REGIMENTAL DOCUMENTS

NAME COOPER ROBERTEDWIN REGT. NO. 3210713 UNIT & Brughtene NO.

	CONTENTO		TO WHOM FORWARDS	DATE FORWARD	M. F. W. 2505	
	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
3	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		- Company of the Comp	C 4 1 1		Category
7	TRAINING HISTORY SHEET (M.F.W. 113)			10/11		
1	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)				1	
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)			TT		Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. f79)			11/13		
	MEDICAL EXAMINATION (M.F.W. 129)				2	Jemolin
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)			The second second		
	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)			351	17	DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M.7W71					
			9			
				he has		

Procedure on discharging from the C.E.F., Soldiers called up under the Military Service Act, 1917, who, on Demobilization, were on unexpired Leave of Absence without pay.

P.C. 2865 of Nov. 20, 1918.

THIS FORM MUST BE RETURNED INTACT AND NO PART DESTROY

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								F	e	1	b			1	L	7	t	r	1																1	C)

Pte. Cooper, R.E.

Regimental No.

Ardrossan P.O.

Alta.



Regimental 3210713

Serial

1. You are directed to report on or before 26th,1919 for the purpose of being discharged from the Canadian Expeditionary Force.

Transportation to the Depot is enclosed herewith, and return transportation will be furnished to you after 363562-Myour discharge.

> 3. OR, as an alternative, you may execute, before a Notary Public, Commissioner of Oaths or Justice of the Peace, the release hereunder and forward same, on or before the said date, in the envelope enclosed for that purpose, together with the unused Transportation Certificate. A receipt for the release will be returned to you and will be equivalent to a Certificate of Discharge.

> Should you fail to report in person or forward the release mentioned, within the time aforesaid, you will be declared a deserter and be subject to Military Law.

Lieut. & Adjt.

First First Alta. Regt.

RELEASE.

Know all men by these presents that I, the undersigned, having sustained no disability from injuries received or illness contracted on Active Service or Duty, do hereby release, discharge and forever acquit His Majesty the King, in the right of his Government of Canada, of and from all rights of compensation, claims and demands which I have or may have for or in respect of any disability arising from injuries received or illness contracted on Active Service or on duty in or connected with the Military Forces of Canada.

Signed, sealed and delivered in the presence of

Notary Public, Commissioner for Oaths or Justice of the Peace.

Robert & Cooper

Regt. No. 3210713...

Unit Just Depot Batt

M.F.B. 218B (De 1077-D.P.-40M-11-18. 1772-39-178. (Demob.)

NOT TO BE FILLED IN BY THE SOLDIER.

Receipt for M.F.B. 218B (Demob.)

	Having received release, pursuant to Notice of (Order to report for discharge, Number
Na		of the
	Battalion Alta. Regiment peditionary Force.	is hereby struck off the strength of the Canadian Ex-
		Lt. & Adjt. Rank
	Authority Part II. Order No58	O.C. lst. Depot Bn. Alta. Regt.
M.F.B. 218B (Demob.) DA	DATED AT Calgary, Alta, thi	s 27th. day of Feb. 191.9

LIST OF DISCHARGE DOCUMENTS.

Particulars of Recruit	M.F.W. 133
Field Conduct Sheet	M.F.W. 178 or A.F.B. 122
Casualty Form	M.F.W. 54 or A.F.B. 103
Last Pay Certificate	M.F.W. 44
Certificate that Missing Documents are Unc	obtainable.
Medical History Sheet	M.F.B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227
Dental History Sheet	M.F.B. 465
Medical Report	M.F.W. 129
Regimental Conduct Sheet	M.F.B. 263
Company Conduct Sheet	M.F.B. 263a

NOT TO BE FILLED IN BY THE SOLDIER.

Receipt for M.F.B. 218B (Demob.)

	Having received releas	e, pursuant to	Notice of Order to	report for dischar	rge, Number	3210713
4.80	Name Pte Coop	er, R.E.		of thelst	ţ.	Depot
	Battalion		Regiment is hereby	y struck off the str		anadian Ex-
				Lt. & A	ljt.	Rank
	Authority Part II. Order No58		For the O.C	st. Dep	ot BnAl	ta. Regt.
M.F.B. 218B (Demob.)	DATED AT Cal	ary, Alt	a this	27th. day	of Feb.	1919.

NAME

COOPER

Robert Edwin

REGIMENTAL NO.

3210713

RANK

Pte.

ENLISTED AT

Calgary. Alta Promotions, &c.

DATE

16-5-18.

IF SERVED PREVIOUSLY, STATE UNIT, &c.

None.

MARRIED, WIDOWER, OR SINGLE

Single.

NEXT OF KIN

Mrs Rosanna Cooper RELATIONSHIP

Mother

ADDRESS OF

Ardrossan. P.O. Alberta.

ASSIGNMENT OF PAY \$

C. TO

None.

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

Not.

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &C.

NATURE	PA	RT II. D. O.	REMARKS
G. ABSENCE, PROMOTION, &c.	· No.	DATE	IF IN HOSPITAL, NOTE NAME, &c
Taken O.S.	138	16-5-18 27-2-19	
Discharged	58	27-2-19	
	4		
		*	

H. Q
M. D. No
Surname
Christian names Pallent Edwin D. O. Pt. II 1380f/8-5-18
Regtl. No. 3.2.10.71.3 Rank S. O. S. Dis 27.2.199
Unit Sta Regt, 1st Speason Demob
Auth. Do. 3 F. of 27:279 Walla R
Next of kin Darker Man Rasa Relationship Mathers
Address As Association Also notify:
BORN-Place Damada, Shelflan, Date Fram, 1940. 1896.
ATTESTED—Place Langer of Many Date Many Letter 1918
O/S R/C
W. 22—75m-5-18. 1772-39 839.

Fill in Only.-Unit, Number, Rank and Name.

Casualty Form—Active Service.

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

250M.—1-16.
H. Q. 1772-39-920.

3210713, Regiment or Corps 1 st Depot Batt'n. A. R. Regimental No. Rank Private Name Cooper, Robert Edwin, Duratifor of war. Enlisted (a) Service reckons from (a) Date of promotion to present rank.

Date of appointment to lance rank

Numerical position on roll of N. C. Os. Extended Qualification (b) Farm ere Report Record of promotions, reductions, transfers. Remarks casualties, etc., during active service, as retaken from Army Form B. 213. ported on Army Form B 213, Army Form Place Date From whom Army Form A. 36, or other Date A. 36, or in other official documents. The received official documents. authority to be quoted in each case. Discharged account demobilization. 27-2-19 R.O. 1357. D.O. 58 4-3-19 CALGARY, ALTA Officer i/c Records 1st Depot Ball'n Atberta Reg's

Report Record of promotions, reductions, transfers, Remarks casualties, etc., during active service, as retaken from Army Form B. 213 ported on Army Form B 213, Army Form Place Date Army Form A. 36, or other From whom A. 36, or in other official documents. The Date official documents. received authority to be quoted in each case.

asp.

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44. 1188 (D.P.) 250M.-12-18. 1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 3210713 Rank Private Name Cooper. R IST DEPUT BATT'N, ALBERTA REGIMENT Who was* Discharged.	.E.	
Unit who was* PISCORIGEC. On 27.2.19. 191. to. *Insert "discharged" or "transferred."		
The following is a statement of the account of the above named fromFeb Indefto Lea the inclusive date of transfer or discharge.	ve Pay	.1.1.5.F91
	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		.28.54
Field Allowance days at \$c	••••	
Separation Allowance Clothing Allowance Post Discharge Pay		3500
*Other Credits		
<u> </u>		
Advances		
*Other Charges C.D. V(M.F.D. 871).	159	
Balance on transfer or on discharge, cheque No. 7823n (March The que).	61.95	
Total *Give particulars.	The state of the s	.63.54
A monthly stoppage of \$	naCoop. (mot)	er
(Address) (†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid		
ON TRANSFER OF AN OFFICER.		
Outfit Allowance of \$has been paid by Paymaster, Military District No		
REMARKS:— Discharged by mail. State (1) date of enlistment	ngle si n	gle.
(2) Separation Allowance, entitled or not		
(4) Authority for discharge or transfer D.O 59. Part. II		
NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on the		
I have carefully examined this statement of account and find it to be a correct extract from the Particle or soldier.	ay Account	of the officer
MAR 7 - 1919		
Place CALGARY, ALTA Whiteecock		pt,
N.B.—(A) This form is to be used for all ranks (vide Article 122-180 and 141) Financial Instructions, C.E.F., 1916. (B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions Order No. 1807, dated 12th Nov., 1918. Payment of the balance will not be made and the words "er on discharge (C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and record. As payment of the balance will have been made, the words "on transfer or" will be deleted. (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with warded to the District Paymaster.	ctions as laid of cheque No." w one copy for	lown in Routine vill be deleted. retention as a

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMO	UNT	Signature of Officer Making Payment.
			Dr.	Cr.	and any and any and any
	74	rg - 10614.			
		Taytedacette / Pastoria	21.40		
	TAL COLOR OF	171 - 095 and learn 1720s		ist to line	COMP of the Company o
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		one of the second secon		66	Philosophia and Salar P
					ewala idilahasa Silahasa La Yalasa
		Services of the Community of the Communi			
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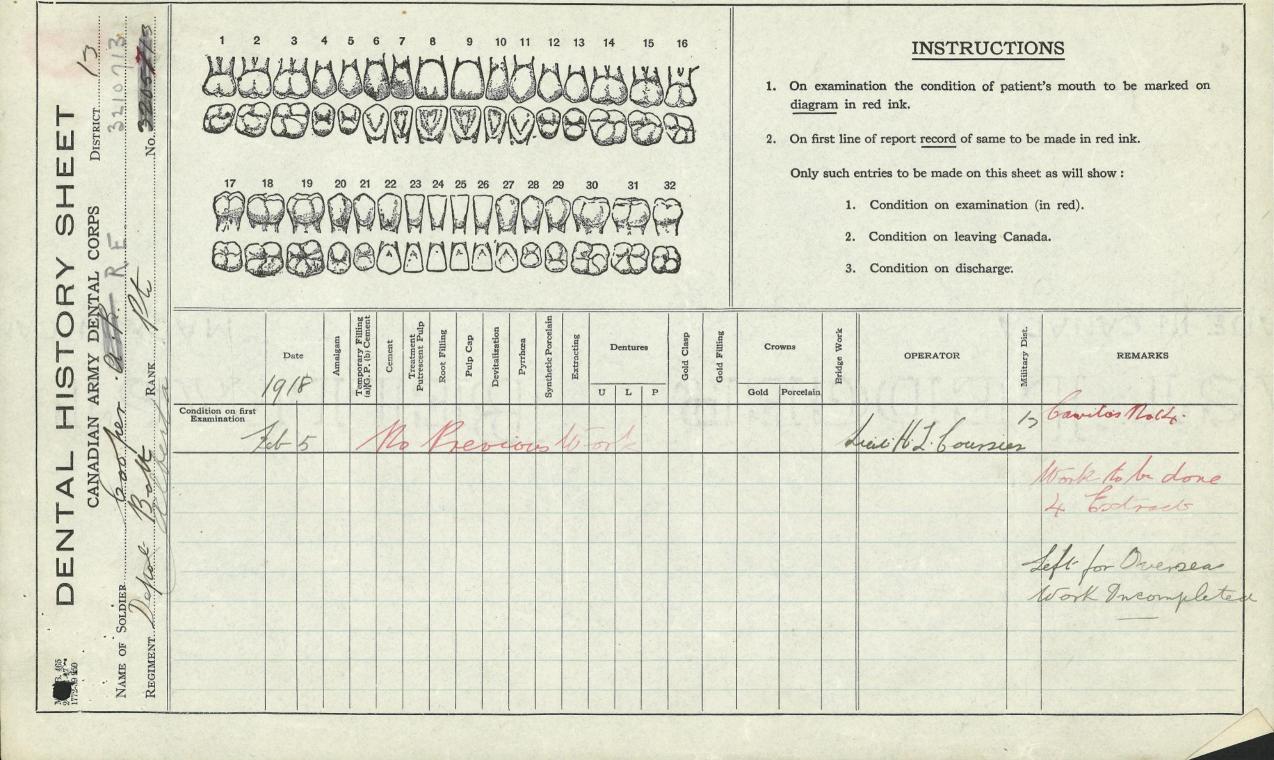
ALBERTA - RIGI n 13 · FIRST ALBERTA. ALBERTA. Regiment

Regtl. No. 3210713

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)
Cooper
1. Surname Robert Edwin
2. Christian name Ardrossan PO, Alberta.
3. Present address
4. Military Service Act letter and number 363562-MC•
5. Date of birth January12, 1896
Backdale, Grey County, Ontario. 6. Place of birth. (town, township or county and country)
6. Place of birth. (town, township or county and country) 7. Married, widower or single.
8. Religion. Methodist
8. Religion.
9. Trade or calling. Mrs. Rosanna Cooper,
10. Name of next-of-kin.
11. Relationship of next-of-kin Mother,
12. Address of next-of-kin Ardrossan PO, Alberta (All necessary)
13. Whether at present a member of the Active Militia
14. Particulars of previous military or naval service, if any None
15. Medical Examination under Military Service Act:— Col cary Alberta 16-5-18
(a) Place Calgary, Alberta 16-5-18 (c) Category (c) Category
I,, do solemnly declare that the above particulars refer to me, and are true. (Signature of Recrui
Apparent age. Apparent age. Height ft ins. Chest fully expanded ins. range of expansion ins. Complexion Eyes. Hair.
Place Calgary, Alberta Date 16-5-18 M. F. W. 133. 500 M.—8-17. 1772—39—1158.



31

MINTARY SERVICE ACT, 197. ORIGINA MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

	per	Christian name_	Robe	ert Edu	m
Number of report for receipt or schedule.					
3. Consecutive number					3 2 6 x / Yu
on it)	•••••				
 Address (including stream and number, if any) The following are according to the stream and number. 					assessined by the
	tion on the 16				
	lical board sitting at.				
5. Age as stated 22					
7. Height 5	Feet 11 Inch				
9. Chest measurement	Minimum 34 I	ns 10. Complexio	. Fair		{ Eyes Blue Hair Lt.Bro
	Maximum 38	ns.			(Hair_Lt.Bro
1. Physical development.	Good	Fair Poo	r 12. Sn	nallpox marks	None
12 No. 1					
3. Number of vaccination	Left arm	X 14.	When va	ccinated last Ne	ver.
5. Distinctive marks and	marks indicating congeni	ital peculiarities or p	revious dis	sease None	EN DE LA COLON
(Strike out disease a	dmitted or suspected.)	le find no evidence o	f past {]	yphilis	20
(Strike out disease a We have exam n accordance with t	dmitted or suspected.) ined the above nanche C. E. F. Regulate and he is placed in (ned man	f past { Tsion	Suberculosis 29	y normal M. G. Member.
(Strike out disease a We have exam n accordance with t	dmitted or suspected.) ined the above nanche C. E. F. Regulate and he is placed in (ned man ions for Category	f past { Tsion	Juberculosis 29 pyphilis R. D. RT. RT. RT. RT. RT. RT. RT. RT. RESident.	n.c.
(Strike out disease a We have exam n accordance with t nedical examinations,	vaccinations	med man cions for Category	f past {] Visio	Juberculosis 29 pyphilis R. D. RT. RT. RT. RT. RT. RT. RT. RT. RESident.	Member. NOCULATIONS, ETC.
(Strike out disease a We have exam n accordance with t nedical examinations,	dmitted or suspected.) ined the above nanche C. E. F. Regulate and he is placed in (med man cions for Category mber.C. A. M. C. Date Date S. M. O. 3/5-/ S. C. M. C.	f past {] Visio	Juberculosis 29 pyphilis R. D. RT. RT. RT. RT. RT. RT. RT. RT. RESident.	Member. NOCULATIONS, ETC. Capitals C.A.M.C. M.O.
(Strike out disease a We have exam n accordance with t nedical examinations,	vaccinations	med man cions for Category	f past {] Visio	Juberculosis 29 pyphilis R. D. RT. RT. RT. RT. RT. RT. RT. RT. RESident.	Member. NOCULATIONS, ETC. Captain C.A.M.C. M.O. C.A.M.C. M.O. Contain
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(Strike out disease a We have exam n accordance with t nedical examinations,	vaccinations	med man cions for Category mber.C. A. M. C. Date Date S. M. O. 3/5-/ S. C. M. C.	f past {] Visio	Juberculosis 29 pyphilis R. D. RT. RT. RT. RT. RT. RT. RT. RT. RESident.	Member. NOCULATIONS, ETC. Captain C.A.M.C. M.O. C.A.M.C. M.O. Contain
(Strike out disease a We have exam n accordance with t nedical examinations, Date Result	VACCINATIONS VACCINATIONS CAME VACCINATIONS	med man cions for Category mber.C. A. M. C. Date Date S. M. O. 3/5-/ S. C. M. C.	f past {] Visio	Juberculosis 29 pyphilis R. D. RT. RT. RT. RT. RT. RT. RT. RT. RESident.	Member. NOCULATIONS, ETC. Captain C.A.M.C. M.O. C.A.M.C. M.O. Contain
(Strike out disease a We have exam accordance with the nedical examinations, Date Result Conned Con	VACCINATIONS Vaccinations day of	ned man cions for Category Date M.O. 8-6/1 M.O. 76/18	f past {] Visio	President. ANTI-TYPHOD Remely Remely Remely	Member. NOCULATIONS, ETC. C.A.M.C. M.O. C.A.M.C. M.O. C.A.M.C. M.O. C.A.M.C. M.O.
We have examinations, accordance with the nedical examinations, and the nedical examinations are nedical examinations.	VACCINATIONS Vaccinations day of	med man cions for Category mber.C. A. M. C. Date Date M.O. 76/8 M.O. 76/8 REG'TL NUMBER	f past {] Visio	President. ANTI-TYPHOD Remely Remely Remely	Member. NOCULATIONS, ETC. C.A.M.C. M.O. C.A.M.C. M.O. C.A.M.C. M.O. C.A.M.C. M.O.
(Strike out disease a We have exam n accordance with t nedical examinations, Date Result Joined I Tansferred to	VACCINATIONS Vaccinations day of	med man cions for Category mber.C. A. M. C. Date Date M.O. 76/8 M.O. 76/8 REG'TL NUMBER 32/07/3	result Result Lu Lu Lu Lu Lu Lu Lu Lu Lu L	Lang LFT. President. Anti-Typholo Remely Remely Remely Habits	Member. NOCULATIONS, ETC. CAM.C. M.O. CAM.C. M.O. CAM.C. M.O. DATE 16-5-18

DATES OF Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. Date of Arrival Number of Signature of Admission into Hospital Discharge from Hospital. STATION. at the DISEASE. Medical Station. Hospital. Officer. Day Month Year Day Month Year Name. Christian Surname