REGIMENTAL DOCUMENTS

NAME GARPENTER HOWARDLEO. UNIT 40 Bly D 1 +2 H. Q. FILE NO. REGT. NO. 340896 M. F. W. 2505 NON-EFFECTIVE BY CONTENTS TO WHOM FORWARDED DATE FORWARDED DATE RECEIVED REFERENCE DEATH ATTESTATION PAPER (M.F.W. 23, 133, or 51) 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) 9147 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) DESERTIO 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)

War Service Badge.

Proceedings on Discharge.

(When forwarded for nfination these proceedings should be accompanied by cuments specified on fourth page.)

| No. 340896 | RECEIVED A |
|--|---|
| Rank Gnr. | AMAN SA MAN |
| Surname CARPENTER HOWARD LEO | Ga . |
| Christian name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority. | |
| Corps (Squadron, Battery or Company) 70th Batty (2.D.#.2) | Salad |
| Date of discharge MAR 1 1 1919 TOPONTO | ASTIGN |
| Place of discharge | TAKES COMMENT |
| 1. DESCRIPTION AT THE TIME OF DISCHARGE | |
| Age years months. Height 5 feet 64 inches. Descriptiv | |
| Complexion Fresh | |
| Eyes Blue o wiblo2 add d bangis ad of ateas? Hair Brown Arms and Brown Arms and Arms and Brown Brown | Lereb octor diedge t |
| Trade Railroad Electrician | Soft by estant detail |
| Intended place of residence (To be given as fully as practicable.) 430 Annette St. Toronto Ont | more (10 ff (mal9) |
| 2. The above-named man is discharged in consequence of | |

ON GENERAL DEMOBILIZATION

Authority for discharge...

D O.D D.#. 2 Pt 11 No67

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.

Commanding Officer, who entries on the character be in the handwriting of the (will himself make identical certificate and initial them. 3. Conduct and character while in the service have been, according to the records, etc.

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.,

E.S.

M. F. B. 218.

200M.-5-18. H. Q. 1772-39-113.

(OVER)

| 5. He is in possession of the following number o | f G. C. Badges: | | | |
|--|--|--|--|--|
| Proceedings on Discharge. | | | | |
| | | | | |
| proceedings should be accompanied by | (When forwarded for Antiversation these | | | |
| | th Bocuments specifi | | | |
| No reference to G. C. Badges is to be made | on either the discharge or character certificate. | | | |
| | nmand- chment | | | |
| | te Com | | | |
| 6. Medals and Decorations | To be copied by the Commanding Officer on to the parchment Discharge Certificate. | | | |
| windowyd war war a war war war war war war war w | Copie | | | |
| | Top Die Constant Persons of Constant Co | | | |
| | | | | |
| or Battery, and I have impartially enquired into Regulations. | by the Officer Commanding his Company, (Squadron o all matters brought before me in accordance with | | | |
| | 1. DESCRIPTION AT THE | | | |
| (Place) | | | | |
| The Court arts area . Some | Age rearrangement and the rearrangement of Age rear | | | |
| (Date) | Commanding | | | |
| 8. Certificate to be signed b | y 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 reservation have received my permanent discharge certifi | ns of the claims noted on the third page, and that I cate. | | | |
| (Place) Howard Les Jarg | entu (Signature of Soldier.) | | | |
| MAR 1 1 1918 | d ald adjusting | | | |
| (Date) | (Signature of Witness.) | | | |
| proceedings to him for signature, a manuscr when returned, should be attached here. | other cause and it is not desirable to forward these ipt copy should be sent for the man to sign, and | | | |
| 9. Additional Certificate in the case on his ow | of a Soldier who takes his discharge | | | |
| | uest to be discharged from His Majesty's Service. | | | |
| | dest to be discharged from this majesty s service. | | | |
| | (Signature of Soldier.) | | | |
| 10. Statemen | t of Service. | | | |
| | th the Record of Service is completed)yearsdays. | | | |
| er in civil life. (Vide para, 332, K. B. & O. | Totalyearsdays. | | | |
| 11. Confirmation | n of Discharge. | | | |
| The discharge of the above-named man is hereby | | | | |
| TORONTO, ONT. | commined. | | | |
| (Place) | | | | |
| MAR 1 1 1919 (Sig | nature) Hargeout Cyl | | | |
| (Date) | For | | | |

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.

| Reg. Conduct Sheet, Militia form B. 263 | Attestation Paper Militia Form W. 23 | | | |
|--|--|--|--|--|
| Squadron Battery Company or Field Conduct Sheet W. 178 | Particulars of Recruit "W. 133 Proceedings on Discharge "B. 218 | | | |
| 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 Casualty Form "W. 54 | approval, the discharge documents will consist of | | | |
| Medical Report for Invalid§ "B. 227 Dental History Sheet "B. 465 | (a) Proceedings on Discharge | | | |
| Last Pay Certificate "W. 44 Duplicate Discharge Certificate "W. 39A | (b) Attestation. | | | |
| ‡Form of Will "W. 82 §Only if discharged "Medically unfit." | (c) Medical History Sheet. | | | |
| ‡Only if man has not been overseas. 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.

ATTESTATION PAPER.

ORIGINAL No.340896

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

| | QUESTIONS TO BE PUT B | |
|--------------|---|--|
| 1 | What is now and a | CARPENTER |
| | What is your surname? | |
| | What is your present address? | Howard Leo, #430 Annette St., Toronto. |
| | In what Town, Township or Parish, and in | |
| | what Country were you born? | Midland, Ontario, Canada. |
| 3. | What is the name of your next-of kin? | Agatha Carpenter, |
| 4. | What is the address of your next-of-kin? | #190 Queen St. East, Toronto |
| 4a. | What is the relationship of your next-of-kin? | Sister. |
| | What is the date of your birth? | |
| | What is your Trade or Calling? | |
| | Are you married? | Single. |
| | Are you willing to be vaccinated or re- | V |
| | vaccinated and inoculated? | Yes. |
| | Do you now belong to the Active Militia? | 110. |
| 10. | Have you ever served in any Military Force? If so, state particulars of former Service. | No. |
| 11. | Do you understand the nature and terms of your engagement? | Yes. |
| | Are you willing to be attested to serve in the) | Yes. |
| | CANADIAN OVER-SEAS EXPEDITIONARY FORCE? | Yes. |
| Fore exis | e by me to the above questions and that they are true now made, and I hereby engage and agree to serce, and to be attached to any arm of the service thereting between Great Britain and Germany should that the termination of that war provided His Majesty | rve in the Canadian Over-Seas Expeditionary ein, for the term of one year, or during the war now t war last longer than one year, and for six months |
| 115C1 | barged. | ed Lapentin (Signature of Recruit) |
| | Tuno 14th 6 | 1-2011 |
| Date | June 14th, 191 6. | Gignature of Witness) |
| | OATH TO BE TAKEN BY M | AN ON ATTESTATION. |
| n at Dign | I, Howard Leo Carpenter, true Allegiance to His Majesty King George the Huty bound honestly and faithfully defend His Majest hity, against all enemies, and will observe and obey a of all the Generals and Officers set over me. So help | y, His Heirs and Successors, in Person, Crown and |
| | How | ud S. Saspentigature of Recruit) |
| Date | June 14th, 191 6. | Geofmet (Signature of Witness) |
| | CERTIFICATE OF | MAGISTRATE. |
| | The above questions were then read to the Recruit I have taken care that he understands each questions entered as replied to, and the said Recruit has ma | t in my presence. ion, and that his answer to each question has been de and signed the declaration and taken the oath |
| efor | re me, at Toronto, Canadathis 14th | day of June 1916. |
| | amass | (Signature of Justice) |

M. F. W. 23 750M—3-16 H. Q. 1772-89-841

| Apparent Age years weaths. | Distinctive marks, and marks indicating congenital peculiarities or previous disease. |
|--|--|
| (To be determined according to the instructions given in the Regulations for Army Modical Services.) | (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous |
| 一个人的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们 | service, attach a slip to that effect, for the information of the Approving Officer). |
| Height | |
| Girth when fully expanded. Range of expansion. A ins. | Scar upper lip. |
| | |
| Complexion Fresh | |
| Eyes | |
| Hair Brown | |
| (Church of England | The state of the state of the state of the |
| Presbyterian | |
| Methodist | |
| Baptist or Congregationalist | |
| Methodist | The second secon |
| Jewish | |
| Other denominations (Denomination to be stated.) | |
| CERTIFICATE OF ME | EDICAL EXAMINATION. |
| | |
| There are mined the above named Descrit | . In the same of t |
| I have examined the above-hamed Recruit | and find that he does not present any of the causes |
| of rejection specified in the Regulations for Army M | |
| of rejection specified in the Regulations for Army M | edical Services. there eye; his heart and lungs are healthy; he has the |
| He can see at the required distance with eifree use of his joints and limbs, and he declares that | edical Services. there eye; his heart and lungs are healthy; he has the |
| He can see at the required distance with eifree use of his joints and limbs, and he declares that I consider him* | edical Services. ther eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. |
| He can see at the required distance with eifree use of his joints and limbs, and he declares that I consider him* for the Consider him* for the Consider him* | edical Services. ther eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. |
| He can see at the required distance with eifree use of his joints and limbs, and he declares that I consider him* Toronto, Canada. | edical Services. ther eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. |
| He can see at the required distance with eifree use of his joints and limbs, and he declares that I consider him* for the Consider h | ther eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. anadian Over-Seas Expeditionary Force. Toronto Recruit in Medical Officer. |
| He can see at the required distance with eifree use of his joints and limbs, and he declares that I consider him* for the Consider h | edical Services. ther eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. anadian Over-Seas Expeditionary Force. |
| He can see at the required distance with eifree use of his joints and limbs, and he declares that I consider him* for the Consider h | ther eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. anadian Over-Seas Expeditionary Force. Toronto Recruit in Medical Officer. |
| He can see at the required distance with eifree use of his joints and limbs, and he declares that I consider him* for the Consider h | ther eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. anadian Over-Seas Expeditionary Force. Toronto Recruit in Medical Officer. |
| He can see at the required distance with eifree use of his joints and limbs, and he declares that I consider him* for the Consider h | ther eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. anadian Over-Seas Expeditionary Force. Toronto Recruit in Medical Officer. |
| He can see at the required distance with eifree use of his joints and limbs, and he declares that I consider him* for the Consider h | ther eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. anadian Over-Seas Expeditionary Force. Toronto Recruit in Medical Officer. |
| He can see at the required distance with eifree use of his joints and limbs, and he declares that I consider him* for the Consider him* had a see at the required distance with eight for the Consider him* high for the Consider him* for the Con | ther eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. anadian Over Seas Expeditionary Force. Toronto Recruit in Medical Officer. t, he will fill in the foregoing Certificate only in the case of those who have |
| He can see at the required distance with eifree use of his joints and limbs, and he declares that I consider him* for the Consider him* for "unfit." Note,—Should the Medical Officer consider the Recruit unfit heen attested, and will briefly state below the cause of unfitness:— CERTIFICATE OF OFFICE CONSIDERATE OFFICE CONSI | ther eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. anadian Over Seas Expeditionary Force. Toronto Recruit in Medical Officer. t, he will fill in the foregoing Certificate only in the case of those who have |
| He can see at the required distance with eifree use of his joints and limbs, and he declares that I consider him* for the Consider h | ther eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. anadian Over-Seas Expeditionary Force. Toronto Recruit in Medical Officer. t, he will fill in the foregoing Certificate only in the case of those who have CER COMMANDING UNIT. having been finally approved and |
| He can see at the required distance with eifree use of his joints and limbs, and he declares that I consider him* for the Consider him* for the Consider him* for the Consider him* for the Consider him for | ther eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. anadian Over-Seas Expeditionary Force. Toronto Recruit in Medical Officer. t, he will fill in the foregoing Certificate only in the case of those who have CER COMMANDING UNIT. having been finally approved and a of Attestation, and every prescribed particular having |
| He can see at the required distance with eifree use of his joints and limbs, and he declares that I consider him* for the Consider h | ther eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. anadian Over Seas Expeditionary Force. Toronto Recruit in Medical Officer. t, he will fill in the foregoing Certificate only in the case of those who have CER COMMANDING UNIT. having been finally approved and of Attestation, and every prescribed particular having a correctness of this Attestation. |
| He can see at the required distance with eifree use of his joints and limbs, and he declares that I consider him* for the Consider him* for the Consider him* for the Consider him* for the Consider him for | ther eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. anadian Over-Seas Expeditionary Force. Toronto Recruit in Medical Officer. t, he will fill in the foregoing Certificate only in the case of those who have CER COMMANDING UNIT. having been finally approved and a of Attestation, and every prescribed particular having |

CANADIAN EXPEDITIONARY FORCE Discharge Certificate

| This is to Certify that No. 340896 (Rank) | | | | |
|--|--|--|--|--|
| Name (in full)enlisted in | | | | |
| the | | | | |
| CANADIAN EXPEDITIONARY FORCE aton theon the | | | | |
| day of | | | | |
| HE served in England and France. | | | | |
| and is now discharged from the service by reason of | | | | |
| Demobilisation | | | | |
| THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:— | | | | |
| Age Marks or Scars | | | | |
| Height 5 6 5 Vaco. Scar Left arm. | | | | |
| Complexion | | | | |
| Eyes Bine | | | | |
| Hair Brown Communication of the Communication of th | | | | |
| 21 Largenter June 15 Whson 1 | | | | |
| Signalure of Soldier Issuing Officer District Depot. O.C. No. 20 District Depot. | | | | |
| O.C. No. 2 DISCIPLANT Bank | | | | |
| Date of Discharge Appointment | | | | |
| Signed at Poronto Ont this 11th day of March 19 19 | | | | |
| in Military District No. 2 NO. 2 | | | | |
| File Reference No. DISTRICT DEPOT 2 0 9 8.3. | | | | |

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

CANADIAN EXPEDITIONARY FORCE Discharge Certificate

| No. (Rank) | Name |
|---|--|
| Unit | INDITION OF THE PROPERTY OF TH |
| Address on Discharge | |
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| Former Occupation | o nesest yil fallsters to 1200 Please to some a bon- |
| Special Qualifications of Value in Civil Life | |
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| le E ba | |
| B | |
| 6 2 0 C B | |
| | |
| Signed at Signed at | day of19 |
| | Name of Officer |
| D of Ca | Name of Officer |
| 0 + E E | Rank |
| Uniform is not be gon | after Appointment |
| expiration of the track | after Appointment |
| date of discharge, extract hy sa | Irom |
| permission of Book sp | ecial |
| TO TO BUR distr | ict. |

| SURNAME. Can menter | CARD NO. |
|--|--|
| CHRISTIAN NAMES Howard Leo. | SON Dis 11-3-19 Demot FOLL. 206748.319 |
| REGL. NO. 3 4 0 8 9 (RANK JM) | 206/9° F 20k |
| UNIT 70th, Bity. (artige Oraft) | |
| FORMER CORPS TIL. | |
| NEXT OF KIN. | CHANGE OF ADDRESS |
| NAMES IN FULL Carpenter, agatha RELATIONSHIP TO SOLDIER Sister | |
| RELATIONSHIP TO SOLDIER Sister | |
| ADDRESS no. 190 Queen St. East, Toronto, | |
| Ont. | |
| COUNTRY OF BIRTH Canada Midland anti- | Dec. 30th 1890 |
| PLACE OF ATTESTATION Toronto, Ont. DATE | June 14th 1916 |
| RIC17-2-1 | 9267 900 |
| | 50м.—2-16. H. Q. 1772-39-339. |

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WIDOWER MARRIED TRADE OR CALLING Railroad Electrician Roman Catholic DESCRIPTION. APPARENT AGE 25 YEARS MONTHS INCHES FEET HEIGHT INCHES CHEST MEASUREMENT 37 COMPLEXION Fresh DISTINGUISHING MARKS Scar

bresent address: - no. 4 30 annette St., Ioronto, Ont.

MEDICAL EXAMINATION.

PLACE Toronto, ant. DATE June 14th 1916

No. 340896 RANK Pte.

te. NAME Carpenter. Howard. Leo

T.O.S. 14-6-16 UNIT 70 the Battery & X6 Depot, 20 64 of 29-7-16.

M. D. 5

| PAIC | PAID | SIG. | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | | | |
|-----------|---------|-------|---|------------------|--|--|
| FROM 19/6 | (9/6 | REC'T | PARTICULARS | AUTHORITY | | |
| 417 | July 3, | 2 | | | | |
| seg of | t | 227 | Draft 1/0. 21-10-16 | e01470g 21-10-16 | | |
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| | | | | | | |

Rank

Name

CARPENTER, Howard Leo

Reg'l No. 340896

Unit Petawawa Art Dft

If in perm. Corps, What Unit?

Married or Single Single.

Place and Date of Enlistment Toronto , June 14th, 1916.

Place of Birth Midland Ontrio. Canada

Name and Address, Next-of-Kin Agatha Carpenter.

190 Queen St, East Toronto, Ontario

Relationship

Sister.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

| Discharge, Date and Place | | | | Reason | | Character | |
|--|---|------------------------|--|---------------|----------|---|--|
| | Report. Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | | From whom From whom Casualties, etc., during active service. | | Place. | Date. | REMARKS Taken from Official Documents. |
| | | | Arrived in England. | S. Grampia | n 5. II. | I6 MAX 191 | |
| | 8-11-16 | c/; R.E | de Taken on Strength | S'Cliffe 5. 1 | | | |
| | 25-4-17. | 2 nd P.a.C. | Having and from Eng is alt'd to Col | Fuld. | 21-4-17. | " 69. 9 Pt 11 0 109 d/19-4-17-19 | |
| | 2-6-17. | - 86 Hally | J.O.S. on posting from 2 Dac. | en do | 21-4-17 | 94. Pt 095d/2-617 J2-Dae | |
| | 26-10-18-1 | BaRW | 265 from 4 Bde | x . Willey | 20-10-18 | Paro 2999. 49Bde RE0153 128'18 | |
| . 12. | | A | T.O.S from Bakko | Eur Bordon | | -21xfx002020 | |
| | 31-1-19 | 100 | S.O.S. & Wing 2 Rhyl | v 120 | 31-1-19 | ~318 Rhya fr \$ 1032 39 | |
| | 14-2-19 | mo no 2 | \$0,5 to Canada. | V Rhyl | | | |
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| | Segara - | | gior | | | |
|-------|---------------------|---|----------------|-----------|--|-----|
| Repor | From whom received. | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place. | Date. | REMARKS Taken from Official Documents. | |
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M. F. W. 54. (A. F. B. 103.)

Casualty Form Active Service 1250M.—1-16. Thit, Regiment or Corps 70th OVERSEAS BATTERY 39-922

| | Regimen | ital No. 340 | of 96 Rank Gran Nam | ne Carpen | ter) | Yournad Les | | |
|----------|--|--|---|------------------------------|---|--|--|--|
| | Enlisted (a) 14-6-16 Terms of Service (a) Wart Dy Mos Service reckons from (a) 14-6-16 | | | | | | | |
| | Date of promotion to present rank. | | | | Numerical position on roll of N. C. Os. | | | |
| | Extende | d | Re-engaged | Qualification (| Qualification (b) Electrica | | | |
| | Report Date From whom received | | 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. | | |
| | | | Embarkes | Valifa | 124.10 | 16. | | |
| Jak | 11.16 - | Tes: B.de | Disembarked Reserve Brugode. | Leverport fre Shoryon fre | 5-11.16 TI MO | 286 2 8-11-16 | | |
| RECT. | ONDON. | Contraction of the state of the | You so sal formed | Shornceff | | | | |
| FIED DOF | RECORDS, L | ra 6±a | 8.0.8. 15 5 theba | Showelife | | | | |
| BA? | 7 19年 | Rhibita | Lo 2nd Dalo France | Scliffe | 19 AP | R 1917 1900. pt 1 109. C. Roserve Brigade, C. F. A. | | |
| 21.4 | .17 | 6 B Depot | arrid as Reinf. 4 attid 2 nd 6 Da | Field . | 21.4.17 | 7. P. Pt. 2.0. No. 68 d 25.4.17 | | |
| 23.4 | .17 - | 11 | Left for Unit | | 22.4.17 | n.R. | | |
| | | | | | NAME OF TAXABLE PARTY. | | | |

(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.

| | Date | From whom received | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 218, 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. |
|---|----------|--------------------|--|----------------|-----------------------|--|
| | 25.4.17 | obunit | arrived | Tield | 25.4.17 | |
| | 26.42.17 | 6Ra | Posted to 4th Bde. 67a | 11 | 21.4.17 | S.e/1.364. Pt.2.0.No.95 d 2.6.17. |
| | 26.4.17 | 6Ra | -57. Q.S. 4th Bale 670 | H . | 21.4.17 | 11 11 94 d2.6.1) |
| | 19-1-18. | Wick. | granted 14 days leave | Freed. | 13-1-18 | B213. 44 II O. 11 df 26-1-18. |
| 9 | 2-2-18 | goutBle | Rejoined from Do | - | 29.1.18 | - 194192.18 |
| | 14-10-18 | 4 Jeneral | Spr. ankle R. acc. A | 4 Jeneral | | W3034 17978 |
| | 13-10-18 | 1000 | - do - the | 33 AT. | 12-10-18 | 7 A36 (2096 |
| | 19-10-18 | 4 Jeneral | | Syland | 19.10.18 | W3034 26065 |
| | 19.10.18 | Ville de Liege | Invalided (accidentall injured) | Ville de fiege | 19.10.18 | W3083/6282 Mw 153 4/28-10-18 |
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57-1-2

War Veterans Allowance

Name: Howard Leo Carpenter No: 340896 THEATRES OF SERVICE (1) South African War Date and port of disembarkation: World War I Canada, U.K. France) Date(s) disembarked in U.K.

IF CANADA)

AND) Date(s) S.O.S. in U.K. for Canada
U.K. ONLY) Period(s) of desertion in U.K. (3) World War II Date of embarkation: (4) Korean War Date of embarkation: 2. Date and place of all enlistments: e of all enlistments: 14 June 1916 Toronto Ont. 3. Date of all discharges and reason: 11 March 1919. Shemob. 4. Date and place of birth as per attestation paper: 30 December 1890. Midland. Ont. 5. Marital status: If married, name in full of wife: Single

7. Decorations, if any. hi

Clerk's Initials:

6. Any other military service: 7

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MILITIA AND DEFENCE ASSIGNED PAY

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Address 430 Christe St.
Toronto, Ont

Roy 2000 NOV 1-1916

Regtl. No. 340896

Rank Gunner

Corps 70 th Battery & F. A. C. F.

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MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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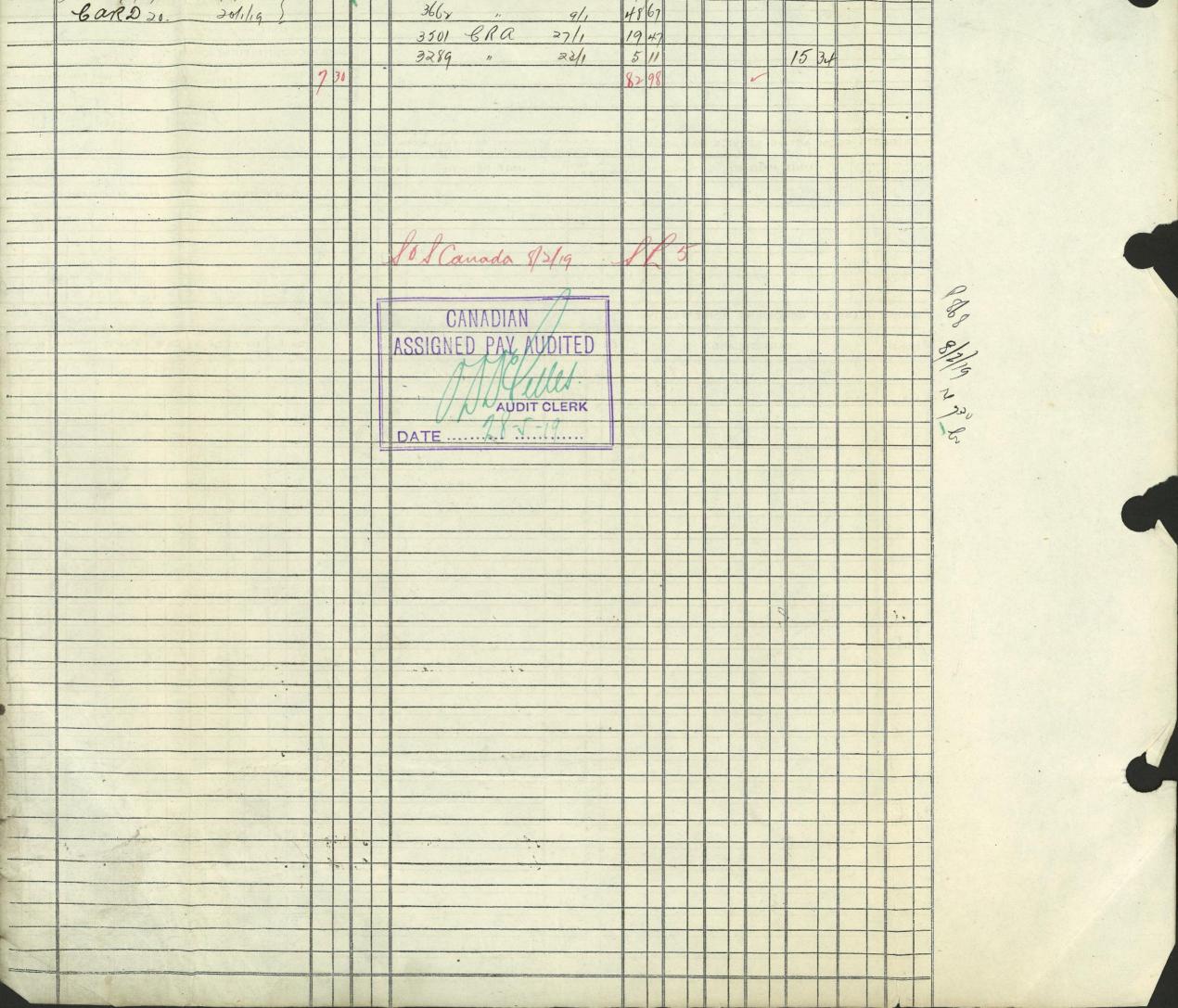
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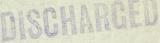
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DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.



OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

| 1. | Christian Names / 10000101. Oleo 2. Surname |
|----------|--|
| 3. | Rank Gm2 4. Original Unit 7.0 C. F. 9: 5. Reg. No. 3.4.0.8.9.6 |
| 6. | Address, in full, to which future payments of gratuity are to be forwarded |
| | 430 Clanette St- Tolonto |
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| 77 | 1) () 10/4 |
| 7. | a control of attitive bear that the control of the |
| 8. | |
| | mediately prior to your discharge |
| 9. | |
| 10. | Address, in full, of such dependent |
| | April 1 |
| 11. | Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on ac- |
| | count of another soldier? |
| 12. | of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:— |
| | C. 2: a Por 1916 - april 1919. |
| | |
| 13. | Were you on the strength for pay and allowances of the Clearing Services Command, having been |
| | at any time on duty outside of Canada or the United States? |
| 14. | Were you on active service only in Canada or the United States? If so, give particulars of unit and |
| | dates of such service |
| | |
| 1.11 | |
| 4/6/195. | Give total length of time which you served on active service, whether in Canada or Overseas, setting |
| 76, | out particulars of units on whose strength you served . 2 Measte & mouth |
| 1/3/19 | 70 C7 a - CRa - 19 (-7) a |
| / / | |
| 16. | Were you at the time of enlistment a civil employee of the Dominion Government? If so, state De- |
| | partment |
| 17. | Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? |
| | M.F.W. 2595. |
| | 1160—D.P.—250M-12-18. |

| 18. | Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, |
|-------|--|
| | and under what regimental numbers and units. |
| | |
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| | |
| 19. | Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid |
| | |
| | •••••••••••••••••••••••••••••••••••• |
| 20. | Have you been issued with a War Service Badge? If so, what class? |
| 21. | Have you, during the present war, served in the Imperial Forces? |
| 22. | Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled . |
| | |
| 23. | (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival |
| | in England? |
| 24. | Are you now convince in the CEE (No. |
| | (b) Reason for discharge |
| | Deciobelization |
| | |
| 25. | Are you at present a member of and in receipt of pay and allowances from any Canadian naval or |
| | land forces? If so, give unit |
| 26. | Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one |
| | unit which you served at the front, and dates of such service with that unit |
| | 19. C. F.a. april 1917 - Oct 1918. |
| | |
| 27. | (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? |
| | (b) If so, are you in receipt of full pay and allowances from that Department? |
| of t | And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is ne same force and effect as if made under oath and in virtue of the Canadian Evidence Act. |
| | Signature of Applicant: 212 largenter |
| | Place of Residence: 430 annette St. Doronto |
| | Declared before me at: |
| | This MAR 1919 day of 19 |
| | Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. |
| | POST DISCHARGE PAY. |
| Dat | e paid Paid War Service Net amount |
| | Soldier Dependent Gratuity due |
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| | Certified Correct. |

District Paymaster.

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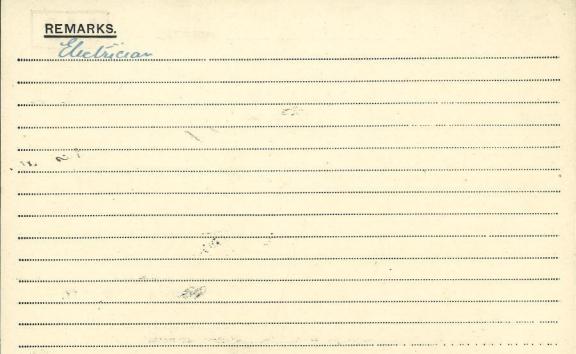
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Form DMS 1401.

Princess Patricia Canadian Red Cross Hospital, HOSPITAL.

A. & D. CARD

| AT GOODEN CAMP, Bexhill |
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No. 340896

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Military Will

In the event of my wath I guid the and effect do V norman vagatha 190 Ouka strad Foronto

Signature 91 L Superture Rank and Regt Hummer 2nd Receive 670. Date 3 el 15/17

430 annette St, Josoph Ont M. F. B. 440. 200m-7-20.M.

MILITIA AND DEFENCE

In reply please quote

No....

OTTAWA, 10ec 3 420.

From;

The Adjutant-General, Canadian Militia.

To: H. L. Carpenter.

430 annette St., Toronts Ont.

Sir,-

Enclosed herewith please find Military Will executed by you while in tge C.E.F., and returned, the same being your own property.

86 Paymon

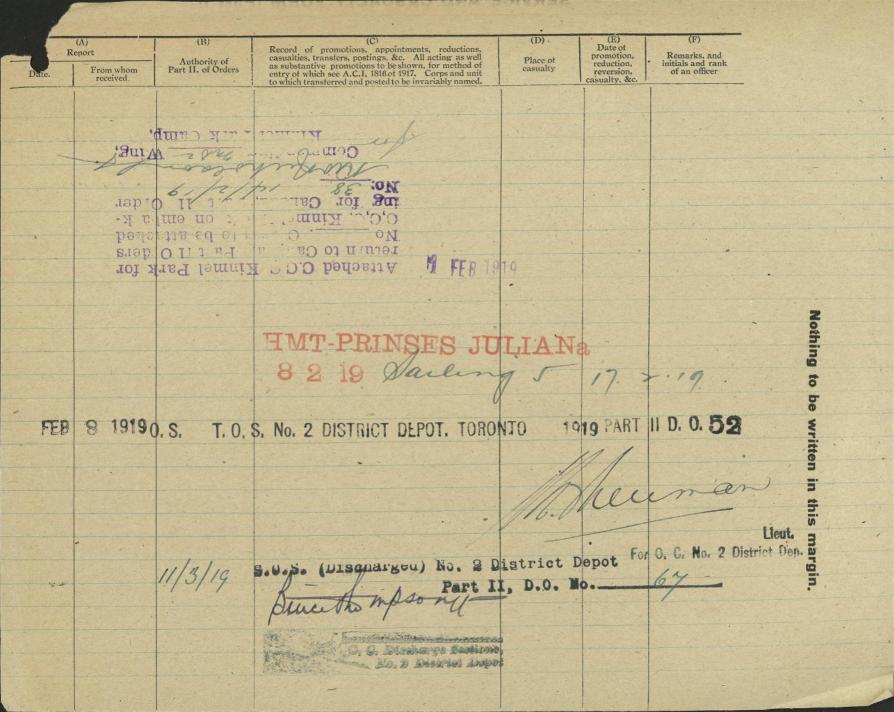
Lieutenant, for Lieut, - Col. Director of Records; for Adjutant-General.

D-1.

Nothing to be written in this margin.

| | | SERVICE | AND CA | SUALTY FORM (Part I). | Army For Part |
|-----------------------------------|--------------------------------|-------------------|------------------------------------|--|----------------------------------|
| (1)*Substantativ | ve rank | | | (2) Regiment or Corps | (3) Reg |
| *Acting rank *[To be entered in | | te alteration.] | | | |
| 4) Surname | | | | The state of the s | |
| 5) Christian Na | ames | | | | |
| 6) Army Form, Form or Rec | number of, cord of Servi | Attestation } | | | |
| 7) Whether of lorigin [vide] | British or of A.C.I. 578 of | Alien 1918 | | | |
| 8) Date of birt | h as stated o | n enlistment | | | |
| 9) (a) | | X | | | |
| 10) Enlistment | (b) | | | (II) Engagement (c) | |
| 12) Service recl | kons from (d | ate) | . (13) | Special conditions (if any) of enlistment (d) | |
| (14) Any subseq of condition | uent variati ns of service | ons (if any) | | | Initials and Rank an Officer. |
| | | (Au | thority) | (date) | |
| (15) Category | Date | Medical Authority | Initials and Rank of an Officer | (16) (Record of Occupation in Civil life (vide A. | rmy Order 93 of 191 |
| | | | | Industrial Group No. | |
| | | | | Trade or Calling | |
| | | | | Married or Single | |
| | | | | Particulars of Trade Test | |
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| | | | | | |
| 17) Next of Kin 18) Demobilize | | | (Place) | | (Signature of |
| g) Pivotal-ma | | | (Date) | | Posting Offi |
| 20) Qualification | | | | os trade and rate | |
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| 22) Extended { | | | | (23) Re-engaged | |
| | | | | | |
| Miscellaneo | us entries:- | | | | |

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A,C.I, 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.



Forms
1. 1237

Boby.

MEDICAL CASE SHEET.*

SURGICAL.

| No. in Admission | Regimental No. Rank. Surname. Christian Name. |
|---------------------------|--|
| and Discharge Book. | 340 896. Gns. Carpenter. Howard. L. |
| | Unit. Age. 27. Service. Service in the Field. 24/2 |
| Year . | 19th 10 C.J. a. Slight . 17/12. |
| Station and Date. | Description of Injury Shell) Disease And This & Shrapnel) Rifle Bullet) |
| XILIARY WILL | 2 ml sput Bayonet or other) |
| Reliam GHEOMIN | PITAL Lord Position |
| | Condition of wounds on admission. |
| Next of Kin. | |
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| | 12: 4. A. Dani |
| | Stations and Hospitals where Treated. |
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^{*} The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date. Pelacess Patricia Canadian Red Cross Mospula Gooden Camp, Bentill, 2-12-18

Pla Carpenter. Rt. Ceg Loes up 21-1018

| Co | rps_/ | 9th | By. | C. c | t.a. | - | Rank | and | Name | 6 | na. | (I | o be | attach | ed to | CHA Case | Sheet | | | Age_ | 24. | Mili | tary Serv | Hosp ice | ital | 7 | n. | my Fo | orm B. | 181. |
|--------------------------|--------|-------|---------|-------|--------|------|--------|--------|--------|--------|-------|------|------|--------|--------|-------------|-------|--------|------|------|-------|------|-----------|-------------|------|------|-------|-------|---------|-----------|
| Dis | ease_ | 110 | • | - 1 | | | | | dmiss | H | | | | | | _ Date | e of | discha | | | , | | | | Resu | | | | | |
| Dates of Observation | 10 | 也: | + () | | | | | | | 70. | | | | | | | | | | | | | | | | | | 1 | | |
| Days of Diseas | e 9 6 | 191 | 92 | 23 | 194 | 25 | 126 | 24 | 23 | 29 | 30 | 3/ | . 1 | 3 | 3 | | | | | | 1 2 N | | | | | | | | | |
| Temperature Fahrenhei | Tim | e Tim | e Time | Time | Time | Time | Tim | e Tin | ne Tim | e Time | Time | Time | Time | Tim | e Time | Time | Tim | e Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time. | Time Time |
| 107 | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | |
| 106° :4 | | | | | | | | | | Ī | | | | | | | ļ.,,. | | | | | | | | | | | | | |
| 105° :4 | | | | | | | | | | | | | | | | | | | | | | | | ••• | | | | | | |
| 104° '8 | | | | | | | | | ., | | | | | | | | ļ, | | | | | | | | | | | | | |
| 103° :4 | | | | | | | | | | | | | | | | | ļļ. | | | | | | | | | | | | | |
| 102° ; | ***** | | | | | | | | | | | , | | | | | | | | | | | | | | | , | | | |
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| 99° :6 | | | 1/1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98° :6 | | 17 | V | 80 | V | 10 | 1 | 1 | \ | , | \ . | | | | 4 | | | | | | | | | | | | | | | |
| 97° :64 | | | | | | | 8 | 6 | 100 | 3 | V | | 1 | 1 | 1 | 100 | 4 | | | | | : | | | | | | | | |
| Pulse per Minu | | 20 | 4 | 000 | 20 | 80 | 2 | 80 | 8.0 | 200 | ±2° | | 20 | 200 | 7.8 | 9 3 | 20 | 75 | | | | | | | | | | | | |
| Respirations pe | er | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motions per 2- | 4 | | | | *** | | | | | | | | | 1 | 1 | | | • | | | | | | 1 | | | | | * | |
| 16 | 378) W | + W46 | 12/P566 | 2.000 | 000 -2 | 18 M | K & A. | 7 [+d | AFB | 181/5 | E 256 | 5) | | | | . 9 | iona | ture | | | | | | | | T | n cha | roe o | of case | |

CLINICAL CHART.

To be attached to Case Sheet.

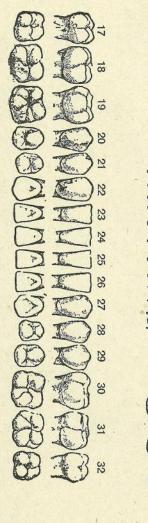
Army Form B. 181.

| Corps | | | | | | | Age Service | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|------|------|------|------|------|------|-------------|--------|-------|------|--|--------------------------|-----|-------|------|------|------|-----|--------|------|-------|-------|----------|------|------|------|-------|------|--------------------|--------|------|--|--------|
| Dise | | NO | | | | | Date | of ac | lmiss | ion_ | TOUR DESIGNATION OF THE PERSON | Date of discharge Result | | | | | | | | | | | | • | | | | | | | | | |
| Dates of Observation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * |
| Days of Disease | | | | | | | | Asset, | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temperature Fahrenheit | Time | Time | Time | Tim | e Time | Tim | Tin | ne Ti | me . | Гime | Time | Tim | e Time | Time | e Tin | me Ti | me .P.M. | Time | Time | Time | Time | Time | Tim. | e Time | Time | Tim | e Time |
| 107° .4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **** | |
| 106° .4 | | | | | | | | | | | * | | | | | | 1 | ļ | | | | | | | | | | | ļ <mark>.</mark> . | | | • | |
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| 98° 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° :6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| .8 | 1 | | | 1 | | | | | | | | | 1 | | | | | | | | | | | | | | , | | | | | | 11 |
| Pulse per Minute | | | | | | | | | | | | | | | | | | | | * | | | | | | | | | | | | | |
| Respirations per Minute | | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | 1 |
| Motions per 24 hours | | | | | | | | | | | | * | | | | | | | | | 1 | | | • | | | | | | | - | | |

| M.F.B | . 465. |
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| 200M. | 6-18. |
| 1772 | 50. |
| 1000000 | A COLOR |

DENTAL HISTORY SHEET CANADIAN ARMY DENTAL CORPS NAME OF SOLDIER

| REGIMENT | `````` | | | | R | ANK | 75 |
|----------|--------|-----|----------------|--------|-----------------------------------|---------------------------------|---------------|
| | A. Y. | | At Exh. Date, | Discha | Condition on first Examination | | |
| | | | MAR - 7 | rge Ea | * | Date | |
| | | | (0,m) | ram | | Amalgam | |
| | | | 9 | • | | Temporar (a) G. F (b) Cem | ient |
| | | | Certificate | | | Treatmen | t ent Pulo |
| è , | | | | | | Root Filli | |
| | | | issued for | | | Pulp Cap | |
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| | | 4 | | | | Synthetic | Porcelai |
| | | 30 | | | | Extractin | g |
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| | | 5 | | | | T P | DENTURES |
| | | | | | | Gold Clas | p |
| | | N | Q= 18 | | | Gold Filli | ng |
| | | 7 | | | | Gold | CR |
| | | | | | | Porcelain | CROWNS |
| | | | | | | Bridge W | ork |
| | Meden | × × | | | | OPERALOR | |
| A | N . | | | 7 | | Military I | District |
| | | | | | | REMARKS | |



INSTRUCTIONS

- On examination the condition of patient's mouth to be marked on diagram in red ink.
- Only such entries to be made on this sheet as will show: On first line of report record of same to be made in red ink. Condition on examination (in red).

2

- Condition on leaving Canada.
- Condition on discharge.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

| 1.00/ | | 0 |
|---|-----------------|------------------------------------|
| Regimental No. 3/10890. Rank. Gur. Name. Oarsonler. Name. Oarsonler. DISCHARGED (Surname first) | · H. | h. |
| Unit who was* | | |
| On | | |
| *Insert "discharged" or "transferred." | AD. | |
| The same of the same of the same of | 44 1 1 18 | 119 |
| The following is a statement of the account of the above named from. It was to | | 191 |
| the inclusive date of transfer or discharge. | | |
| | Dr. | Cr. |
| Bal. Dr. or Cr. from prev. month | 41.83 | |
| Regimental Pay3.9. days at \$c | | 390 |
| Separation Allowance | | |
| Clothing Allowance | | 35 |
| Post Discharge Pay *Other Credits Jo#52 | | 70 |
| | | |
| Advances | 5 - | |
| Separation Allowance and Assigned Pay Cheque No | | |
| *Other Charges | | |
| Balance on transfer or on discharge, cheque No | 113 04 | |
| Total | 15.9.90 | 15.9.9.0 |
| *Give particulars. | | |
| Assigned Pay for the month of | d for period of | account. |
| | | account. |
| ON TRANSFER OF AN OFFICER. | | |
| Outfit Allowance of \$ has been paid by Paymaster, Military District No | | |
| | | |
| REMARKS:— | | |
| State (1) date of enlistment married or sir | ngle | |
| (2) Separation Allowance, entitled or not | ····· | |
| (4) Authority for discharge or transfer | | |
| NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on the | transfer. | |
| I have carefully examined this statement of account and find it to be a correct extract from the Proof or soldier. | ay Account | of the officer |
| Date MAR 1 0 1919 | | |
| TORONTO, ONT. / Moony to erly | vu cabo | |
| PAYMASTER, No. 2 DISTI | ICT Payma | ter. |
| N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916. For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or 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. | cheque No." w | fill 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. | AMO | UNT | Signature of Officer Making Payment. | |
|------|------------------------|-------------------------------|---------|-------------|--|--|
| Date | Trace | or other randomars. | Dr. | Cr. | | |
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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.

| No3.4 | 40896.Rank | CARPENTER (Given name in full) | |
|------------|---|--|------|
| Unit or | r Corps 2 D. D. Birthplace | Milland, Ontar | io, |
| | (Examination of Officer or Other Rank (stripped) t | o be made by one Medical Officer.) | |
| | ENERAL DESCRIPTION: | San | |
| | | ftin. Colour of Eyes. Olu | e |
| Pul | ilse | ntification marks, scars, or deformities. (Give cause and date of origin.) | |
| Vis | sion Rt | T.M. behalter for 16) | |
| | earing (conversational voice) Rtft. | (This space to be used, if no | |
| Opinion | on as to general health and physical condition | or of | |
| | as Officer or Other Rank ever suffered from, or has he answer "Yes" or "No"). (Subjective evidence may be | sufficient in certain cases.) | |
| Ne | ervous System | Cardio-Vascular System. 10 | |
| Spe | ecial Senses | Respiratory System. | |
| Dis | sturbance of mentality Muscular System | Digestive System | |
| Oss | seous and Joint System Any other general condition | on. Ko | |
| | the answer to any part of Section 2 above is "Yes," he origin; and also a description of the present condition. | ere give full particulars, with cause and date | |
| opile | o, hernia, nosicos | e veins, vorico | - |
| ore | goilre. | | |
| | +'1' n. '1 | | |
| race | inability. | 12-18- no reeu | et |
| de | sability, | | |
| uesa - | al - bout | P 2n1 | 2-17 |
| h | abone M. 4. 5. gu | 11. 160 5 4 | /3 |
| PPROVE | Anicaion, | worse than on | |
| MAR 7 1919 | (If space is insufficient, continue or | n back of form.) | |
| My | CAPT- | | |

EXAMINATIONS.

| Examined at | (Overseas) |
|---|--|
| Date | |
| condition; that I | that I have read, or have heard read, the above description of my present find it correctly stated; and that I have not withheld any information concernfections from which I suffered, either prior to or during service. |
| | Signature |
| | |
| HIS SECTION | If not satisfied, M.F.B. 227 will be completed by Medical Board.) FOR USE IN CANADA— |
| HIS SECTION Examined at | If not satisfied, M.F.B. 227 will be completed by Medical Board.) FOR USE IN CANADA |
| Examined at Date Marchester I hereby certify condition; that I is | If not satisfied, M.F.B. 227 will be completed by Medical Board.) FOR USE IN CANADA— (Canada) |

of entigens and also a dear vision of the prigint consistent

| Medical Examination upon leaving the Service |
|--|
| of an Officer fit for general service or a Soldier fit for duty. |
| Officers leaving the Service upon being found unfit for general service by a Matical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form. |
| RANK CUNNER Name HOWARD LEO SURVAME CARPENTER |
| Unit or Corps C, R, A (If a soldier) Regtl. No. 340896 |
| Born at MIDLAND DWARID on, date 30 DEC 1890 |
| Signature (for identification) 21. Lagrente |
| The examination is to be made jointly by two Medical Officers. |
| 1. PNYSIQUE—Any deformity, maiming or lameness? If so, describe. |
| Weight |
| Height / |
| J. ft. 6 fat ins. |
| 2. NUTRITION AND DIATHESIS P 95000 |
| After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe. |
| 3. NERVOUS SYSTEM P |
| Neg |
| 4. RESPIRATORY SYSTEM. |
| Mey |
| 5. HEART P |
| Abnormal Sounds? |
| Abnormal Size ? No |
| Pulse Rate? 70 Intermittence or irregularity? Wo |
| 6. ARTERIES.—Any hardening? |
| 7. DIGESTIVE SYSTEM ? |
| 8. GENITO-URINARY SYSTEM P |
| Urinalysis—s.g.? 1023 Reaction? ACID Albumen? To Sugar? To |
| 9. SKIN, MIDDLE EAR, EYE |
| or any other part? |
| 10. Is there any evidence of |
| impairment of health or physical condition not mentioned above? If so, describe. |
| 11. Opinion as to the health and physical condition of the one examined? |
| Branch 1 Streng mari |
| Examined at 196 ROON Signed Signed M.O. Date JAN 30 1719 Signed M.O. M.O. |
| If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding. |

DUPLICATE

MEDICAL HISTORY SHEET # 34089

| | (| 11100141 | 1 1141111 | | x and | ~0 | |
|--|--|--|--|--|--|-----------------------------------|--|
| Examined { on 1 | 4th day of June, 1916. Toronto, Canada | Ap | proved b | m 7, | hegh | | |
| | | | Victoria | | 0 | | |
| Pirthologo | Town Midland, Ont., | I COLLEGE TO THE STATE OF THE S | | | | | |
| (County | Canada, | Date | Fit or Unfit | The state of the s | UNED FOR RE-ENGAGE | MENT | |
| Apparent age | 25 Yrs. 6 Months. | | Unit | | A STATE OF THE STA | | |
| Trade or occupation | Railroad Electridia | n | 4.634 | | | M.O. | |
| Height | 5 feet 61 Inche | s | | - | * | M.O. | |
| Weight | 143 lbs | | | | | M.O. | |
| Charles | Minimum 33½ inche | s | | | | M.O. | |
| Chest measurement { | Maximum expansion 372 inche | s | | Service Services | | M.O. | |
| Physical development | Good. | | | 1 | | | |
| Small-pox Marks | Nil | | | | | | |
| (a) | Arm Right Left 4 | | | | | M.O. | |
| Vaccination Marks | Number 4 | Date | Result | | VACCINATIONS | We select the second selection of | |
| When Vaccinated las | t1908 | 5/10/16 | (| 7. a. | Culhan | M.O. | |
| (a) Marks indicat | ting congential peculiarities or | VALUE Alleys | | | | | |
| previous disease | Ni1 | | | | | | |
| 9 Table 19 | | | THE RESIDENCE OF THE PARTY OF T | | | M.O. | |
| (b) Slight defects l | out not sufficient to cause rejection | Date | Result | Anti-T | YPHOID INOCULATIONS, | ETC. | |
| R eye | D 60 L D #30. | 00/9/16 | T.A.B | 71. a. | Culhan | 7 M.O. | |
| - | | 10/16 | A. B. | 71.9. | Culham | M.O. | |
| | | 17/10/1 | TABS | 939 | rllu | M.O. | |
| Enlisted on 14th | day of June, | | 91 6 _t | Toron | ito, Capada | | |
| No. of the State o | | | | | | | |
| | etewawa ART y DFTL | - | n/ | ABITS | DATE | 11 | |
| Joined on enlistment | 7 Oth Batty. 3409 | 96 | | | June 14 | 416 | |
| | | | | | 0 | | |
| Transferred to | | | | | | | |
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| | | | | | | The state of | |
| EXAN | MINED OR DISCHARGE | ED BY | A M | EDICAL | BOARD | | |
| STATION | DATE | Dis | EASE | | RESULT | | |
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N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

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. DATES OF Number of Date of Arrival Signature of Admission into Hospital Discharge from Hospital DISEASE days in at the STATION Medical Officer Hospital Station Day Month Year Day Month Year Howard Leo Name Christian Carpenter Surname 2.4

| *Name L CARPENTER, Howard Leo Rank GNR, R | legtl No. 340896 |
|---|---------------------------------|
| Origin Present 70th Bty M. or S. Age 28 Religion R/C/ | yle Depot 24-62-436 Ref. H.Q |
| Port, ship, and date of arrival Princess Juliana Halifax 17-2-19 | |
| Next of kin. Sister Agatha Carpenter. 190 Queen St. E. Toronto | |
| Address on leave Same | |
| Address on discharge 430 Annette St., Toronto Ont. | |
| Transportation issued No Date Character on discharge | |
| Previous occupation Railroad Electrician Pate and place of Toronto 14-6-1 | 6 |
| Diagnosis Demobilization Date of Medical 7-3- | 19 |
| Date. Remarks | Pt. 2 Order No. |
| TOS 8-2-19 posted to CasgoExcAmp 17-2-19 | • |
| leave with from 20-2-19 to 6-3-19 | 52 |
| 11-3-19 SOS DISCHGD"DEMOB'N" ENTITLED TO WSG | 67 |
| | |
| | |

^{*-}Name will be given in full; surname first.

| Date. | Remarks. | Pt. 2 Order No. |
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| M.F.W. 192 | | |

150M-6-18. 1772-39-1243.

Christian Name Loward Approved by 14th day of June, Toronto, Canada. City or Town Midland, Ont., Canada. Fit or Unfit EXAMINED FOR RE-ENGAGEMENT 25 Yrs. 6 Months. DJAR 40CT Apparent age Railroad Electridian. M.O. Trade or occupation... M.O. ____5__feet____ 61 143 Weight. M.O. lbs. 33½ inches Minimum... M.O. Chest measurement Maximum expansion 37½ inches M.O. Physical development Good. M.O. Nil Small-pox Marks M.O. Left Vaccination Marks Date Result VACCINATIONS 1908 When Vaccinated last... (a) Marks indicating congential peculiarities or Nil previous disease. M.O. Date ANTI-TYPHOID INCCULATIONS, ETC. (b) Slight defects but not sufficient to cause rejection 30/9/ R eye D 60 L D #30. Canada. Enlisted on 14th day of June, Toronto. gt CORPS REGT'L NUMBER HABITS DATE 7 Oth Batty. Joined on enlistment Res Bde CF Transferred to. EXAMINED OR DISCHARGED BY A MEDICAL BOARD STATION DATE DISEASE RESULT An A Fleacho

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

| | | STATION | Date of Arrival | 30 | Admissi ito Hosp | 31 | es or | Dischar om Host | ge | DISEASE | Number of days in | 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. | |
|-------------------|-------|------------------------|-----------------|----|---------------------|----|-------|--------------------|-------|---------------|-------------------|--|------|
| :*. :- | | | Station | | | | | | 1 | | Hospital | of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. | |
| Leo | | Lelawawa) | 26-8-16 | | 1 | | | | | | | | |
| Howard | | | | | | | | | | | | | |
| Ном | | Frodshan Hp | n the | 1 | 9 | 18 | 2 | 12 | 18 | Frantibia. | My | - from position, Jour up in pender of Paris | |
| · ; . d | | | 1 3, 01 | | l l | | | | | (accidental). | A | and union now I lead unes | M |
| ncess Patricia Ca | | in Red Cross Hospital, | | | | 18 | 10 | | 19 | | | | |
| Cooden | | , leals, | | 2 | 12 | 10 | 100 | / | 17 | | | \square | |
| Christian | 15112 | | | | | | | | | | | This fit for clets themasken | T |
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. A.

(a) In Canada(b) In England(c) In France

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London made out for each NAME OF SOLDIER (Block Letters) Individual at the t me of Demobilization in England REGIMENT or France. Figures as per chart will be used Date of Examination in France Date of Examination in England to designate teeth concerned. 10 12 11 13 3. In reference to Partial Dentures the numbers of teeth thereon will be stated. 22 23 24 25 26 27 18 PRESENT DENTAL REQUIREMENTS 1. FILLINGS 2. EXTRACTIONS 3. CROWNS 4. DENTURES (a) Full Upper (b) Part Upper (c) Full Lower (d) Part Lower HAS HE EVER REFUSED DENTAL TREATMENT? HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

Signature of Dental Officer With Kuthenfordlapt,

DIRECTIONS TO DENTAL OFFICERS

| Remedial Treatment Gymnasium, Canadian Hospitals and Commandel Deports Red Cross Hospital | LEAVE THIS |
|---|-------------|
| Place: - Cooden Camp, Bexaul, | |
| Regt. No 340 F 96 Ranky Name Cup. | ter HJ |
| Unit C. F. Q. Age 27 (Add Division " Hut B Date of (Division " Division " Date of (Division " Division " Divis | 12 11 |
| Division Hut 13 (Di | sch! |
| DISABILITY. Frack. Tibi | <u> </u> |
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(This form to be filled in by all ranks on voyage to Canada.)

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