

No. 2 Coy.  
11 M. D.

2nd

*Original*

2nd DEPOT BATT. B.C. REGT.

Depot Battalion

B.C.

Regiment

Regtl. No. 2140570

# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname ..... SPEAK

2. Christian name ..... Cyril Walter

3. Present address ..... Garden City, Victoria, B.C. Canada

4. Military Service Act letter and number ..... 488089  
(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 ..... 4 March 1897

6. Place of birth ..... Attenborough, Nottinghamshire,  
(town, township or county and country) England.

7. Married, widower or single ..... Single

8. Religion ..... Church of England

9. Trade or calling ..... Grocer

10. Name of next-of-kin ..... Walter Speak

11. Relationship of next-of-kin ..... Father

12. Address of next-of-kin ..... Garden City, Victoria, B.C. Canada

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 Victoria B.C. (b) Date 29th July 1918 (c) Category A2

### DECLARATION OF RECRUIT

I, Cyril Walter SPEAK, do solemnly declare that the above particulars refer to me, and are true.

*Cyril Walter Speak*

(Signature of Recruit)

### DESCRIPTION ON CALLING UP

Apparent age ..... 21 yrs. 4 mths.

Height ..... 5 ft. 6 1/2 ins.

Chest measurement } fully expanded ..... Buddy 37 ins.  
range of expansion ..... Blue 3 1/2 ins.

Complexion ..... Ruddy

Eyes ..... Blue

Hair ..... Light Brown

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

*W. J. ...*  
O. C. 2nd Depot Btln.  
B.C. Regt.

Place Victoria, B.C. Date July 29th 1918

*PT-110  
212*

**PARTICULARS OF RECRUIT**

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class \_\_\_\_\_

1. Surname \_\_\_\_\_  
 2. Christian name \_\_\_\_\_  
 3. Present address \_\_\_\_\_  
 4. Military service Act number and number of the order of the War Office \_\_\_\_\_  
 5. Date of birth \_\_\_\_\_  
 6. Place of birth \_\_\_\_\_  
 7. Married, widower or single \_\_\_\_\_  
 8. Religion \_\_\_\_\_  
 9. Trade or calling \_\_\_\_\_  
 10. Name of next of kin \_\_\_\_\_  
 11. Relationship of next of kin \_\_\_\_\_  
 12. Address of next of kin \_\_\_\_\_  
 13. Whether at present a member of the Active Armies \_\_\_\_\_  
 14. Particulars of previous military or naval service if any \_\_\_\_\_  
 15. Medical Examination number (Military Service Act) \_\_\_\_\_  
 16. Place \_\_\_\_\_ (a) Date \_\_\_\_\_ (b) Category \_\_\_\_\_

**DECLARATION OF RECRUIT**

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

(Signature of Recruit)

**DESCRIPTION ON CALLING UP**

|            |             |            |             |
|------------|-------------|------------|-------------|
| Age        | _____       | Complexion | _____       |
| Height     | _____       | Eyes       | _____       |
| Build      | _____       | Hair       | Light Brown |
| Complexion | _____       | Complexion | _____       |
| Eyes       | _____       | Eyes       | _____       |
| Hair       | Light Brown | Hair       | Light Brown |

REGIMENTAL DOCUMENTS

NAME *SPEAK, Cyril. Walter,*

Plt REGT. NO. *2140570*

UNIT *2<sup>nd</sup> D. Btn* H. Q. FILE NO.

*7.5.  
30/7/19*

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category *Remob.*

DESERTION

*M*

*H*

34980

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)

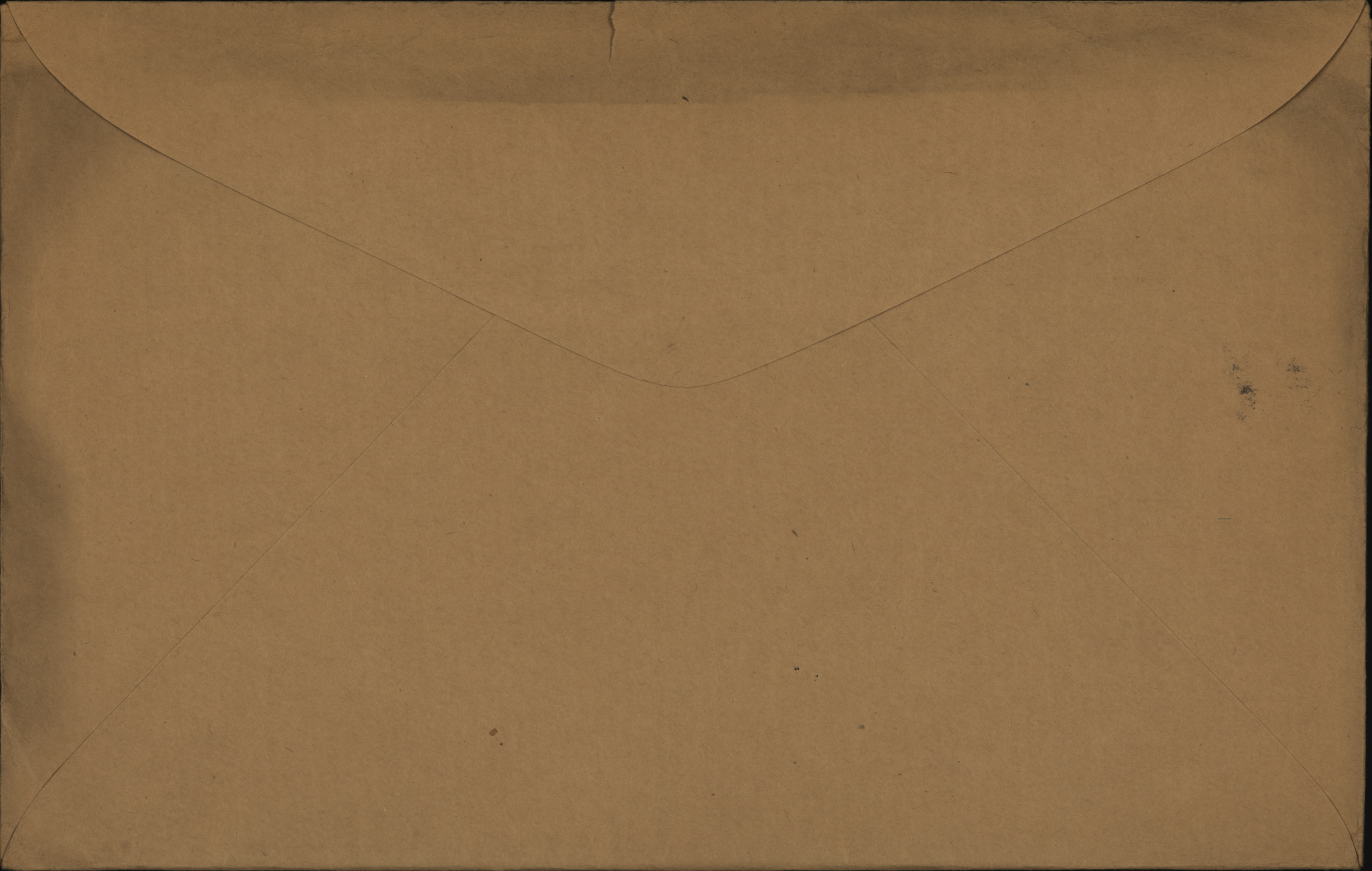
PARTICULARS OF CHARACTER (A.F.W. 3226)

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

*C.D.S.*

*Misc.*

*B/22*



10m WAC  
Number 2140570 Rank Pte

Surname SPEAK

Christian Name Cyril Walter

Units B.C.R. Theatre of War Eng

Date of Service 25-9-18

Remarks

Latest Address

Marigold P.O.

Roll No. a Page 2197 Victoria

200m.-2-21.M.

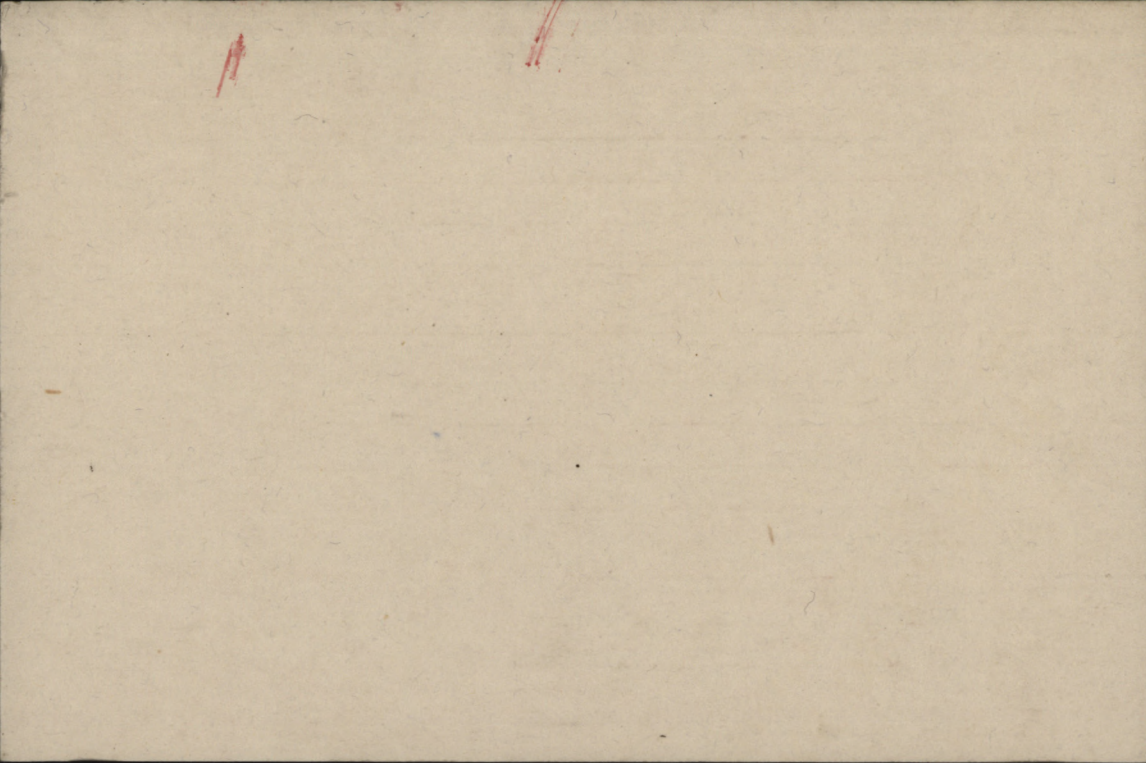
DESP. AUG 7 1929

REGN. No. 44127

Surname *Speak* H. Q. ....  
Christian names *Cyril Walter* M. D. No. *H. II* .....  
Regtl. No. *2140590* Rank *Pte.* T. O. S. *July 29th 1918* .....  
Unit *B. C. Regt. 2nd. Depo. Bn.* D. O. Pt. II *208* of *27-7-18* .....  
S. O. S. *Dis 11-7-19* .....  
Reason *Demob* .....  
Auth. *193 of 12-7-19* .....  
*1100*

Next of kin *Speak Walter* Relationship *Father* .....  
Address *Garden City* .....  
*Victoria, B.C.* .....  
Also notify: .....

BORN—Place *England, Attenborough* Date *Mar 4th 1894* .....  
ATTESTED—Place *Victoria, B.C.* Date *July 29th 1918* .....  
O/S *8-9-18 1424* R/C *3-7-19 364/103 pte* .....  
*4*





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 BATT. B.C. REGT.**

Unit, Regiment or Corps.....

Regimental No. 2140570 Rank Pte. Name Cyril Walter SPEAK

Enlisted (a) 29.7.18 Terms of Service (a) Def. C.E.F. Service reckons from (a) 29.7.18

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) Civil-Grocer

| 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 |   |                   |                      |   |
|         |                    | Embarked.<br>Arrived  | Quebec.<br>London | 10-9-18.<br>25-9-18. | H.M.T.<br>"Durham Castle"   |
| 18.3.19 | ludc wing 11 Kpc   | 2.O.S. to ludc wing 11 with effect 18.3.19  | Kimuel Park       | 18.3.19              | Rg 2 Order #66  |

**H.M.T. MAURETANIA  
1BKD. SPTN. 28-6-19  
SLG, NO, 94**

(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. (P.T.O.)

Casualty Form Active Service

| 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<br>taken from Army Form B. 213, Army Form A. 36, or other official documents   |
|--------|--------------------|--|-------|------|--|
| Date   | From whom received |  |       |      |  |
|        |                    |  |       |      | T. O. S. Noll D, D, 23 June 19<br>S. O. S CEF July 11 19 T Area<br>No II DD do 193 12 July 19<br><br>A. Maclean Capt.<br>For O. C. District Depot XI |

Rank *1st Lt* Name **SPEAK, Cyril Walter** Reg'l No. *2140570*  
 Unit *2nd Batt. Brit. Col.* If in perm. Corps, What Unit? *4th* Married or Single *Single*  
 Place and Date of Enlistment *Victoria 29<sup>th</sup> July 1918* Place of Birth *Atterborough Eng*  
 Name and Address, Next-of-Kin *Walter Speak* Relationship *Father*  
*Garden City, Victoria B.C.*  
 Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

W.P.E. R.B. No. \_\_\_\_\_  
 File R.L. \_\_\_\_\_  
 Categ. *OR Can*

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

H. W. & V., Ltd.—9546-16.

| Report.        |                     | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place.                           | Date.          | REMARKS<br>Taken from Official Documents. |
|----------------|---------------------|--|----------------------------------|----------------|---|
| Date.          | From whom received. |  |                                  |                |   |
|                |                     | <i>Arrived in England.</i>   |                                  |                |   |
|                |                     |  | <i>25 9 18 S S DURHAM CASTLE</i> |                |   |
| <i>9.10.18</i> | <i>1 Res</i>        | <i>TOS on arrival</i>  | <i>Seaford Pt</i>                | <i>25.9.18</i> | <i>P/2243</i>                             |
| <i>3.3.19</i>  | <i>—</i>            | <i>SOS to ADCW-11</i>  | <i>—</i>                         | <i>28.2.19</i> | <i>-52</i>                                |
| <i>16.4.19</i> | <i>11 Wing</i>      | <i>TOS of P. Baden</i>   | <i>Phyc</i>                      | <i>16.4.19</i> | <i>5091.</i>                              |
|                |                     | <i>SL 94-46-111</i>  |                                  | <i>28.6.19</i> |   |
| <i>30.6.19</i> | <i>11 Wing</i>      | <i>SOS to CFF, Canada</i>  | <i>SL 94</i>                     | <i>28.6.19</i> | <i>DO136</i>                              |

*Misc*

*PL*



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

Certify that the condition of the above named person has not changed since he was last examined and that he has 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. 2148370 Rank priv. Surname Speak  
(Given name in full) -  
Cyril Walter  
 Unit or Corps 2nd deph, Batt Birthplace Atterboro Eng.

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

**1. GENERAL DESCRIPTION:**

Physique Good Weight 160 lbs. Height 5 ft. 9 in. Colour of Eyes blue  
 Nutrition Good  
 Pulse .....  
 Condition of arteries Good  
 Vision Rt. 20/20 Left 20/20  
 Hearing (conversational voice) Rt. Good ft.  
 Left Good ft.

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

Opinion as to general health and physical 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 Nil Genito Urinary System Nil Cardio-Vascular System Nil  
 Special Senses Nil Integumentary System Nil Respiratory System Nil  
 Disturbance of Mentality Nil Muscular System Nil Digestive System Nil  
 Osseous and Joint System Nil Any other general condition Nil

**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 Kimmel Park.....(Overseas)

Date 15/5/19.....

Signed J.R. [Signature] M.O.

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

Signature [Signature].....

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

## THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date .....

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.)

CANADIAN EXPEDITIONARY FORCE  
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2140570 (Rank) Gte.

Name (in full) Cyril Walter Speak enlisted in

the 2<sup>nd</sup> Depot Battalion British Columbia

CANADIAN EXPEDITIONARY FORCE at Victoria on the 29<sup>th</sup>

day of July 1918.

HE served in British Columbia Regiment in England.

and is now discharged from the service by reason of  
Demobilization.  
~~Medical Unfitness.~~

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

Age 22 yrs 22 mths.

Height 5ft 6 inches.

Complexion Fresh

Eyes Blue.

Hair Brown.

C. W. Speak

Signature of Soldier.

Marks or Scars Nil.

Cecil Roberts

Issuing Officer.

Date of Discharge

July 11. 1919

C.C. DISPERSAL STATION '19 Major

Rank

Date July 11 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.

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# 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)

SPEAK C.W.

REGIMENT

M.D.C. XI

RANK

Pte

No.

2140570

Date of Examination in England

20/5/19

Date of Examination in France

1. This form will be made out for each individual at the time of Demobilization in England or France.

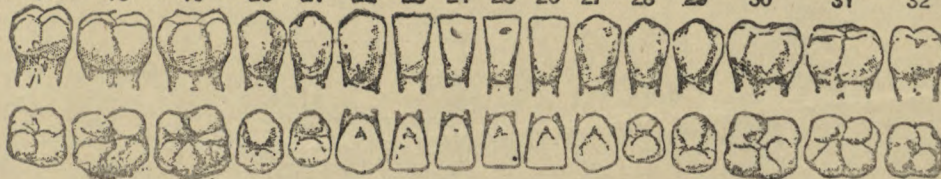
2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

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



### PRESENT DENTAL REQUIREMENTS

1. FILLINGS

5, 8, 21, 27, 28,

2. EXTRACTIONS

2, 3, 4, 12, 13, 14, 15, 20, 30.

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

2, 3, 4, 12, 20, 15.

*Gu*  
For A. D. D. S., M. D. No. 11

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

(c) In France

no

KINMEL PARK,  
NORTH WALES.

Signature of Dental Officer

*W. Reed*  
Capt



# 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 Speak Christian name Cyril Walter

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) Margold Rd Victoria BC.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 29 day of July 1918 by the undersigned medical board sitting at Victoria BC

5. Age as stated 21 Years 4 Months. 6. Apparent age 21 Years 4 Months

7. Height 5 Feet 6 1/2 Inches. 8. Weight 146 Pounds.

9. Chest measurement { Minimum 33 1/2 Ins. 10. Complexion Fresh { Eyes Blue  
Maximum 37 Ins. { Hair Brn

11. Physical development. Good { Good Fair Poor 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm 0 14. When vaccinated last Childhood  
Left arm 1

15. Distinctive marks and marks indicating congenital peculiarities or previous disease \_\_\_\_\_

16. Slight defects but not sufficient to cause rejection \_\_\_\_\_

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis 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 A2

J. J. Hunter President.  
W. J. Scott Member.

| Date          | Result | VACCINATIONS             | Date           | Result    | ANTI-TYPHOID INOCULATIONS, ETC. |
|---------------|--------|--------------------------|----------------|-----------|---------------------------------|
| <u>7-8-18</u> |        | <u>J. J. Hunter</u> M.O. | <u>3-8-18</u>  | <u>g.</u> | <u>J. J. Hunter</u> M.O.        |
|               |        | M.O.                     | <u>10-8-18</u> | <u>g.</u> | <u>J. J. Hunter</u> M.O.        |
|               |        | M.O.                     | <u>17-8-18</u> | <u>g.</u> | <u>J. J. Hunter</u> M.O.        |

Joined 29th day of July 1918 at Victoria B.C.

|                      | CORPS                            | REGTL NUMBER   | HABITS | DATE           |
|----------------------|----------------------------------|----------------|--------|----------------|
| Joined on enlistment | <u>2nd Depot Batta B.C. Regt</u> | <u>2180570</u> |        | <u>29-7-18</u> |
| Transferred to.....  |                                  |                |        |                |

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION               | DATE           | DISEASE   | RESULT              |
|-----------------------|----------------|-----------|---------------------|
| <u>Kennel Pt. No.</u> | <u>15/5/19</u> | <u>A2</u> | <u>J. J. Hunter</u> |

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 C. W. Speak

STATES NOT PREVIOUSLY EXAMINED



\* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME: **SPEAK Cyril Walter**  
NUMBER: **2140570**

EFFECTIVE DATE: EFFECTIVE DATE:

AMOUNT: 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 |
|--------------------|----------------|---------------------|
| L.P.C. from Canada | 1-9-18         | file                |

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 |
|-----------------|----------------|--------------|-----------------|-----------------|----------------|---|--------|
| 7/1/18          | 2437           | Kimmel PR    | 487             |                 |                | L.P.C. Bal gr 82                                  |        |
| 7/1/18          | 8974           |              | <del>487</del>  |                 |                |   |        |
|                 |                |              | 5366            |                 |                | Leed Boller \$21210                               |        |
| 10.5            | 9112           |              | <del>4380</del> |                 |                | PPB Br \$14963                                    |        |
| 21.5            | 3986           |              | 486             |                 |                | Dis to Canada 19. 11. 11. 100. 9000. Khyt 6/1/18. |        |

UNIT AND TRANSFERS  
ORIGINAL UNIT Draft No. 135 1/2 21 Br B Regt  
DATE ACCOUNT FIRST OPENED: 1-9-18

| AUTHORITY | DATE EFFECTIVE | DATE LEGER SHEET TSP D | UNIT TRANSFERRED TO       |
|-----------|----------------|------------------------|---------------------------|
|           |                |                        | 1st Res Bn Canada Section |

PARTICULARS OF RENDERING NON-EFFECTIVE: Sick to Bon 21/12/18 - 26/12/18

DAILY RATES OF PAY AND ALLOWANCES

| AUTHORITY          | PAY | F.A. | P.F.A. | SUBSCE ALL'CE |
|--------------------|-----|------|--------|---------------|
| L.P.C. from Canada | 1   | 10   |        |               |

| MONTH  | PARTICULARS                                    | CR. 1 | CR. 2 | PARTICULARS               | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | DEFERRED | SEPARATION |
|--------|--|-------|-------|---------------------------|-------|-------|-------|-------|---------|----------|------------|
| 1.9.18 | Bal. from Canada                               |       |       |                           |       |       |       |       | 27 15   |          |            |
| Sept.  | P. Pay.  | 33    |       |                           |       |       |       |       | 60 15   | 15       |            |
| Oct.   | Play.  | 34 10 |       | AR 295 1/10/18 details    | 487   |       |       |       | 89 38   | 30       |            |
| Nov    |  | 67 10 |       | under 6 mo service        |       | 10    |       |       | 146 48  | 60       |            |
| Dec    |  |       |       | 2034 12/11/18 Kimmel PR   | 484   |       |       |       |         |          |            |
|        |  | 67 10 |       | AR 8974 2/12/18 "         | 487   |       |       |       | 97 82   |          |            |
| Feb.   |  |       |       | AR 185 22/12/18 Kimmel PR | 2920  |       |       |       |         |          |            |
|        |  |       |       | " 2261 13/1/19 " End      | 973   |       |       |       |         |          |            |
|        |  |       |       | " R. 2485 30/1/19 "       | 973   |       |       |       | 244 16  | 90       |            |
| Mar    | Jan. + Feb. P.P.                               | 64 90 |       |                           |       |       |       |       | 109 06  |          |            |
|        |  | 34 10 |       | AR 2075 25/2/19 Kin. PR 6 | 487   |       |       |       | 143 16  |          |            |
|        |  |       |       | AR 3488 11/3/19 " " 8     | 973   |       |       |       | 138 29  |          |            |
|        |  | 99    |       |                           | 14.60 |       |       |       | 128 56  | 105      |            |
| Apr.   | P.P.   | 33    |       |                           |       |       |       |       |         |          |            |
|        | Clothing Chg. November Service now over 6 mos. | 10    |       |                           |       |       |       |       |         |          |            |
| May    | P.P.   | 34 10 |       |                           |       |       |       |       | 205 66  |          |            |
|        |  | 47 10 |       |                           |       |       |       |       |         |          |            |
| June   |  |       |       |                           |       |       |       |       |         |          |            |
|        | Int on W.P. 30 6.4                             | 33    |       |                           |       |       |       |       | 242 10  |          |            |
|        |  | 36 44 |       |                           |       |       |       |       |         |          |            |

COMPILED BY *leethen*  
CHECKED BY *woodford*

| NUMBER                                 | RANK | NAME                           | PARTICULARS |        |              |       | BALANCE | DEFERRED | SEPARATION |
|--|------|--------------------------------|-------------|--------|--------------|-------|---------|----------|------------|
| MONTH                                  |      |                                | CR. 1.      | CR. 2. | DR. 1        | DR. 2 | DR. 3.  | DR. 4.   |            |
|  |      | <i>Bal forward</i>             |             |        |              |       |         | 242 10   |            |
|  |      | <i>AR 1067 16/9 K.P. End ①</i> |             |        | <i>9 73</i>  |       |         |          |            |
|  |      | <i>MAR 3286 23/9 mbc ①</i>     |             |        | <i>48 67</i> |       |         | 183 70   |            |
|  |      |                                |             |        | <i>58 40</i> |       |         |          |            |
| <i>1/10</i>                            |      | <i>AA 2472 10/5/19</i>         |             |        | <i>43 80</i> |       |         | 139 90   |            |
| <i>Lo S to bar 28/6/19 P.L. 94 Bck</i> |      |                                |             |        |              |       |         |          |            |

M

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

DISPERSAL STATION  
WEST MAURETANIA  
EXP. SPTN. 28-6-19  
SLG. NO. 19A

|                                       |  |                 |
|---------------------------------------|--|-----------------|
| 1. No.                                | 2140570  |                 |
| 2. Rank.                              | pte  |                 |
| 3. Name.                              | Byrul Walter Speck   |                 |
| 4. Unit.                              | 135th Dft  | 2nd Depot Bn    |
| 5. Date of Discharge                  | 11/7/19  | Place Vancouver |
| 6. Reason for Discharge               | Demob.   |                 |
|                                       | a? Farmer @ Mother Cafe<br>Victoria  |                 |
| 7. Authority.                         | No II PD do 193 12 July 19   |                 |
| 8. Proposed Residence after Discharge | Manigold P.O.<br>Victoria BC<br>2nd Depot Bn   |                 |
| 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.?                             | 39   |                 |
|                                       | E. W. Speck<br>Signature of Soldier.   |                 |
| 10.                                   | CONFIRMATION.  |                 |
|                                       | The discharge of the above named man is hereby confirmed.                                      |                 |
| Place                                 | JUL 11 1919  |                 |
| Date                                  | Military District No. 11   |                 |
| Signature                             | Cecil Roberts<br>(O. C. Discharging Unit.)   |                 |

REPORT FORM  
PROCEEDINGS ON DISCHARGE  
Discharge

|                           |  |
|---------------------------|--|
| 1. NAME                   |  |
| 2. GRADE                  |  |
| 3. COMPANY                |  |
| 4. SERVICE NUMBER         |  |
| 5. DATE OF DISCHARGE      |  |
| 6. REASON FOR DISCHARGE   |  |
| 7. COMMENTS               |  |
| 8. SIGNATURE OF COMMANDER |  |
| 9. SIGNATURE OF SOLDIER   |  |
| 10. DATE                  |  |

RECEIVED BY THE OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C. 20315  
MAY 15 1964

EXPLANATION

The purpose of this form is to provide a record of the proceedings on discharge of a soldier.

(U. S. Department of Defense)





**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. 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 (26031)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment (Statement Q.M.G. Form (D.O.S. 2) and Clothing).
12. Last Pay Certificate (P. 351).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group ..... *a*

Checked by No. *28*

Date..... *10/26/19*

**MAURETANIA #.7.19**  
 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING  
 DAILY RATE OF PAY AND ALLOWANCES

AUDITOR *WJ* PAYMASTER *W*

|   |                |   |                   |                                    |
|---|----------------|---|-------------------|------------------------------------|
| M. OR S.                                      |                | REGT. NO. <i>2140570</i> RANK <i>Pte</i> NAME (IN FULL) <i>SPEAK B.W.</i> |                   |                                    |
| NEXT OF KIN                                   | RELATIONSHIP   | PARTICULARS   | EFFECTIVE DATE    | AUTHORITY                          |
| ADDRESS                                       |                | <i>English L.P.C. adj 20.6.19</i>   |                   |                                    |
| IS SEPARATION ALLOWANCE PAID? <i>W</i>        | DATE EFFECTIVE | ASSIGNED PAY \$   | DATE EFFECTIVE    |                                    |
| TO WHOM PAID                                  | RELATIONSHIP   | PAYABLE TO  | RELATIONSHIP      | ANY CHANGE IN ASSIGNEE OR ADDRESS  |
| ADDRESS                                       |                |   | <i>SPEAK B.W.</i> | <i>MARIGOLD P.O. Victoria B.C.</i> |
| STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE      | DISCHARGED  | PLACE             | DATE                               |
|   |                | <i>M.D. 11</i>  |                   | <i>11.7.19</i>                     |
|   |                |   | 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. | COL. NO. 1 COL. NO. 2 COL. NO. 3 |                       |                 | COL. NO. 1 COL. NO. 2 COL. NO. 3 |               |      | \$           | C. | \$                  | C.            | \$                  | C.                   | \$            | C.  |                        |
|  |              |            | \$            | C.           |               |    | NO.                              | DATE                  | NO.             | DATE                             | NO.           | DATE |              |    |                     |               |                     |                      |               |   |                        |
| <i>30.6.19</i>   |              | <i>110</i> |               |              | <i>149.63</i> |    | <i>149.63</i>                    |                       |                 |                                  |               |      |              |    |                     |               |                     |                      |               | <i>149.63</i>                               |                        |
| <i>18.7.19</i>   | <i>18</i>    | <i>110</i> | <i>19.80</i>  | <i>35.00</i> |               |    | <i>54.80</i>                     | <i>boat chain etc</i> | <i>H. 87</i>    | <i>5.00</i>                      | <i>254.83</i> |      |              |    |                     |               | <i>264.70</i>       | <i>60.27</i>         |               | <i>Other cr \$35.00 clothing</i>            |                        |
|  |              |            |               |              |               |    |                                  | <i>Rhyf</i>           | <i>9.73</i>     |                                  |               |      |              |    |                     |               | <i>9.73</i>         | <i>70.00</i>         |               | <i>Other chgs \$7.70 adj 7d over - paid</i> |                        |
|  |              |            |               |              |               |    |                                  |                       |                 |                                  |               |      |              |    |                     | <i>770</i>    | <i>770</i>          | <i>7770</i>          | <i>WJ</i>     |   |                        |
| <p><b>War Service Gratuity</b><br/>                 Service <u>    </u> years <u>11</u> months</p> |              |            |               |              |               |    |                                  |                       |                 |                                  |               |      |              |    |                     |               |                     |                      |               |   |                        |
|  |              |            | <i>92 day</i> | <i>210</i>   |               |    | <i>310.00</i>                    |                       |                 |                                  |               |      |              |    |                     |               | <i>77.70</i>        | <i>77.70</i>         | <i>132.30</i> |   |                        |
|  |              |            |               |              |               |    |                                  | <i>Aug 7</i>          | <i>1140.338</i> | <i>62.30</i>                     |               |      |              |    |                     |               | <i>62.30</i>        | <i>70.00</i>         |               |   |                        |
|  |              |            |               |              |               |    |                                  | <i>Sept 1</i>         | <i>1156.546</i> | <i>70.7</i>                      |               |      |              |    |                     |               | <i>70.7</i>         | <i>70.00</i>         |               |   |                        |
|  |              |            |               |              |               |    | <u><i>210.00</i></u>             |                       |                 |                                  |               |      |              |    |                     |               | <u><i>77.70</i></u> | <u><i>132.30</i></u> |               |   |                        |

Certified that all payments have been made on this account for which covering authority has been received to date.

*Admiral*  
 Paymaster, Demobilization

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M. O. W. S. presented.  
*W. J. Brown Capt.*  
 Officer i/o War Service Gratuity  
 M.D. No. 11

1910  
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1910

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