

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname Schonap
2. Christian name Milton
3. Present address Golden Lake P.O., Ont.
4. Military Service Act letter and number PC. 966524
5. Date of birth 15th November 1894
6. Place of birth Wilbur Force, Ont.
7. Married, widower or single Single
8. Religion Presbyterian
9. Trade or calling Farmer
10. Name of next-of-kin Mr. Godfrey Schonap
11. Relationship of next-of-kin Father
12. Address of next-of-kin Golden Lake 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 Ont (b) Date 26th June/18 (c) Category All

DECLARATION OF RECRUIT

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

Milton Schonap

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 23 yrs. 9 mths.
Height 5 ft. 9 ins.
Chest measurement fully expanded 38 ins.
range of expansion 2 ins.
Complexion Dark
Eyes Grey Blue
Hair Black
Distinctive marks, and marks indicating congenital peculiarities or previous disease. Mole under left scapula

M. B. Bernal

Depot Btl.

Lieut. Col.

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

OTTAWA

Place Date 13-5-18

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT 1917

(Class 1)

1. Name	Schopp
2. Christian name	Wilson
3. Present address	Golden Lake B.O., Ont.
4. Military service for last 12 months	P.O. 96524
5. Date of birth	15th November 1894
6. Place of birth	Wilbur, Ont.
7. Marital status	Single
8. Religion	Presbyterian
9. Trade or calling	Farmer
10. Name of next of kin	Mr. Godfrey Schopp
11. Relationship of next of kin	Father
12. Address of next of kin	Golden Lake B.O., Ont.
13. Whether at present a member of the Active Militia	No
14. Particulars of previous military or naval service	N/A
15. Medical examination under Military Service Act	
Place of Exam. Ont. (to be filled in by the Recruiting Officer)	

DECLARATION OF RECRUIT

I, Schopp Wilson, do hereby declare that the particulars referred to in the above form are true and correct to the best of my knowledge and belief.

(Signature of Recruit)

DESCRIPTION OF RECRUIT

Age	23
Height	5' 8"
Build	Well developed
Complexion	Fair
Eyes	Grey-blue
Hair	Black
Complexion	Fair
Build	Well developed
Height	5' 8"
Age	23

Approved by the Recruiting Officer: _____

Date: _____

Place: _____

REGIMENTAL DOCUMENTS

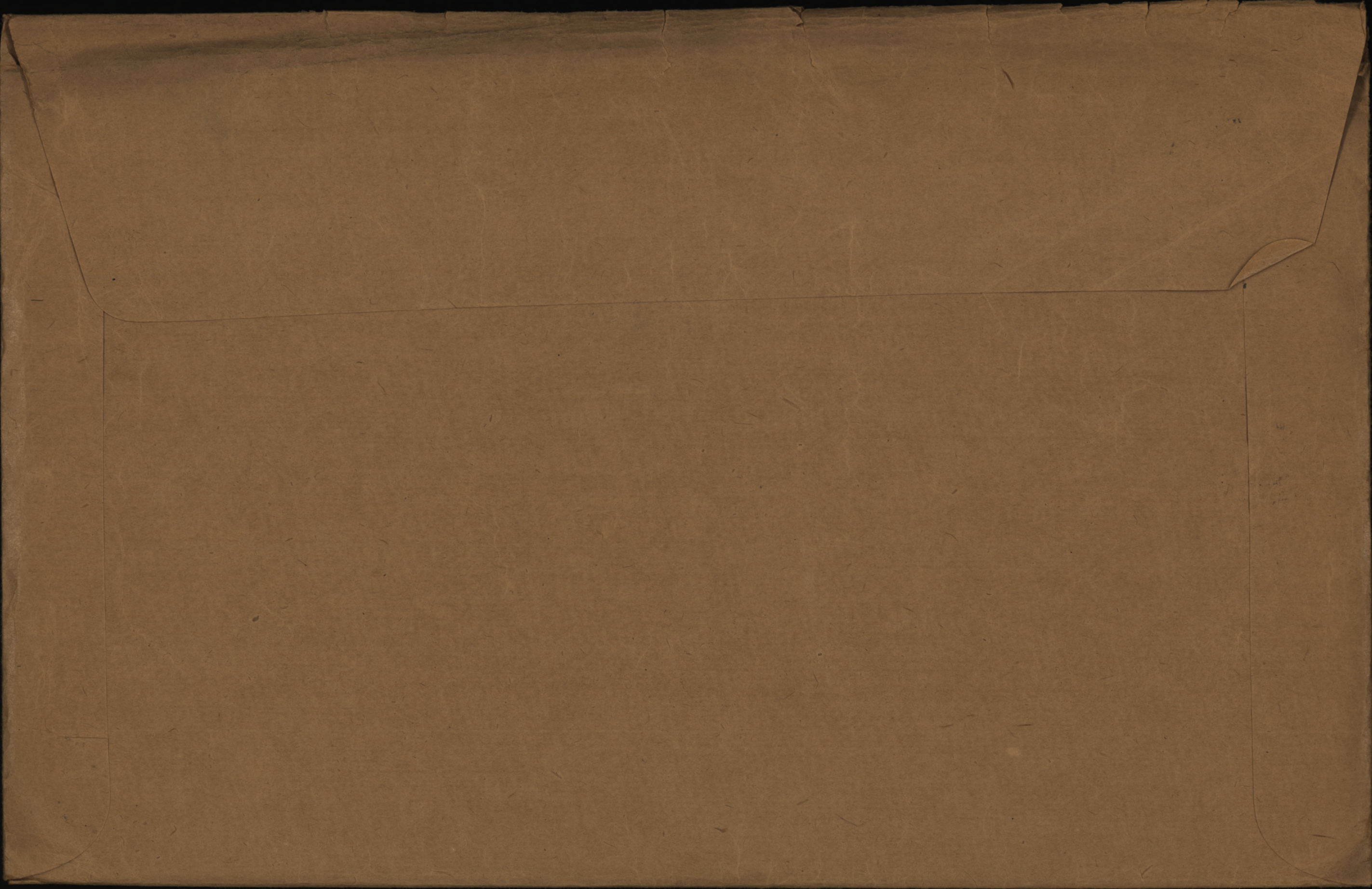
NAME *Schonapp Milton* REGT. NO. *3322118* UNIT *253 DR* H. Q. FILE NO.

M

H

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
/ S ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
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)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demotion</i>
/ 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)					DESERTION
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)				<i>4</i> 07458	
<i>Misc</i>					<i>40 - 23</i>
<i>1948</i>					<i>21 - 73</i>
<i>1 card</i>					<i>6 23</i>
<i>B 127</i>					<i>1</i>

H



NAME. <i>Schonap, Milton</i>	RANK. <i>Pvt</i>	REC. FILE. <i>9" m. D. 3.</i>
	No. <i>3322118</i>	
	CORPS. <i>East. Ont. Pgt. 2nd Depo. Bn</i>	H.Q. FILE.
ENLISTMENT, PLACE. <i>Ottawa Ont.</i>	DATE. <i>May 13th 1918</i>	
BIRTH DISCHARGE, PLACE. <i>Canada, Wilberforce</i>	DATE. <i>Nov 15th 1894</i>	
REASON.	<i>S.O.B. Disc. 3-7-19 Demot. #350-D.O. 199 of 18-7-19</i>	
ADDRESS ON DISCHARGE.	<i>T.O.S. May 18-18 D.O. Part II No 131</i>	

DOCUMENTS.

N of K Schonap, Godfrey. 1 Father,
Address Golden Lake
Ont.

o/s-7-7-18 $\frac{1309}{2}$

A/c 1-7-19 $\frac{356}{94}$ Re.

CHARGED OUT

RETURNED

CHARGED OUT

RETURNED

TO

DATE

BY

RECEIVED
BY

DATE

TO

DATE

BY

RECEIVED
BY

DATE



NAME

Schonop.

M.

REGT. No.

3322118

RANK AND UNIT

Pvt.

6 R.

E.O Regt

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C. 350

No. 14. Can. Gen. Eastburn 6-27-10-18 Influenza

C. 369-1.

Hise.

18-11-18

" "

No. 14 CANADIAN GENERAL HOSPITAL,
EASTBOURNE, SUSSEX.

A. & D.
CARD

AT
 A. & D. No. 5773 PL. OF ACTION
 RANK Pte REG. No. 3322118 UNIT 6 Can Res SICK OR WOUNDED
 NAME Schonap M E AGE 24 RELIGION Pres
 PLACE IN HOSPITAL Y.M.
 DIAGNOSIS Influenza
 ADMITTED 26 OCT 1918 FROM A
 DISCHARGED 18 NOV 1918 TO 6 Can Res
 TRANSFERRED
 SERVICE AT HOME 5/12 IN FIELD
 RESULTS

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.

A series of horizontal dotted lines for writing remarks.

MO
my

Number *3322118*

Rank *PTI*

Surname *SCHONOP*

Christian Name *Milton*

Units *E.O.R.*

Theatre of War *England*

Date of Service *22/7/18*

Remarks

Latest Address *Golden Lake
Ont*

Roll No *A Page 1503*

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____

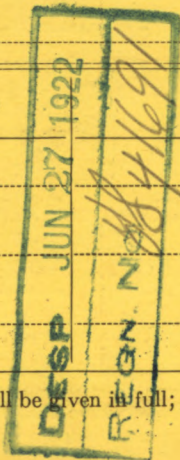
Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date

Remarks



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

Surname

Christian Name or Names

Reg. No.

Schonop.
Rank

m.
Unit

3322118

pte

E.O. 6R.

Cas. List.

14. C. G. Eastbourne 27-10-18

1-11-18 6350

Influenza R.

21-11-18 6367

Dis.

18-11-18

A.M.D. 2 DEPT.

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

Cas. List.

80th DFT. 2nd BN R O R

KR Rank Name SCHONOP Milton Reg'l No. 3322118.
 Unit If in perm. Corps, } Married or Single Single.
 What Unit? }
 Place and Date of Enlistment Ottawa 13th May 1918 Place of Birth Wilbur Force. Ont.
 Name and Address, Next-of-Kin Mr. Godfrey Schonop.
 Golden Lake P.O. Ont. Relationship Father.

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

N/E, R.B. No. 11183
 File R.L.
 Category *Can. O.R.*

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		22-7-18	S/S TUNISIAN
30-7-18	6 th Res Bn.	T.O.S. from Canada	PK Seaford	22-7-18	PTI 20178.
23.6.19.	"	S.O S to Canada	" "	23.6.19.	Do.141 S.L. 71.
		<i>71. 4.69</i>		<i>23.6.19</i>	

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.

2nd Depot Bn. E. O. R.

Unit, Regiment or Corps

Regimental No. 332 2118 Rank Private Name Schonap Milton
C. E. F.

Enlisted (a) 12/5/18 Terms of Service (a) 6 E 7 Service reckons from (a) 12/5/18

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

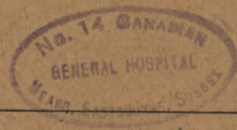
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<p>CERTIFIED CORRECT and Transfer to No. <u>80</u> Draft, B. O.</p> <p><i>Milton Schonap</i> <i>Major O. C. "C" Company.</i></p>					
		<i>Embarked</i>	<i>Canada</i>	<i>6-7-18</i>	<i>S. S. Lusini</i>
		<i>Disembarked</i>	<i>England</i>	<i>22/7/18</i>	
<i>30/7/18</i>	<i>OC 6th Res</i>	<i>F.S. 6th Ant Air</i>	<i>Seaford</i>	<i>22/7/18</i>	<i>Pt. 130-178</i>
<i>14-6-19</i>	<i>OC 6th Res</i>	<i>S.O.S. on transfer</i>	<i>Seaford</i>	<i>14-6-19</i>	<i>Pt. 11 B.O. 126</i>
<i>23-4-19</i>		<i>to C.C. 7. in Canada</i>		<i>23-4-19</i>	<i>141</i>
		<i>S.S. Aquitania</i>			
					<i>Lieut.</i> <i>Officer i/c Records,</i> <i>6th Can. Res. Bn.</i>

(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				
		EMBARKEED LIVERPOOL SS- BELGIC 23. 6. 19. DISEMBARKED HALFAC 1. 7. 19. → → → J. Stewart LE FOR CAPT & ADJ.			
23. 6. 19	SOS Sub Depot Ottawa				AS 199
3. 7. 19	SOS Dock Rm 1894				AS 199
					Lieutenant For G. C. No. 3 District Depot

admitted 26-10-18

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	3322118	Pte	Schonap	M.E.
Year	Unit.		Age.	Service.
	6 Res.		24	5/12
Station and Date.	Disease <i>Influenza</i>			
26-10-18	<i>Landed in Camp 22-7-18</i>			
	<i>Segregation this week.</i>			
	<i>6 Ban Res. Bw since.</i>			
	<i>Complaints</i>			
	<i>Cough, sore all over.</i>			
	<i>general malaise.</i>			
	<i>Test. neg.</i>			
	<i>Test. mucus spec.</i>			
	<i>P.T. burst 24-10-18 with madach</i>			
	<i>chills, fever, sore all over</i>			
	<i>P.B.</i>			
	<i>Lungs few moist rales</i>			
	<i>Ward neg.</i>			
	<i>Tongue slightly coated</i>			
	<i>A. J. Martin Capt</i>			
7-11-18.	<i>patient still weak - pulse rapid.</i>			
	<i>chest clearing up - <i>A. Waller</i> M.D.</i>			
11-11-18	<i>chest clear.</i>			
	<i>Byde Corp. <i>A. Waller</i> M.D.</i>			
18-11-18	<i>Condition now normal</i>			
8 NOV 1918	<i>fit for discharge <i>H. C. ...</i></i>			
	<i>Discharged Calgary A <i>May. Lane</i></i>			
	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> DISCHARGED 18 NOV. 1918 </div>			

5773

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. 322115 Rank Pte Surname Schonap
(Given name in full)
Milton
 Unit or Corps Can. Res. Birthplace Golden Lake Ontario

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

I. GENERAL DESCRIPTION:

Physique good Weight 170⁺ lbs. Height 5 ft. 9 in. Colour of Eyes blue
 Nutrition good
 Pulse 74
 Condition of arteries normal
 Vision Rt. 6 Left 6
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

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

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 Yes

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.

influenza - Oct. 1918 - good recovery

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Seipul.....(Overseas)

Date 5-6-19..... Signed [Signature].....M.O.

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

Signature Milton S. [Signature].....

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

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)

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 a Medical Board.)

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

[OVER]

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

SCHONOP M

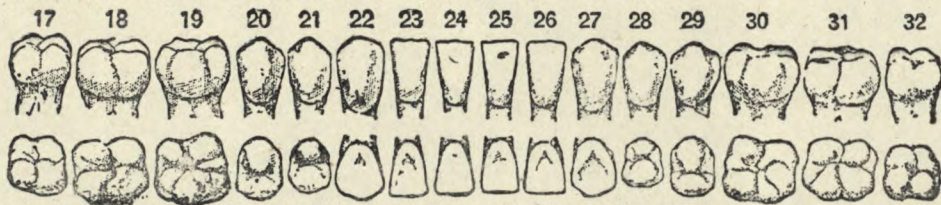
REGIMENT 6th Res

RANK Pte

No. 3322118

Date of Examination in England 3/6/19

Date of Examination in France



1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 15 18 21 31

2. EXTRACTIONS 22

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

A. D. D. S., M. D. No. 3

HAS HE EVER REFUSED DENTAL TREATMENT? NO

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

(a) In Canada

(b) In England Yes

(c) In France

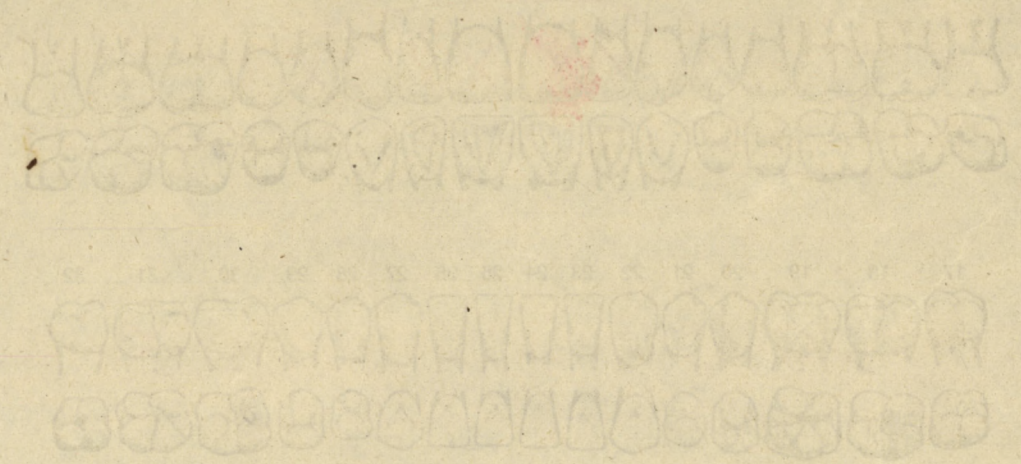
Signature of Dental Officer

B. B. Beaton Capt

D.R.R.M.O.B.

INSTRUCTIONS

1. The examinee has control of the examination. The student is to be seated at the desk and the examinee is to be seated at the desk.
2. On first line of report record of name to be made in left margin.
3. Only such entries to be made on this sheet as will give:
 - a. Condition on examination in left.
 - b. Condition on leaving grounds.
 - c. Condition on discharge.



EXAMINEE

NAME

OPERATOR

DATE

TIME

TEST

RESULT

REMARKS

INITIALS

SIGNATURE

DATE

TIME

TEST

RESULT

REMARKS

INITIALS

SIGNATURE

DATE

TIME

TEST

RESULT

REMARKS

INITIALS

SIGNATURE

DEPARTMENT OF THE ARMY
SIGNAL CORPS
SIGNAL SCHOOL
WASHINGTON, D. C.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:-	SCHONOP Milton
EFFECTIVE DATE:-	1-8-18	EFFECTIVE DATE:-		NUMBER:-	3322118
AMOUNT:-	20 ⁰⁰	AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT	
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY	DATE EFFECTIVE
Mrs Rosa Schonop (Mother) Golden Lake, Ont. Can.				A.O. 128	22-7-18
Stopped Off 1-6-19.				A.O. 30-7-18	
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UNIT AND TRANSFERS	
UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK				ORIGINAL UNIT:-	
				6th Res. Bn. 1800R	
				DATE ACCOUNT FIRST OPENED:-	
				AUTHORITY	DATE EFFECTIVE
				DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO
					6th Res.

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DAILY RATES OF PAY AND ALLOWANCES				
26.5.19	1843	Seaford	£4					AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
			1947						1-	10		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
Aug	Pte Pay	34 10		C.A.P.				20	44 10		
				AR 2072 29/9/18 Trensham	4 87						
				✓ 3353 16/8/18 6Res.	4 87						
				✓ 3854 30/8/18	9 73				38 73		
Sept	✓	34 10		C.A.P.				20			
		33		✓ 4546 28/9/18	7 30			20	44 43		
Oct	✓	34 10		C.A.P.				20			
				✓ 5224 10.10.18	4 87				53 66		
Nov	✓	34 10		✓ 5366	4 87			20			
		33		- 6171 28/11	7 30						
Dec	-	34 10		C.A.P.				20			
				✓ 6955 18/12	12 60						
				✓ 6606 10/12	7 30						
Jan	✓	34 10						20	65 66		
		01 20		- 7290 28/12	29 20			60			
Feb	✓	30 80						20			
				✓ 8271 24/1	7 30				39 96		
				✓ 8560 13/2	4 87				35 09		
Mar	/	34 10						20	49 19		
				✓ 8893 24/2	7 30				41 89		
				✓ 9475 13/3	4 87						
				✓ 9851 21/3	7 30				29 72		
		64 90			60 84			40			
Apr	-	33		C.A.P.				20			
				✓ 400 6Re 11/4/19	4 87				Balance		
May	✓	34 10		C.A.P.				20	95		
		67 10			95			40			

NUMBER 3322118

RANK *Plt*

NAME *Schorop Spilton*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919				Balance B/R					2972		
	Totals forward	6710		Totals forward				40			
				AR 798 bks 24/4	430						
				" 994 ✓ 1/5	2190	34 27			2075		
		6710			3407			40	2520		
				✓ 1848 ✓ 26/02	1947						
				✓ 2531 18/11/15 (ind)	493				645		
					2120						
					2920						

*AR 23
26/02 1919
bks*

67
2972
6710
9682

Dr
3407
1947
40
9354
328 B/R
9682

*Dr
30 5.18*

War Service Badge B.

Dis area. G.
Occ Group 1

SHORT FORM.
PROCEEDINGS ON DISCHARGE
(Demobilization.)

War Service Badge Class.....
No..... Issued



1. No. 3322118

2. Rank. pte

3. Name. Schonop Milton

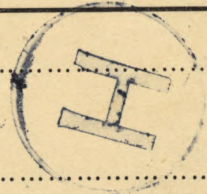
4. Unit. 6th Can. Res. Bn

5. Date of Discharge 3-7-19 Place Ottawa

6. Reason for Discharge Demobilization

7. Authority. RO 1894

8. Proposed Residence after Discharge Golden Lake Ont.



EMBRAYED INVENTION CO.
HALIFAX N.S.
MILGIC 23-11-1919
LT. J. J. [unclear]

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.?

M. Schonop
Signature of Soldier.

10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.

Place.....
Date.....
Dispersal Station "G"
JUL 3 1919
Military District No. 8

J. Williams Captain
Signature.....
for O. C. Dispersal Area Station or
(O. C. Discharging Unit.)

Handwritten notes at the top left of the page.

Handwritten notes at the top right of the page.



PROCEEDINGS ON DISCHARGE

1	Name of Soldier	<i>John Doe</i>
2	Rank	<i>Private</i>
3	Company	<i>Co. B</i>
4	Regiment	<i>1st Regt.</i>
5	Service No.	<i>12345</i>
6	Date of Discharge	<i>Jan 1, 1918</i>
7	Place of Discharge	<i>Washington, D.C.</i>
8	Signature of Soldier	<i>John Doe</i>
9	Signature of Officer	<i>John Doe</i>
10	Signature of Discharge Officer	<i>John Doe</i>

ENGAGED IN THE LINE OF DUTY
 100 30
 HALIFAX N.S.
 100 30



LIST OF DISCHARGE DOCUMENTS

1. Discharge Certificate
 2. Discharge Certificate
 3. Discharge Certificate
 4. Discharge Certificate
 5. Discharge Certificate
 6. Discharge Certificate
 7. Discharge Certificate
 8. Discharge Certificate
 9. Discharge Certificate
 10. Discharge Certificate
 11. Discharge Certificate
 12. Discharge Certificate
 13. Discharge Certificate
 14. Discharge Certificate
 15. Discharge Certificate
 16. Discharge Certificate
 17. Discharge Certificate
 18. Discharge Certificate
 19. Discharge Certificate
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 100. Discharge Certificate

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LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5509a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
9. Enclosed in special envelope (260M).
10. Copy of Discharge Certificate (M.F.W. 39a).
11. Disposal Certificate (C.D. 2).
12. Equipment Statement Q.M.G. Form (D.O.S. 2).
13. Last Pay Certificate (P. 851).
14. Last Pay (P. 341).
15. War Service Gratitude (Form M.F.W. 2595).
16. Sundry Documents.

Group..... 911

Checked by NAJ 25

Date..... 11 JUN 1919

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

M. OR S. *hd.*

RELATIONSHIP *hd.*

ADDRESS *hd.*

PARTICULARS *Pte. Miller - Schonop, Golden Lake, P.O. Ont.*

EFFECTIVE DATE *10-5-18.*

AUTHORITY *Ont.*

IS SEPARATION ALLOWANCE PAID? *hd.*

DATE EFFECTIVE

TO WHOM PAID *hd.*

RELATIONSHIP

ADDRESS *hd.*

REGT. No. *3322118* RANK *Plc.* NAME (IN FULL) *Schonop Miller*

ORIGINAL UNIT C.E.F. *2nd. Lt. Ont.* IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *10-5-18.* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ *20.75* DATE EFFECTIVE *1-8-19.*

PAYABLE TO *Mrs. Rosa Schonop, Miller* RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *Golden Lake, Ont.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED *Ottawa* PLACE DATE *3-7-19.* REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT		CREDIT
																								Returned "Belgie".
																								Bal. per Encl. 1. 1918.
																								Clothing Allow. and 1st. class W. & G. Pay to Encl. 2. 1918.
																								Overpaid 5.00
																								M. F. W. 2595 Rec
																								141. Pay. W. & G. above.
																								49586.83 AUG 2 1918
																								Balance as above.
																								413041.51 SEP 3 1919
																								41317819-1-10-14.

25K

1000

Date of Enlistment 10-5-18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch S 15998

1st Aug 18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

20 ⁰⁰			
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941206
P.

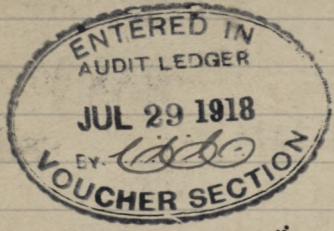
PARTICULARS OF SEPARATION ALLOWANCE

No. 3322118.
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *Schonop, Milton*
 Battalion *2nd Depot Battr. E. O. Regt. 10th 80.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

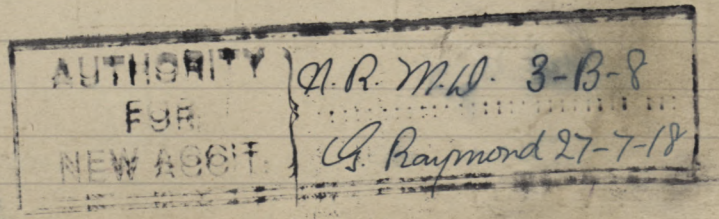
Name
 Address
 Change of Address
 1 MRS. ROSA SCHONOP, \$15998
 GOLDEN LAKE,
 2 ONT. 20 20.00
 3 % 3322118 PTE MILTON SCHONOP
 TWENTY DOLLARS
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1918.					16257-211-2
Aug.	U 36950		20	20	✓
Sept	X 46872		20	20	✓
Oct.	L 51371		20	20	
Nov.	X 59177		20	20	
Dec	O 68380		20	20	
Jan.	S 72277		20	20	
Feb.	H 81060		20	20	✓
Mar.	G 88063		20	20	✓
Apr.	L 4537		20	20	✓
MAY	O 5993		20	20	
JUNE	P 8937		20	20	
July	J 12970		20	20	✓
			240	240	



M. F. W. 128
 4004 6-17-1772-33-141
 L. L. 2220-M. & D. 1933.

.....A/c Closed 31-7-19.
 Ret'd per. *Belge*
 M.D. 3 Date 1-7-19 F.X. 7-7-9
 Clerk. *R. H. Stone*
 M. P. O. I. P. 104572



MEDICAL HISTORY SHEET

2nd. DEPOT BATTALION,
Eastern Ontario Regiment

1. Surname *Schonap* *Sharp* Christian name *M.H.*
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule *RA 966 594*
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street) and number if any) *Golden Lake, Ont.*

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the *26th* day of *June* 19*18*, by the undersigned medical board sitting at *Ottawa*

5. Age as stated *23* Years *9* Months. 6. Apparent age Years Month
 7. Height *5* Feet *9* Inches. 8. Weight *149* Pounds.
 9. Chest measurement { Minimum *36* Ins. 10. Complexion *Dark* { Eyes *Grey Blue*
 { Maximum *38* Ins. { Hair *Black*
 11. Physical development *Good* { Good Fair Poor 12. Smallpox marks *None*
 13. Number of vaccination marks { Right arm 14. When vaccinated last *Never*
 { Left arm
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease
Mole under left scapula

16. Slight defects but not sufficient to cause rejection
 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 *All*
 17. (a) Vision. R. *6/6* L. *6/6*
 (b) Hearing. R. *N* L. *N*

F. P. Dennis Capt Member. *M. MacLeod Major* President.
 Member. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>4-7-18</i>		<i>Cum Sert</i> M. O.	<i>2-6-18</i>		<i>Cum Sert</i> M. O.
		M. O.	<i>2-7-18</i>		<i>Cum Sert</i> M. O.
		M. O.	<i>4-7-18</i>		<i>Cum Sert</i> M. O.

Joined *13* day of *May* 19*18* at *Ottawa Ont*

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<i>2nd Depot Bn</i>	<i>3322118</i>		<i>13-5-18</i>
Transferred to	<i>6th Depot Bn</i>	<i>3322118</i>		<i>30-7-18</i>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

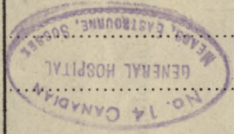
N.B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Signature of Man *Schonap M.H.*

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

Surname *Shanop* Christian Name *W.C.*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
		26	10	18	18	11	18	<i>Influenza</i>	24	<i>Cough and fever to clear. Temp. Normal Recovered and discharged. W.C.A.</i>	<i>Ch...</i>



MAJOR, C.M.C.
REGISTRAR