WR 25½/19

# DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name COLLINS SAMUEL THOMAS

Regt. No. 2379486 Rank Pte

Corps 1st Lpo Bn M.R.

29906

Demob

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

Attestation Papers..... X5

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 1

Proceedings of Regt. Court Martial .....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate..... 2

Inventory of Kit.....

Last Pay Certificate.....

m. F. B 465
m. f. W. 113 — 2
m. f. W. 178
m. f. W. 71
m. f. W. 160
m. f. W. 62

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

1 — 21
1 — 21

SHORT FORM.

**PROCEEDINGS ON DISCHARGE.**

**(Demobilization.)**

1. No. 2379486

2 Rank. Private

3. Name. Collins, Samuel Thomas

4. Unit. 1st Depot Battalion M.E.

5 Date of Discharge 15-8-18 O.R. Place Winnipeg, Manitoba.

6 Reason for Discharge ~~Demobilization~~:- Struck off strength on return to Registrar's Records. 15-8-18 Demob.

Daily Order 206/18 para 3418 25-7-18

7. Authority. P.C. 3051 of 11-12-18

8. Proposed Residence after Discharge

Rossburn, Manitoba.

Released 20.1.19

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Winnipeg, Manitoba.

Date December 27/18

Signature W. R. Wood Major for

Commanding, 1st. Depot Battalion Manitoba Regiment

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

## LIST OF DISCHARGE DOCUMENTS.

| | |
|---|---|
| Attestation Paper, Triplicate | Militia Form W. 23 |
| or Particulars of Recruit | Militia Form W. 133 |
| 4 Field Conduct Sheet | Militia Form W. 178 or A.F.B. 122 |
| 1 Casualty Form | Militia Form W. 54 or A.F.B. 103 |
| 1 Last Pay Certificate | Militia Form W. 44 |
| Certificate that missing documents are unobtainable | |
| Medical History Sheet | Militia Form B. 313 or A.F.B. 178 |
| 2 Proceedings of Medical Board | M.F.B. 227, A.F.B. 179 or A.F.A. 45 |
| Dental History Sheet | Militia Form B. 465 |
| 1 Medical Report | M. F. W. 129 or D. M. S. 1375 |
| Regimental Conduct Sheet | Militia Form B. 263 |
| 1 Company Conduct Sheet | Militia Form B. 263a |
| 1 | |

Man on Conditional Leave previous to order to return to Registrar's Records

Missing Documents unobtainable

10 M. D. First Depot Battalion Manitoba Regiment

Regtl. No. 2379486

6.

# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.) ORIGINAL

1. Surname COLLINS
2. Christian name SAMUEL THOMAS
3. Present address Rossburn Manitoba Canada.
4. Military Service Act letter and number 302174 JR
5. Date of birth May 16th 1897
6. Place of birth Rossburn Manitoba Canada.
   (town, township or county and country)
7. Married, widower or single Single
8. Religion Methodist
9. Trade or calling Farmer
10. Name of next-of-kin Mr. William Henry Collins
11. Relationship of next-of-kin Father
12. Address of next-of-kin Rossburn. Manitoba. Canada.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any No
15. Medical Examination under Military Service Act:—
    (a) Place Neepawa Man. Canada (b) Date 6/11/17 (c) Category A2

## DECLARATION OF RECRUIT

I, Samuel Thomas Collins, do solemnly declare that the above particulars refer to me, and are true.

Samuel Thomas Collins (Signature of Recruit)

## DESCRIPTION ON CALLING UP

| | | | |
|---|---|---|---|
| Apparent age | 20 yrs. | 7½ mths. | |
| Height | 5 ft. | 8 ins. | |
| Chest measurement — fully expanded | 34 ins. | | |
| Chest measurement — range of expansion | 3 ins. | | |
| Complexion | Dark | | |
| Eyes | Grey | | |
| Hair | Dark Brown | | |

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

Nil.

W. R. Wood. Major for
Commanding 1st Depot Battalion Manitoba Regiment
O. C. First Depot Btln.
Manitoba. Regt.

Place Winnipeg Canada. Date 9/1/18

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

M. S. A.

SURNAME. Collins

CHRISTIAN NAMES Samuel Thomas

REGL. No. 2379486 RANK Pte.

UNIT ~~Man. Regt. 1st Depot Bn.~~ # 7 C. G. R. Bn.

FORMER CORPS Mil.

CARD NO. 4

S.O.S. Mis. 13-8-18.
D.O.D. 25-7-18

NEXT OF KIN.

NAMES IN FULL Collins, William Henry

RELATIONSHIP TO SOLDIER Father

ADDRESS Rossburn, Man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Rossburn, Man. DATE May 16th 1897

PLACE OF ATTESTATION Winnipeg, Man. DATE Jan. 9th 1918

L. L. 25989. M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

AP

M. F. W. 71.—500M.—5-16.
1772—39—961.

C. COY.

NAME Collins, Samuel . Thomas

REGIMENTAL NO. 2379486 RANK Pte

ENLISTED AT WINNIPEG PROMOTIONS, &c. AND DATE

DATE JAN 9 1918

IF SERVED PREVIOUSLY, STATE UNIT, &c. None

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Wm. Henry. Collins RELATIONSHIP Father

ADDRESS OF Rossburn . Man

ASSIGNMENT OF PAY $ 15.00 C. TO Father

ADDRESS Same as above

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

# CASUALTIES, &c.

| NATURE<br>E.G. ABSENCE, PROMOTION, &c. | PART II, D. O. | | REMARKS<br>IF IN HOSPITAL, NOTE NAME &c. |
|---|---|---|---|
| | No | Date | |
| | | | |

Reg. No. 2379486 Name Collins, S. T.

Rank Pte. Corps D.D. Man. Regt. Age 21 Service ✓

Ledger No. 965 Serial No.

| HOSPITALS | DATE | DIAGNOSIS |
|---|---|---|
| | 1-4-18 | Mumps. L. |
| Dis. to duty. | 2-6-18 | |

P. T. O.

| HOSPITALS | DATE | DIAGNOSIS |
| --- | --- | --- |
| | | |
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| | | |

M. F. W. 2553.
50M-6-19.
1772—39-1332.

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 1st. DEPOT BATTALION, MANITOBA REGIMENT.

Regimental No. 2379486 Rank Pte. C. E. F. Name COLLINS Samuel Thomas

Enlisted (a) 9/1/18 Terms of Service (a) C.E.F. Service reckons from (a) 9/1/18

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

Farmer

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

| 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 | | | | |
| | | EMBARKED | | | |
| | | DISEMBARKED | | | |
| | | Demobilization:-S.O.S. on return to Registrar's Records 20/1/18 Daily Order 4 25/1/18 Discharged under Auth. PC 3015 of 11-12-18, Documents to H. Q | Winnipeg | 15.8.18 | |
| I.M.R. | | | | | |

F. C. Commanding Lieut
Adjutant
1st Depot Battalion, Manitoba Regiment

(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 | | | | |
| | | | | | |

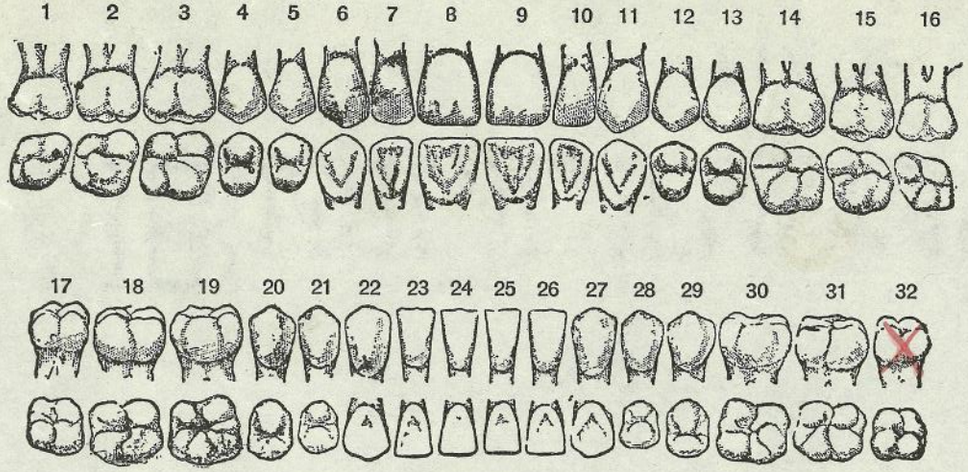
# DENTAL HISTORY SHEET

C Co'y CANADIAN ARMY DENTAL CORPS DISTRICT 10

NAME OF SOLDIER Samuel Thomas Collins No. 2379486

REGIMENT 1st. DEPOT BATTALION, MANITOBA REGIMENT. RANK Pte

M.F.B. 465
2000M 1-17
1772-39 650




## 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.

| | Date | Amalgam | Temporary Filling (a) G.P. (b) Cement | Cement | Treatment Putrescent Pulp | Root Filling | Pulp Cap | Devitalization | Pyrrhœa | Synthetic Porcelain | Extracting | Dentures U | Dentures L | Dentures P | Gold Clasp | Gold Filling | Crowns Gold | Crowns Porcelain | Bridge Work | OPERATOR | Military Dist. | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Condition on first Examination | 1918. Jan 11. | | | | | | | | | | 1/32. | | | | | | | | | F. J. Moffatt | 10 | Ext, Cav'ts. 3.14.31 |

M.S.A. 15.

AUG 21 1918

# MILITARY SERVICE ACT, 1917.

# MEDICAL HISTORY SHEET.

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

1. Surname Collins Christian name S. J.

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

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

4. Address (including street and number, if any) Rosebud P.O. Manitoba Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 4th day of July 1918, by the undersigned medical board sitting at Mint Barracks Winnipeg

5. Age as stated 21 Years 3 Months. 6. Apparent age ..... Years ..... Months

7. Height 5 Feet 7 Inches. 8. Weight 138 Pounds.

9. Chest measurement { Minimum 34 Ins. / Maximum 37 Ins. } 10. Complexion Ruddy { Eyes Grey / Hair Dark }

11. Physical development Good { Good / Fair / Poor } 12. Smallpox marks .....

13. Number of vaccination marks { Right arm ..... / Left arm 1 } 14. When vaccinated last .....

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar L Knee
Scar L side of neck

16. Slight defects but not sufficient to cause rejection D.N.H. with enlargement

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

Vision R. Eye 20/20

" L. Eye 20/30

Hearing R. Ear N

" L. Ear N

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category C2

H. C. Caton Capt President.

J. B. McClyn Capt Member. ..... Member.

Signature of Man

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

*Joined* ..... *day of* ..... *191* ..... *at* .....

| | Corps | Reg'tl Number | Habits | Date |
|---|---|---|---|---|
| Joined on enlistment | | | | |
| Transferred to..... | | 237486 | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station | Date | Disease | Result |
|---|---|---|---|
| | | | |

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.

Surname..... Christian Name.....

| 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 | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | |