9/1/19 ans

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages..... 1

Casualty Forms..... 1

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Disch Parchment Certificate..... 1

Medical Report for Invalids..... 1

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit..... 1

Last Pay Certificate.....

M.F.W. 71 1
Receipt for Soldier's Dres. 1
A8B122 1
M.F.W. 113 1
Disch 1
M.F.W. 129 1

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—895.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name CARPENTER ERNEST ROBERT

Regt. No. 3326102 Rank Pte

Corps 2nd Depot Bn. E.O.R. P08108

Demobilization

C

H

3

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.)

DEPT. MILITIA & DEFENCE
DEC 20 1918
H.Q. CANADA

No.	3326102
Rank	Pte.
Surname	Carpenter
Christian name	Ernest Robert.

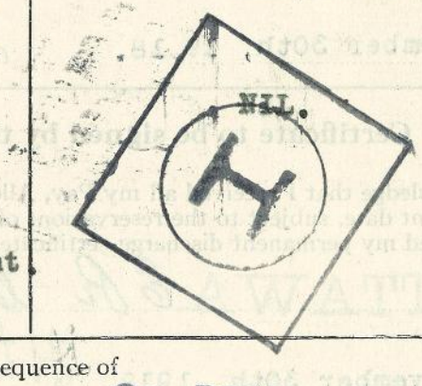
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company)	2nd. DEPOT BATTALION, Eastern Ontario Regiment
Date of discharge	November 30th, 1918.
Place of discharge	OTTAWA.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	22 years 8 months.
Height	5 feet 8½ inches.
Complexion	Light
Eyes	Blue
Hair	Light.
Trade	Farmer.
Intended place of residence (To be given as fully as practicable.)	Fairfield East, Ont. RR. #L.

Descriptive marks



2. The above-named man is discharged in consequence of ON DEMOBILIZATION

Authority for discharge R O. 1328

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good.

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.)

Farmer.

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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.

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.

(Date) November 30th, 19 18.

Commanding for O. C. 2nd. Depot Bn. E. O. R.

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, and that I have received my permanent discharge certificate.

(Place) OTTAWA E R Carpenter *(Signature of Soldier.)*

(Date) November 30th, 1918. H L Bond *(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.

E R Carpenter *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to..... (the date to which the Record of Service is completed).....years.....148.....days.

Total.....years.....148.....days.

11. **Confirmation of Discharge.**

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

(Place) OTTAWA.

(Date) November 30th, 1918.

(Signature) for O. C. 2nd. Depot Bn. E. O. R.

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.)

NIL.

E R Carpenter

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	
Squadron / Battery / Company Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form B. 313	
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form W. 23	
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

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 2nd. DEPOT BATTALION, Eastern Ontario Regiment.

Regimental No. 332610 Rank Private C. E. F. Name Carpenter Ernest Robert

Enlisted (a) 5/2/18 Terms of Service (a) 6. E. F. Service reckons from (a) 5/2/18

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

Extended ..... Re-engaged ..... Qualification (b) Farmer

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				
		S.O.S. 2nd. Depot Bn.	E. O. R., B. O.	3355	W. Mc. Geo. Major. for O. C. 2nd. Depot Batt., N. O.

(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		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				

3 M. D. 2nd. Depot Bn. E. O. R. Depot Battalion ..... Regiment

ORIGINAL

Regtl. No. 3326102

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname: Carpenter
2. Christian name: Ernest Robert
3. Present address: Fairfield East, Ont. RR# 1
4. Military Service Act letter and number: PC. 956599
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension. or surrender)
5. Date of birth: 14th March, 1896.
6. Place of birth (town, township or county and country): Algonquin, Ont.
7. Married, widower or single: Single
8. Religion: Baptist
9. Trade or calling: Farmer
10. Name of next-of-kin: Mrs. Emma Carpenter
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: Fairfield East, Ont. RR# 1
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: Nil
15. Medical Examination under Military Service Act :—
    (a) Place: Brockville, Ont. (b) Date: 22nd Oct, 1917.. (c) Category: A-2

DECLARATION OF RECRUIT

I, Ernest Robert Carpenter, do solemnly declare that the above particulars refer to me, and are true.

E R Carpenter (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 21 yrs. 7 mths.

Height: 5 ft. 8½ ins.

Chest measurement: fully expanded 32½ ins.; range of expansion 2½ ins.

Complexion: Light

Eyes: Blue

Hair: Light.

Distinctive marks, and marks indicating congential peculiarities or previous disease.

Nil

O. C. [signature] Depot Btln.

[signature] Adjt. of 2nd. Depot Bn. E. O. R. Regt.

Place: OTTAWA. Date: JUL 5 1918

M. F. W. 133.
500M.—5-18.
1772—39—1158.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Nov.
F.18
L.22

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3326102 Rank Pte. Name Carpenter Ernest R.

Corps 2nd. Depot Bn. E.O.R. who was* Discharged

On 30-11-18 191...., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named ~~from~~ on 30-11-18 191...., to .....191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	7	70
Advances by Cheques No.			Regt'l Pay ..... days at $ ..... c.		
			FARM LEAVE		
Advances by Cheques No.			Field Allow. ..... days at $ ..... c.		
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* Clothing	35	00
Payment on transfer or discharge No. 7905	42	70	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	42	70	Total	42	70

*Give particulars.

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

(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 5-7-18

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

(3) cause of discharge Demob. authority R.O. 1328 D.O. 335

(4) authority for transfer .....

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 Dec. 3rd. 1918

Place Ottawa. Ont.

Douglas P. Menzies Capt.
Paymaster.

Paymaster 2nd. Depot Bn. E.O.R.

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.

M. F. W. 44.

300M.—2-18.
H. Q. 1772-39-903.

Rank Name Carpenter Ernest Robert Regt'l No. 932602

T.C. 5.2.18 B.O. No. 186 Serial No. PC 956599

Examined at Brockville, Ont Date Oct. 22-17 Co. C

Nationality Can. Born at Algonquin Date 14-3-96 Age 21 yrs. 7 mos.

Height 5 ft. 8 1/2 ins. 30 Chest 32 1/2 ins. Weight lbs.

Complexion Light Eyes Blue Hair Light

Distinctive Marks

Nil

Category A. II

Married or Single S Religion Baptist Occupation Farmer

Next of Kin Mrs. Emma Carpenter S.O.S. Date 30.11.18 B.O. No. 335

Fairfield East, Ont Overseas. Date B.O. No.

R.R. #1. Transferred to Date B.O. No.

Mother

2ND DEPOT BATTALION, EASTERN ONTARIO REGIMENT

LIBRARY BUREAU C22597
LOWE-MARTIN, MAN'F'RS

B.O.No.	Part	Date	Nature of Casualty	Remarks
222	2	10.8.18	Farm Leave 8.8.18 to 21.9.18	
260	2	17.9.18	" " Ext to 31.10.18	
B O 303 F/L EXT TO 15-11-18				
B O 318 F/L EXT. TO 1-12-18				

H. Q.

M. D. No. 3

Surname Carpenter

T. O. S. July 5 1918

Christian names Ernest Robert.

D. O. Pt. II/18/16 of 5-7-18

Regtl. No. 3326112 Rank Pte.

S. O. S. Dis. 30-11-1918

Unit East Ont Regt 2nd Opr Bn

Reason "Demob"

Auth. AO 335 of 1-12-18 2/80 R

Next of kin Carpenter Mrs Emma Relationship Mother

Address Fairfield East, Ont. R.R. #1

Also notify:

BORN—Place Canada Algonquin Ont Date March 14th 1896

ATTESTED—Place Ottawa, Ont. Date July 5th 1918

O/S

R/C

W. 22—75M-5-18. 1772-39 839.

M.F.B. 465.
200M —6-18.
1772-39-950.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

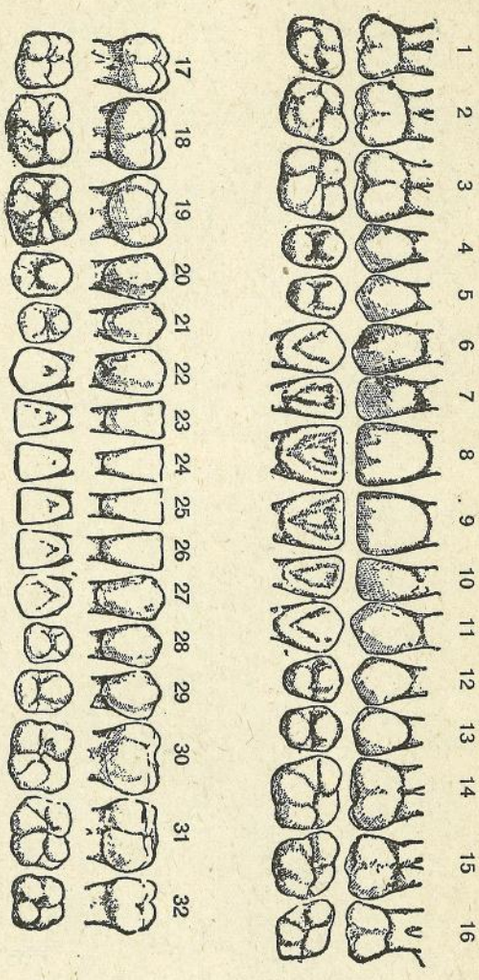
DISTRICT 3

NAME OF SOLDIER Carpenter E. R.

REGIMENT 2nd. DEPOT BATTALION, RANK Private No. 3326102

Eastern Ontario Regiment.

Condition on first Examination			
Date			
Amalgam			
Temporary Filling (a) G. P. (b) Cement			
Cement			
Treatment Putrescent Pulp			
Root Filling			
Pulp Cap			
Devitalization			
Pyrrhœa			
Synthetic Porcelain			
Extracting			
DENTURES	U		
	L		
	P		
Gold Clasp			
Gold Filling			
CROWNS	Gold		
	Porcelain		
Bridge Work			
OPERATOR			
Military District			
REMARKS			



INSTRUCTIONS

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

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

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

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

2nd DEPOT BATTALION,
Eastern Ontario Regiment.

MEDICAL HISTORY SHEET.

3326102

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.

1. Surname Carpenter Christian name Ernest Robert

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule P.C. 95.65.99

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Fairfield East. Ont

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22 day of Oct 1917, by the undersigned medical board sitting at Brockville Ont

5. Age as stated 21 Years 7 Months. 6. Apparent age 21 Years 7 Months

7. Height 5 Feet 8½ Inches. 8. Weight 131 Pounds.

9. Chest measurement { Minimum 30 Ins. Maximum 32½ Ins. } 10. Complexion light { Eyes Blue Hair light }

11. Physical development Good { Good Fair Poor } 12. Smallpox marks none

13. Number of vaccination marks { Right arm Nil Left arm Nil } 14. When vaccinated last never.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease none

16. Slight defects but not sufficient to cause rejection none

The man denies having had { Rheumatism Tuberculosis Syphilis } We find no evidence of past { Rheumatism Tuberculosis Syphilis }
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A¹/₁₁ July 5th/18 – vision RD 30 LD 30

C A Rubelow Capt President.
R. N. Horton Maj. Member. [illegible] Member.

Signature of Man Ernest R. Carpenter

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 5th day of July 1918 at Ottawa Ont

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	2ND DEPOT BN	3326102		5-7-18
Transferred to	E.O.R.			

Examined and found fit by STANDING MEDICAL BOARD, OTTAWA. A¹/₁₁ 5/7/18 President.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Ottawa	6-8-18		A¹/₁₁ [illegible]

EX. CHECK. Chkd. by [illegible]

N.B.—This sheet is 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.

FEB 19 1918

Surname Carpenter Christian Name E.R.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	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.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 337602 Rank Pte Surname Carpenter
(Given name in full) Ernest Robert

Unit or Corps 2 Depot Bde R.C.R. Birthplace Fairfield East, Ont

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. **GENERAL DESCRIPTION:**

Physique good Weight 137 lbs. Height 5 ft. 8½ in. Colour of Eyes Blue

Nutrition good

Pulse 72

Condition of arteries good

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

None

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at Ottawa Ont (Canada)

Date Nov 29-18 Signed L.T. Guthrie Capt M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature Ernest R. Carpenter

(If not satisfied, M.F.B. 227 will be completed by a Medical Board).

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3326102 (Rank) Private

Name (in full) Ernest Robert Carpenter enlisted in

the 2nd Depot Battalion, E.C.R.

CANADIAN EXPEDITIONARY FORCE at Ottawa, Ont. on the 5th

day of July 19 18.

HE served in Canada

and is now discharged from the service by reason of Demobilization,

Authority R.O. 1328.

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

Age	22 Years 88 Months	Marks or Scars	
Height	5' 8½"		
Complexion	Light		
Eyes	Blue		NIL
Hair	Light		

E R Carpenter
Signature of Soldier

Issuing Officer
for Lieut-Colonel.
Rank
C.C. 2nd Depot Battalion, EOR.
Appointment

Date of Discharge November 30th, 1918.

Signed at Ottawa, Ont. this 30th day of November 30th 19 18.

in Military District No. 3

File Reference No. 2 EOR.-1-C-416

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

ON DEMOBILIZATION PARTICULARS CALLED FOR ON BACK OF DISCHARGE CERTIFICATE WILL NOT BE COMPLETED. D.O.1676

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment