

ATTESTATION PAPER.

No. 2591125

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?..... William Ross
- 1b. What is your present address?..... Alexander Hotel Ottawa, Ont.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Ottawa, Ontario
- 3. What is the name of your next-of-kin?..... Alexander McKay, Sutherland.
- 4. What is the address of your next-of-kin?..... 23 Broadway Ottawa, Ont. Canada
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... November 4th, 1895.
- 6. What is your Trade or Calling?..... Bank 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?..... R.S.A. 2 Mos.
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
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability? /
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... No.
- 16. If so, what was the reason? /

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Ross 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.

W.R. Sutherland (Signature of Recruit)

Date Oct. 11th, 1917. W. G. Morris (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Ross 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.

W.R. Sutherland (Signature of Recruit)

Date Oct. 11th, 1917. W. G. Morris (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 Ottawa, Ont. this 11th day of October 1917

Canada Tom. Harley (Signature of Justice)

Description of William Ross Sutherland on Enlistment.

Apparent Age 31 years 11 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft. 8 ins.

Scar 7 lt arm Childhood

Chest measurement { Girth when fully expanded 35 ins.
 Range of expansion 3 ins.

Scars - Back and front of body scarred with old sores

Complexion Dark

Mole lower Sacrum

Eyes Brown

Hair Black

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

CERTIFICATE OF MEDICAL EXAMINATION

Category A II

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 October 8 1917.

Place Ottawa

[Signature]
 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.

.....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.

G. B. Coyne Lieut
 (Signature of Officer)

Date OCT 20 1917

191 No. 2 Overseas A.S.C. Training Depot C.E.F.

REGIMENTAL DOCUMENTS

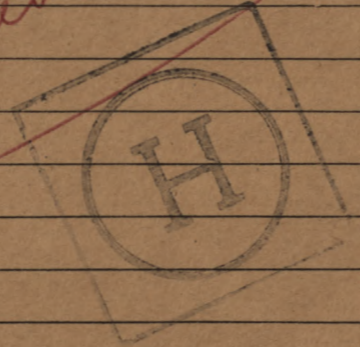
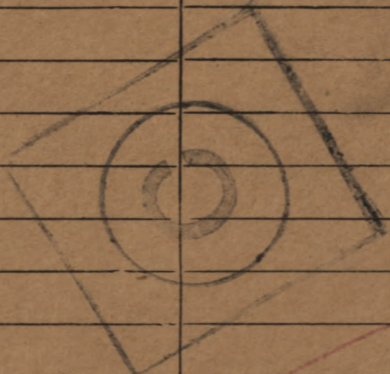
NAME DUTHERLAND Wm. Ross REGT. NO. 2591125 UNIT CASC 50 H. Q. FILE NO. _____

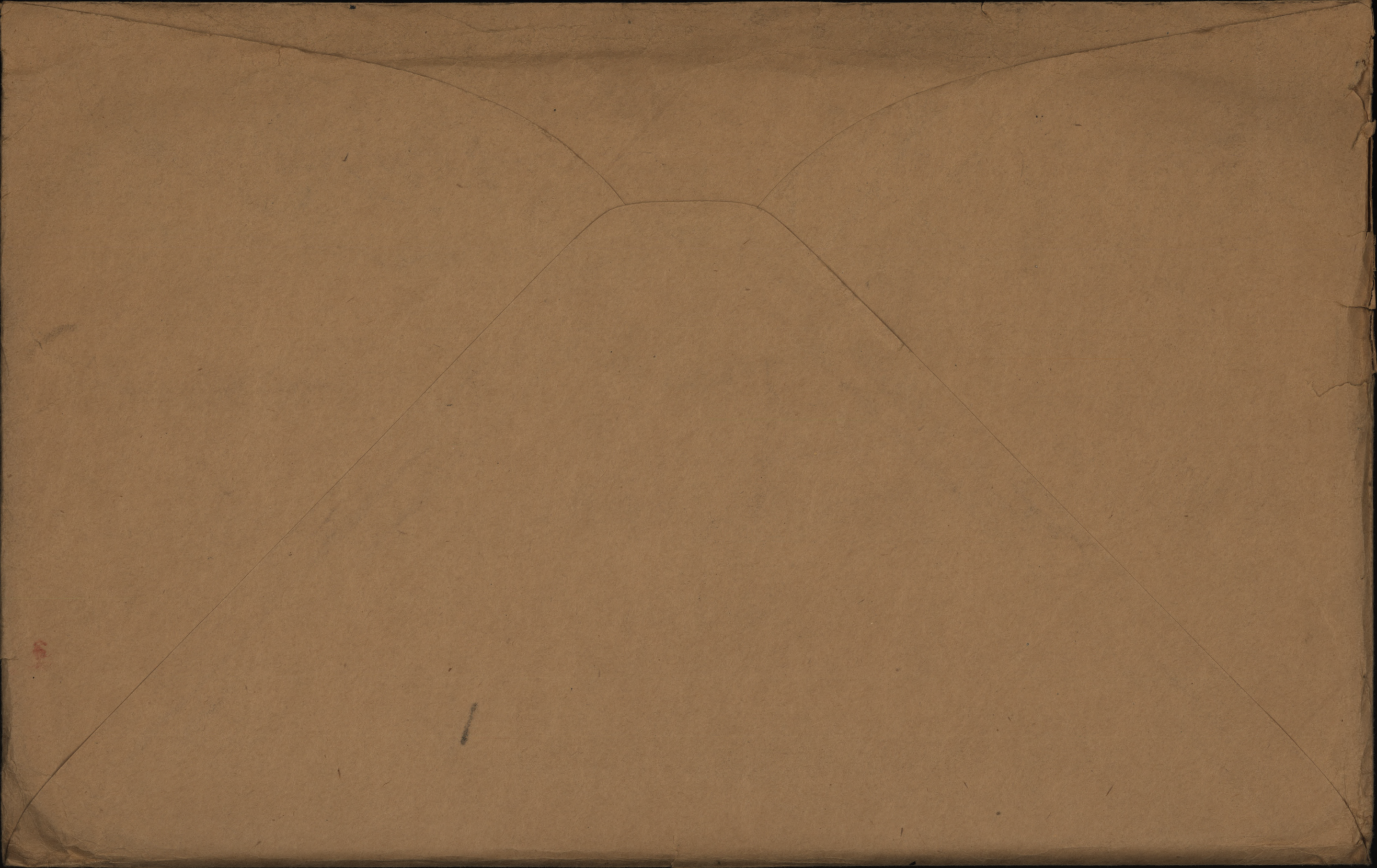
16-6-59



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					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 <i>Demob</i>
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)					DESERTION 2
LAST PAY CERTIFICATE (M.F.W. 44)					28-14
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					16-14
PARTICULARS OF CHARACTER (A.F.W. 3226)					3-14
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				50125	<u>2</u>
<i>M JW 192</i>					

Deceased 16-11-59





SURNAME.

Sutherland

#3 CARD No.
2-5-19 501340/14519
380.

CHRISTIAN NAMES

William, Ross

REGL. No.

2591125

RANK

Pte.

UNIT

C. A. S. Co. (T. D. No 2)

FOLL
S.O.S. Denied 16-5-19
S.O. 146-26-5-19
3.0.12.

FORMER CORPS

R. S. A. (2 mos)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Sutherland, Alexander McKay

RELATIONSHIP TO SOLDIER

Father

ADDRESS

*23 Broadway Ave., Ottawa,
Ont.*

COUNTRY OF BIRTH

Canada Ottawa, Ont.

DATE

Nov 4th 1885

PLACE OF ATTESTATION

Ottawa, Ont.

DATE

Oct 11th 1917

MARRIED

SINGLE ^{Yes}

WIDOWER

TRADE OR CALLING

Bank Clerk

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

31

YEARS

11

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

2 vaccs l. arm. Scars back & front of body from old acne. Mole over sacrum.

MEDICAL EXAMINATION.

PLACE

Ottawa, Ont.

DATE

Oct 8th 1917

Present Address, Alexandra Hotel, Ottawa Ont.

No 2591125 RANK

Pte.

NAME

*Sutherland, W.**R*

T. O. S.

Trans. from C.O.S.C.

UNIT

*74th Depot Battery**7-3-18. Auth. 8 M.O. 26-5-**28-14 D.O. 68 of 7-3-18.*M. D. *3*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROMPAID
TOSIG.
OR
REC'T*1918**1918**Mar. 8**Mar. 31**✓*



Reg. No. 259125 Name Sutherland W.R.
Rank Sgt Corps 7th Age 34 Service 9/12
Ledger No. 206 Serial No. E39354 31

HOSPITALS

DATE

DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS
Camp Hosp Petanawa Dis Duty	13.6.18	Infected External Ear.
R. Phaulnessy Vancouver Dis Duty	1.7.18	
	31.3.19	Contusion Lt side cheek & face
	17.4.19.	

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Name Sutherland William Ross Rank Sgt Regtl. No. 259 1125

Original unit CASC Present unit _____ M. or S. Age _____ Religion _____ Fyle Depot _____ Ref. H.Q. _____

Port, ship, and date of arrival _____

Next of kin Alex in ex Sutherland (Father) 23 Broadway Ottawa

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation Bank clerk Date and place of enlistment Oct 11/17 Ottawa

Diagnosis _____ Date of Medical Boards _____

Date.	Remarks	Pt. 2 Order No.
<u>2-5-19</u>	<u>T.O.S. ^{Sect Depot} DD# 3 from DD# 11</u>	<u>SD141</u>
<u>16-5-19</u>	<u>S.O.S. Discharged RD1420 sent</u>	<u>SD142</u>

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

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

Fill in only.—Unit, Number, Rank and Name.

M. F. W: 54. (A. F. B. 1bs.

500M.—9-16

H. Q. 1772-39-9:0.

Casualty Form—Active Service.

Unit, Regiment or Corps No. 2 Overseas A.S.C. Training Depot, C.E.F.

Regimental No. 2591125 Rank Pte Name Sutherland William Ross

Enlisted (a) Oct 11th 1917 Terms of Service (a) AND 8 MONTHS. Service reckons from (a) Oct 11th 1917

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) Bank Clerk WITH

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
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THIS HAS BEEN CHECKED WITH ATTESTATION OFFICERS
 Taken from Army Form B. 213, Army Form A. 36, or other official documents

		Tfd. M.D.3, Ottawa Depot class	FEB 13 1918	
Transferred to 74th Battery, C.E.F. Ottawa	7/3/18	auth and 26/5/28/14		
Trans to Ammunition Column 688 F. 16/9/18	auth of			
O.B. Ammunition Column 688 F.				

EMBARKED AT Vancouver ON H.M.T. Loacharge DATE 11-12-18

DISEMBARKED AT Vancouver FROM H.M.T. Loacharge DATE 11-12-18

29-3-19	M.D. 11	S.O.S. AMMUNITION COLUMN, G. F. A., C. E. F., SIBERIA	Auth A.G. wire 3617
		on transfer to remount Depot.	New Westminster 29-3-19 on Remount Column 20-2-19

AMMUNITION COLUMN, G. F. A., C. E. F., SIBERIA

2) 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.]

Date	Report From whom received	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
8/4/19		S.O.S. C.E.F.(S) on transfer to D.D.# 11 for discharge on demobilization.	Vancouver, B.C.	8/4/19	Authority A.A.G. Telegram #1060 dated 26-2-19. D. E. Littlehales. Lieut. Commanding Remount Depot, C.E.F.(S)
9-4-19	Remount Depot 6887	T.O.S. DISTRICT DEPOT XI	HASTINGS PARK VANCOUVER, B.C.	9-4-19	D. O. Pr. II 99/1919
2-5-19		S.O.S. D.D. XI to M.D.3.	Vancouver B.C.	2-5-19	D.O. Pr. II 122. 1919. S. D. Evans Lieut. Asst. Adjutant, District Depot, M. D. XI
2-5-19		T.O.S. Sent Depot DD#3 per DD#11		Pt II 5D141	
16-5-19	S. O. S.	Discharged	Ottawa	Pt. 2. Order	#141 dated 21-5-19. 17-5-19
<i>by J. G. Gaudet</i> Major O. C. Dispersal Area Station					

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2591125 (Rank) Sergeant

Name (in full) SUTHERLAND, William Ross enlisted in

the 22 A. S. C. F. D., C.B.F.

CANADIAN EXPEDITIONARY FORCE at Ottawa, Ontario on the 11th

day of October 19 17.

HE served in Ammunition Column, C.B.F.

and is now discharged from the service by reason of R.O.1420

~~XXXXXXXXXX~~

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

Age 33 years 6 months

Height 5' 8"

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars

Vaccination 2 Left Arm Child-

hood scars Back and Front of

Body - One mole over Sacrum.

W.R. Sutherland
Signature of Soldier

[Signature]
Issuing Officer

Rank

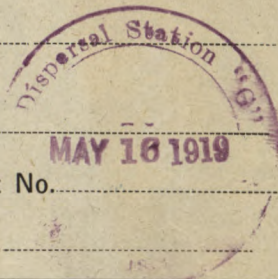
Date of Discharge

Appointment Captain,

Signed at _____ this _____ day of _____ 19

in Military District No. _____ May 16th 19.

File Reference No. _____



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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

M.F.B. 465
2/11/17
1772-39 960

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER

Sutherland W.R.

REGIMENT # 2

A.S.C.

RANK

Pte

No.

2591125



INSTRUCTIONS

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

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

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

Date	Amalgam	Temporary Filling (a) (G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoia	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS	
											U	L	P			Gold	Porcelain					
1918																						
Feb 14																						
Feb 14																						
Feb 14 1/2																						
1919																						
Feb 14 1/2																						

Condition on first Examination

*Feb 14 14
23-4-15-16-17-18
20-21-22-23-24-25-26-27-28-29-30
31-32*

*4-5-10-2
7-8-9-10-2
4-19*

*Examined By 3
J.M. McIntyre
Capt McIntyre 3*

1 cavity # 2

J.H. Purdy

Complete

Dr. Sprank Th.

Complete.

CASE HISTORY SHEET.

R.C.M.A Hospital. New Westminster Station.
No. 2591125 Rank Sgt. Name Sutherland W.R. Age 34
Unit 85th A Col. Completed years of service 5 Where and how long Jan. 1912
Date of admission 1-4-19 Date of discharge 17-4-19
Diagnosis Contusion Chest Wall ¹¹⁴² ₂₃₃ Place of origin New Westminster

CONDITION ON ADMISSION AND PROGRESS OF CASE

Admitted from Park.
Injured side by falling off a horse. Was unconscious

Examination

Tender area over costal cartilage of 7-8 and
9th ribs. No crepitus obtained
8-4-19. Banded. Recovered.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Negative

TREATMENT

(Especially any specific or special form)

Gammae's irritant

CONDITION ON DISCHARGE

(and disposal made of case.)

Recovered

Date 17-4-19

J.K. McAlpine Capt.
Medical Officer i/c case.

Stawee

FORM OF WILL

I, William Ross Sutherland. 74th BATTERY, C.F.A., C.E.F. (Name in full)
Regimental Number 2591125. serving in No. 2 Overseas A.S.C. Training Depot, C.E.F.

WSS 3

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto my father.

Alexander McKay Sutherland. Name and Address
23 Broadway, of person or
Ottawa, Ont. Canada., persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Alexander McKay Sutherland. Name and Address
23 Broadway, of person or
Ottawa, Ont. Canada. persons to receive
personal estate*
(See note).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

this 17th day of October A.D. 1917
This must be signed and Dated by THE SOLDIER HIMSELF. W.R. Sutherland Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses

Signature of First Witness [Signature]

Address of Witness 12 Worsley St. Barrie Ont Canada

THE TWO WITNESSES

Occupation of Witness Stenographer

MUST SIGN HERE

Signature of Second Witness [Signature]

Address of Witness 170 Morley Ave. Toronto Ont

Occupation of Witness Stenographer Canada

FORM OF WILL

STATE OF TEXAS

COUNTY OF DALLAS

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

My commission expires _____

WITNESSED my hand and seal of office this _____ day of _____, 19____.

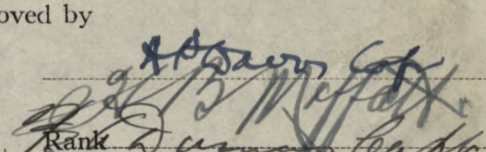
Notary Public in and for the State of Texas

MEDICAL HISTORY SHEET

ORIGINAL

Surname Caldwell Christian Name William Ross

Examined { on 8th day of October 1917
 at Ottawa, Ont
 Birthplace { City or Town Ottawa
 County Ontario Canada
 Apparent age 31
 Trade or occupation Bank Clerk
 Height 5 feet 8 Inches
 Weight 129 lbs.
 Chest measurement { Minimum 32 inches
 Maximum expansion 35 inches
 Physical development Good
 Small-pox Marks None
 Vaccination Marks { Arm Right Left 2
 Number Two
 When Vaccinated last Childhood
 (a) Marks indicating congenital peculiarities or previous disease new
 (b) Slight defects but not sufficient to cause rejection /

Approved by		
 Rank <u>Quartermaster</u> M.O.		
Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS
<u>25/10/17</u>	<u>W. Ross</u>	M.O.
	<u>TAB 17-11-18 W.P. Boles</u>	M.O.
	<u>TAB 20-11-18 W.P. Boles</u>	M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25/10/17</u>	<u>W. Ross</u>	M.O.
<u>4/1/17</u>	<u>W. Ross</u>	M.O.
<u>8/1/17</u>	<u>W. Ross</u>	M.O.

Enlisted on 11th day of October 1917 at Ottawa.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>#2 C.A.S.C.</u>	<u>2591125</u>		<u>11/10/17</u>
Transferred to	<u>OTTAWA O/S DEPT C.A.S.C.</u> <u>74th Battery</u> <u>62nd Bty</u> <u>Arm Column 2541125</u> <u>ESSE</u>			<u>FEB 13 1918</u> <u>Feb 7/18</u> <u>16-9-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Petawawa</u>	<u>Sept 7</u>		<u>A. Schuyler Capt</u> <u>Quartermaster</u>
<u>Vancouver</u>	<u>April 11. 1919</u>	<u>Return to duty</u>	<u>J. A. Madern</u>

N.B.—This sheet 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.

Paymaster
Auditor

M. or S.

CASUALTIES, AFFECTING PAY AND ALLOWANCES

Regimental No. *2591125* Rank *Comd^o Sgt* Name *Sutherland*
 If in P.F. What Unit P.F. Allowances Original Unit C.E.F. *2nd Div. Ross*
 Place of Attestation *Ottawa Ont^o* Transferred to *Remounts* Date *29. 3. 19* Authority *Remounts*
 Date of Attestation *11-10-17* Transferred to *No. 11-10-10* Date *8. 4. 19.* Authority *Remounts*
 Assigned Pay \$ *20⁰⁰* Date Effective *1-10-18* Authority *M.F.W 2583*
 Payable to *Alexander McKay Sutherland* Relationship *Father*
 Address *23 Broadway Ave Ottawa Ont^o*
 Stop-Payment Form (Assigned Pay) Rendered (Date) *31. 3. 19* Effective
 Discharged. Date and Place Authority

Name and Address of Next of Kin *(Father) Alexander McKay*
Sutherland 23 Broadway Ave Ottawa Ont^o
 Separation Allowance \$ Effective Date
 By Whom Paid
 Payable to Relationship
 Address

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>As Sgt. local's pay</i>	<i>16-9-18</i>	<i>D.O 23.d/12/10/18</i>
<i>Pro to Sgt</i>	<i>1-1-19</i>	<i>" 29-29-19</i>

L. L. Job 48205
M. & D. 20-9-18-12M

MONTH	PAY		OTHER CREDITS	ASSIGNED PAY CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY CANADA	ASSIGNED PAY OTHER COUNTRIES	OTHER CHARGES		REGIMENTAL CHARGES		TOTAL DEBITS		BALANCE		DEFERRED PAY	PAY AVAILABLE FOR ISSUE	SEP. ALL'CE	REMARKS					
	No. OF DAYS	RATE				AMOUNT	COL. No. 1	COL. No. 2	COL. No. 3	COL. No. 4	COL. No. 1	COL. No. 2	COL. No. 3			COL. No. 4	\$	C	\$	C	\$	C	\$					C	\$	C	\$	C
						\$ C	No.	DATE	No.	DATE	No.	DATE	No.			DATE																
<i>Oct</i>	<i>31</i>	<i>1.50</i>	<i>46.50</i>		<i>57.40</i>	<i>9</i>	<i>31</i>	<i>2</i>	<i>16</i>			<i>8</i>	<i>5</i>	<i>00</i>	<i>20</i>	<i>00</i>	<i>13</i>	<i>80</i>			<i>46</i>	<i>80</i>		<i>10</i>	<i>60</i>		<i>R.P.C. 854 10/31/18 27</i> <i>* As Sgt. local's pay 16-9-18 D.O 23</i>					
<i>Nov.</i>	<i>30</i>	<i>1.20</i>	<i>36</i>		<i>36</i>	<i>-</i>	<i>31</i>	<i>18</i>				<i>15</i>			<i>20</i>						<i>35</i>	<i>00</i>		<i>11</i>	<i>60</i>							
<i>Dec</i>	<i>31</i>	<i>1.20</i>	<i>37.20</i>		<i>37.20</i>	<i>63</i>	<i>11</i>	<i>85</i>	<i>24</i>			<i>10</i>	<i>00</i>	<i>8</i>	<i>00</i>	<i>20</i>	<i>00</i>				<i>38</i>	<i>00</i>		<i>10</i>	<i>80</i>							
<i>Jan</i>	<i>31</i>	<i>1.20</i>	<i>37.20</i>		<i>37.20</i>	<i>167</i>	<i>31</i>					<i>17</i>	<i>00</i>		<i>20</i>	<i>00</i>				<i>37</i>	<i>00</i>		<i>11</i>	<i>00</i>								
<i>Feb.</i>	<i>28</i>	<i>1.50</i>	<i>42.00</i>	<i>25</i>	<i>54.55</i>	<i>188</i>	<i>15</i>	<i>201</i>	<i>27</i>	<i>149</i>	<i>2 1/2</i>	<i>20</i>	<i>00</i>	<i>12</i>	<i>00</i>	<i>20</i>	<i>00</i>			<i>25</i>	<i>52</i>	<i>25</i>		<i>10</i>	<i>30</i>		<i>D.O. 29 Pro to Sgt with pay</i> <i>1-1-19 adjustment</i> <i>Janas all</i>					
<i>Mar</i>	<i>31</i>	<i>1.50</i>	<i>46.50</i>	<i>16</i>	<i>64.50</i>	<i>215</i>	<i>14</i>	<i>223</i>	<i>27</i>			<i>20</i>	<i>00</i>	<i>22</i>		<i>20</i>	<i>00</i>				<i>62</i>	<i>00</i>		<i>10</i>	<i>80</i>		<i>* duty pay from 18/19 at vol pension</i>					
<i>Apr</i>	<i>8</i>	<i>1.50</i>	<i>12.00</i>	<i>4</i>	<i>16.00</i>																			<i>76</i>	<i>80</i>		<i>" 9/4/19</i> <i>Trans M.D. 10 D for dem b,</i> <i>9/4/19</i>					
			<i>257.40</i>																													

Blanket R.P.C. to
No. 11-10-10 8. 4. 19.

P.

Carried Forward

Paymaster

Auditor

M. or S.

CASUALTIES, AFFECTING PAY AND ALLOWANCES

Regimental No. *2591125* Rank *Corp²*

Name *Sutherland*

Name and Address of Next of Kin (*Father*) *Alexander McKay*

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Asgt. Sp's Pay</i>	<i>16-9-18</i>	<i>D.O. 23 d/12-10-18</i>

If in P.F. What Unit

William Ross
Original Unit C.E.F. *Ammunition Coy*

Sutherland 23 Broadway Ave Ottawa Ont

Place of Attestation *Ottawa Ont*

Date Authority *C.E.F.*

Separation Allowance \$ Effective Date

Assigned Pay \$ *20⁰⁰* Date Effective *1-10-18*

Authority *M.F.W 2583*

By Whom Paid

Payable to *Alexander McKay Sutherland*

Relationship *Father*

Payable to Relationship

Address *23 Broadway Ave Ottawa Ont*

Address

Stop-Payment Form (Assigned Pay) Rendered (Date)

Effective Authority

Discharged. Date and Place

Authority

L. L. Job 48205
M. & D. 20-9-18-12M

MONTH	PAY			OTHER CREDITS	ASSIGNED PAY CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY CANADA	ASSIGNED PAY OTHER COUNTRIES	OTHER CHARGES	REGIMENTAL CHARGES	TOTAL DEBITS	BALANCE		DEFERRED PAY	PAY AVAILABLE FOR ISSUE	SEP. ALL'CE	REMARKS		
	No. OF DAYS	RATE	AMOUNT				COL. No. 1	COL. No. 2	COL. No. 3	COL. No. 4	COL. No. 1	COL. No. 2	COL. No. 3	COL. No. 4						DEBIT	CREDIT					DEBIT	CREDIT
<i>1918</i>																											
<i>Oct</i>	<i>31</i>	<i>135¹⁵</i>	<i>4650</i>	<i>1090</i>		<i>5740</i>	<i>9 31</i>	<i>2 16</i>				<i>8 00</i>	<i>5 00</i>					<i>20 00</i>	<i>13 80</i>	<i>4680</i>	<i>1060</i>				<i>Bal on 30-9-18 L.P.C. 85 Pct. Ottawa</i>		
<i>Nov.</i>	<i>30</i>	<i>120</i>	<i>36-</i>			<i>36-</i>	<i>31 18</i>					<i>15-</i>						<i>20-</i>		<i>35 00</i>	<i>1160</i>				<i>X Asgt. Sp's Pay D.O. 23</i>		
<i>Dec</i>	<i>31</i>	<i>120</i>	<i>3720</i>			<i>3720</i>	<i>63 11</i>	<i>852</i>				<i>10 00</i>	<i>8 00</i>					<i>20 00</i>									

Carried Forward

cc. Rtd. 10841

THIS FORM WILL BE USED FOR ALL RANKS MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

S. 1654
Kingston
MA 3

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Vancouver, B.C. DATE April 11, 1919

1. 1 (a) Unit 85th. CSEF (b) Regimental No. 2591¹25 (2591125) (c) Rank sgt
 (d) Surname SUTHERLAND (e) Christian name William Ross
 (f) Home address 23 Broadway Ave. Ottawa. Ont.
 (g) Next of Kin A. M. Sutherland (h) Relationship father
 (i) Address of Next of Kin same address

2. Age last birthday 33 Date of birth Nov. 4, 85

3. Enlistment, or Appointment (if an Officer) (a) Place Ottawa. Ont. (b) Date 11.10.17

4. Personal description:
 (a) Height 5'8" (b) Weight 145 (c) Complexion fair
(stripped)
 (d) Colour of hair brown (e) Colour of eyes brown (f) Identification marks, Scars, etc. nil

5. Former trade or occupation bank clerk.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	14	A. D. M. S., M. D. XI.
	APR 14 1919	
	PERIODS	
	From	To
Canada	Oct. 11, 17.	present.
England	nil	
France or other theatres of War	nil	

7. Original disease, or injury Contusion chest wall.

(a) Date of origin 1.4.19. (b) Place of origin New Westminster.
 (c) Cause accidental fall from horse.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—light, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

NONE

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Well nourished, healthy. Has tenderness over costal cartilages of 7th 8th and 9th ribs. No crepitus elicited. Also tenderness over stomach. No gastro intestinal symptoms. All systems apparently normal.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

- Nervous System.....no Cardio-Vascular System.....no Genito-Urinary System.....no
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
- Special Senses.....no Respiratory System.....no Integumentary System.....no
- Disturbances of Mentality.....no Digestive System.....no Muscular System.....no
- Osseous and Joint Systems.....no Any other general condition.....no

10. (a) History (of the condition referred to in Section 9 (a).)

Fell from horse 1.4.19 and suffered contusion chest wall. Was not unconscious.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

no previous illnesses

(c) (Here give a description of wounds, scars, and deformities.)

nil

11.—(a) Did the disabling condition have its origin before enlistment? no

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

n.a.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? no

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? nil

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

counter irritant, Rest

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

no

16. Can the former trade or occupation be resumed? (If not, briefly state why) yes

17. Recommendations. discharge from hospital to duty

J. K. McAlpin Capt Comd Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

J.H.M

Sgt. W. R. Sutherland Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

YES

16/5/19
Return out
Satisfied
His file
Capt
W. B. Anderson
Stability

19. Is the invalid fit for

- | | | | |
|--|--------------|--------------|-----|
| (a) General service, | (Category A) | (Yes or No.) | Yes |
| (b) Service abroad, not general service, | (" B) | (Yes or No.) | no |
| (c) Home service (Canada only), | (" C) | (Yes or No.) | no |
| (d) Temporarily unfit. | (" D) | (Yes or No.) | no |
| (e) Unfit for service in Categories A, B and C | (" E) | (Yes or No.) | no |

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

no

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

no, return to duty

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE..... Vancouver, B.C.

DATE..... April 11, 1919.

R. Gibson Capt. President.
J. Macdonald Capt. Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

..... President.
PLACE.....
DATE.....
} Members

APPROVED BY..... APPROVED BY.....
For Assistant Director of Medical Services..... Director-General of Medical Services.
DATE APR 14 1919..... DATE.....

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

M. OR S. *S.* REGT. No. *2591125* RANK *Sgt* NAME (IN FULL) *SUTHERLAND* *Wm. Ross*
 (BLOCK LETTERS SURNAME FIRST)

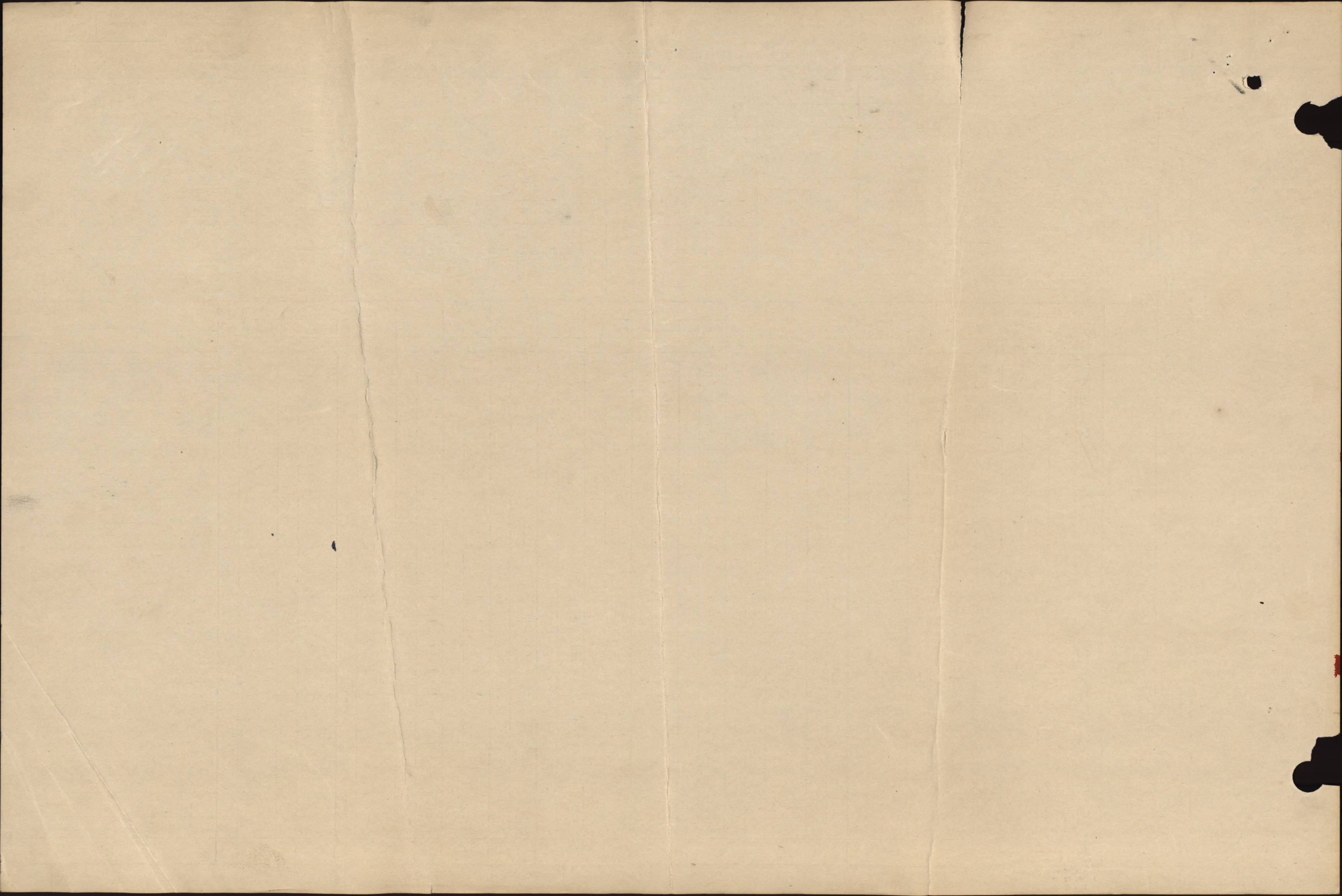
NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS		<i>Sub. CPC</i>	<i>8.4.19</i>			
		<i>Co. P</i>	<i>9.4.19</i>	<i>DO 116</i>		
IS SEPARATION ALLOWANCE PAID?	<i>nil</i>	<i>Trans MD 3</i>	<i>2.5.19</i>	<i>DO 122</i>		
TO WHOM PAID	RELATIONSHIP					
ADDRESS						

PLACE OF ATTESTATION: *MD 3* DATE: *2.5.19* AUTHORITY: *DO 122*
 DATE OF ATTESTATION: *11.10.17* TRANSFERRED TO: *MD 3* DATE: *1.4.19* AUTHORITY: *DD FT*
 ASSIGNED PAY \$: *20* DATE EFFECTIVE: *1.4.19*
 PAYABLE TO: *Mr A. M. Sutherland (4)* RELATIONSHIP: *(4)* ANY CHANGE IN ASSIGNEE OR ADDRESS:
 ADDRESS: *23 Broadway Ave Ottawa*
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE: *Ottawa* EFFECTIVE: *Ottawa*
 DISCHARGED: PLACE: DATE: 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	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT
<i>8.4.19</i>			<i>26.80</i>															
<i>Apr</i>	<i>22</i>	<i>1.50</i>	<i>33</i>	<i>59.80</i>						<i>20</i>			<i>20</i>			<i>39.80</i>		
<i>May</i>	<i>2</i>	<i>3</i>	<i>39.80</i>	<i>42.80</i>	<i>239193</i>				<i>40</i>				<i>40</i>			<i>2.80</i>		

Certified that all payments have been made in this account for which covering authority has been received to date.
[Signature]
 Lieut. Paymaster, Demobilization Pay M.O. No. 11

BALANCE FROM PREVIOUS ACCOUNT



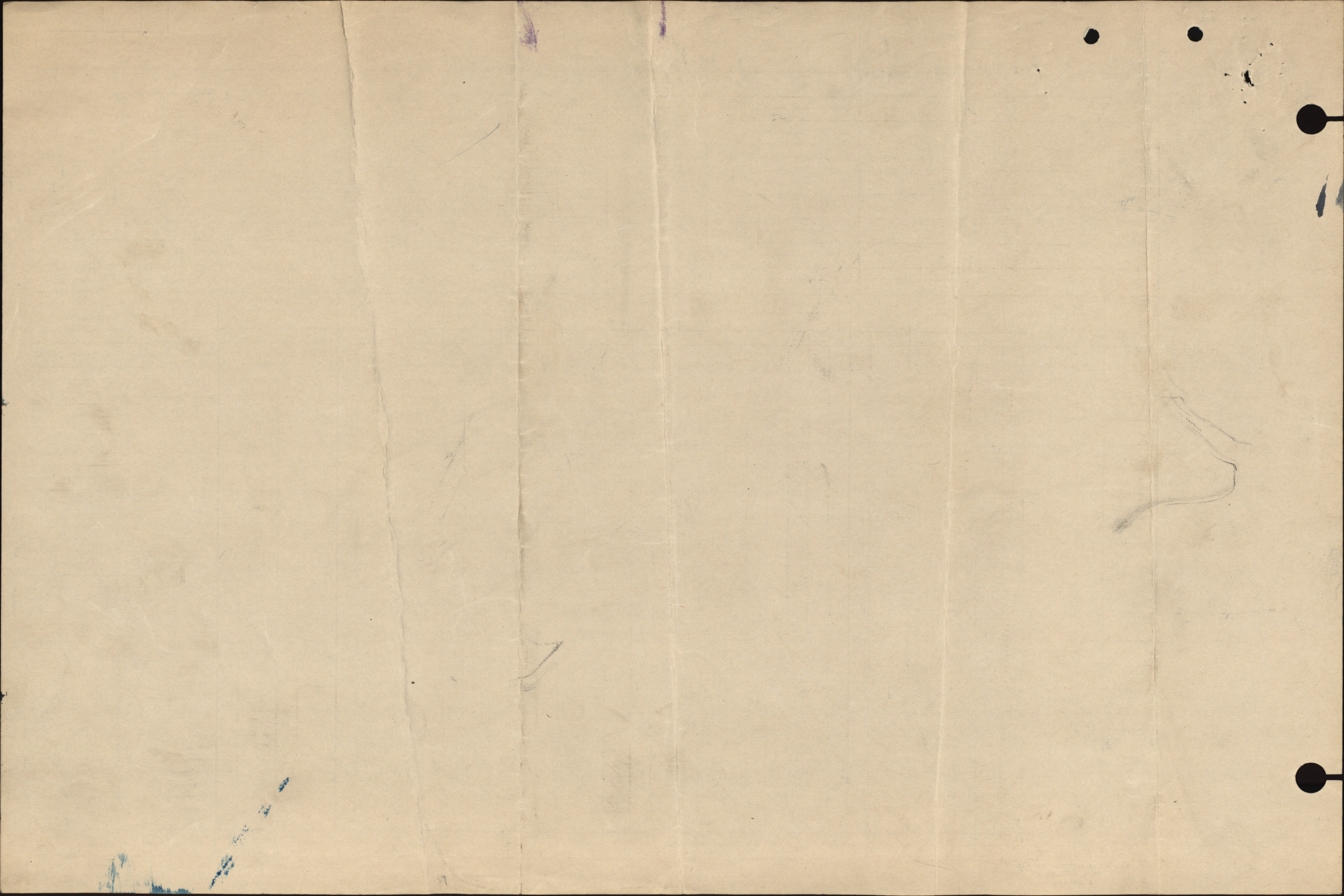
PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. *2591125* RANK *Sgt* NAME (IN FULL) *Lutherland W.R.*
 ORIGINAL UNIT C.E.F. *usc* ✓ IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
NEXT OF KIN					PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
ADDRESS					DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					<i>Mrs W Lutherland</i> ✓	<i>Father</i>
					ADDRESS	
					<i>33 Broadway Ave</i> ✓	
					<i>Ottawa</i> ✓	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED	PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
					<i>Ottawa</i> ✓	<i>16/5/19</i> ✓ <i>seen</i> <i>20142</i>

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	DEBIT	CREDIT	DEBIT	
<i>May</i>	<i>14</i>	<i>1.50</i>	<i>21</i>	<i>38.00</i> ✓ <i>35</i> ✓				<i>280</i>			<i>131.80</i> ✓			<i>138.80</i>	<i>3.00</i> ✓			<i>see file</i> ✓ <i>W.L.</i>
				<i>21.89</i>														<i>War Service Statute 1919</i>
<i>31 days</i>				<i>70</i> ✓						<i>70</i> ✓			<i>3.00</i> ✓	<i>0</i>	<i>3</i> ✓			<i>Repaid of overpayment</i> ✓ <i>see file to Capt. W.B. 1403</i> <i>6/6/19</i>



Date of Enlistment 11-10-17 Rep. 11-10-17.

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

S/17881

Oct 1st 1918.

OVERSEAS CONTINGENTS

Siberian.

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20 ⁰⁰			
------------------	--	--	--

9

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion *Siberian Dft.*

Beneficiary _____

Relationship *Father*

Address _____

Name _____

Address _____

Change of Address _____

1 ALEX. MCKAY SUTHERLAND,
23 BROADWAY AVE.,

2 OTTAWA, ONT. 20 20.00

3 % 2591125 CPL WILLIAM ROSS SUTHERLAND
TWENTY DOLLARS

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Oct.</i>	<i>Y 55017</i>		<i>20</i>	<i>20</i>
<i>Nov</i>	<i>F 55587</i>		<i>20</i>	<i>20</i>
<i>Dec</i>	<i>V 63070</i>		<i>20</i>	<i>20</i>
<i>Jan</i>	<i>L 69433</i>		<i>20</i>	<i>20</i>
<i>Feb</i>	<i>O 80283</i>		<i>20</i>	<i>20</i>
<i>Mch</i>	<i>B 85961</i>		<i>20</i>	<i>20</i>
			<i>120</i>	<i>120</i>

017669-W-43

REMARKS

A/c Closed 31³/19

Ret'd per 22³/19

Date 22³/19 M.F. WUST 24³/19

Closed 400 Bonaventure m. D# 11 - Siberia

m. R. P. 61787 (Destroy) Rendered 24³/19 OK CD

M. F. W. 128
4000-517-1772 38-1141
L. L. 22320-M. & D. 7983.

AUTHORITY FOR NEW ACCT. } *File No 017669-W-43*
Cherice
1-11-18.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch **K**

OVERSEAS CONTINGENTS

4594ED
CANCELLED

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.	Promoted	Reverted	Discharge
Rank			
Soldier's Name			
Battalion			
Beneficiary			
Relationship			
Address			

PARTICULARS OF ASSIGNMENT


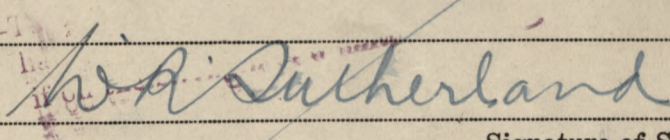

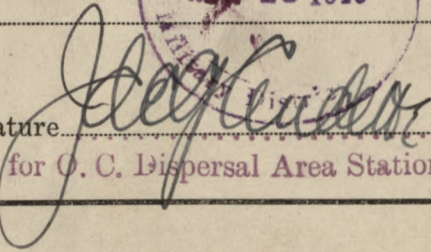
Name	
Address	
Change of Address	
1	
2	
3	
4	

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M-617-1772-38-141
L. L. 23220-M. & D. 7983.

AUTHORITY
FOR
NEW ACCT.

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

1. No.	2591125		
2. Rank	Sergeant		
3. Name	SUTHERLAND, William Ross		
4. Unit	#2 A.S.C.T.D. ³ , C.E.F.		
5. Date of Discharge	16-5-19	Place	Ottawa, Ontario
6. Reason for Discharge	DEMOBILIZATION R.O. 1420		
			
7. Authority	R.O. 1420		
8. Proposed Residence after Discharge	23 Broadway Ottawa Ont.		
<div style="border: 1px solid red; border-radius: 50%; padding: 10px; display: inline-block; color: red; font-family: cursive;"> Deceased 16-11-59 </div>			
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. ? B. 39.		
			
Signature of Soldier.			
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed.		
Place	Ottawa, Ontario		
Date	16-5-19.		
			
			
Signature _____ Captain for O. C. Dispersal Area Station G. (O.C. Discharging Unit.)			

M.F.B. 213-150128-19-177289-113.
 Medical Documents Forwarded to
 ON
 JUN 5 1919
 Date.....

PROCEEDINGS ON DISCHARGE
(Demobilization)

1. No. 1000000000

2. Rank Private

3. Name SUTHERLAND, William Ross

4. Unit No. 22nd C.I.B., O.C.B.

5. Date of Discharge 18-8-45 Place Ottawa, Ontario

6. Reason for Discharge DEMOBILIZATION R.O. 1480



7. Authority R.O. 1480

8. Proposed Residence after Discharge 25 Broadway, Ottawa, Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the undernoted place and date I received my discharge card.

Witness My Hand & Seal

[Handwritten signature]

Signature of Soldier

10. CONFIRMATION

The discharge of the above named man is hereby confirmed.

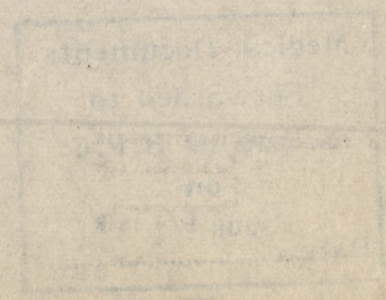
Place Ottawa, Ontario

Date 18-8-45



[Handwritten signature]

Signature of [Official Title]



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