL. I/C RECORDS, C.C.O.M.F.

CERTIFIED TRUE COPY CAN. REGT. DAY FEB. 1918

R—122

Rank A.C. Name PETERS, Robert. Reg'l No. 540560

Unit 4/Div. Cyclists. If in perm. Corps, What Unit? Married or Single Married.

Place and Date of Enlistment Victoria. 20th November, 1915. Place of Birth M Hackney, Middlesex, England.

Name and Address, Next-of-Kin Mrs. Alice Maud Peters, 825 Mara Avenue Vernon, B.C. Canada. Relationship Wife.

Assigned Pay Monthly $ Payable to Relationship Jpg

Separation Allowance $ Payable to Relationship Pb

Discharge, Date and Place Reason Character

M/E. R.B. No LC428
Fils R.L.
Category CAN

Report. Date.	Report. From whom received.	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.
C.		Arrived in England. per. S.S. Olympic		6-5-16	
18.5.16	Res. Cyc.	D. O. S.	Chiseldon	18.5.16.	Pt II 98.
8-11-16	" "	To be A/Corp S.M. from	"	6 5 16	— / — 258.
30.5.14	" "	S.O.S on trans to Can. Rft Dep.	"	28.5.14	— " — 129.
29-5-17	C.R.C.R	To S and Reverts to Ple. At own Request on Transfer	S'cliffe	28-5-17	Pt. II. 0.85.
13.7.17	CMGD	To S. on posting to CMGD	Seaford	12.7.17	CR CR. Pt II do 129 Pt II do 194. d/ 12.7.17.
25.9.17	MG Reg. Dep	To S. from CMGD on command MG Cav. Train Centre Marcefield	Pte Seaford	24.9.17	CMGD Pt II D.O. 267 Pt II D.O. 200. d/ 24.9.17. MG Cav. Train Centre Pt II D.O. 230 d/ 25.9.17.
22.10.17	"	To be L/Cpl. with pay	Pte "	12.10.17	Pt II D.O. 227.
28.10.17	C.M.G.C.D.	S.O.S. to C.M.G.D. a/c shewn "On Command" to Marcefield	Hffld. Seaford	27.10.17	— 233. M.G. Depot Pt. II D.O. 303 d/ 29.10.17

CAV K2

Report. Date.	Report. From whom received.	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.
5-2-18.	C.M.G.D.	Having report from Mansfield cease to be shown" On Comm. to Can M.G. T.C. is posted No. 6. Coy.	Seaford	4-2-18	Pr. to O. 6.
21.2.18	"	Reverts to ranks. Pte. at own request	K/Cy.	21.2.18	32.
24.2.18	"	Proc. Ofkeas to C.C.M.G. Sq. & is S.O.S.	Pte	23.2.18	CC. Bde. M.G. Sq. Pr. to O. 9 56. dy 8.3.18
10-7-18	6th M.G. Sq.	S.O.S. to 1st M.G. Posted to 6th M.G. Sq.	"	Field 1-6-18	Pro. to 33.
20-4-19	C.B.M.G.	Proc to Eng	"	" 16-4-19	18.
30-4-19	C. Wing C.C.C.	T.O.S. fr. M.G. Sq.	"	Bshott 18-4-19	15.
26-5-19	C Wing C.C.C.	Sol to Canada	"	" 21-5-19	20

Sailed 66 — M — 54 dy 21.5.19

A.F.B. 103 CHECKED 28 FEB 1918

Duplicate

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 66433

THIS IS TO CERTIFY that No. 540560 (Rank) Pte.

Name (in full) PETERS ROBERT enlisted in

the 30th B.C. Horse.

CANADIAN EXPEDITIONARY FORCE at Victoria on the 29th day of May 1916

day of Nov. 1915

HE served in C.M.G.S. France & England

and is now discharged from the service by reason of Demobilization. Demobilization R.O. 1420 (c)
~~Medical Unfitness.~~

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

Age 39

Height 5 ft 8 ins

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars one scar left thumb - old injury

R Peters
Signature of Soldier

Date of Discharge

Dispersal Station "M" JUN 2 1919 Military District No. 10

F Wood
Issuing Officer

Rank

Date 2. 6. 1919

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.

M.F.B. 39.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

1.—That discharge certificate must be carried when wearing [illegible]

2.—That uniform can be worn [illegible] thirty (30) days after discharge [illegible] duly authorized in writing, and

3.—That wearing of uniform renders man liable to usual military discipline, as if on the strength of a unit.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Peters. R.

REGIMENT C.M.G.S. RANK Pte. No. 5-40560

Date of Examination in England 29/4/19 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.

C.M.G.S.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 30.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

Fit.
C.H.M. McKenzie
Capt

HAS HE EVER REFUSED DENTAL TREATMENT?

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

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer J. Innerton Capt

4th DIVISIONAL CYCLISTS C.E.F.
ORIGINAL

54,560 original

MEDICAL HISTORY SHEET.

Surname Peters Christian Name Robert

Examined { on 20th day of Nov 1915
at Victoria

Birthplace { City or Town Hackney
County Middlesex, Eng

Apparent age 33 yrs

Trade or occupation Lorger

Height 5' Feet 8 Inches.

Weight 175 Lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 40½ inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. 0 Left. Yes
Number 4

When Vaccinated last 1913

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Approved by
D B Mars
Rank Capt C.A.M.C. M.O.

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
1916 Feb 10		R R M Cleveland M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
16/5/18		M.O.
Oct 20	OK	D B Mars M.O.
Oct 20	OK	D B Mars M.O.
Dec 28 9.1.14.		Geo. Porter M.O.

Enlisted on 20 day of November 1915 at Victoria. BC

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	B. Section Mot. F.A.			
Transferred to..	Div Cyclists	540-560		30/12/15
	Can Res Cav Reg	540 560		28/5/17
	CMG O/S			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bramshott	12-1-19	Defective vision	A Gd Stone

N. B.—This sheet 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.

M. F. B. 313.
100M.—1-15.
H. Q. 1772-39-439.

Surname Peters Christian Name [illegible]

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
		2	3	1916	17	3	1916	Hemorrhoids	15	Operation & cure	H H Harris Capt

Army Form B. 103. Regimental Number 540560

Casualty Form – Active Service.

Regiment or Corps Can Can Bde M Gun Sqdn

Rank Gte Surname Peters Christian Name Robert

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) .....

or Corps Trade and rate .....

Occupation ..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
14 2/18	M G Base	TOS CCB M G Sq	Fleet.	14/2/18	D/8 - 1918
5 3/18		To Unit		5/3/18	M226
9 3/18	M G Sq	Joined Unit		6/3/18	B213
18 5/18	4 CCS	Myalgia 12/5/18 to 4 A.T.		12/5/18	F. 3215
13 5/18	4 C.C.F.A.	Myalgia Adm		13/5/18	F. 1288
12 5/18	Do	Do 12/5/18 To 56 F.A		12/5/18	F. 1456
18 5/18	CCB M G Sq	To F. Amb		12/5/18	B 213
19 5/18	11 Stat. H.	Myalgia to Con Depot		19 5/18	F. 2520
20 5/18	2 Con Dep	A. to Etaples		20 5/18	F. 2619
19 5/18	2 Con Dep	Not Stated Adm		19 5/18	F. 2614

(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) Signaller, Shoeing-Smith, &c.

W. 8695—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
26/5/18	M.G. Base	Arrived M.G. Base	Field	23/5/18	B213
1-6-18	A.G.'s A.O.	Trans to 6 M.G. Bn. & posted to Can. Cas. Bde. Mch. Gun Squad		1-6-18	A/6864 d/16-4-17 K.A.R. 487 P.R. 0332 d/16-7-18
26-7-18	M.G.B.D.	Proceeded to Unit		25-7-18	W.R. 799
4-1-19	O.C. unit	Granted 14 days leave to U.K.		2-1-19	B.213 P.3 d/17-1-19
1-2-19	— " —	Rejoined unit from leave		30-1-19	B.213
		Proceeded to England		16-4-19	Lieut. for Lt. Col., A.A.G., Canadian Section
S.O.S.	21-5-19	Proceeded to Canada Pt. 2. O. 30 - 20-5-19			
21.5.19	EMBARKED	LIVERPOOL	L. B. Halliwood Lt. for O.C. R.L.R.		
ARRIVED	Halifax	28-5-19			
		21-5-19 T.O.S. Dispersal Station	Do 157 Pa 2		
		M 2-6-19 " "			3
		and Dispersed			
		Lieut. for O. C. 10 District Depot.			

MARRIED OR SINGLE: Married

PLACE OF BIRTH: Hackney, Middlesex Eng.

NAME AND ADDRESS OF NEXT OF KIN: Mrs Alice Maud Peters Vernon B.C.

RELATIONSHIP OF NEXT OF KIN: Wife.

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO:

RELATIONSHIP OF DEPENDANT:

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Appointed A/ C.S.M	6/5/16	DO. 258 8/11/16
Reverts to Pte A.O.R	24/8/17	DO 85. 25th CRCR
appd LC	12-10-17	"227 22 1° 7 CMG CD
Reverts to Pte on own request to proceed overseas	21.2.18	B.O. 52 dated 21. 2-18.

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 540-560 RANK Pte (Pte / L/Cpl) CO. 47th Regt NAME Peters Robert

IF IN PERMT. CORPS WHAT UNIT	UNIT	TRANSFERRED TO	DATE	AUTHORITY
PERMANENT FORCE ALLOWANCES		TRANSFERRED TO	DATE	AUTHORITY
PLACE OF ATTESTATION	Victoria. B.C.	TRANSFERRED TO	DATE	AUTHORITY
DATE OF ATTESTATION	4th Nov 1915.	TRANSFERRED TO	DATE	AUTHORITY

ASSIGNED PAY MONTHLY $ ~~30~~ $20.00 DATE EFFECTIVE 4/4/17. 1/5/17 a2m 30/4/17. $0

PAYABLE TO Mrs A.M. Peters, P.O. Box 432 Vernon, B.C. RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
30/4/16														16 10	16 10															16 10				Balance from Canada
May	31	1.60	49	60	31	20	6	20							55 80	4 23.5. 9 31.5.								7 30 7 31				30		44 60	27 30				
June	30	1.60	48	.	30	20	6	.							54 .													30		30 .	57 30				
July	31		49	60	31		6	20							55 80	29 30/6		36 14/7						1947 ✓ 9 73				30		59 20	4790				
Aug	31		49	60	31		6	20							55 80	47 31/7		59 15/8						14 60 ✓ 12 17				30		56 77	4693				
Sept	30		48		30		6	00							54	72 31-8		84 14-9						✓ 9 73 ✓ 12 17				30		51 90	4903				
Oct	31		49	60	31		6	20							55 80	97 2/10		112 17/10						12 17 ✓ 12 17 ✓				30		54 34	50 49				
Nov	30		48	00	30		6	00							54 00	125 30/10		137 15/11						9 73 ✓ 12 16 ✓				30		51 89	5260				
Dec	31		49	60	31		6	20							55 80	150 30/11		163 15/12						14 60 ✓ 14 60				30		59 20	4920				
1917 Jan	31	1.80	49 00 55	80											55 80	178 29/12		193 15/1						9 74 ✓ 12 17 ✓				30		51 91	5309				
July	25	"	50	40											50 40	209 31/1								14 60 ✓				30		44 60	5889				
Mar	31	.	55	80											55 80	241 23/2 228 16/2		286 30/2 263 15/3						9 73 ✓ 12 17 ✓ 9 73 ✓ 12 17				30 .		73 80	4089				
Apl	30	"	54	.											54 .													30 .		30 .	64 89				

540560 A/C/S Hqtr Peters K.

Assegnament 30%
Assignee Mrs A M Peters. Box 432. Vernon B.C.

DATE 1917	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
7A																																		
May	31	1.80	55	80											55 80	7	15/4							12 17				20.		46 77	73 92				
																54	22/4							14 60											
June	30	.	54												54	63	15/5							9 73				20		58 93	68 99				823.80 diff pay of Ltr-t-b. from 28/1/17 to 30.6.17 30 days @ 40c
																96	31/5							29 20										Receipts to hdqtrs A.G.R. 28-5-17 A.G. 85 28-5-17 b-k b.k.
July	31	.	34	10											34 10													20	23 80	43 80	59 29				
Aug	31	.	34	10											34 10													20		20	73 39				
Sep	30		33												33													20		20	86 39				

MTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR3	DR4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
	Bal Fwd ESP 86 39								86 39		
Oct	PP adj pay. appr 34 10			asp				20			
	K/C12 1/9	1 9		ATP. 436 32/6 C.R. Cw Reg	7 30						
				D.R. AR 356 15/6 "	9 73						
				" " 1163 Cm GP	7 30						
				" " 1029 21/8 "	4 87				70 15		
		35 10			29 20			20	72 29		
Nov	L/C/P	34 50		" 879 21/7 "	4 87 ✓				142 44		
				" 929 15/8 "	7 30 /			20	52 17		
	L/C/P	3565						20	90 27		
		70 15		" 84 29/9 "	12 17			40			
Jan					4 87				125 92		
	L/C/P	35 65		a Pay.				20	37 04		
				D.R. AR. 100 23/10. C.M.G.D	7 30				88 88		
				" " 110 29/10 "	4 87						
		35 65			17 04			20	131 08		
Feb				Can A.P.				20	86 50		
	4/C P	32 20		D.R. AR 124 Ch/D 30.11.17	7 30						
				✓ 827 ✓ 14.7.17	7 30						
				✓ 1724 ✓ 18.12.17	9 73				170 31		
				" 118 C.M.G.D. 13.11.17	7 30				64 58		
				✓ 1660 ✓ 6.12.17	4 87						
		32 20			36 50			20	64 58		

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR3	DR4	BALANCE	OTHER DEFERRED PAY	SER. ALLCE. ENG.
1918				Bt Ford					64 58		
March	L/C/P 3565			Can ap				20			
	~~adj Pay 21-2-18 to 31-3-18~~										
	~~390 @ 5 cts~~										
				Onar 1920 Ch/D 14-1-18	9 73.						
				✓ 2064 ✓ 29.1.18	4 87.						
				adj Pay 21.2.18 to 31.3.18. 390 @ c. 05 cts.	19 5						
				Onar 2306 Ch/D. 14.2.18	9 73.						
				✓ 2473 ✓ 22.2.18	4 87.						
		35 65		✓ 5977 Gm Hqtrs 27.2.18	33 46	19 5		20	4462		

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1-5-1917	EFFECTIVE DATE:-	
AMOUNT:-	20 00	AMOUNT:-	

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.

Mrs Alice Maud Peters. Wife
P.O. Box 432.
Vernon. B.C.

Stopped 1/5/19

NAME:- PETERS Robert.
NUMBER:- 540560

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
DO 227 encl 22.10.17	12.10.17	L/Corpl Paid
DO 52 ✓ 21.2.18	21.2.18	Private on repat

UNIT AND TRANSFERS

ORIGINAL UNIT:-

DATE ACCOUNT FIRST OPENED:- 1-5-1916

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			CR Cyclist Co
9. 24/7/18	1/4/18	25/4/18	Can Bde M.G. Sq.

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
6/4/19			~~3 65~~ ✓				
19/4/19	407	C. Wing	~~H8 65~~ ✓				
			52 32				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
DO 227. Encl 22.10.17	1 ~~05~~	- 10	- -	- -
DO 52 ✓ 21.2.18	1 ~~10~~	- 10	- -	- -
Ledger Bal. 407			L.~~R~~ Debit	11 35

PARTICULARS OF RENDERING NON-EFFECTIVE:- ~~Trans to Canada~~ 30/4/19 M.R.K. 7343. Brams 23/4/19 Brams MD. 10

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March 31	Balance forward.								44 62		
Apr	P Pay.	33		Can a Pay				20			
				17 Can M G Sq 16/4/18	3 57						
				Drak 55 31/3/18 C M G Sq.	3 54						
				do 31 25/3/18 do	3 54						
				41 Can M G Sq 27/4/18	3 57						
		33 -			14 28			20	43 34		
May	P P	34 10		Can a Pay				20			
				3484, 1 Gen Hosp 31/5/18	8 92				48 52		
		34 10			8 92			20			
June	"	33		Can A Pay				20	81 52		
				4501. C & B.D 16/6/18	4 46				28 12		
				5301 " 30/6/18	4 46				52 60		
		33			8 92			20	86 70		
July	"	34 10		CAP.				20			
				6077 " 14.7.18	4 46						
		34 10		7025 " 31.7.18	4 46			20			
					8 92			20	57 78		
Aug	P P.	34 10		CAP.				20			
				AR 159 " 20/8/18	3 57						
				172 " 29/8/18	3 57				64 74		
		34 10			7 14			20	64 74		
Sep	"	33		CAP				20			
				AR 187 " 8/9/18	3 57						
				DM AR. 205 " 23/9/18	3 57				70 60		
		33			7 14			20	70 60		Agreed
Oct	"	34 10		CAP				20			
				730 Encl 10/10	3 73						
				Forward	3 73						

COMPILED BY A.W. Fletcher
CHECKED BY Hydewood

NUMBER 540560 RANK Pte. NAME PETERS Robt.

MONTH	PARTICULARS	Cr. 1.	Cr. 2.	PARTICULARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	BALANCE	DEFERRED	SEPARATION
Oct	Lord	34 10			3 73			20	70 60	✓	
				266 Cav Mtls 24/10	3 73				7 >24		
		34 10			7 46			20			
Nov	P & A.	33 ✓		Cap				20 ✓			
Dec	—	34 10 ✓		295 Cav Mtls 14/11	3 73						
1919				333 " 27/11	3 73				178 44		
Jan	—	34 10 ✓		Cap				20 ✓			
				356 " 6/12	9 33						
				C.O.P.				20	101 65		
		101 20			167 9			60			
				379 Cav. Inf. Sqn. 22/12	3 73						
				C.P. 940 London 7-1-19	82 73						
				A.B. 476 C.M.S.S. 11 1/19	3 73						
Feb	—	30 80 ✓		" 528 " 24 1/19	3 73						
Mch	—	34 10 ✓		C.O.P. (Feb mcd)				40			
				544. Cav Inf Sqn 15 3/19	466				27 97		
		64 90			98 58			40			
				581. Inf Sqn. A.W.I.F. 23 3/19	466						
April	C. P.	33 -		C.O.P.	~~365~~			20	40 97		
				25 Inf Sqn 7 4/19	365						
				407 16 Wing 19 4/19	487						
				1111 " 7 5/19 Endorsed I.P.C.	487				20 88		
		33 -			61 95			20			
				A.R. 2947 15 5/19 666	24 33 Cancelled				45 21		
					24 33						
				S. 266 Cav. Inf. Sqn. 21/5/19							

M

SHORT FORM.

D.A.M
O.G. 23

PROCEEDINGS ON DISCHARGE.

War Service Badge
Class "A" No. 166423

(Demobilization.)

15 2 19

1. No. 540560

2 Rank. PTE

3. Name. PETERS ROBERT

4. Unit. C.M.G.S

5 Date of Discharge 2.6.19 Place Winnipeg

6 Reason for Discharge Demobilization

MEDICAL DOCUMENTS FORWARDED TO ~~D.~~ or P.B.C. on JUN 10 1919

7. Authority. DO. 157

8. Proposed Residence after Discharge Kelowna 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.?

R Peters
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Dispersal Station "A" Military District No. 10 JUN 8 1919

Place

Date

Signature J H Cook Lt (O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

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

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. 39)
(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). and Dups.
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... B.....
Checked by No..... 1464
.....
Date..... 20/5/19...

8.00 B.H.2.

Winnipeg S.S.H.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

C

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Braunshott DATE 17-5-19

1. 1 (a) Unit C.M.G.S. (b) Regimental No. 540560 (c) Rank PTE

(d) Surname PETERS. (e) Christian name ROBERT.

(f) Home address Kelowna B.C.

(g) Next of Kin Mrs Alice Mildred Peters (h) Relationship Wife

(i) Address of Next of Kin Vernon B.C.

2. Age last birthday 44 Date of birth 1874 7-4-1875

3. Enlistment, or Appointment (if an Officer) (a) Place Victoria (b) Date 24-11-15.

4. Personal description:

(a) Height 5 ft 8 estimated 174 in. (b) Weight 175 (stripped) (c) Complexion Fair

(d) Colour of hair Fair (e) Colour of eyes Blue (f) Identification marks, Scars, etc. 1 scar left thumb - old injury

5. Former trade or occupation Cooper

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
	4yrs	5 months

	Periods	
	From	To
Canada	24-11-15	28-4-16
England	28-4-16	14-2-18
France or other theatres of War	14-2-18	30-4-19

7. Original disease, or injury

Comp. Hypertrophic osteo-arthritis left

(a) Date of origin Contracted (b) Place of origin England

(c) Cause Occupational

M. F. B. 227.

400M.—11-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Defective vision (left)
(Compound Hyperopic Astigmatism Lt)

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Spec. Report 4-5-19 sgd W. E. Campbell Dept -

Vision rt :- 6/9 c glasses
" lt 6/36 6/12

Hearing normal

General condition good

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No ..... Cardio-Vascular System No ..... Genito-Urinary System No .....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses No ..... Respiratory System No ..... Integumentary System No .....

Disturbances of Mentality No ..... Digestive System No ..... Muscular System No .....

Osseous and Joint Systems No ..... Any other general condition No .....

10. (a) History (of the condition referred to in Section 9 (a).)

Man states left eyesight always poor. Has not worn glasses

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

2/3/14 - Bronchitis - Recovery

16/6/18 - Myalgia - "

(*c*) (Here give a description of wounds, scars and deformities.

scar left thumb - old injury

11.—(*a*) Did the disabling condition have its origin before enlistment? yes

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

no

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) no (b) no

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

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

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

Specialist report attached - 6-5-19 - Capt. Campbell

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations

N/a

A. Anderson Lt Col
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Peters Robert have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of nothing

Pte R Peters
Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

Boarded Auth a 9. tel 9083 / 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

D Nathan Capt. ..... *President.*

PLACE Bramshott

DATE 12-5-19

S J W Horne ..... } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

..... *President*

PLACE.....

DATE..... } Members

APPROVED BY

H. McKenzie Capt.
for *Assistant Director of Medical Services.*

DATE 12/5/19.

APPROVED BY

Director-General of Medical Services.

DATE.....

Date of Enlistment

18-11-15.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

May 1/17.

RATE OF SEPARATION ALLOWANCE

20	$ 25.00 1-12-17 P.O.3257	30	

1-9-18 PC 2753 M.O. 22709

P 4034

RATE OF ASSIGNMENT

20.			

PARTICULARS OF SEPARATION ALLOWANCE

No. 540560.

Rank pte. Promoted Reverted Discharge

Soldier's Name Robt. Peters.

Battalion Cyclist Depot. (B. section No 1 Fld amb)

Beneficiary Mrs Alice Maud Peters

Relationship wife.

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Alice Maude Peters

Address Box 432 Vernon. B.C.

Change of Address

1

2

3

4

M F W.2554 Issued 26-7-18 RL OK 28/9/18

19 Date 17		Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31		—	5-08	5-20	1028	
Jan 18	L	68345	30	20	50	✓
Feb 18	A	67293	25	20	45	✓
Mch 18	Q	91048	25	20	45	✓
April	Q	7662	25	20	45	✓
May	A	15565	25	20	45	✓
June	Q	20748	25	20	45	✓
July	Q	30501	25	20	45	✓
Aug	Q	37342	25	20	45	✓
Sept.	E	38779	25	20	45	✓
Oct.	L	45547	25	20	45	✓
Nov	L	60658	25	20	45	✓
Dec	H	63469	45	20	65	✓
Jan 19	A	72860	30	20	50	✓
Feb	B	79786	30	20	50	✓
Mar	A	85391	30	20	50	✓
Apr	A	2858	30	20	50	✓
May	K	6124	30	20	50	✓
			983	860	1843	

REMARKS 014438-R-9

$30.00 from 1-5-16 to 30-4-17

31.5.19. A/c Closed

Ret'd per Carmania

Date 29.5.19. F.X. 7-6-19

MS. 10 Clerk A.K. Fowler

MRO AP. 108669 D. 7-6-19 JW

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7493.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22830—M. & D. 7993.

P. 11944

AUDITOR | PAYMASTER — G 31

CARMANIA

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

M. OR S. — REGT. No. 540560 — RANK Pte — NAME (IN FULL) PETERS. R (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? yes — DATE EFFECTIVE

TO WHOM PAID Mrs A.M. Peters — RELATIONSHIP Wife

ADDRESS ~~Box 432 Vernon~~ ~~B.C.~~

Bank of Montreal

July 23/19 Kelowna B.C

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 17a — IF IN P.F. WHAT UNIT? — PLACE OF ATTESTATION — TRANSFERRED TO Dis Sth M — DATE MAY 21 1919 — AUTHORITY D.O. 157

DATE OF ATTESTATION 20-11-15 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20.00 — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Box #32 Vernon B.C. Box 515 Kelowna BC

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE 3/9/19

DISCHARGED — PLACE M.D. 10 — DATE JUN 2 1919 — REASON D — AUTHORITY D O 157 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																						Cr. BAL. ENG. L.P.C.
15-10/9	41	1.10	45	10	35 - 70 -				150	10							4 87 24 83		4 87 5 00		79 68		20 -								11 188	35 73	11 188	35 73			Cr. Clothing Allce. 1st payment W.S.G.
																																						Dr. Advances - Boat - Train
																																						A.P. chgd. ~~on Eng. L.P.C.~~ to. May
	W.S.G. Ca																W.S.G. Ca																		SOLDIER DEPENDENT				Dr.
183 days @ min	120 -	1.80	1.600 -														70 -																		350 SOLDIER DEPENDENT	1.80 -			1st Payment W S G as above
			2 -	602 -																			8 80										341 20	182 -			8 days @ Ca 1.20
June 24																	771985		30 -															152 -			30 -	1st Pay W S G Ca
" 30																	726356	70 -															271 20				70 2nd
																	726357		30 -				4 66											122 -			30 -	Ca
July 5																																	266 54				4 66 Dr per ag ckt
Aug																	1202449	70 -															196 54	B			3rd Payt W S G
"																	450		30 -															92 -			30 -	" S.A.
						Sept 2											1229140	70 -															126 54				70
																	141		30 -															62 00			30 -	SA
						Oct. 2											1249713	70															56 54				70 -
																	— 714		30															32 00				
						Nov 2											1695022	56 54																					
																	3		32 -																				
				602 -																			406 54	182		1346							602 -				

AUDITED 1919 Audit Clerk M.D. 10

200M-3-19.—L. ... 58786-11. & D. 9985.
M. F. W. 2596.
1772-39-1390.