

Triplicate

# ATTESTATION PAPER.

No. 763220

122nd OVERSEAS BATTALION

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Sutherland
- 1a. What are your Christian names?..... Chas Corley
- 1b. What is your present address?..... Meaford Ont. Can
- 2. In what Town, Township or Parish, and in what Country were you born?..... Meaford W. Can.
- 3. What is the name of your next-of-kin?..... Mrs Emma Sutherland
- 4. What is the address of your next-of-kin?..... Meaford, Ont. Canada
- 4a. What is the relationship of your next-of-kin?..... mother
- 5. What is the date of your birth?..... 10 March 1899
- 6. What is your Trade or Calling?..... Prof Clerk
- 7. Are you married?..... no
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... yes
- 9. Do you now belong to the Active Militia?..... no
- 10. Have you ever served in any Military Force?..... no  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... yes
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } yes

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Chas Corley Sutherland, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

..... Charles C Sutherland (Signature of Recruit)  
 Date 24 January 1916. ..... J Douglas (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Chas Corley Sutherland, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

..... Charles C Sutherland (Signature of Recruit)  
 Date 24 January 1916. ..... J Douglas (Signature of Witness)

### CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.  
 The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Shelburne this 24 day of January 1916.

..... J Grant (Signature of Justice)  
 Lt. Col.

Com'd'g, 122nd. C.E.F. Battn. Muskoka.

# Description of Chas. Corley Sutherland on Enlistment.

Apparent Age.....18.....years.....0.....months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5.....ft.....3.....ins.

Chest measurement. { Girth when fully expanded.....34.....ins.  
 Range of expansion.....3.....ins.

Complexion.....Dark.....

Eyes.....Gray.....

Hair.....Brown.....

Religious denominations { Church of England.....yes.....  
 Presbyterian.....  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic.....  
 Jewish.....  
 Other denominations.....  
(Denomination to be stated.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

## CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date.....Jan 21.....1916.....

Place.....Hamiville.....  
J. D. Macdonald  
Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

## CERTIFICATE OF OFFICER COMMANDING UNIT.

Chas. Sutherland.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date.....21 January.....1916.....  
J. M. Graves  
Lt. Col.  
Com'd'g. 122nd. C.E.F. Batta. Muskoka. (Signature of Officer)

SUTHERLAND CLARLES CORLEY

763220

1 ST. DEPOT BN. 49619

MED. UNFIT.

C.E.F. REGIMENTAL DOCUMENTS  
WAR SERVICE RECORDS D.V.A.





DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

- 
- (1) Name of Overseas Unit which Soldier joins.....122nd O-s Battalion, C. E. F......  
.....
  - (2) Regimental Number .....763220.....
  - (3) Full Name of Soldier.....Charles Corley Sutherland......  
.....
  - (4) Place of Birth.....Meaford, Ont., Canada......  
.....
  - (5) Are you married, or not ? .....No......
  - (6) If married, state,  
(a) Full name of your wife.....Nil......  
.....  
(b) Present Postal Address.....Nil......  
.....
  - (7) Are you a widower ? .....Nil......
  - (8) Have you any children ? .....No......  
If so, give number of boys and girls.....Nil......  
Also their names and ages.....Nil......  
.....  
.....  
.....

(9) Is your Father alive?.....No.....

If so, state name and address.....Nil.....

(10) Is your Mother alive?.....Yes.....

If so, state name and address Mrs. Emma Sutherland, Meaford, Ont., Canada.

(11) If your Mother is a widow.....Yes.....

Are you her sole support, or not?.....Yes.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

\$20. (Only son.)

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

Nil.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

Yes.

15) Are you insured?.....No.....

If so, in what Company?.....Nil.....

Have you made arrangements for payment of your Insurance premium.....Nil.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

*Don Gault*  
Lt. Col.  
Comd'g. 122nd. C.E.F. Battr. Mushoka.

Officer Commanding.

Date...14th October...1916.

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....122nd C-s Battalion, C. E. F.....  
 .....

(2) Regimental Number ....763220.....  
 .....

(3) Full Name of Soldier....Charles Corley Sutherland.....  
 .....

(4) Place of Birth.....Mesford, Ont., Canada.....  
 .....

(5) Are you married, or not? .....No.....  
 .....

(6) If married, state,  
 (a) Full name of your wife.....Nil.....  
 .....

(b) Present Postal Address.....Nil.....  
 .....

(7) Are you a widower? .....Nil.....  
 .....

(8) Have you any children?.....No.....  
 If so, give number of boys and girls.....Nil.....  
 Also their names and ages.....Nil.....  
 .....  
 .....  
 .....

(9) Is your Father alive?..... **No.**.....

If so, state name and address..... **Nil.**.....

(10) Is your Mother alive?..... **Yes.**.....

If so, state name and address. **Mrs. Emma Sutherland, Meaford, Ont., Canada.**

(11) If your Mother is a widow..... **Yes.**.....

Are you her sole support, or not?..... **Yes.**.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

..... **\$20. (Only son.)**.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

..... **Nil.**.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

..... **Yes.**.....

15) Are you insured?..... **No.**.....

If so, in what Company?..... **Nil.**.....

Have you made arrangements for payment of your Insurance premium..... **Nil.**.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

*J. M. Grant*

**Lt. Col.**

..... **Comdr. 122nd. C.E.F. Batta. Muskoka.**.....

**Officer Commanding.**

Date **14th October 1916.**



No. 763220 RANK *Plt.*

NAME *Sutherland, C. C.*

T. O. S. 24-1-16 *U.O. 25-1-16* UNIT *122nd Battalion, C. C. S.*

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Jan. 24</i>	<i>1916</i> <i>Jan. 31</i>	<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May 1</i>	<i>May 29</i>	<i>✓</i>		
<i>May 30</i>	<i>June 30</i>	<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug.</i>		<i>✓</i>		
<i>Sept.</i>		<i>✓</i>		
<i>Oct.</i>		<i>✓</i>		
<i>Nov.</i>		<i>✓</i>		
<i>Dec.</i>		<i>✓</i>		

NO 763220. RANK. Pte.

NAME Sutherland C. C.

UNIT. 122<sup>nd</sup>. Battalion, C. E. F.

M. D. 2

1917	1917	
Jan 1	Jan 31	2
Feb.		2
Mar.		2
Apr.		n.
May		n.
June		n.
July		n.
Aug.		n.
Sept.		n.

Now shown on 1. S. Co.

Apr. 1917.

649-5-1968.

CARD NO. J

SURNAME.

*Sutherland.*

CHRISTIAN NAMES

*Charles, Cosley.*

REGL. No.

*763220*

RANK

*Pte.*

FOLL.

*S.O.S. Dis. 2/3/18. 65  
2. 1.*

UNIT

*122nd.*

*Bn.*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Sutherland Mrs. Emma.*

RELATIONSHIP TO SOLDIER

*Mother.*

ADDRESS

*Meaford, Ont.*

COUNTRY OF BIRTH

*Canada. Meaford, Ont.*

DATE

*Mar. 10th. 1899.*

PLACE OF ATTESTATION

*Huntsville, Ont.*

DATE

*Jun. 24th. 1916.*

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

*Dry Clerk.*

RELIGION

*Church of England.*

DESCRIPTION.

APPARENT AGE

*18* YEARS

MONTHS

HEIGHT

*5* FEET

*3* INCHES

CHEST MEASUREMENT

*34* INCHES

EXPANSION

*3* INCHES

COMPLEXION

*Dark*

EYES

*Gray*

HAIR

*Brown.*

DISTINGUISHING MARKS

*Not stated*

MEDICAL EXAMINATION.

PLACE

*Huntsville, Ont.*

DATE

*Jan. 24th. 1916.*

*Present Address - Meaford, Ont.*

Original

M. D. 1

No. 12

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

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

Regimental No. **763220** Rank **Pte** Name **Sutherland, Chas Corley**

Corps **1st Dep't Batta W.O.R.** who was **discharged as medically unfit not due to service**

On **March 3rd 1918** 191... to...  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from **March 1st 1918** to **March 3rd 1918**, the inclusive date of transfer or discharge.

Dr.		\$	c.	Cr.		\$	c.
Bal. Dr. from prev. month				Bal. Cr. from prev. month		25	95
Advances by Cheques	No. No.			Reg'tl Pay	3 days at \$ 1	3	
Assigned Pay and <del>Sep'n Allee</del> No. <b>2804</b>		1	50	Field Allow.	3 days at \$	10	30
Other charges <b>Kit short</b>			15	Separation Allowances* (Monthly)			
Payment on <del>transfer</del> or discharge No. <b>2805</b>		57	60	Other Allowances* <b>Post discharge pay</b>		30	
Balance Cr. (to be paid by the new unit)				Other Credits*			
				Bal. Dr. (to be deducted by new unit)			
Total		\$59	25	Total		\$59	25

\* Give particulars.

A monthly stoppage of \$ **1.50** (†) has **been** (‡) been paid on account of Assigned Pay for the month of **March 1918** and Sep'n Allee. for month of **191** (to) Assignee **Mrs Emma Sutherland**  
(Address) **Meaford, Ont.**

(†) 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 **24 -1-16**
- (2) if married and if a Separation Allowance Card has been submitted **no yes**
- (3) cause of discharge **medically unfit not due to service** authority **ID305327 d/27-2-18**
- (4) authority for transfer **D.O.60 W.O.R.**

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 **March 4-1918**

Place **London, Ont.**

*G. Antler*  
Capt.  
Paymaster, 1st Depot Batta W.O.R. M. D. No. 1.

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.

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

WATER RIGHTS

STATE OF ARIZONA

COUNTY OF COCHISE

SECTION 10, T. 12N., R. 10E., S. 1E.

APPROXIMATELY 100 ACRES

TO THE LAND OF THE STATE OF ARIZONA

FOR THE PURPOSES OF THE

WATER RIGHTS ACT OF 1908

AS AMENDED

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

AMENDED

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

Regimental No. 763220 Rank Pte Name Sutherland, Charles  
 Corps 1st Depot Battn W.O.R. who was discharged med unfit not due to service  
 On 2-3-18 191... to 191...  
 \*Insert "discharged" or "transferred."

Military District No. 1  
 Corley  
 MAR 16 1918  
 I. D. 30-S-327

The following is a statement of the account of the above named from 2-3-18 191... to 2-3-18 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	25	95
Advances by Cheques			Regt'l Pay 2 days at \$ 1	2	
Assigned Pay and Sep'n Allee. No. 2804	1	50	Field Allow. 2 days at \$ 10	20	
Other charges Kit short		15	Separation Allowances* (Monthly)		
Payment on transfer or discharge No. 2805	57	60	Other Allowances*		
Balance Cr. (to be paid by the new unit)			Post Discharge Payn	30	
		59 25	Other Credits*		
Total	\$ 59 25		Bal. Dr. (to be deducted by new unit)		1 10
		\$ 59 25	Total	\$ 38 12	\$ 59 25

\*Give particulars.

A monthly stoppage of \$ 1.50 (†) has been (‡) been paid on account of Assigned Pay for the month of March 191... }  
 and Sep'n Allee. for month of 191... } (to) Assignee Mrs Emma Sutherland  
 (Address) Meaford, Ont.

(†) 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 24-1-18
- (2) if married and if a Separation Allowance Card has been submitted no yes
- (3) cause of discharge med unfit not due to authority LD30 S 327 d/27-2-18
- (4) authority for transfer service D.O.60 1st Depot Battn W.O.R.

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 March 13th 1918  
 Place LONDON? Ont.

*E. Antler*  
**Paymaster, 1st Depot Battn. W. O. R.** Capt.

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.

*Sp. McVie*



( Facsimile of Discharge Certificate. )

CANADIAN OVERSEAS EXPEDITIONARY FORCES DISCHARGE CERTIFICATE.

This is to certify that No. 743220 Rank Private  
Name in full) Charles Corley Sutherland enlisted in  
1220th Bn. - 1st Depot Bn. W.O.R.  
Canadian Overseas Expeditionary Forces, on the 24th of January  
1916 and accompanied said unit to.....  
as returned to Canada and discharged from the service at London  
on the 2nd of March 1918 in consequence of  
Medical unfitness (not due to service)  
Authy 911 305-327 - d/27-7-18

DESCRIPTION OF DISCHARGE.

Age 20 years 1 mth Marks or Scars.....  
Height 5ft 3 ins.....  
Complexion Dark.....  
Eyes Gray.....  
Hair Brown.....  
Trade Dung Clerk.....

NATURE OF MAN..... Charles Corley Sutherland

A C Harrison, Lieut Adj.  
Officer in charge of Discharge W.O.R.  
for C.C. 1st Depot Battalion W.O.R.

Place and Date..... London Ontario March 2/1918

IF THIS DISCHARGE CERTIFICATE BE LOST? NO DUPLICATE OF IT CAN BE  
OBTAINED.  
A person finding this certificate is requested to forward it in an unstamped  
envelope to the secretary, Military Council, Ottawa, Canada.  
I hereby certify that this is a true copy of the Discharge certificate  
delivered to the soldier concerned.

A C Harrison, Lieut Adj.  
for C.C. 1st Depot Battalion W.O.R.

CANADIAN OVERSEAS EXPEDITIONARY FORCES DISCHARGE CERTIFICATE.

No. 763220  
Rank. Private  
Name. Charles Conley Sutherland  
Unit. 1st Depot Battalion W.C.F.  
Address on Discharge. Meaford  
Ontario

His conduct and character while in the service have been.

"Good"  
Place. London Ontario  
Date. March 2/1918

*[Signature]* Adj. ....  
for for O.C. Depot Battalion, W. O. F. R.

Campaigns. ....  
Medals and decorations. ....  
*Nil Nil*

N.B. To be forwarded in duplicate to District Headquarters with  
all proceedings on discharge. ( I.F.B. 218. )

*[Handwritten notes]*

MAR 24 1917

I D 30 S 327

MEDICAL HISTORY OF AN INVALID.

1. Station. **Galt, Ont.** 8. General remarks on his:—  
 2. Regiment or Corps. **122nd Os. Battalion** (a) Conduct.  
 3. Regimental No. and Rank. **Private** (b) Habits.  
**763220**  
 4. Name. **Sutherland Charles Corley** (c) Temperance.  
 5. Age last Birthday. **18** (For this purpose the Company defaulter sheets will be  
 obtained from the man's Commanding Officer.)  
 6. Enlisted on **24th January 1916**  
 at **Huntsville, Ont.**  
 7. Former trade or occupation. **Schoolboy** Date. **23rd March 1917**

DEPT  
MILITIA & DEFENCE  
APR 27 1917  
H.Q. CANADA

9. Service. **1** Years. **58** Days.

	PERIODS	
	FROM	To
<b>122nd Os. Battalion C.E.F.</b>	<b>24th Jan. 1915</b>	<b>23rd March 1917</b>

10. (a) Disease or disability. **Rt Ing Hernia**  
 (b) Date of origin. **Since Childhood**  
 (c) Place of origin. **Meaford, Ont.**  
 (d) Cause. **Unknown**

11. Present condition. (Most Important.) **Hernia comes down into scrotum the size  
 of a large hen egg. Easily reducible.  
 causes no trouble, refuses operation.**

12. (a) Is the disability the result of service or climate? **No**  
 (b) Has it been aggravated by intemperance, vice  
 or misconduct? **No**

*Handwritten:* 4.5.17 J.B.

MEDICAL HISTORY OF AN INVALID.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

None

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held?

Does not apply

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Does not apply

14. Treatment.

None

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Before enlistment and not aggravated by service.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent until operated on.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

1/16 and not more than before enlistment.

18. State if for discharge on account of unfitness for Service.

Yes

Medical Officer by whom the case is brought forward.

*J. Macdonald* Capt. Amc  
122nd O. Bn

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion. **Yes**

10.

11.

12.

15.

16.

17.

18. Is he unfit for Military Service. **Yes**

Recommendations :

That he be discharged since he refuses operation

Signatures :—

*D. Allison* President.  
Captain

*W. G. James in Stone*

Station. Galt, Ont.

Date. March 23rd 1917

*M. Graham* Members.

Special Service Class "A" & Kuss supplied

Date. 26-3-17

*B. C. Bell* Asst. Director of Medical Services.

Approved. for action of A.D.M.S.

Date. 7-5-17

*W. H. Wood* Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Recommendations:   
 that he be discharged since he refuses   
 operation   
 no further   
 to be returned to duty

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

2000m. 8-16  
H. Q. 1772-89-117.

Station	Corps	Regimental No.	Rank
Name	Disability	Date	Hospital or Station transferred to for final disposal.
Date of final disposal	How finally disposed of	The original Report is invariably to accompany the discharge documents of invalids.	

MEDICAL HISTORY OF AN INVALID.

✓

Military District No. 1  
 SEP 22 1917  
 MILITIA & DEFENCE  
 I D 30 SEP 29 1917  
 HQ  
 CANADA

1. Station. London, Ont.

8. General remarks on his:—

2. Regiment or Corps. 122nd. Bn. C.E.F.

(a) Conduct.

3. Regimental No. and Rank. 763220

(b) Habits.

Pte.

4. Name. SUTHERLAND CHas. C.

(c) Temperance.

5. Age last Birthday. 18

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on Jan. 24/16.

(b) In case of wounds or other injuries state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

at Huntsville Ont.

7. Former Trade or Occupation. Clerk.

Date. 21/9/17.

9. Service.

Years. Days.

PERIODS.

	FROM.	To.
122nd. Bn. C.E.F.	Jan. 24/16.	Apr. 4/17
S.S.Unit.	Apr. 4/17.	Sept. 21/17.

10. (a) Disease or disability. Right Inguinal Hernia.

(b) Date of origin. Childhood.

(c) Place of origin. Meaford, Ont.

(d) Cause. Unknown.

11. Present Condition. (Most Important)

(To include full description of present disabling condition or conditions.)

This man has been supplied with a properly fitting truss. He is otherwise fit. Heart, lungs and other organs normal.

12. (a) Is the disability the result of service or climate?

No.

(b) Has it been aggravated by intemperance, vice or misconduct?

No.

MEDICAL HISTORY OF AN INVALID

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

None.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Not applicable.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable.

14. Treatment

L.M.H. London, Ont.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not at all.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent unless operated on.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

1/12 (one twelfth)

18. State if for discharge on account of unfitness for Service.

No.

*T. T. [Signature]*

*[Signature]*

Medical Officer by whom the case is brought forward.



OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

Yes.

10.

(a) Conduct.

(b) Habits.

11.

(c) Temperance.

(For this purpose the Company defaulter sheets will be

(At station or Hospital where finally disposed of)

12.

Arrived  
from

Station and  
Hospital

15.

Date

Date

16.

Date of

How long

If under treatment

If admitted

from

from

Index No.

Years

Days

Date

17.

19. Is he unfit for Military Service.

No.

Category "A".

20. Recommendations :

That he be placed in some unit in Category "A" and he has been fitted with a truss which retains the Hernia.

Signatures :—

*J. M. Kelly Capt. R.M.C.* President.

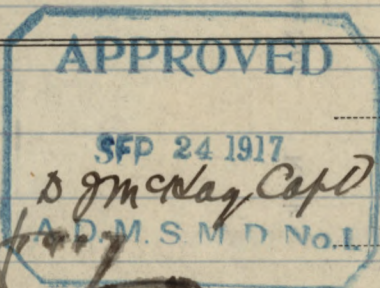
*W. F. Galloway Capt. R.M.C.*

Members.

*A. E. Mc. Larty Capt. R.M.C.*

Station. London, Ont.

Date. 21/9/17.



Date.

Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

*D. G. McLaughlin*

*Harry Johnston*

1-6-20

324

9162 299  
11

43-29-9-17

10.  
11.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

30. Recommendations:

That he be placed in some unit in Category "A".

It is recommended that he be placed in some unit in Category "A".

It is recommended that he be placed in some unit in Category "A".

It is recommended that he be placed in some unit in Category "A".

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

100 In-2-16.  
H. G. 1772-89-117.

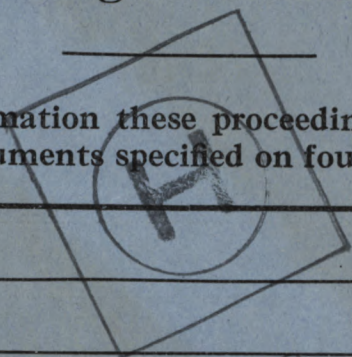
Station	Regimental No.	Rank
Corps		
Name		
Disability		
Date		
Hospital or Station transferred to for final disposal.		
Date of final disposal		
How finally disposed of		

The original Report is invariably to accompany the discharge documents of invalids.

Bo

# Proceedings on Discharge.

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



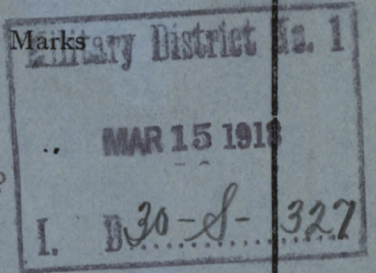
No.	763220
Rank	Private
Name	Charles Corley Sutherland
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	1st Depot & Battl. W. O.R.
Date of Discharge	2-3-18
Place of Discharge	Rendon Ontario

### 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age..... 20 ..... years..... 1 ..... months.  
 Height..... 5 ..... feet..... 3 ..... inches.  
 Complexion *Dark*  
 Eyes *Grey*  
 Hair *Brown*  
 Trade *Drug Clerk*  
 Intended place of residence } *Meaford*  
 (To be given as fully as practicable.) } *Ont*

Descriptive Marks

*None*



### 2. The above-named man is discharged in consequence of

*Medically Unfit*  
*authy 106-30-5-327*  
*4/27-2-18*

*(not due to service)*

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.

### 3. Conduct and character while in the service have been, according to the records, etc.

*"Good"*

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

### 4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

*Drug Clerk.*

To be in the handwriting of the Commanding Officer, who will initials if make identical entries on the character certificate and initial them.

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) *London Ontario*

(Date) *March 2-1918*

*A. C. F. Watson* *Lieut. Adj.*  
for *O. C. 1st Depot Battalion, W. O. R.*  
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) *London Ontario* *Charles Corby Sutherland* (Signature of Soldier.)

(Date) *March 2-1918* *Jno. Bushell* (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.

*Charles Corby Sutherland* (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) *London Ontario*

(Date) *March 2-1918*

*A. C. F. Watson* *Lieut. Adj.*  
(Signature) for *O. C. 1st Depot Battalion, W. O. R.*

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.)

I have received all just  
demands due me :-

Charles Corley Sutherland

## List of Discharge Documents.

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<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a.          Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on          Transfer and Last Pay Cer-          tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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*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.*