

Regtl. No

3131699

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....ONE.....)

17
a/cpl

1. Surname..... ~~WILL~~ ROBB
2. Christian name..... William
3. Present address..... 102 $\frac{1}{2}$ N. Victoria St. Sarnia
Ont.
4. Military Service Act letter and number..... 744639 AC
5. Date of birth..... January 27th 1890
6. Place of birth..... London Ont.
(town, township or county and country)
7. Married, widower or single..... Single
8. Religion..... Presbyterian
9. Trade or calling..... Clerk
10. Name of next-of-kin..... John Robb
11. Relationship of next-of-kin..... Father
12. Address of next-of-kin..... Wyoming Ont.
13. Whether at present a member of the Active Militia..... No
14. Particulars of previous military or naval service, if any..... None
15. Medical Examination under Military Service Act:—
- (a) Place..... Sarnia Ont. (b) Date..... October 5th (c) Category..... A 11

DECLARATION OF RECRUIT

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

January 9th/18

.(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.	27	ys.	11	mths.
Height.	5	ft.	9½	ins.
Chest	}	fully expanded.	34½	ins.
measurement		range of expansion	32	ins.
Complexion	Ruddy			
Eyes	B Grey			
Hair	Red			

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

X Varicose
small

Eyes R. $\frac{20}{20}$ L. $\frac{20}{20}$
Hearing R. Normal L. Normal

O.C. 1st Depot Battalion, Depot, B.N.

Regt.

SECRET 11

510

REGIMENTAL DOCUMENTS

NAME

ROBB WM

REGT. NO.

3131699

UNIT

1st Bn 1st Div

H Q FILE NO.

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)

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

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

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

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

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

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

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

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

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

DEATH

Category

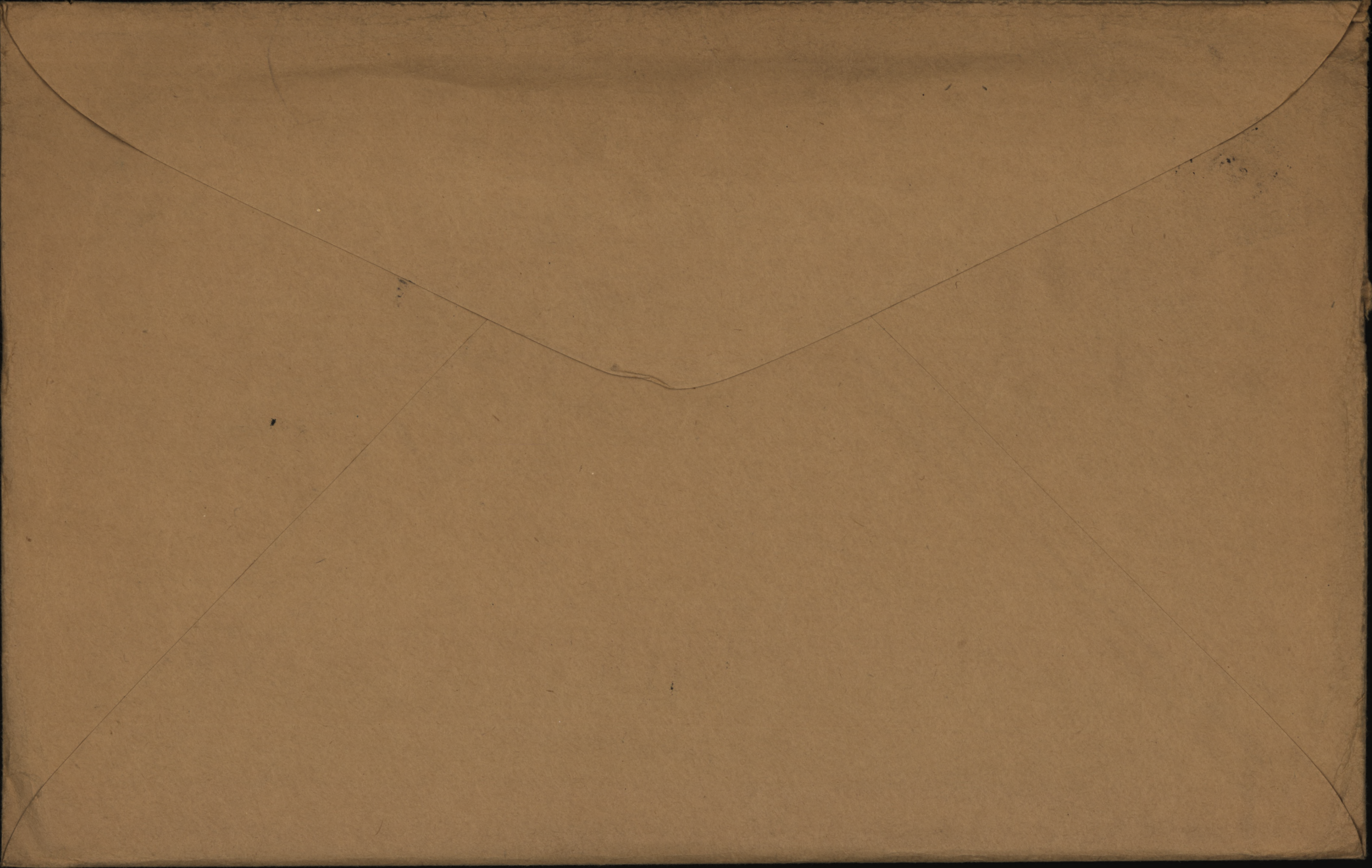
DISCHARGE

Category

DESERTION

14500

29-31
23-31
11-1



HFB

Ham

Number

3 131699

Rank

Pfc-

Surname

ROBB

Christian Name

William

Units

18 Bn Can Inf

Theatre of War

France

Date of Service

10-5-18

Remarks

Latest Address

~~Wyoming Ave~~

305 South Brock St.

Roll No

B Page 9612

Sarnia.

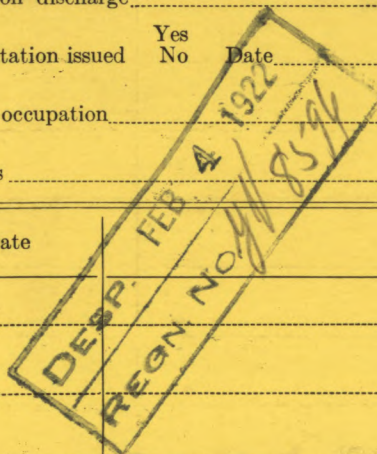
Ontario.

200m. - 2-21.M.

Next of kin _____
Address on leave _____
Address on discharge _____
Transportation issued Yes Character on
 No discharge
 Date _____
Previous occupation _____ Date and place of
 enlistment _____
Diagnosis _____ Date of Medical
 Boards _____

Date

Remarks



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

No. 313 1699 RANK *Plt.*

NAME *Robb. Wm.*

T. O. S. *9/1/15*
Dis 8/1/15

UNIT *1st. Depot Battalion W.O. Regiment*

M. D. *1*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i> <i>Jan. 9</i>	<i>1915</i> <i>Jan. 21</i>	<i>✓</i>		



M.S.A

SURNAME.

Robb

CHRISTIAN NAMES

William

REGL. No.

3131699

RANK

Pte. bpl

UNIT

West Ant. Regt. 1st Bn (376th)

FORMER CORPS

Nil.

CARD NO.

505810 25.319

Demol FOLL.

DO. 83924.319

#1DD

NEXT OF KIN.

NAMES IN FULL

Robb, John

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Wyoming, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada London, Ont.

DATE

Jan. 27th - 1890

PLACE OF ATTESTATION

London, Ont.

DATE

Jan. 9th - 1918

From Halifax Rev S.S. Grampian 5/2/18.

M/L 1-3-19 276 Pte 1

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

NAME

Robb. William

REG'T'L. No. 3131699

H. Q. FILE NO. 649

RANK AND CORPS

Pte. 18th Bn. Form. West. Ont. Regt.

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

W. of B.

John Robb. (Father)
Wyoming, Ont.H. 398²⁶⁻⁶

18-10-18

Adm. 32 Stat. H. Wimmercup

H. 26343

17-10-18

Oct. 12. 1918. G. S. H. Head.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

W. O. R.

a 345	1 cour Dep Boulogne	14-10-18	sw Head
a 349	18 " " Ecaquet	16-10-18	" "
a 359	Disch. to 5 R. G. St Martin	26-10-18	" "

Name _____

Unit

Next of Kin

Rank

Reg. No. 3131 699

[illegible]

[illegible]

Surname

Christian Name or Names

Reg. No.

RO BB

W.

3131699

Rank

Unit

Pte.

WO 18

Cas. List.

32 SStaty. Wimereux 12-10-18.

17-10-18 A343-2

SW Head. 6/

19. 10. 18 a345-2

1. Cornwall Dep. B. Logue. 14. 10. 18.

24-10-18 A349

10 CID. Ecanet 16-10-18

5. 11. 18 a359

Dis. 15 West bank W. Markins 16. 10. 18

A.M.D. 2 Dept.

D.M.S. 1300. 50M-30-8 B08. of D.G.M.S. O.M.F.C. London

Cas. List.

E.V.

*Name ROBB, William, Rank Pte. Regtl. No. 3131699
 Original unit 1st DEN Present unit 18th Bn Single Single Fyle Depot 1DD-10-R-346
WOR M. or S. Age 28 Religion Pres. Ref. H.Q.
 Port, ship, and date of arrival Halifax N.S., Belgic, 2-3-19
 Next of kin Father. John Robb, Wyoming, Ont.
 Address on leave
 Address on discharge Wyoming, Ont.
 Transportation issued Yes ☐ No ☐ Date Character on discharge
 Previous occupation Clerk. Date and place of enlistment Jan. 9th, 1918, London, Ont.
 Diagnosis N.A. Date of Medical Boards 22-3-19, London, Ont.

Date.	Remarks	Pt. 2 Order No.
<u>T.O.S.</u>		
<u>21-2-19</u>	<u>No. 1. D.D.</u>	
<u>5-3-19</u>	<u>Posted to Cas. Co. and granted furlough with Subs.</u>	
	<u>Allow. to 20-3-19</u>	<u>73</u>

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

(over)

Date.

Remarks.

Pt. 2 Order No.

25-3-19

Discharged from H. M. S. On demobilization. (P.D.P.)

83

Army Form B. 103 (11.) to be gummed on here if required.

Nothing to be written in this margin.

W1889-PP1150 IM 5/18 G.W.P.Co.(3490)

(1)*Substantive rank *Acting rank [To be entered in pencil to facilitate alteration.]				(2) Regiment or Corps		(3) Regtl. No.	
(4) Surname							
(5) Christian Names							
(6) Army Form, number of, Attestation } Form or Record of Service paper }							
(7) Whether of British or of Alien origin [<i>vide</i> A.C.I. 578 of 1918]							
(8) Date of birth as stated on enlistment							
(9) (a)							
(10) Enlistment (b)				(11) Engagement (c)			
(12) Service reckons from (date)				(13) Special conditions (if any) of enlistment (d)			
(14) Any subsequent variations (if any) } of conditions of service }				Initials and Rank of an Officer.			
(Authority)				(date)			
(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917)			
				Industrial Group No.			
				Trade or Calling			
				Married or Single			
				Particulars of Trade Test			
				Occupation Cards despatched on (date)			
				Second Occupation Card despatched on (date).			
(17) Next of Kin							
(18) Demobilizer (f)		(Place)		(Signature of			
(19) Pivotal-man (f)		(Date)		{ Posting Officer			
(20) Qualifications (g)		or (21) Corps trade and rate					
(22) Extended {				(23) Re-engaged {			
(24) Miscellaneous entries:—							

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I., 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	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.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

29-1-19 W.O.R.D. D.O. 24 T.O.S. and attached to 4th Res Battn. Witley 29-1-19

29-1-19 do D.O. 24 S.O.S. to 4th Res Battn. do 28-1-19

1-2-19 4th Res. 27 T.O.S. from W.O.R.D. - do 28-1-19
17-2-19 do. 40 S.O.S. on transfer - do 17-2-19
to M.D. Wing #1
Kimmel Park

from Melchior
Lieut. in Records
West Ont. Regtl. Depot.

17-2-19 4th Res. M.D.C. 105 C.O.C. Kimmel Park for return to Canada Part II Order No. 46 S.O.S. C.O.C. Kimmel Park on embarking for Canada Part II Order No. 46 C.E. Avery. Lieut. Wing, Kimmel Park Camp. 22/2/19.

SL: LVPL FEB 23/19

R. HFX MAR 2 DO

n M T * BELGIC *

Taken on strength No. 1 District Depot London D.O. 73 No. 1 DISTRICT DEPOT

DISCHARGED

LONDON, ONT.

MAR 25 1919

DEMobilIZATION

from Melchior Lieut. Col.
Commanding District Depot No. 1

Nothing to be written in this margin.

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

1st Depot Battalion, W.O.R.

"WAR SERVICE BADGE"

CLASS "A" No.

Regimental No. 3131699

Rank

Pte

Name

Robb William

C. E. F.

Enlisted (a)

9/1/18

Terms of Service (a)

DoH

Service reckons from (a)

9-1-18

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

Extended

Re-engaged

Qualification (b)

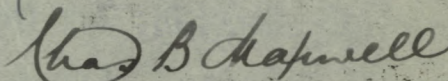
Clerk

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				
1-18	1st. Depot	Transferred Overseas, London, Ont	31	1-18	H.Q. 593-6-7, d-1-18
	Bn. W.O.R.	No Record			
		EMBARKED	CANADA	4/2/18	H. M. T. Grampin
	O.C. 4th. Res. Bn.	T.O.S. 4th. Can. Res. Battn.	ENGLAND	16-2/18	H. M. T. Branscott
		from Can		17-2-18	Part 2 Order No. 47.
11-5-18	O.C. 4th. Can. Res.	Having proceeded overseas to 18th. Battalion is S.O.S. 4th. Can. Res. Battn.	Witley	10-5-18	Pt 2 D.O. 112
			Photomontgomery		Lieut. A/Adj. for O.C. 4th. Can. Res. Battn.
11-5-18	Can I.B. Depot	Arr from 4 Can Res Bn Eng & T.O.S. of 18 Can Bn	Can IBDep ETAPLES	11.5.18	Nom Roll Pt II Ord 43 d-17.5.18
22-5-18	C.C.R.C.	Arr at Can. Corps Reinf. Camp		22.5.18	Nom Roll

OVER

(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				
17-8-18	18 Bn	Joined 18th Can Bn	In the Fld	13.8.18	AF.B.213
15-10-18	18 Bn	WOUNDED	In the Fld	10.10.18	Letter
12-10-18	32 Stat.	SW. head.	Adm.	32 Stat.	12-10-18 W. 30 34 (No. W. 7958)
14-10-18	do	do	Trans. to	14-10-18	do (No. W. 8248)
16-10-18	10 Con. Dep.	SW. head.	Trans. to	10 Con. Dep.	16-10-18 W. 30 34 (bat. L. 4190)
do	10 Con. Dep.	do	Adm.	10 Con. Dep.	do (bat. L. 9676)
26-10-18	do	do	Dischgd. to	5 Rest Camp.	26-10-18 do (bat. M. 773)
28-10-18	Can. I. B. D.	Class A.	Adm.	Can. I. B. D.	28-10-18 Nom. Roll.
13-11-18	do	do	left for unit	13-11-18	do
do	C.C.R.C.	do	Arrived	C.C.R.C.	do
9. 1. 19	6. I. B. D.	Trans. to Eng. posted to 10. Ont. Reg. Depot.	Witley	11 1/19	Nom. Roll.


 Lieut. for Lt.-Col., A. A. G.,
 Canadian Section, G. H. Q. 3rd Echelon, B. E. F

8rd Lft ISY Bn W O Regt.

CR. Rank

Name ROBB, William.

Reg'l No. 3131699.

Unit

If in perm. Corps, }
What Unit?

Married or Single Single.

Place and Date of Enlistment London, Ont. Jan. 9th. 1918.

Place of Birth London, Ont.

Name and Address, Next-of-Kin John Robb,

Wyoming, Ont., Canada.

Relationship Father.

Assigned Pay Monthly \$

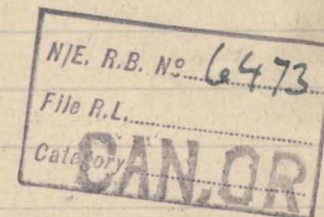
Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



Discharge, Date and Place

Reason

Character

H. W. V., Ltd.—11319-17.

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	16-2-18	S/S GRAMPIAN
25.2.18	4th, RES. TO S. From CANADA. B. SHOTT		17.2.18	PTU 47
11.5.18.	" S.O.S to 18th Bu ops		10.5.18	" 11240043 of 417.5.18
17.10.18	W.O.R. Wounded.		12.10.18	B.R.A. 343.
22.1.19	18th Bu. S.O.S. to W.O.R.D. Field		11-1-19	PTU 8 & WORD 2409 29.1.19
30.1.19	WORD SOS to 4 Res Bu	Witley	28.1.19	c 25.4th Res 27.1.19
17.2.19	4th Res. S.O.S. to M.D. 1 N. Park		17-2-19	" 40 & M.D. 1. N.P. 46 22.2.19
22.2.19	M.D. 1. N.P. S.O.S. proceeding to Canada	Phyl	22.2.19	. 46.

AT 103 CHECKED MAY 1918

[illegible]

1 P.M. 16 Ro. 169

LAST PAY CERTIFICATE

ORIGINAL

Regt. No. 3131699 Rank Pte. Name Robb, William
Corps W.O.R. who was Discharged
on 25³/₁₉ 1919 to

The following is a statement of the account of the above
named from 1³/₁₉ to 25³/₁₉

Bal Dr from mon. of 42.97 Bal Cr from mon. of
from L.P.C. from L.P.C.

ASSIGNED PAY:

Regt. Pay 25 dys. @ \$ 1 25.00
F'd All. 25 dys. @ \$ 10 2.50

SEPARATION ALLOWANCE:

SEPARATION ALLOWANCE:

OTHER CHARGES:

OTHER CREDITS:
Clothing Allowance 35.00

PAYMENTS:

Subsistence @ 80¢ per day 12.80
5³/₁₉ - 20³/₁₉

Bal. Credit (to be pd.)

Bal. Dr. (to be deducted) 2.67
(from soldier \$)
(from Dependent \$ 2.67)

SEPARATION ALLOWANCE

ASSIGNED PAY

VICTORY BND

at \$ per month
has been to
by this Unit

at \$ 15 per month
has been paid to 31³/₁₉
by this Unit

Subscribed \$
Pd. by \$
other Units
pd. by this
Unit

Dependent or Beneficiary :

Address:

REMARKS:

D.O.

83 Discharged 25³/₁₉
on Demobilization.

Date of Enlistment: 9¹⁸/₁₈

If married and if Separation Allowance card submitted.

I have carefully examined this statement of account and find it
to be a correct extract from the Paylist of this Unit.

Date:

London, Ontario

Paymaster,

District Depot

Captain,

Paymaster, No. 11 District Depot.

MAR 25 1919

No. 1

LONDON, ONT.

This form must not be used when the Proceedings are for the information of the B.P.C. In such cases, M.F.B.227 is the only form applicable.

FOR ALL RANKS
PROCEEDINGS OF A MEDICAL BOARD (short form).

Place _____ Date _____

Number _____ Rank _____ Name _____
Corps _____ Age _____ Height _____ Weight _____

Religion _____ Has he been Overseas _____

(1) Disease or Injury _____

(2) Cause _____

Where incurred _____ Date _____

(3) Disability _____

(4) Present condition (describe fully) _____

(5) History _____

(6) Probable duration of Disability _____

(7) Is officer or other rank fit for Category, A _____ B _____ C _____ D _____
(answer yes or no)

(8) If for treatment, specify nature of _____

President _____

Member _____

Place _____ Date _____

Approved _____

A.D.M.S., M.D. _____

Place _____

Date _____

NAME OF SOLDIER.

RARB

Williams

REGIMENT.

2000

RANK

Pa

No. 3-31699.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

[illegible]

DISTRICT.

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER.

REGIMENT.

RANK.

No. 662/E/E



INSTRUCTIONS

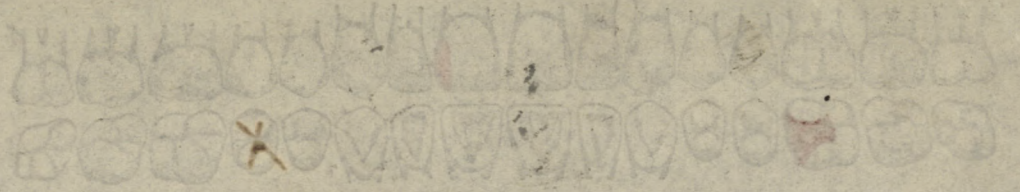
1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

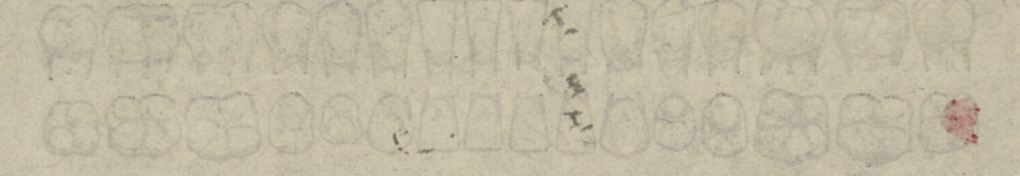
1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) (G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
												U	L	P			Gold	Porcelain				
	1918																					
Jan 11	11		3.17													1/4				J. M. D. 2nd	1	154113.
Jan 11	11										1/3									J. M. D. 2nd	1	Completed 11/1/18

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



INSTRUCTIONS

1. On examination the condition of patient's mouth is described as _____ in red ink.
 2. On first line of record of state of the mouth is written _____
- Only such entries to be made on this sheet as will show _____
1. Condition on examination at visit _____
 2. Condition on leaving Canada _____
 3. Condition on discharge _____

TOOTH	EXAMINATION	CONDITION	DATE	REMARKS	TOOTH	EXAMINATION	CONDITION	DATE	REMARKS
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16					32				

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname **Robb** Christian name **William**
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
3. Consecutive number on schedule of men reporting for service (if he appears on it).....
4. Address (including street and number, if any).... **102 1/2 Victoria St. Sarnia Ont**

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the **5th** day of **Oct** 1917, by the undersigned medical board sitting at **Sarnia Ont**

5. Age as stated **27** Years **9** Months. 6. Apparent age **27** Years **9** Months
7. Height **5** Feet **9 1/2** Inches. 8. Weight **146** Pounds.
9. Chest measurement { Minimum **32** Ins. 10. Complexion **Ruddy** { Eyes **B. grey**
Maximum **34 1/2** Ins. Hair **red**
11. Physical development. **Good** { Good Fair Poor 12. Smallpox marks.....
13. Number of vaccination marks { Right arm **+** 14. When vaccinated last **+**
Left arm **+**
15. Distinctive marks and marks indicating congenital peculiarities or previous disease **Varicole**
small

16. Slight defects but not sufficient to cause rejection.....
- The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category



EYES **B** **L**
20 **20**
EARS **21+**

W. B. Macdonald President.
S. J. Macdonald Member. **W. B. Macdonald** Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
8-1-18		M.O.	8-1-18		LONDON, ONT.
		M.O.	13-1-18		
		M.O.	18-1-18		

JAN 9 - 1918

Joined..... day of..... 191 at **LONDON, ONT.**

1st Depot Bath., W. C. R.	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		3131699		JAN 9 - 1918
Transferred to.....	4th CAN. RES. BATTALION.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
W. B. Macdonald Capt	14 1 18		Considered A
W. B. Macdonald	15 12 18		A Suffered

Christian Name.

Surname.

[illegible]

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. **3131699** (Rank) **PRIVATE**

Name (in full) **ROBB William** enlisted in the

1st DEPOT BATTALION WESTERN ONTARIO REGIMENT
CANADIAN EXPEDITIONARY FORCE at **LONDON, ONT.** on the **NINTH**
day of **JANUARY** 19**18.**

HE served in **FRANCE (with 18th BATTALION)**
and is now discharged from the service by reason of

ON DEMOBILIZATION

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

Age **28 YEARS**
Height **5' 9"**
Complexion **RUDDY**
Eyes **GREY**
Hair **RED**

Marks or Scars
G.S.W. HEAD

Signature of Soldier

DISCHARGE SECTION
MAR 25 1919
No. 1 District Depot

Date of Discharge

Issuing Officer

Rank

Lieut. Col.

Commanding District Depot No. 1.

Signed at **LONDON, ONT.** this **TWENTY-FIFTH** day of **MARCH** 19**19**

in Military District No. **ONE**

File Reference No. **1DD-10-R-346**

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

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

S.A.L.

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. 3131699 Rank Pte. Surname R O B B
(Given name in full)

William

Unit or Corps I.D.D. Birthplace Sarnia, Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 145 lbs. Height 5 ft. 9 1/4 in. Colour of Eyes Grey

Nutrition Good

Pulse 76

Condition of arteries normal

Vision Rt. 20/20 Left. 20/20

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)

NIL

Opinion as to general health and physical condition Good condition

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 YES

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 S. wound head see 3.

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.

S. Wound head--left occiput--slight scratch, while on active service in France, 10-10-18. 5 days in hospital. Flesh--healed. No scar. No disability due to service.

Varicocoele left, slight, which existed prior to enlistment. Was marked on M.H.S. No aggravation and no disability due to service.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at. *Sunderland*.....(Canada)

Date *March 22-1919* Signed *H. Elmslie capt*.....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 *Wm. Robt.*.....

(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]

[illegible]

ASSIGNED
PAY.

ENGLAND OR
CANADA.

SEPARATION
ALLOWANCE.

ENGLAND OR
CANADA.

NAME: *ROBB William*

EFFECTIVE
DATE: *1.2.18*

EFFECTIVE
DATE: -

NUMBER: *3131699*

AMOUNT: *15⁰⁰*

AMOUNT: -

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

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

AUTHORITY

DATE
EFFECTIVE

RANK OR APPOINTMENT

*Mr John Robb. Father
Wyoming Ont. Canada*

non fall.

6pl without pay.

Stopped 1/3/19.

UNIT AND TRANSFERS

ORIGINAL UNIT: *12181st Depn WOK*

DATE ACCOUNT FIRST OPENED: *1.2.18*

AUTHORITY

DATE
EFFECTIVE

DATE LEDGER
SHEET T'S F D

UNIT TRANSFERRED TO

*43 11/5/18
14-19*

*11 Rep.
18 Br
Canada Sect*

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED
BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>11/3/19</i>	<i>4533</i>	<i>Witley</i>	<i>975</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY

PAY

F.A.

P.F.A.

SUBS'CE
ALL'CE

1⁰⁰

10

PARTICULARS OF RENDERING NON-EFFECTIVE

Trans to Canada 1/3/19. B.2982. 14/2/19. Witley to Witley M.D.I. L.P. 11.90.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>3/3/18</i>	<i>Balance forward</i>								<i>2113</i>		
<i>April</i>	<i>30. P.P.</i>	<i>33</i>		<i>can a pay.</i>				<i>15</i>			
				<i>AR 268 18/4/18 4 res.</i>	<i>1947</i>						
				<i>343 29/4 do</i>	<i>487</i>				<i>1479</i>		
<i>May</i>	<i>31 P.P.</i>	<i>33</i>		<i>can a pay.</i>	<i>24 3/4</i>			<i>15</i>			
		<i>3410</i>		<i>AR 491 10/5/18 4 res</i>	<i>487</i>			<i>15</i>	<i>2902</i>		
<i>June</i>	<i>P.P.</i>	<i>33</i>		<i>6 a P.</i>	<i>487</i>			<i>15</i>			
		<i>3410</i>		<i>AR 577 3-1-18 #200RC</i>	<i>803</i>						
				<i>AR 3069-310 31-5-18 CIRA</i>	<i>32</i>						
				<i>AR 835 19.6.18 #200RC</i>	<i>357</i>						
				<i>AR 3069 21 21-5-18 CIRA</i>	<i>28</i>				<i>3482</i>		
<i>July</i>	<i>P.P.</i>	<i>33</i>		<i>C.A.P.</i>	<i>1220</i>			<i>15</i>			
		<i>3410</i>		<i>AR 1056 4.7.18 #200RC</i>	<i>446</i>						
				<i>1293 16.7.18</i>	<i>357</i>				<i>4589</i>		
<i>Aug</i>	<i>P.P.</i>	<i>33</i>		<i>C.A.P.</i>	<i>803</i>			<i>15</i>			
		<i>3410</i>		<i>AR 1545 3.8.18</i>	<i>357</i>						
				<i>632 19.8.18 18th Br</i>	<i>357</i>				<i>5785</i>		
<i>Sept</i>	<i>G. note 8518 Orig Sub. from Canada 21¹³</i>	<i>3410</i>		<i>C.A.P.</i>	<i>714</i>			<i>15</i>			
	<i>Amended P.P. dated 29.8.18. 22.03</i>			<i>AR 744 6.9.18</i>	<i>357</i>						
	<i>P.P.</i>	<i>33</i>		<i>825 26.9.18</i>	<i>357</i>			<i>15</i>	<i>6961</i>		
<i>Oct</i>		<i>33</i>		<i>can a pay.</i>	<i>714</i>			<i>15</i>			
		<i>3410</i>		<i>AR 178 22-10-18 18th Br</i>	<i>466</i>				<i>8405</i>		
				<i>3719 31-10-18 18th Br</i>	<i>466</i>				<i>7939</i>		
<i>Nov</i>		<i>33</i>		<i>can a pay.</i>	<i>932</i>			<i>15</i>			
		<i>3410</i>		<i>AR 4646 16/11/18</i>	<i>1399</i>						
				<i>2990 17/11/18</i>	<i>373</i>						
<i>Dec</i>		<i>3410</i>		<i>3776 18/12</i>	<i>373</i>			<i>15</i>	<i>9137</i>		
				<i>4359 17/12 26th Br</i>	<i>373</i>				<i>8758</i>		
	<i>Carried Forward</i>	<i>6710</i>			<i>2891</i>			<i>30</i>			

NUMBER 3131699 RANK

NAME ROBB W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Dec	Bust Ford	67/10			2891			30	7.58		
Jan		34/10		bar				15	10668		
		101/20		cf 17-0-0 m/hq	2891			45			
Feb		3080						15			
				ok 1935 11/1 egs	466						
				5081 4/1 rchc	373						
				cf 12184 21/1	8273						
				ok 4192 22/1 H Dec	973						
				4533 11/2	973						
		3080			11058			15	1190		

SOS. Canada MD, - 22.2.19 S.L. v3 - HLRBn.

Manus
checked
14/2/19

Date of Enlistment

MILITIA AND DEFENCE Enlisted 9-1-18

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

4192

1-2-18

RATE OF SEPARATION ALLOWANCE

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 AUTHORITY
 FOR
 NEW ACC'T.

MR. R

RATE OF ASSIGNMENT

\$15.00			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 3131699
 Rank Pte Promoted Reverted Discharge
 Soldier's Name Robb, William
 Battalion 1st Depot Bn W.L. Regt.
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name John Robb
 Address Wyoming Ontario
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Mar 1918	M 78955		30	30	R
April	R 10725		15	15	✓
May	✓ 13266		15	15	✓
June	S 24124		15	15	
July	F 25304		15	15	
Aug	S 38531		15	15	
Sept	0 47877		15	15	
Oct	# 53367		15	15	
Nov	S 61644		15	15	
Dec	1 64011		15	15	
Jan	E 73830		15	15	
Feb	F 81518		15	15	
March	G 83086		15	15	
			210	210	

15459-W-38.

REMARKS

 M. F. W. 128
 400M-6-17-1772-33-1141
 L. L. 22320-M. & D. 7993.

-H1 A/c Closed

Ret'd per

Date

Clerk

31/3/19

Belgie

1/3/19

M.F.W. 187

7/3/19

MROLP 59887

OK. 8th Regt

M.R.O 1^A Rendered 19/3/18 A. Vague

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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/AAmount
A/P

Total

REMARKS

This space to be for numbers

War Service Badge

Class **A** No. 83686 Issued

Proceedings on Discharge.

ea.

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

No.	3131699
Rank	Private
Surname	ROBB
Christian Name	William
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	1st DB WOR
Date of Discharge	MAR 25 1919 24/3/19
Place of Discharge	LONDON, ONT.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 28 years months.	Descriptive Marks G.S.W Head
Height 5 feet 9½ inches.	
Complexion RUDDY	
Eyes GREY	
Hair RED	
Trade CLERK	
Intended place of residence Wyoming, Ont (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of ON DEMOBILIZATION	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... (Signature of Soldier.)

(Date)..... (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

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

Total..... years..... days.

11. Confirmation of Discharge.

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

(Place).....

(Date).....

(Signature)..... Lieut. Col.
Commanding District Depot No. 1

Reservations referred to at Para. 8.

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

W Robb

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

quadron
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ands, up

Soldier.)

Witness.)
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Service.

Soldier.)

s.....days.

s.....days.

Col.

(OVER)

List of Discharge Documents.

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

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

10- Ro-169

79

Pte

NAME (IN FULL)

ROBB, William

[illegible]

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						COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3							DEBIT	CREDIT		
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		
Balance from previous account	28 1/2							11 90							15			4 87			54 87		42 97	Boat Halibut for man.
25 3/4	25		25 50		12 80			75 30			287 25 3/4			35						42 97		77 97	267	2000 Subs 5 3/4 to 20 3/4 Do 73 35 Clothing.
— WAR SERVICE GRATUITY —																								
25/3/19		280				280					70									70		210		h K Martin
25/4/19		210									67 33									267		207 33		17-372
											70											140		25/4/19 7389.
											70											70		25/5/19 883736
											70													24/6/19 496035
		180				280					277 33									267	280			Capt.

[illegible]