

ATTESTATION PAPER.

No. 2/110512

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... URIE.
- 1a. What are your Christian names?..... BRUCE ARTHUR.
- 1b. What is your present address?..... Deleraine, Manitoba, Canada.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Deleraine, Manitoba, Canada.
- 3. What is the name of your next-of kin?..... William Urie.
- 4. What is the address of your next-of-kin?..... Deleraine, Manitoba Canada. (Supplement address)
- 4a. What is the relationship of your next-of-kin?..... Father.
- 5. What is the date of your birth?..... Sept. 22nd. 1897.
- 6. What is your Trade or Calling?..... School Teacher.
- 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 ^{NAVAL OR} 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.
- 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? ..

B.U.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, BRUCE ARTHUR URIE, 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.

B. Urie (Signature of Recruit)

Date Aug. 30th. 1917. D. F. Smith (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, BRUCE ARTHUR URIE, 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.

B. Urie (Signature of Recruit)

Date Aug. 30th. 1917. D. F. Smith (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 Winnipeg, Man. this 30th day of August 1917

A. G. G. Lieut. (Signature of Justice)



N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of BRUCE ARTHUR URIS. on Enlistment.

Apparent Age.....10.....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. 3 1/2 ins.

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

Complexion.....Fair.

Eyes.....Gray.

Hair.....Brown

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

Vision R. Eye.....20/20
 " L. Eye.....20/20
 Hearing R. Ear.....normal
 " L. Ear.....normal

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.....Aug. 30th.....1917.

E. L. Worhecc
capt. mil.
 Medical Officer.

Place.....Winnipeg, Manitoba, Can.

*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:—

W. L. Gunn Capt. PRESIDENT
J. Cairns Capt. MEMBER
W. H. Jackson MEMBER
capt. mil.

CERTIFICATE OF OFFICER COMMANDING UNIT.

BRUCE ARTHUR URIS......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.

W. L. Gunn (Signature of Officer)
 Captain
 O. C. No. 1 OVERSEAS C. A. S. C. Training Depot

Date.....Aug. 30th......1917.

66M 14-6-18

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....



Name URIE, BRUCE, ARTHUR,
 Regt. No. 915512 Rank _____
 Corps Ottawa O/s Depot C.A.S.C.

R. O. No.
 H. Q. No.

To join R7 C

~~Cards, Index removed 8-1-18.~~
~~PTA~~
~~Casualty~~

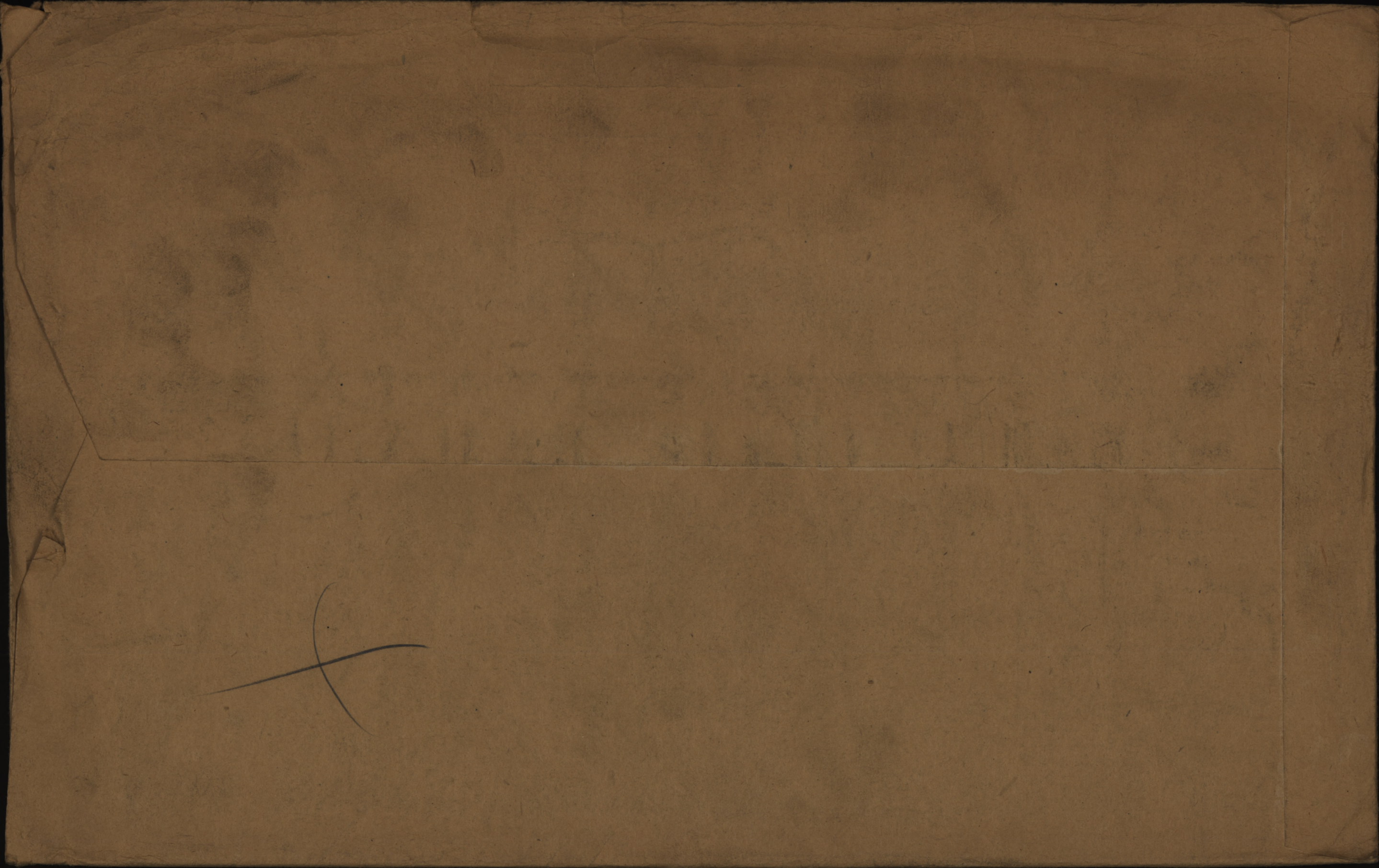


00633

~~two~~
~~one~~

A & B - 1221
 M.O.M. 393 1

1
 1-8
 1-8



SURNAME.

Yrie

CHRISTIAN NAMES

Bruce Arthur

REGL. NO.

2115512

RANK

Pte

UNIT

Man Regt 1st. Sps Bn

FORMER CORPS

Nil

10.

CARD NO.

4

FOLL.

\$0.5. Dec 5/6/18. 3

Pte 11. 157. 5. 6/6/18. case.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Yrie

William

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Deloraine, Man

COUNTRY OF BIRTH

Canada, Deloraine Man

DATE

Sept. 22nd 1897

PLACE OF ATTESTATION

Winnipeg, Man

DATE

Aug. 30th 1917

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

015

Separation Allowance and Assigned Pay
CANADIAN EXPEDITIONARY FORCE

S. }
A. }

A. }
P. } 15-00

1. Name in Full (Surname first) Wrie Bruce Arthur
2. Rank and Regimental Number Pte # 2115777
3. No. of Battalion or Corps Ottawa Depot base
4. Date of Enlistment Aug 30/17
5. Full Name of Wife _____ or
Widowed Mother _____ or
Children's Guardian _____
6. Address _____
7. State ages of Children: Girls under 17 _____ Boys under 16 _____
8. With whom do your Children reside? _____
9. Amount of Assigned Pay 15-00 10. Name of Assignee Father Wm. Wrie,
11. Address Deloraine
Man.

12. From what date is Assigned Pay effective? -----
13. Date of Marriage -----
14. Date Marriage Certificate examined by Paymaster -----
15. Date Birth Certificates (in case of guardian) examined by Paymaster-----
16. If soldier is sole support, does Statutory Declaration accompany this application? -----
17. Have you made a previous Claim for Separation Allowance? Give particulars -----

18. Is Separation Allowance being paid on your Account to any person? -----
19. Were you at the time of enlistment an employee of the Local or Dominion Government? In what capacity, and in what place?-----
20. Will you be in receipt of a salary as such, while serving? If so paid, how much per month?-----
21. Name of Corps prior to enlistment in the C.E.F.-----

I hereby certify that the above is a true statement.

B. A. Maie

Name of Soldier.

Signature of Officer forwarding this application,

Unit OTTAWA OVERSEAS DEPOT C.A.S.C.

Date _____

OTTAWA OVERSEAS DEPOT C.A.S.C.
No. 1 Overseas C.A.S.C. Training Depot.

NAME

Urie, Bruce Arthur.

REGIMENTAL NO.

2115512

RANK

Private.

ENLISTED AT

Winnipeg, Man.

PROMOTIONS, &c,
AND DATE

DATE

August 30th, 1917.

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

single

NEXT OF KIN

William Urie

RELATIONSHIP

Father

ADDRESS OF

Deloraine, Manitoba.

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

Discharged 5/6/18. 1000 enlist in Roy. Air Force
CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME &C.
	NO	DATE	
offence: disobedience of a standing order in that he was unhappy when passed for O.C.'s inspection awarded 3 dep. C.B.	246	16-10-17	
offence: Quitting the posts without per- mission & necessity	3	3/1/18	awarded: (a) reprimand (b) P.P. suspended
offence: making false statements to Col. Sgt.	3	3/1/18	awarded: 7 dep. C.B.
Admitted to H. Home	10	10-1-18	face Hosp. 10/1/18
Discharged from u	22	22/1/18	u u 22/1/18
Comm to D.Y. by force	70	11/3/18	11/3/18
Ret. from Comm	88	29.3.18.	
Lof. Lt. 6/1/18 to	127.	7.5.18.	8.30 am. 8.5.18.
Ret. from 8.30 am. 8.5.18. to	128	8.5.18.	8.30 am 12.5.18
Ret. from on leave same	129	9.5.18	
2.3.A. Home 18.5.18.	137.	17.5.18	to 8 Am. 20.5.18)

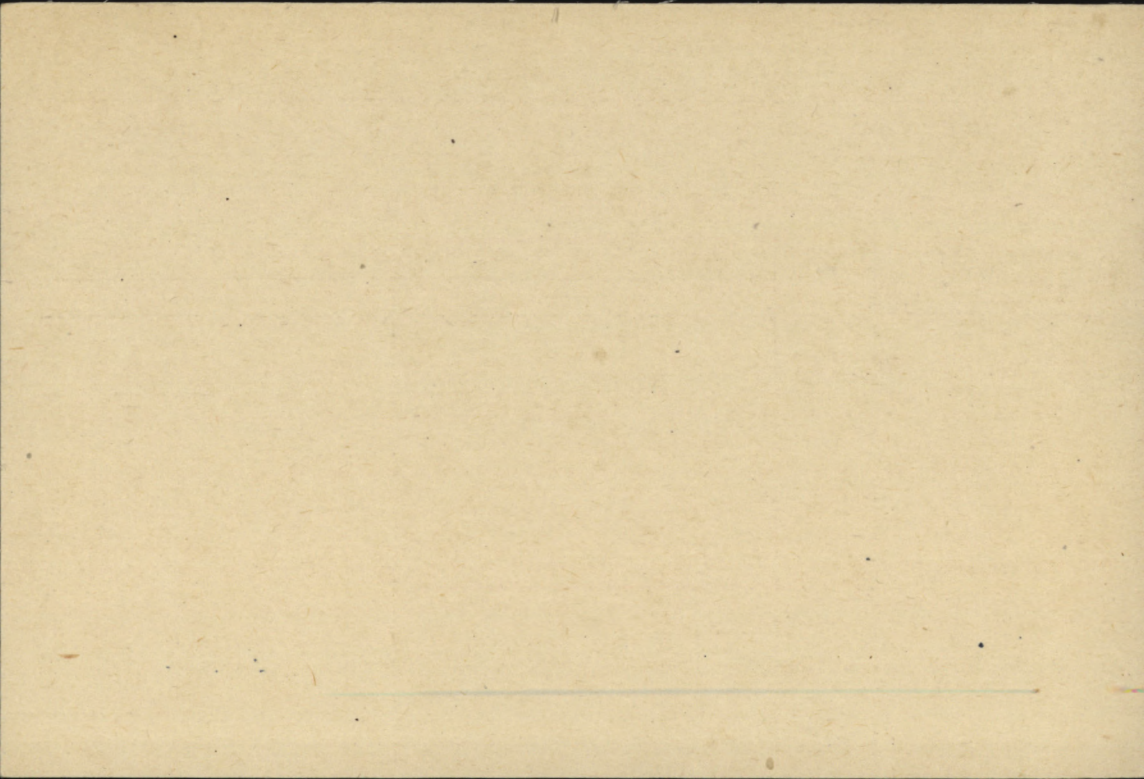
No. 2115512. RANK *Pte.*

NAME *Urie Bruce Arthur*

T. O. S. 30. 8. 17. UNIT *Can. Army Service Corps. #1 Training Depot.*
 (20. 209 of 3. 9. 17.)

M. D. 10.

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1917.</i> <i>Aug. 30.</i>	<i>1917.</i> <i>Sept. 30.</i>	<i>✓</i>	<i>32 Days. C.B.</i>	<i>20. 245 of 16. 10. 17.</i>
	<i>Octo.</i>	<i>✓</i>		
	<i>Nov.</i>	<i>✓</i>		
	<i>Dec.</i>	<i>✓</i>		
<i>1918.</i> <i>Jan.</i>	<i>1918.</i> <i>Feb.</i>	<i>✓</i>	<i>Proceeding up with 16 lft.</i>	<i>20. 49760 of 28. 2. 18.</i>
		<i>✓</i>		



39170

REG. NO. 2115512..... NAME Urie Bruce
(SURNAME FIRST)

RANK Pte..... CORPS C. A. S. C.

AGE 20..... SERVICE.....

NAME OF HOSPITAL St. Boniface..... PLACE Winnipeg.

DATE OF ADMISSION 10-1-18.....

DISEASE Sprained Knee.....

DISCHARGE 11-1-18.....

OPERATION.....

DISCHARGED TO DUTY Yes.....

TRANSFERRED TO.....

DISCHARGED BY MEDICAL BOARD.....

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. 2115512 Rank Private Name URIE. B.A.

Corps Ottawa Overseas Depot C.A.S.W.G. was* discharged to re-enlist in R.A.F.

On 5th. June 1918, to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st. June 1918, to 5th. June 1918, the inclusive date of transfer or discharge.

Dr.		\$	c.	Cr.		\$	c.
Bal. Dr. from prev. month.....				Bal. Cr. from prev. month.....		10.00	
Advances } No.....				Regt'l Pay <u>5</u> days at \$ <u>1</u> c <u>00</u>		5.00	
by } No.....				Field Allow. <u>5</u> days at \$ c <u>10</u>		50	
Cheques * } No.....				Separation Allowances* (Monthly)			
Assigned Pay and Sep'n Allice. No.....				Other Allowances*			
Other charges				Other Credits*.....			
Payment on transfer discharge No <u>1048</u>		15.	50	Bal. Dr. (to be deducted by new unit).....			
Balance Cr. (to be paid by the new unit).....							
Total.....		15.	50	Total.....		15.	50

* Give particulars.

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

(Address)

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment 30th August 1917.....

(2) if married and if a Separation Allowance Card has been submitted No No.....

(3) cause of discharge to reenlist in R.A.F. authority Ces. Officer. M.D. 3......

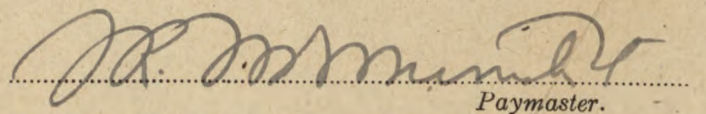
(4) authority for transfer Ltr. May 27. 18. File 3. M.D. - 44-U-9......

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 5th. June 1918.....

Place Ottawa, Ont......


Paymaster.

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.

UNIVERSITY OF CHICAGO LIBRARY

PHYSICS DEPARTMENT

RECEIVED

APR 10 1954

PHYSICS DEPARTMENT

UNIVERSITY OF CHICAGO

LIBRARY

PHYSICS DEPARTMENT

UNIVERSITY OF CHICAGO

LIBRARY

PHYSICS DEPARTMENT

UNIVERSITY OF CHICAGO

LIBRARY

PHYSICS DEPARTMENT

UNIVERSITY OF CHICAGO

LIBRARY

PHYSICS DEPARTMENT

UNIVERSITY OF CHICAGO

LIBRARY

PHYSICS DEPARTMENT

R.A.F.
Toronto Ont.
Col. Ottawa

MMS 3

FORM OF WILL.

I, BRUCE ARTHUR URIE. (Name in full)

Regimental Number 2115512 serving in No. 1 Overseas C.A.S.C. T.D.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

my Mother, Mrs Sarah Urie of Deloraine,
Manitoba. Canada.
Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

my said Mother, Mrs. Sarah Urie.
Name and Address
of person or
persons to receive
personal estate*
(See note).

**IMPORTANT
NOTE**
This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this 30th day of Aug A.D. 1917

Bruce A Urie 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 Fort Osborne Barracks, Winnipeg, Manitoba.

**THE TWO
WITNESSES
MUST
SIGN HERE**

Occupation of Witness Soldier. No. 1 Overseas C.A.S.C. T.D.
Signature of Second Witness [Signature]
Address of Witness Fort Osborne Barracks, Winnipeg, Manitoba.
Occupation of Witness Soldier. No. 1 Overseas C.A.S.C. T.D.

FORM OF WIFE

WIFE'S NAME

of the County of ... State of ...

I, the undersigned

my mother, Mrs. ...

...

...

my said mother, Mrs. ...

...

...

...

...

...

MEDICAL CASE-HISTORY SHEET.

HOSPITAL St. Boniface STATION

No. 215512 Rank Pte Name W. Bruce Age 20

Unit C.A.S.C. Service

Date of Admission Jan 10th Date of Discharge Jan 21st

Diagnosis Spained knee

Date of Origin Jan 10/18 Place of Origin Stinnipeg

CAUSE OF ILLNESS OR INJURY:

HISTORY OF PRESENT ILLNESS OR INJURY.
(Is Illness or Injury result of Service?)

Originated on service; not the result of service.

CONDITION ON ADMISSION.

Left knee swollen & painful.

TREATMENT.

Cold application for 12 hrs. Hot fomentations. Massage iodine paint. Bandage.

CONDITION ON DISCHARGE FROM HOSPITAL.

Cure

Date Jan 12/18

W. M. Leech Lt
Medical Officer i/c Case.

MEDICAL CASE-HISTORY SHEET

Hospital No. _____
 Name _____
 Sex _____
 Date of Admission _____
 Date of Origin _____
 Cause of Illness or Injury _____

History of Present Illness or Injury
 (In lines beginning with "H")

Location of Admission

Treatment

Condition on Discharge from Hospital

Medical Director's Name

Date _____
 Signature _____
 Title _____

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2115512 (Rank) Private

Name (in full) URIE, Bruce Arthur. enlisted in

the No. 1 Overseas C.A.S.C. T.D., Winnipeg, Man.

CANADIAN EXPEDITIONARY FORCE at Winnipeg, Man. on the 30th

day of August 19 17.

HE served in the No. 1 Overseas C.A.S.C. T.D., and Ottawa Overseas Depot, C.A.S.C., Ottawa, Ont.

and is now discharged from the service by reason of to re-enlist in the Royal

Air Force. (Authy. Casualty Officer, M.D. 3, dated May 27th, 1918, file 3MD 44-U-9.)

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

Age 20 yrs. 9 mos.

Marks or Scars

Height 5 ft. 3½ in.

Complexion Fair.

Nil.

Eyes Grey.

Hair Brown.

Bruce Urie

Signature of Soldier

J. J. Munn

Issuing Officer

Lieutenant.

Rank

Date of Discharge

O.C. Ottawa Overseas Depot, CASC.

Appointment

Signed at OTTAWA, Ont. this 5TH day of June 19 18

in Military District No. 3.

File Reference No. "A" CASC-4.

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. 2115512x (Rank) Private Name URIE, Bruce Arthur.

Unit OTTAWA OVERSEAS DEPOT, C.A.S.C.

Address on Discharge Royal Air Force, Toronto, Ontario.

Character and Conduct

Good (Mmm)

Former Occupation School Teacher.

Special Qualifications of Value in Civil Life

School Teacher (Mmm)

Medals and Decorations Nil.

Remarks

Signed at OTTAWA, Ont. this 5TH, day of JUNE 1918

R. W. Munnachy

Name of Officer

Lieutenant.

Rank

O.C. Ottawa O/S Depot, CASC.

Appointment

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

M. F. W. 54. (A. F. B. 103.)

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *No. 1 Overseas C.A.S.C Training Depot*

Regimental No. *2115512* Rank *Private* Name *URIE, Bruce Arthur*

Enlisted (a) *Aug. 30/17* Terms of Service (a) *C.E.F.* Service reckons from (a) *Aug. 30, 1917.*

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

Extended Re-engaged Qualification (b) *School Teacher.*

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				
<i>Transferred to</i>	<i>Casualty Officer</i>	<i>OTTAWA 1/5 DEPOT C.A.S.C.</i>	<i>OTTAWA</i>	<i>FEB 18 1918</i>	
<i>June 5/18</i>	<i>Casualty Officer</i>	<i>Discharged to re-enlist in Royal Air Force.</i>	<i>Ottawa</i>	<i>June 5/18</i>	<i>D Casualty Officer letter May 27/18 file 3 M.O. 44-u-9)</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

CASUALTY REPORT FOR 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 taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

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. 2115512 Rank Private Name URIE. B.A.

Corps Ottawa Overseas Depot C.A.S.W.G. was* discharged to re-enlist in R.A.F.

On 5th. June 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st. June 1918, to 5th. June 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	10.00	
Advances } No.....			Reg'tl Pay.....5.....days at \$ <u>1</u>c. <u>00</u>	5.00	
by } No.....			Field Allow. <u>5</u>days at \$.....c. <u>10</u>	50	
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allice. No.....			Other Allowances*		
Other charges			Other Credits*.....		
Payment on transfer discharge No <u>1048</u>	15.	50	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total	15.	50	Total	15.	50

* Give particulars.

A monthly stoppage of \$ NIL (†) has.....(‡) been paid on account of Assigned Pay for the month of.....191..... } (to) Assignee..... }
 { and Sep'n Allice. for month of191..... }
 (Address)

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

On Transfer of an Officer

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

REMARKS:—

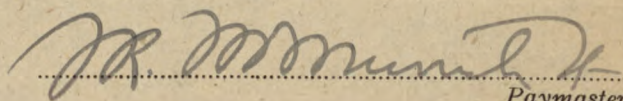
- State (1) date of enlistment30th August 1917.....
 (2) if married and if a Separation Allowance Card has been submitted... No No.....
 (3) cause of discharge to reenlist in R.A.F. authority Cas. Officer M.D. 3.
 (4) authority for transfer Ltr. May 27.18. File 3.M.D.- 44-U-9......

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 5th. June 1918.

Place Ottawa, Ont.


Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CANADIAN CONTINENTAL EXPLORATORY POLICE

LAST DAY CERTIFICATE

1881

Surname Urie Christian Name Bruce Authur.

Examined { on 30th. day of Aug. 1917
 at Winnipeg, Manitoba.

Approved by E. Stoverbeck

Birthplace { City or Town Deloraine
 County Manitoba, Canada.

Rank Capt M.O.
 Date Aug 30 1917 EXAMINED FOR RE-ENGAGEMENT

Apparent age 19 yrs. 11mths.

Trade or occupation School Teacher.

R. E. Gunn M.O.
J. J. ... M.O.

Height 5 feet 3 1/2 Inches

Weight 130 lbs.

W. ... M.O.
... M.O.

Chest measurement { Minimum 31 inches
 Maximum expansion 3 inches

Vision R. Eye 20/30 M.O.
 " L. Eye 20/30 M.O.

Physical development Good

Hearing R. Ear Normal M.O.

Small-pox Marks None

" L. Ear Normal M.O.

Vaccination Marks { Arm Right Left
 Number

Date	Result	VACCINATIONS
<u>OCT 27 1917</u>		<u>S. Swackus</u> M.O.

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>OCT 6 - 1917</u>		<u>A. ...</u> M.O.
<u>OCT 13 1917</u>		<u>S. ...</u> M.O.
<u>OCT 20 1917</u>		<u>S. ...</u> M.O.

(b) Slight defects but not sufficient to cause rejection None

Enlisted on 30th day of August 1917 at Winnipeg, Manitoba.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>No. 1 Overseas C.A.S.C. Training Depot</u>	<u>2115512</u>		<u>AUG 30 1917</u>
Transferred to	<u>OTTAWA O/S DEPOT C.A.S.C.</u>			<u>FEB 18 1918</u>

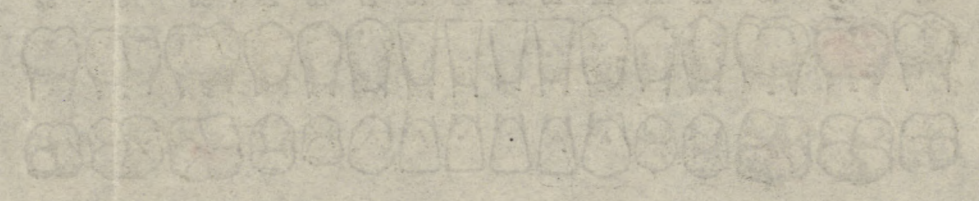
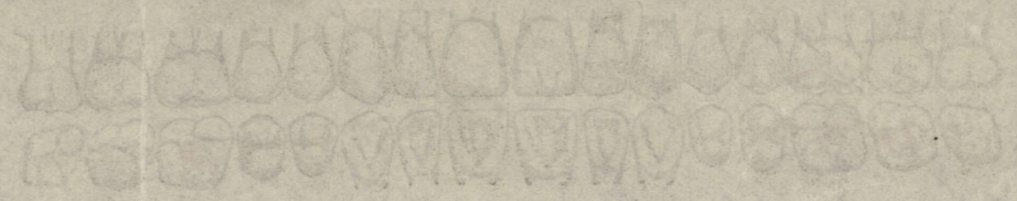
EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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.

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked as normal or abnormal.
2. On first line of report record of patient's details as follows:
Only such entries to be made on this line as will show:
1. Condition on examination (in red)
2. Condition on leaving (in blue)
3. Condition on discharge



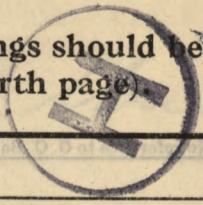
САНКТ-ПЕТЕРБУРГСКИЙ ДЕНТНЫЙ КОЛЛЕЖИЙ

Лист № 1

This space to be for numbers

Proceedings on Discharge.

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



No. 2115512

Rank Private

Surname URIE,

Christian Name Bruce Arthur.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) Ottawa Overseas Depot, C.A.S.C.

Date of Discharge June 5th, 1918.

Place of Discharge Ottawa, Ontario, Canada.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....	20	years.....	9	months.
Height.....	5	feet.....	3½	inches.
Complexion	Fair.			
Eyes	Grey.			
Hair	Brown.			
Trade	School Teacher.			

Descriptive Marks

Nil.

Intended place of residence } Royal Air Force,
Toronto, Ontario,
(To be given as fully as practicable.) } Canada.

2. The above-named man is discharged in consequence of to re-enlist in the Royal Air Force.
(Authority Casualty Officer, M.D.3, letter dated May 27/18, file 3MD 44-U-9.)

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 (RMM)

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

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

School Teacher (RMM)

To be in the handwriting of the Commanding Officer, who will himself 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.

Nil.

Nil.

Nil.

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

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

(Place) OTTAWA, Ontario.....

R. M. Munnich

(Date) JUNE 5TH, 1918.....

O.C. OTTAWA % DEPOT C.A.S.C.
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) OTTAWA, Ontario.....

Bruce A. Mrie

(Signature of Soldier.)

(Date) JUNE 5TH, 1918.....

J. H. ...

(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.

Bruce A. Mrie

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days. 257

Total.....years.....days. 257

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) OTTAWA, Ontario.....

R. M. Munnich
(Signature)

(Date) JUNE 5TH, 1918.....

O.C., OTTAWA % DEPOT C.A.S.C.

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.)

List of Discharge Documents
Bruce A. Moie

<p>Militia Form H. 252 Attestation Paper</p>	<p>Reg. Conduct Sheet Militia Form B. 253</p>
<p>B. 218 Proceedings on Discharge</p>	<p>Conduct Sheet Squadrons Battery Company A. C. T. 1st Reg. Cavalry</p>

Copies of Convictions by C. P. in MS.

In the case of recruits who are rejected on final approval, the discharge documents will consist of:

<p>(a) Proceedings on Discharge.</p>	<p>Medical Report for Invalids* B. 257</p>
<p>(b) Attestation.</p>	<p>Statement of Man's Account on Transfer and Last Pay Certificate D. 877</p>
<p>(c) Medical History Sheet (in the event of such having been prepared).</p>	<p>*Only if discharged "Medically unfit."</p>

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.

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.)

List of Discharge Documents.

James A. [unclear]

<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>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
---	--

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.

MEDICAL HISTORY OF AN INVALID.

ORIGINAL

1002

1. Station. *Ottawa, Ont.*
 2. Regiment or Corps. *C.A.S.C.*
 3. Regimental No. and Rank. *2115502*
Pte
 4. Name. *Urie, Bruce Arthur*
 5. Age last Birthday. *20 yrs.*
 6. Enlisted on *Aug. 30th 17*
 at *Winnipeg*
 7. Former trade or occupation. *School Teacher*

8. General remarks on his:—
 (a) Conduct. *good*
 (b) Habits. *good*
 (c) Temperance. *good*
 (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
 Date. *May 16th 18*

9. Service. Years. *0* Days. *270*

PERIODS

FROM	TO
<i>Aug 30th 17</i>	<i>May 16th 18</i>

10. (a) Disease or disability. *None*
 (b) Date of origin. *N/A*
 (c) Place of origin. *N/A*
 (d) Cause. *N/A*

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)
Normal - Aii

12. (a) Is the disability the result of service or climate? *~*
 (b) Has it been aggravated by intemperance, vice or misconduct? *~*

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

[Handwritten flourish]

(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?

N/a

(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.

N/a

14. Treatment.

N/a

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

N/a

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

N/a

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.

N/a.

Don't discharge prior to re-enlistment in the Royal Air Force

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

(B. H. White)

[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.

10.

yes

11.

12.

15.

16.

17.

18. Is he unfit for Military Service.

no

Recommendations :

class a ii

Signatures :—

Newton Fyfe President.

Sumner Conely
W. H. Maclean Members.

Station. *Ottawa*
Date. *May 27 1918*

Date. MAY 25 1918

Approved.

Date.

W. H. Crang
For A. D. M. S. M. District No. 3.
Captain A. M. S.
Assoc. Director of Medical Services.

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

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, Stat on or Depôt.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

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

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
300m. 8 & 6.
H. Q. 1772-58-11.

Station	Rank
Corps	
Regimental No.	
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.