

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname Schimmens
2. Christian name Frank
3. Present address Letter Kenny P.O., Ont.
4. Military Service Act letter and number 957460
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth 30th December 1896
6. Place of birth Letter Kenny, Ont.
(town, township or county and country)
7. Married, widower or single Single
8. Religion Lutheran
9. Trade or calling Farmer
10. Name of next-of-kin Mrs. Molly Schimmens
11. Relationship of next-of-kin Mother
12. Address of next-of-kin Letter Kenny P.O., Ont.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act :—
(a) Place Ottawa (b) Date 25-7-18 (c) Category A2

DECLARATION OF RECRUIT

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

Frank Schimmens (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs. 6 mths.
Height 5 ft. 5½ ins.
Chest measurement } fully expanded 35 ins.
range of expansion 3 ins.
Complexion Fair
Eyes blue
Hair brown

Distinctive marks, and
marks indicating con-
genital peculiarities or
previous disease.

small warty mould
over right shere'
iliac joint

Regt.
O. C. 2nd. Depot Batt., E. O. R. Depot Btin.
Lt. Col.

Place OTTAWA Date JUN 22 1918

22-6-18

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class 1

1. Name	Schimmens
2. Christian name	Frank
3. Present address	Letter Henry P.O., Ont.
4. Military service, if any, and number	
5. Date of birth	30th December 1896
6. Place of birth	Letter Henry, Ont.
7. Married, widowed or single	Single
8. Religion	Methodist
9. Trade or calling	Letter
10. Name of next of kin	Mr. Henry Schimmens
11. Relationship of next of kin	Letter
12. Address of next of kin	Letter Henry P.O., Ont.
13. Whether at present a member of the Army Medical	No
14. Particulars of previous military or naval service, if any	Nil
15. Medical Examination in accordance with the Act	
(a) Place	1st Class
(b) Date	25-12-17

DECLARATION OF RECRUIT

I, Frank Schimmens, do hereby declare that the above particulars, taken from me and the facts stated therein, are true and correct.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Appearance	Height	Weight	Complexion	Build	Stature
Dark brown hair, and eyes, medium build, and good physique, no previous disease.	5' 6"	140 lbs.	Light	Medium	Medium
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U.S. DEPT. OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D.C.
13749329

REGIMENTAL DOCUMENTS

NAME

SCHIMMENS, FRANK

REGT. NO.

3324929

UNIT

2nd D.B. & 101st

HQ.

FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Demob.

DESERTION

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

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

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

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

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

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

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

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

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

1 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)

1 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)

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

misc-1

06928

Rank _____ Name *Schimmens Mark* Regt'l No. *332 4989*
T.O.S. *18* B.O. No. *173* Serial No. *pc. 951460*
Examined at *Ottawa Ont.* Date *25-7-18* Co. *C*
Nationality *Can* Born at *Letter Kenny Ont.* Date *30-12-96* Age *21* yrs. *6* mos.
Height *5* ft. *5 1/2* Ins. Chest *35* Ins. *3* Weight _____ lbs.
Complexion *Fair* Eyes *Blue* Hair *Brown*
Distinctive Marks *Small warty mould over right*
thoracic joint. Category *A-II*

Married or Single *Single* Religion *Lutheran* Occupation *Farmer*

Next of Kin *Mrs Kelly Schimmens* S.O.S. Date *3. 12, 18* B.O. No. *338*
Letter Kenny P.Q. Ont. Overseas. Date _____ B.O. No. _____
Mother Tr. to _____ Date _____ B.O. No. _____

B.O.No.	Part	Date	Nature of Casualty	Paid By
2222		10.8.18	Sarm leave 8.8.18 to 21.9.18	
Geo 2		17.9.18	" " 24. 10.18	
B O 308 F/L EXT TO 15-11-18				
B O 318 F/L EXT, TO 1-12-18				

Surname *Schimmens*
Christian names *Frank*
Regtl. No. *332 4929* Rank *Pte*
Unit *East Ont Regt 2nd Lps Bn*

H. Q.

M. D. No. *3*

T. O. S. *June 22nd 1918*

D. O. Pt. II *173* of *226/18*

S. O. S. *3 - 12 - 1918*

Reason *Demol.*

Auth. *AB. 338-9 4/12/18*

2/20k

Next of kin *Schimmens, Mrs. Molly* Relationship *Mother*
Address *Letterkenny, Ont.*

Also notify:

BORN—Place *Canada, Letterkenny, Ont.* Date *Dec. 30th 1896*

ATTESTED—Place *Ottawa, Ont.* Date *June 22nd 1918*

O/S R/C



MEDICAL HISTORY SHEET.

1. Surname Schimmens Christian name Frank
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) Letterkenny P.O. Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 25th day of June 1918, by the undersigned medical board sitting at Ottawa

5. Age as stated 21 Years 6 Months. 6. Apparent age Years Month
7. Height 5 Feet 5 1/2 Inches. 8. Weight 143 Pounds.
9. Chest measurement { Minimum 32 Ins. 10. Complexion fair { Eyes blue
Maximum 35 Ins. { Hair brown
11. Physical development { Good Fair Poor 12. Smallpox marks none
13. Number of vaccination marks { Right arm ✓ 14. When vaccinated last
Left arm ✓
15. Distinctive marks and marks indicating congenital peculiarities or previous disease
Small warty mould over right shoulder joint

16. Slight defects but not sufficient to cause rejection
The man denies having had { Rheumatism, Epilepsy, We find { Rheumatism, Epilepsy
Tuberculosis, Syphilis, no evidence of past { Tuberculosis, Syphilis
Nervous or Mental disorder. Asthma. Nervous or Mental disorder. Asthma
(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

ATT

17. (a) Vision. R. 6/6 L. 6/6
(b) Hearing. R. M L. M

H Macleod M.D. President.

T. P. Quinn Capt Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M. O.	<u>2.7.18</u>	<u>no fever</u>	<u>for Cns</u> M. O.
		M. O.	<u>4.7.18</u>	<u>no fever</u>	<u>for Cns</u> M. O.
		M. O.	<u>6.8.18</u>	<u>no fever</u>	<u>Cyl</u> M. O.

Joined day of 19 at

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N.B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Signature of Man Frank Schimmens

If raised in category, record category in a square
The M. O. will initial and date.

Surname.

[illegible]

INSTRUCTIONS

1. On examination the condition of patient's mouth, as he marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.
3. Only such entries to be made on this sheet as will show:

1. Condition on examination in red ink.
2. Condition on leaving hospital.
3. Condition on discharge.

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 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

MADE IN CANADA

Sup. Doctor BU H O R

DEPT. OF HEALTH
CANADA
OTTAWA

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Dec.
F.117
L.15

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3324929 Rank Pt e. Name Schimmens F.Corps 2nd. Depot Bn. E.O.R. who was* DischargedOn 3-12-18 191... to...

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named on 3-12-18 191...
to... 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	19	10
Advances } No.....			Reg'tl Pay..... days at \$..... c.		
by } No.....			Field Allow. <u>Farm Leave.</u> days at \$..... c.		
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allce. No.....			Other Allowances* <u>Clothing</u>	35	00
Other charges <u>Q.M.S.</u>	11	95	Other Credits*.....		
Payment on transfer or discharge No <u>7397</u>	42	15	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....			Total.....	54	10
Total.....	54	10			

* Give particulars.

A monthly stoppage of \$ Nil (†) has..... (‡) been paid on account of Assigned
{ Pay for the month of..... 191... }
{ and Sep'n Allce. for month of..... 191... } (to) Assignee.....
(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment 22-6-18
(2) if married and if a Separation Allowance Card has been submitted..... no no
(3) cause of discharge..... Demob. authority R.O. 1328 D.O. 338
(4) authority for transfer.....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date Dec. 6th., 1918Place Ottawa, Ont.

Douglas P. Stewart Cap't
Paymaster 2nd. Depot Bn. E.O.R.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3324922 (Rank) Private

Name (in full) Frank Schimmens enlisted in
the 2nd Depot Bn. E.O.R.

CANADIAN EXPEDITIONARY FORCE at Ottawa, Ont. on the 22nd
day of June 1918.

HE served in Canada
and is now discharged from the service by reason of Demobilization
R.O. 1328

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

Age <u>22 Years 11 Months</u>	Marks or Scars <u></u>
Height <u>5' 5 1/2"</u>	<u>Small warty mould over right</u>
Complexion <u>Fair</u>	<u>shere'-ikllac joint.</u>
Eyes <u>Blue</u>	<u></u>
Hair <u>Brown</u>	<u></u>

Frank Schimmens
Signature of Soldier

AM R. M. M. M.
Issuing Officer

Lieut-Colonel.
Rank

Date of Discharge Dec 3rd 1918.

E.O. 2nd Depot Bn. E.O.R.
Appointment

Signed at Ottawa, Ont. this 3rd day of Dec 18.

in Military District No. 3

File Reference No. 1-S-329

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 PARTICULARS CALLED FOR
ON BACK OF DISCHARGE CERTIFICATE
WILL NOT BE COMPLETED. D.O. 1676

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. 2nd Depot Bn TOR

Regimental No. 3324429 Rank Pte Name Schimmius Frank

joined Enlisted (a) 22-6-18 Terms of Service (a) C. E. F. Service reckons from (a) 22-6-18

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

Extended. Re-engaged. Qualification (b) Farmer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
3-12-18		S.O.S. 2nd. Depot Bn. E. O. R., B. O.		338.	Alfred Herman Kain W. O. 2nd. Depot Bn., E. O. R.

(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.

[illegible]

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

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 332497 Rank Pte Surname Schimmens
(Given name in full)

Unit or Corps 2nd Depot Bact Coy Birthplace Frank
Letterkenny, Ont

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

1. GENERAL DESCRIPTION:

Physique good Weight 143 lbs. Height 5.5 ft. in. Colour of Eyes Blue
Nutrition good
Pulse 72
Condition of arteries good
Vision Rt. 6/6 Left 6/6
Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

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

Mole on right
buttock

Opinion as to general health and physical condition good

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

Nervous System no Genito Urinary System no Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System no
Disturbance of mentality no Muscular System no Digestive System no
Osseous and Joint System no Any other general condition no

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

EXAMINATIONS
THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date

Signed M.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at *Ottawa Ont* (Canada)

Date *Dec 2nd 1918*

Signed *Frank Schimmens* 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 *Frank Schimmens*

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

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

Proceedings on Discharge.

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

No. 3324929.	
Rank Private.	
Surname Schimmens.	
Christian name Frank. NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) 2nd. DEPOT BATTALION, Eastern Ontario Regiment.	
Date of discharge Dec 3rd 1918.	
Place of discharge OTTAWA.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 22 years 11 months. Height 5 feet 5½ inches. Complexion Fair. Eyes Blue. Hair Brown. Trade Farmer. Intended place of residence (To be given as fully as practicable.)	Descriptive marks Small warty mould over right shoulder- ilias joint. Letter Kenny P.O. Ont.
2. The above-named man is discharged in consequence of ON DEMOBILIZATION	
Authority for discharge R. O. 1328	
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. <i>good ans</i>
	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.) <i>Farmer</i>

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

Nil.

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

6. Medals and Decorations.....

Nil.

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

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

(Place) OTTAWA.

(Date) Dec 3rd 1918.

A. M. Samuel Lt. Col.
Commanding O. C. 2nd. Depot Bn. E. O. R.

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, and that I have received my permanent discharge certificate.

(Place) OTTAWA. *Frank Schimmens* (Signature of Soldier.)

(Date) Dec 3rd 1918. *A. J. B. Smith* (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.

Frank Schimmens (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) OTTAWA.

(Date) Dec 3rd 1918.

(Signature) *A. M. Samuel* Lt. Col.
O. C. 2nd. Depot Bn. E. O. R.

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

Frank Schimmens

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	or Particulars of Recruit	" W. 133
	or	Proceedings on Discharge	" B. 218
Field Conduct Sheet	" W. 178		
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	
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		
§Only if discharged "Medically unfit."			
‡Only if man has not been overseas.			

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.