REGIMENTAL DOCUMENTS REGT. NO. 3185996 UNIT 260 B2 H Q. FILE NO. M. F. W. 2505 NON-EFFECTI DATE FORWARDED CONTENTS TO WHOM FORWARDED DATE RECEIVED REFERENCE DEATH ATTESTATION PAPER (M.F.W. 23, 133, or 51) 00777 Category CASUALTY FORM (M.F.W. 54 or A.F.B. 103) 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) DISCHARGE MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) Category DENTAL HISTORY SHEET (M.F.B. 465) 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 LAST PAY CERTIFICATE (M.F.W. 44) 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) horse form of Will W 2589 100M-11-18 1772 39-1377

m. D. 6 FORM OF WILL

P	3, /2	ichard Caron	(Name in full)					
, P	Regimental Number 3 18 59 96 serving in part 4							
b	of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and							
1	declare this to be my last Will.							
		I devise all my real estate	unto					
~	De	ll R. Cairen	Name and Address					
)	0		of person or					
) 3	onthe angus	persons to whom					
No.)	m. S.	it is to go.					
V	absolutely,	and my personal estate I bequeath to	······································					
0	-4	on har	Name and Address					
N	2001	a se carr	of person or					
1	8	TP and 12 4	as Co persons to receive					
		non organ	personal estate*					
		m. S.	(See note).					
	NO							
	NO.							
	This space appoints	nent of						
	Execu							
		A STATE OF THE STA						
	IMPOR	TANT 3, of W	A.a.					
	NOT This must		A.D. 191 8					
	and Da	ted by	air					
	THE SO	***************************************	Signature of Soldier.					
	*N.B. Pers	on al estate includes pay, effects, money in bank, insurance policy.	in fact everything except real estate.					
		ALCO I						
	Signed and	acknowledged by the Testator as and for his la	ast Will in the presence of us					
		t at the same time, who in his presence, at his						
		nave hereunto subscribed our names as Witnesse	발생 중이 되면 나를 보면서 시간이라고 있어요 경우를 보는데 시간에 있어 있다면 하는 것은 것이 없는데 모든 사람이 없다.					
		619						
		Signature of First Witness	Lason					
		Address of Witness 15t DEPGT BALL	ALION, Nova Scetia Régiment.					
-	THE TWO	60	1					
3/	WITNESSES	Occupation of Witness						
	MUST	Signature of C. 1777.	11/Denes					
	SIGN HERE	Signature of Second Witness	not also a scalla Regiment					
		Address of Witness.	15 01, 110 112 0001111 1102.1110					
		Out of the	R					
		Occupation of Witness						
	M. F. W. 82. 300m12-16. 1772-39-983.							

Org nat Caaclable
Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 10s. 500M.—9-16 H. Q. 1772-39-920.

Casualty Form-Active Service.

		1 0	Unit, Regiment or Corps.		g Scoti	in Ref				
	Regimental No. 3/85996 Rank to Name Caurns, Richard.									
	Enlisted	red (a) 30.5.18 Terms of Service (a) 66.5. Service reckons from (a) 30.5.18								
	pre	promotion to sent rank	to lance rank	J	11	of N. C. Os.				
		Report	Record of promotions, reductions, transfers,			<u> </u>				
	Date	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				
6.10	. 18	260 Bn.	20.5. on transfer from	Victoria	5.10.18	20.25.				
4.2	.19	11.64R.	Sol Deserber by 6 of I held	-1	24.12.18	DO.55				
			by the 260 Bn. in 19-11-18.	A	19.11.18	amended by a0#35 d/12 =				
				College College	Soft.					
bi	W									

¹⁾ 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.

Report		sport Record of promotions, reductions, transfers,			Remarks
ate	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	taken from Army Form B. 213, Army Form A. 36, or other official documents
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TORN.				4 10 H	
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		X.			

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 3185996 Rank. Pte. Name. CAIRNS, (Surname first)	R.V.	
Unit 260th Battalion, CEF.S. who was* S.O.S. as a deser	ter	
On 24th Dec., 191.8, to *Insert "discharged" or "transferred."		
The following is a statement of the account of the above named from 1s.t. Dec to. 20	th Dec.	1918
the inclusive date of transfer or discharge.		
	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		28 95
Regimental Pay. 20 days at \$.10.0.c	••••	2 -
Separation Allowance Note: - No charges have been made Ex x for AWOL.		
Clothing Allowance as this office has no record of date of.		
Post Discharge Pay	h	
*Other Credits Cairns was trans. to 11th C.G.R. by 260t Btn. No payments were made by this		
Advances M.D.#11 on acct. of this L.F.G.		
Separation Allowance and Assigned Pay Cheque No	20 -	
*Other Charges		
Balance on transfer or on discharge, cheque No. Credit.	30 95	
Total	.50. 9.5	50.1.95
*Give particulars.		
Assigned Pay for the month ofDecember1918 } and Separation Allce. for month of		
ON TRANSFER OF AN OFFICER.		
Outfit Allowance of \$		
REMARKS:— State (1) date of enlistment	ingle	
(2) Separation Allowance, entitled or not		
(4) Authority for discharge or transfer. Dis. Order #321, d/ 19-2-19.		
NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on t	ransfer.	
I have carefully examined this statement of account and find it to be a correct extract from the Pa or soldier.	y Account o	of the officer,
Date 15th April,1919.	FAM	
Place Vancouver, B.C.	Panmant	Capt.
N.B.—(A) This form is to be used for all ranks (vide Article 122-130 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 (C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy 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.	ge cheque No." opy for retenti	lown in Routine will be deleted. on as a record.

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.	
Date	Flace	or Other Farmeniais.	Dr.	Cr.	making rayment.	
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	National Control					
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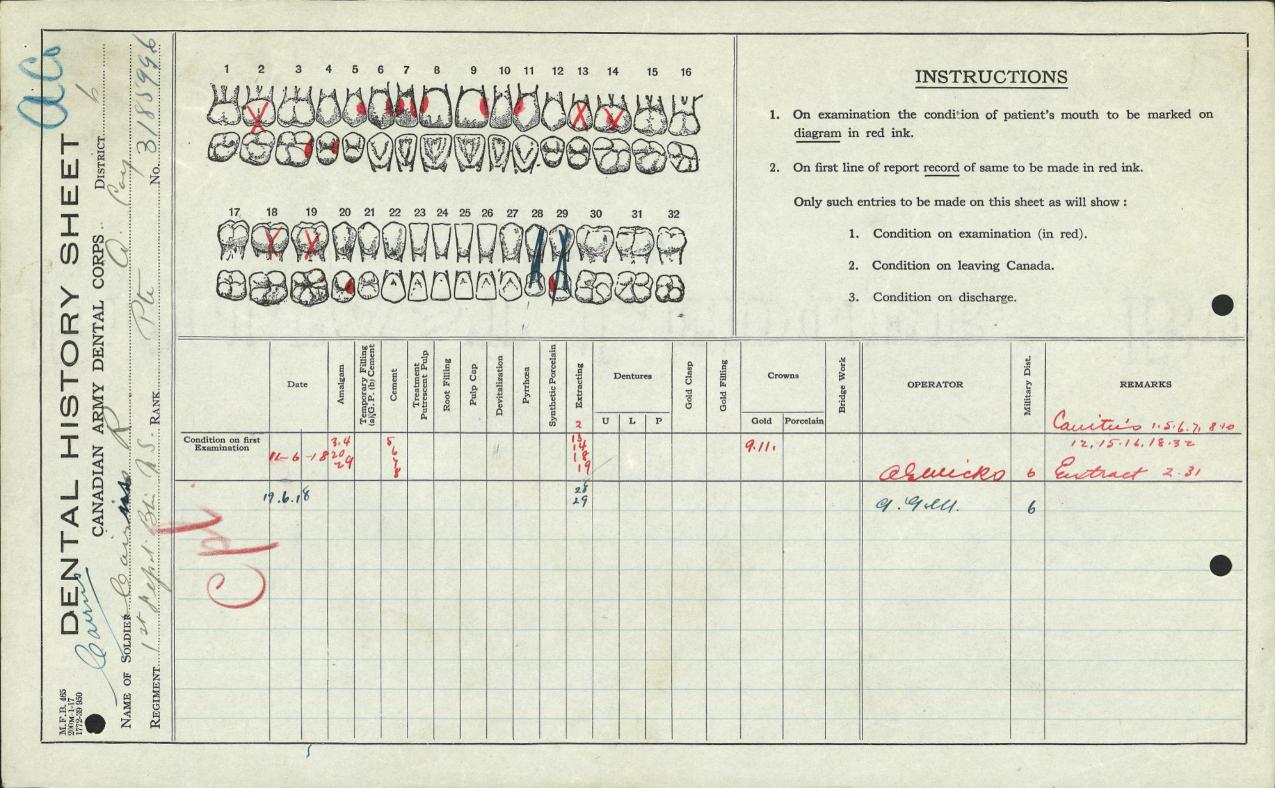
M.S.A. 15.

MILITARY SERVICE ACT, PRIGINAL 3185996
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 on application to any Postmaster master to a Registrar or Deputy I Medical Board to the District Of Deputy Registrar.	be handed to him) must be at in Canada, or be sent by hin Registrar under the Military ficer Commanding unless in	trached by him to a report after he has noted upon Service Act. In any ever astructions have been give	t for service or it the number at the duplicat en by the lat	on the receipt he te medical history ter to forward it	ion which he may obtained from the sheet will be sent direct to a Regis	make e Post- by the trar or	
1. Surname Richar	dxx Cairn	Christian name	Richar	d.			
2. Number of report for s receipt or schedule	service or claim for exe	mption according to	Postmaster	r's U	olun	fas	ny.
3. Consecutive number of		porting for service (if he appea	ursl			1
4. Address (including street and number, if any)				. 0			
The following are accu	rate particulars wi	th regard to the a	bove name	and the state of t			
	on on the 3/	501	mo.	1 ban	1918, b		3
	Years // Mo		rent age	Years	M	onths	3
		es. 8. Weig		2 Pound			/
9. Chest measurement	Ainimum 36/V In	Complexion s.		la {	Eyes Blu Hair Dh	Brown	2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 ×
11. Physical development	Good.	Good Fair Poor	12. Smallp	oox marks	nil:	5.	≥
13. Number of vaccination	marks { Right arm	14. V	Vhen vaccin	ated last Bhil	dhovel and	11906	Ian
15. Distinctive marks and m							Signature of Man
(Strike out disease ad: We have examin in accordance with the medical examinations, a	ned the above name C. E. F. Regulat	ions for \\	(Syph)	sident.	1900 al	mber.	S
Date Result	VACCINATIONS ,	Date	Result	ANTI-TYPHOID IN	NOCULATIONS, ET	ro.	
10-18 Marca	damon	M.O. 3-9-18	147	w Jun		M.O.	am
		M.O. 11-9-18	2	m In	.	M.O.	
Joined 30 44	day of	20y 191	at	aca	eval.	51 5	方人
	Corps	REG'TL NUMBER	На	BITS	DATE		8
Joined on enlistment Transferred to	AND R.	3/859956			••		
EXAMI	NED OR DISCH	HARGED BY A	MEDI	CAL BOAF	RD.		
STATION	DATE	DISEASE		I I	RESULT		
Aldershot	31-5-18	Nil		Catego	ory a	71	
N. B.—This sheet is to be di	ispaced of in accordance with	instructions in the Popul	otions for A-	10.00			

DATES OF Remarks on nature of the disease; how induced; if mild or severe; if com pletely 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. Number of Signature of Date of Arrival Admission into Hospital Discharge from Hospital. STATION. DISEASE. days in Medical at the Hospital. Officer. Station. Day Month Year Day Month Year Christian



* Strike out words not applicable.

AEW.

4						12 1	(7)	11
ecruiting	Office at	Boston,	.Mas a	 Serial	Number	10.		

Form of Application for Acceptance for Enlistment.

Sir: C E F C. E. F
I hereby offer myself for enlistment in the **Canadian Expeditionary Force and certify that the following statements are correct:
Surname Cairns Christian names Richard
Full address Adams Hotel, Boston, Mass
Date of birthJuly 26th, 1892
Birthplace South Angus, N. S. Canada
Occupation or trade Tailor
Nationality Canadian
Name and present address of parents or next of kin . (Mather). Mrs. Dell. Cairne
South Angus, N. S. Canada
Married or singleSingle
Number of children under 16 years of age or others dependent on you for support
Nil
Do you agree to be vaccinated, re-vaccinated or inoculated if required?Xes
Are you an American citizen?
I fully understand that the *transportation request, *subsistence and *lodging monies re-
ceived by me have been so received on the express condition that I forthwith present myself for
enlistment at
Place Boston, Mass Date May 27th, 1918 * Accepted for enlistment (Signature of Applicant)
Date May 27th, 1918 KlChurk Curno
* Accepted for enlistment * Rejected
I have advanced to the above named applicant *dollars *dollars
cents, in name of subsistence allowance *anddollarscents, in
name of lodging monies.
(Signature of Recruiting Officer)

PHYSICAL EXAMINATION REPORT.

(Applicant stripped)

Heightinches		
Weightlbs.		
Vision—		
Right eye		
Left eye		
Hearing— Right ear		
Left ear		
A STATE OF THE PARTY OF THE PAR		
Chest measurement:		
At Expirationinches		
At Inspirationinches (Fully expanded)	per actor the	
Remarks		
A	1.00	
I certify that I have personally examined the applic	ant and that to the best	of my knowledge
and belief he { *fulfills *does not fulfill the physical and legal req	winamanta fan aggantan	as for onlistment
	unrements for acceptan	ce for emistment
in the *British Army *Canadian Expeditionary Force		
* Strike out words not applicable.	(Signature of Re	cruiting Officer)
Diffic out would not approximate		
Samuel and the second s		
- MEDICAL EXAMINATION	N REPORT.	
(Applicant Stripped)		
5-7/2		
Height	Evaminadhul	W. J. I.D.
Height 5-7/2 inches Weight 155 lbs.	Examined by I	Medical Board
Weight		
Weight	AND FOU	ND FIT
Weight	AND FOU	ND FIT
Weight	AND FOU	ND FIT
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Weight	AND FOU OT. Ja W. W. For Boston Dat	MAY 27 1918 eported above the
Weight	AND FOU OT. Ja W. W. Fies Boston Date and have correctly report and belief *he is *he is not	MAY 27 1918 eported above the
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ATTESTATION PAPER.

ORIGINAL, No. 3185996

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BE	
1. What is your surname?	(ANSWERS.)
1a. What are your Christian names?	
	South Angus, Yar Co. N.S.
2. In what Town, Township or Parish, and in what Country were you born?	
3. What is the name of your next-of kin?	Dell R. Cairns
4. What is the address of your next-of-kin?	South Angus Yar. Co.N.S.
4a. What is the relationship of your next-of-kin?.	
5. What is the date of your birth?	0.7. 0041 0000
	Clerk
	Single, 18 .40
8 Are you willing to be vaccinated on re-	Yes.
9. Do you now belong to the Active Militia?	No.
0. Have you ever served in any Military Force?	No.
If so, state particulars of former Service. 11. Do you understand the nature and terms of your engagement?	Yes.
2. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes
3. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No. TC
4. If so, what was the nature of the disability?	None.
5. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No. A. C.
6. If so, what was the reason?	None,
I, Richard Cairns made by me to the above questions and that they are true by me now made, and I hereby engage and agree to serve Force, and to be attached to any arm of the service therei existing between Great Britain and Germany should that after the termination of that war provided His Majesty sh discharged. Date May 30th 1918.	, and that I am willing to fulfil the engagements e in the Canadian Over-Seas Expeditionary n, for the term of one year, or during the war now war last longer than one year, and for six months
OATHY TOO DE TOUTON DE TOU	
OATH TO BE TAKEN BY MA	IN ON ATTESTATION.
pear true Allegiance to His Majesty King George the Firn duty bound honestly and faithfully defend His Majesty, Dignity, against all enemies, and will observe and obey all and of all the Generals and Officers set over me. So help	His Heirs and Successors, in Person, Crown and orders of His Majesty, His Heirs and Successors.
Date May 30th. 1918.	(Signature of Witness)
CERTIFICATE OF M	IAGISTRATE.
The Recruit above-named was cautioned by me that questions he would be liable to be punished as provided in The above questions were then read to the Recruit i I have taken care that he understands each question duly entered as replied to, and the said Recruit has made	in my presence. n, and that his answer to each question has been
pefore me, atAldershotCampN.this50th	day of May 1918.
M. F. W. 23.	(Signature of Justice)
N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY I	PERSON MAKING A FAISE ANSWER TO ANY OF THE AROVE

M. F. W. 23. 750 M.—1-17. H. Q. 1772-39-841. . januaring yantactey

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TT-1-1		Date on	org			
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	T.F.W.on .TMV	sural di	gout	100	ar est on closed A	The state and a second
Chest measure- ment.	Girth when fully expanded		Ling			
981	Range of expansion					
Comp	plexion De	ark . Te	drog.	S 11 (12 10 3	The Town Page of	
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	Dj	c. Brown.	e, n. f. c.			
	(Church of England		. RoY			
	Presbyterian		*01	Same.	Autocitio)	
.63	Methodist		+0%	L	MATTER VIRTOR TO 1	
ous			* 22.07			
Religious nomination	Baptist or Congregation					
Religious denominations	Roman Catholic			The state of	The second	
70	Jewish		anov	and the second		O CHANGE OF THE
	Other denominations (Denomination to be stated.)		* (1)	-		
	use of his joints and li I consider him*	equired distants, and he of	nce with eit declares that	her eye ; his l he is not subj	neart and lungs a	
been a			the Recruit unfit, f unfitness:—	he will fill in the fo	oregoing Certificate onl	y in the case of those who have
	ess numbrage dell elss					
				4,3	4	
	eritt ik Portonik V.,	-	4.	T. Uses	8 por	May 30th.
-		194 OA	isless w			
	CE	RTIFICATE	C OF OFFIC	CER COMMA	NDING UNIT.	r todar di mes selp da (TDF). La sel Sulsa demonata sa Militari ya
	t ant recueses done	acha	a bo	un	having bee	en finally approved and
inspe	ected by me this day,	and his Name	e, Age, Date			ribed particular having
been	recorded, I certify the	at I am satisf	fied with the	correctness of	this Attestation.	STSBIA DE CONTRACTOR
			7.1	. Itip	hem MAJOR	(Signature of Officer)
Date	May ?	oth.	O. C. "A" C 191 \(\).	oy. 1st Depot	Batt'n, N. S. R.	

	H. Q
	M. D. No
Surname Cours	T. O. S. Trong 2. 8. 19. 18
Christian names Resolution	
Regtl. No. 3 18 5796 Rank Plank	S. O. S. 24 12 19 18
Unit to S Case Land law Care	Reason Westrier,
	Auth. D. D. D. 2 4/2/19 11 10 les (Court Engury held by 2 to body Blu (5)
Next of kin la airns, Mrs Dell R	
Address South angus, yarmouth	Also notify:
J J AS	
2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
A	A 1
BORN-Place Canada, South Pagua n Spate	
ATTESTED—Place aldershat Camp M. Date	may 30 Ft 1918
O/S	R/C
W. 22-75M-5-18. 1772-39 839.	

RATE OF SEPARATION ALLOWANCE

MILITIA AND DEFENCE

C 17601 Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT							
2000							

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 3/85996			Name	
Rank R & M Promoted	Reverted	Discharge	Address	
Soldier's Name Richard	Vincent 6	airus		Change of Address
Battalion Siberian	Inoph,		1	MISS ETHEL HUTCHINSON,
Beneficiary	0.		2	% DR.CLARK, KENTVILLE, N.S. 20 20.00
Relationship			3	% 3185996 RFM. RICHARD VINCENT CAIRNS TWENTY DOLLARS
Address			4	

	Address						4
	Date / 9/8.	Cheque No.	Amount S/A	Amount A/P	Total		2658 R-13. REMARKS
Magan.	DEC	B 60179 M 64032		20 20	20	v	a. W. L. 31/12/18. Auth. Dil. M. P. 10/12/18. Ale. closed 31/12/18. MRO. 2B. (53250) M. F. W. 18 y rendered MD. 11. J. H. G. 17-12-18.
He me							
# 11 893.3							eutepak)
M. F. W. 128. 1. 6.17—1723-39-1141. 22320—M. & D. 7893							

FOR m. mcElligate

NEW ACC'T. 3-11-18

Date of Assignment

RATE OF ASSIGNMENT						

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.				Name		
Rank	Promoted	Reverted	Discharge	Address		
Soldier's Name					Change of Address	
Battalion				1		
Beneficiary				2		
Relationship				3		
Address				4		

Date	Cheque No.	Amount A S/A	mount A/P	Total	REMARKS
1993					
238. D. S. D. S.					
, W.					
M. F 22320					
M. F. W. 128. 4004 - 6.17-1772-39-1441 L. L. 22320-M. & D. 7993.					
					AUTHORITY)
y			4		FAND
3					THE REAL PRINCIPLE AND ADDRESS OF THE PERSON

M. or S. Lingle CASUALTIES, AFFECTING PAY AND ALLOWANCES Jouth Angus Harmonnt Coy. Name and Address of Next of Kin ho Sell barras PARTICULARS EFFECTIVE AUTHORITY 1-10-18 D.O. 44.9.1 27-11-18 J.O. 67-101 Separation Allowance \$ Effective Date By Whom Paid Relationship Payable to Address ACQUITTANCE ROLLS CASH PAYMENTS TOTAL COL. No. 1 COL. No. 2 COL. No. 3 COL. No. 4 L. L. Job 48205 M. & D. 20-9-18-12M No. DATE No. DATE No. DATE No. DATE No. DATE No. DATE COL. No. 1 COL. No. 2 COL. No. 3 COL. No. 4

\$ C \$ C \$ C \$ C 10 00 12 00 19 00 11 035 Jec w 15/4 At not yet reope rebransfer 20 B Carried Forward

Regimental No.......Rank.....Name...... PAY OTHER CREDITS OF RATE OF CREDITS OF CRED MONTH Carried Forward

DEFERRED PAY AVAILABLE SEP. FOR ISSUE ALL'CE BALANCE ASSIGNED PAY OTHER CHARGES CHARGES

CANADA COUNTRIES

OTHER CHARGES CHARGES TOTAL DEBITS REMARKS DEBIT CREDIT s c s c \$ C