/027453 SIN/NAS

Surname/Nom Thomas

Given names/Prénoms

CANADIAN FORCES FORCES CANADIENNES

PERSONNEL RECORDS ENVELOPE ENVELOPPE DES DOSSIERS DU PERSONNEL

"CONTENTS CONFIDENTIAL" 30x "CONTENU CONFIDENTIEL" 1020

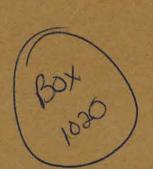
CF 478 (10/74) 7530-21-870-6931 COMPONENT ÉLÉMENT

| 1 | | 1 1 1 |
|---|----------|-------|
| | R. O. No | |
| | H. Q. No | A D |
| | | |

DISCHARGE DOCUMENTS

Name Brant Thomas

Regt. No./027453Rank Ote.
Corps 235th Battalion, C.E.F.



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.....

Proceedings of Court of Inquiry or on men

n Papers.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet

Compulsory Stoppages.....

reported Missing on Active Service

ation of change of name.....

M. F. W. 62. 50M.—9-16. H. Q. 1772—30 - 935.

Proceedings on Discharge.

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

No. 1027453 Rank Private Brant, Thomas Note-The name must agree strictly with that on enlistment unless changed subsequently by authority. Corps (Squadron, Battery or Company) 235th. Battalion C.E.F. Date of Discharge March 21st.1917 Place of Discharge Ottawa, Ont. 1. DESCRIPTION AT THE TIME OF DISCHARGE. Age 15 years months. Descriptive Marks Height 5 feet $6\frac{1}{2}$ inches. Dark Complexion Eyes Chestnut Nil Hair Trade Farmer Intended place of) Shannonville, Ont. residence (To be given as fully as practicable.) 2. The above-named man is discharged in consequence of Being

" Under Age."

(Auth. 3 M.D. 44-B-272 of March 17th.1917)

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. rod

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.)

M. F. B. 218. 25m.—11-15. H. Q. 1772-39-113.

To be in the handwriting of the Commanding Officer, who will hims I make ident cal entries on the character certificate and initial them.

| 5. He is in possession of the following number of G. C. Badges: | | | | | | | |
|--|--|------------|--|--|--|--|--|
| n | one . | | | | | | |
| | | | | | | | |
| Northwest C. C. D. | | | | | | | |
| No reference to G. U. Badges | None | | | | | | |
| | e Comm | te. | | | | | |
| 6. Medals and Decorations | led by th | Certifica | | | | | |
| | Fo be copied by the Commanding Officer on to the parchment | scharge | | | | | |
| | | | | | | | |
| | nd signed by the Officer Commanding his Company. (Squada equired into all matters brought before me in accordance w | rith | | | | | |
| (Place) Ottawa, Ont. | S.B. Sessell Here | re | | | | | |
| March 21st.1917 (Date) | Commanding 235-4 OJ Bu C | 7 | | | | | |
| 8. Certificate to be | signed by the Soldier on Discharge | | | | | | |
| I hereby acknowledge that I received a to the present date, subject to the | Il my Pay, Allowances and Clothing, and all just demands, reservations of the claims noted on the third page. | up | | | | | |
| (Place) Ottawa, Ont. | Without Thos Brank (Signature of Soldie | er.) | | | | | |
| (Date) March 21st.1917 | | ss.) | | | | | |
| When a soldier is absent through illne | ess or any other cause and it is not desirable to forward the manuscript copy should be sent for the man to sign, and when the sent for the man to sign, and when the sent for the man to sign, and when the sent for the man to sign, and when the sent for the man to sign, and when the sent for the man to sign, and when the sent for | ese nen | | | | | |
| | he case of a Soldier who takes his discharge n his own request, | | | | | | |
| I hereby declare that I do of my own | free will request to be discharged from His Majesty's Servi | ice. | | | | | |
| | (Signature of Soldie | er.) | | | | | |
| 10. St | catement of Service. | | | | | | |
| Service toward Engagement to(the date to which the Record of Service is completed)yearsdays. | | | | | | | |
| | Totalyearsd | iays. | | | | | |
| The discharge of the above-named man | firmation of Discharge. | | | | | | |
| | | | | | | | |
| (Place) Ottawa, Ont. | " (Signature) IB Versell H | Ev (| | | | | |
| (Date) March 21st.1917 | | | | | | | |

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.)

Witness Ard. Change Branch
Witness Ard. Ch. Serus

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Attestation Paper, Militia Form B. 235. Squadron Battery Company Conduct Sheet, Proceedings on Discharge B. 218. B. 263a. Copies of Convictions, by C. P. in MS. In the case of recruits who are rejected on final Med. Hist. Sheet, Militia Form B. 313 approval, the discharge documents will consist of Medical Report for Invalid* B. 227. (a) Proceedings on Discharge. Statement of Man's Account on (b) Attestation. Transfer and Last Pay Certificate, D. 877. (c) Medical History Sheet (in the event of such having been prepared.) *Only if discharged "Medically unfit."

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.

235та Вн. С. Е. F.

ATTESTATION PAPER.

ORIGINAL No. 1027453

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

| Brant |
|--|
| |
| Thomas |
| Sharmoneele |
| Shannouville Ont. |
| Thomas Brant |
| Shamonerele last |
| Father |
| 1st Ugarch 1899 |
| Saruer |
| No |
| |
| yes |
| 0 210 |
| Uo. |
| Mes |
| 1 yes |
| do solemnly declare that the above are answers are true, and that I am willing to fulfil the engagements to serve in the Canadian Over-Seas Expeditionary of therein, for the term of one year, or during the war now december than one year, and for six months jesty should so long require my services, or until legally the services of the second of the se |
| J. |
| Y MAN ON ATTESTATION. |
| do make Oath, that I will be faithful and the Fifth, His Heirs and Successors, and that I will as fajesty, His Heirs and Successors, in Person, Crown and bey all orders of His Majesty, His Heirs and Successors, to help me God. Signature of Recruit) |
| the Fifth, His Heirs and Successors, and that I will as fajesty, His Heirs and Successors, in Person, Crown and obey all orders of His Majesty, His Heirs and Successors, to help me God. |
| |

| Control of the | rent Age years months. | Distinctive marks, and marks indicating congenital peculiarities or previous disease. |
|-----------------------------|--|--|
| lati | letermined according to the instructions given in the Regu- ons for Army Medical Services.) | (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). |
| | 5 ft 6 1/2 ins. | |
| Chest measure- ment. | Girth when fully expanded. Range of expansion. 2 ins. | |
| Comp | olexion Dark | |
| | Brown | |
| Hair | Chestnut | |
| | Church of England Presbyterian | . Vi |
| ous tions | Methodist n Yes | A |
| eligio nina | Baptist or Congregationalist | |
| Religious denominations, | Roman Catholic | |
| | Other denominations (Denomination to be stated.) | |
| Date. | He can see at the required distance with eit use of his joints and limbs, and he declares that I consider him* for the Canovember 6th for | her eye; his heart and lungs are healthy; he has the |
| | CERTIFICATE OF OFFIC | ER COMMANDING UNIT. |
| | | THE CONTEST OF THE CO |
| | Thomas Brant | having been finally approved and |
| | recorded, I certify that I am satisfied with the | of Attestation, and every prescribed particular having correctness of this Attestation. |
| | November 6th. | (Signature of Officer) |

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

INSTRUCTIONS.

235тн Ви: G. E

- (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 |
|-----|---|
| | 235th 01 (Battaline 184 |
| | Julian Carlo |
| (2) | Regimental Number 1027453 |
| | M D $+$ |
| (3) | Full Name of Soldier Intrans Shank |
| | |
| | |
| (4) | Place of Birth Mannesonville, Unit |
| | |
| | |
| (5) | Are you married, or not? |
| | |
| (6) | If married, state, (a) Full name of your wife. |
| | |
| | |
| | (b) Present Postal Address |
| | (b) Present Postal Address |
| | |
| (=) | |
| (7) | Are you a widower? |
| (8) | Have you any children? |
| | |
| | If so, give number of boys and girls |
| | Also their names and ages |
| | |
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| | |
| | |
| | |
| | |
| | |

| (9) Is your Father alive? The art the front |
|--|
| If so, state name and address |
| (10) Is your Mother alive? |
| If so, state name and address. |
| (11) If your Mother is a widow |
| Are you her sole support, or not? |
| (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. |
| (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. Manage Manag |
| (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. |
| (15) Are you insured? |
| If so, in what Company? |
| Have you made arrangements for payment of your Insurance premium |
| If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make. |
| AB Sussell + Es |
| Officer Commanding. |
| Date |

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

| | This form to be used for all Ranks (V | | | | | | |
|--------|---|--------|-------|---------|--|-----------------|--------|
| | nental No. 1027453 Rank Prive 235th, O's B.'n C.E.F. | | | | | | |
| | | | | | | | |
| On | | | | | " transferred." | | |
| | *Insert | discn | argeo | l or | transferred. | | |
| | The following is a statement of the acco | unt of | the a | above-1 | named to date of transfer or discharge in | clusive | : |
| | Dr. | \$ | c. | | Cr. | \$ | c. |
| | Bal. Dr. from previous month | | | | Regimental pay2 Idays at \$1c | 0.3 | |
| | Total payments during period | | | | Field allowance 21 " \$c.10 | | |
| | | 10 | | | C7 other | | |
| ToL | Assigned Pay | | | Mar | other Credits (give particulars) | | |
| 3 | ren 21st van te en | 5 | | Me | rch 21st | | |
| " | Other Charges (give particulars) 512 | 3 | 06 | | | | |
| | Bal. Cr. on discharge or transfer | 15 | 04 | | Bal. Dr. on discharge or transfer | | |
| From | Total | 33 | 10 | From | Total | 33 | 100 |
| mont | h of | | | | and has been charged in a '' as case may be. | Pay-lis | st for |
| REM | ARKS:— | | | | | | |
| | State (1) date of enlistment | | 6. | 11.1 | 6 | | |
| | (2) if married and if a Separation | Allowa | ance | Card h | as been submitted | 49 sid 140 mg v | |
| | | | | | ly Unfit Do 233 | | |
| | | | | | | | |
| If dis | charged from the Contingent, state if | Stop . | Paym | ient a | lvice for Assigned Pay has been forw | rarded, | , and |
| date . | | | | | | | |
| of the | I have carefully examined this stateme | ent of | acco | unt an | d find it to be a correct extract from | | |
| | Date arch 21st 1917 | | | | James Dal | a | 24 |
| | Place ttawa. nt. | | | | /www. | | |
| M. F | . W. 44. | | | | | Paymas | |

M. F. W. 44. 200M—1-16. H. Q. 1772-39-903. 235TH BNI C. E. F. 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- | 11 - 1 | DCI VIC | |
|--------------------|--|--|--|---|
| | Unit, Regiment or Corps. 235 | -10 OS B | attali | M. 6.89 |
| tal No/02 | 7453Rank Oto Nam | ne Bras | it, II | homas |
| (a) 6/11/ | | 90 Ser | vice reckons | from (a) |
| promotion to | | | | cal position on of N. C. Os. |
| | | | | |
| | | . Quantication (o | | |
| From whom received | 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 |
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| 1 | oromotion to ont rank teport From whom | Unit, Regiment or Corps. 3.5. Ital No. 2.4.5 Rank | Unit, Regiment or Corps. 35 Cal No. 2 Sentence (a) Sente | Unit, Regiment or Corps 235 |

⁽a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

| Report | | | | casualties, etc., during active service, as re- | | | | | | | | | | | | | | | | | R | emar | ks | | | |
|--------|---------|---|--|---|--|------------|--|--|--|-------------|--|--|--|--|--|----|--|--|--|--|---|------|---|--|--|--|
| Date | From wh | rom whom received A 36, or in other official documents. The authority to be quoted in each case | | | | Place Date | | | | take Arm | | | n from Army Form B. 213, y Form A. 36, or other official documents | | | | | | | | | | | | | |
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MEDICAL HISTORY OF AN INVALID.

44-3-272

1. Station. Belleville, Ont. 8. General remarks on his:— Good were given 2. Regiment or Corps. 235th. O/S. Batt. (a) Conduct. 3. Regimental No. and Rank. 1027455 Pte. (b) Habits. Good 4. Name. Thomas Brant. (c) Temperance. Good 5. Age last Birthday. 15 (For this purpose the Company defaulter sheets will obtained from the man's Commanding Officer 6. Enlisted on 6-11-16. at Belleville. Ont. a blad will Date. 17-2-17 ins in bevier 7. Former Trade or Occupation. Farmer 9. Service. Years. Days. PERIODS. FROM. To. 235th. O/S. Batt. C.E.F. 6-11-16. 17-2-17. 10. (a) Disease or disability. Under age. (b) Date of origin. 1902. (c) Place of origin. Not applicable. Not applicable of the disability of the Manual of the disability o (d) Cause. -- 941-446---11. Present Condition. (Most Important) Big strong boy, first class condition , (To include full description of present disabling condition or conditions.) apparent age about 18 years, in good health. 18. State if Mr discharge on account of unfitness for Ser-

12. (a) Is the disability the result of service or climate? No

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

M. F. B. 227.

150 м—5-16. 1772-39-117. O or Harry

OPINION OF THE MEDICAL BOARD.

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

| | Does the Board concur with | the preceding repo | ort? If not, give di | mering opinio | n. |
|--------|--|------------------------|-----------------------|---------------|--|
| | | | | | |
| 10. | Yes | kyapa Pte. | | 200 | |
| 10. | | | | | |
| | | | (c) Thomasissoi | | |
| 11 | | • | | | |
| 11. | Yes | | this nursose the Co | | STATE OF THE STATE |
| | 100 on 2011 12 | where flually disposed | | | |
| | 2 Tage 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | Arrived | | | Station and |
| | | | | | Hospital |
| 12. | Yes | | | | |
| 15. | said Yes will well | | | mn M | i delitation il |
| | disposed of Discharg | Disease. | | | |
| | | | | | |
| 16. | Yes | | Years | | oled . |
| | | | | | |
| | and the same of th | | | | |
| 17. | Yes | | | | |
| | | | | | |
| | | emand to Regime | g, or remarks as to r | mbilavni le e | Summary of Cause |
| 18. I | s he unfit for Military Service | e. Yes, un | derage. | | T-2417. |
| | | | | | |
| | | | | | |
| ŀ | Recommendations: Tha | t he be dis | charged. | | |
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| | Late of origin. The re- | | | | |
| |). Place of original styles | | | | |
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| | | | EXECUT BOX, | | AD. Anni Agina |
| Signat | cures :— | | usas age alva | it the year | |
| | A | | ar n | me level | President. |
| | O leabold grantaleinha | | | Major F | R.M.C. |
| | | 0 8 | 1.5 | | m 1 2 |
| | | - B - B | ω_{j} | ever | 2014 |
| | Poll | | | Capt. A. | Members. |
| Statio | n. Belleville, Ont. | · / 3 | | Or So Harris | Wentbers. |
| Date. | 17-2-17. | 0 7 | , | Capt. A | MC |
| | | 5 | a.P. A. | | |
| | m 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | 70 | DADM 3 | Mil Dietr | ain, A.M.C. |
| Date. | MAR 19 1917 | 4 | | | edical Services. |
| Appro | oved. | pervice or elegan | 1 | 6 A | 3 |
| | 21 | 10 1 | Den 1 | 100 | un luly |
| Date. | and the state of | 1 | Director | -General of M | edical Services. |
| | | | 12 | | |

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

(At Station or Hospital where finally disposed of.) Station and Arrived Hospital from Date. If admitted. If under treatment. How fully Date of Disease. Discharge, &c. disposed of. Index No. From From Date Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt. Date of final Medical Board or decision. Administrative Medical Officer. Date of final disposal How finally disposed of The original Report is invariably to accompany the discharge documents of invalids. Name Regimental No. Corps Station Hospital or Station transferred to for DETAILED MEDICAL HISTORY OF INVALID. final disposal. Militia Form B. 150 m-5-16. H. Q. 1772-39-117. . 227.

| SURNAME. Drant | CARD NO. |
|---|--|
| CHRISTIAN NAMES Thomas | 505 dis. 21-3-17 3 |
| REGL. NO. 1027453 RANK () to. | D |
| UNIT 235-th | Bn. |
| FORMER CORPS Mil | |
| NEXT, OF KIN. | CHANGE OF ADDRESS |
| NAMES IN FULL Mant, I homas | |
| RELATIONSHIP TO SOLDIER Sather now | |
| ADDRESS Thannowillo, Ont. (With 6. 8.3.) | |
| | |
| | No. 12 Control of the |
| COUNTRY OF BIRTH anada Shannonville, Coute | Mas 1st 1899 |
| PLACE OF ATTESTATION Belleville, But DATE | Nov. 6th. 1916. |
| | |
| L. L. 10437. M. & D. 7253. M. F. W. 22, 100m.—1 | 1-16. H. Q. 1772-39-339. |

| MARRIED | SINGLE | yes w | VIDOWER | |
|--------------------------|--------------|------------|-----------------|---------|
| TRADE OR CALLING JON | met. | RELIGION | netho de | it |
| | DESCRI | | | |
| APPARENT AGE | 2 YEARS | 8 | MONTHS | |
| HEIGHT | 5. FEET | 6/2 | INCHES | |
| CHEST MEASUREMENT | INCHES | EXPAN | sion 2 | INCHES |
| COMPLEXION Wark | EYES | Brown | HAIR lehesi | trut |
| DISTINGUISHING MARKS | Mil | | Ant-Inglied St. | |
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| | 0 11 | The second | | , |
| MEDICAL EXAMINATION. PLA | CE Dellen | lle. Ont | DATE/LOV.6 | 1916. |
| | WALL AND THE | | | / |
| Tresent address | 28 Sho | unnons | ille, Ont | <u></u> |
| | | | | |

NAME Brank Thos. No. 1022453 RANK 9 % 235 th Battalion, b. E. F. T. O. S. 6-11-16 2.0. 1270 UNIT M. D. 13 PAID PAID PROMOTIONS, TRANSFERS, DISCHARGES, ETC. SIG. OR TO FROM REC'T PARTICULARS AUTHORITY 76: Disolyd Med. linft : 17.31. 10. 0. 233 of 21-8-17. afo. dosed by payment s.