NAME BAGHREY, NESTOR C.E.F. REGIMENTAL DOCUMENTS 192 BN H. Q. FILE 759 NON-EFFECTIVE BY DATE M. F. W. 2505 DATE RECEIVED TO WHOM FORWARDED CONTENTS REFERENCE ATTESTATION PAPER (M.F.W. 23, 133 or 51) DEATH CASUALTY FORM (M.F.W. 54 or A.F.B. 103) CATEGORY TRAINING HISTORY SHEET (M.F.W. 113) FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120) COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) DISCHARGE DENTAL HISTORY SHEET (M.F.B. 465) CATEGORY MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) MEDICAL EXAMINATION (M.F.W. 129) TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) DESERTION LAST PAY CERTIFICATE (M.F.W. 44) PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) PARTICULARS OF CHARACTER (A.F.W. 3226) COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) CARDS PAY-SHEETS

com. /// Number 8 9 8 2 0 /.	Rank Spec Q
Surname BAGHREY.	
Christian Name Merolog.	
Units & & Theatr	e of War France.
Date of Service 1: 3-17.	
Remarks.	
Latest Address not avail	Cable. 22.7.21.
g.p.D. bal	gary, alta
Roll No. B Page 19829	8-1-23
200m6-21.A.	

REGT. NO.	RANK	NAME
UNIT	AGE	SERIAL NO. IN A. AND D.
TOTAL SERVICE WHERE		DATE AND PLACE OF OR
AND HOW LONG		
DISEASE OR INJURY		
OPERATIONS		
RESULT OF OPERATIONS		
	,	
(A) DATE OF ARRIVAL AT H	IOSPITAL AS AN ADMISSION	
NAME OF HOSPITA		
DATE OF DISCHARGE TO U	NIT	IN CA
DATE OF DISCHARGE AS AN	N INVALID	
DATE OF DEATH		
DATE OF TRANSFER (STATE	E WHERE TO)	
NAME OF HOSPITAL		
OTHER INDEPENDENT CON	DITIONS DIAGNOSED	

War Service Badge
Class "A" No. 70359.
SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization)

1. No. 898201
2 Rank. Spr
3. Name. BAGHREY NESTOR
4. Unit. CRID - 7 ERT - 192 Batt
5 Date of Discharge APR 2 1919 Place Calgary
6 Reason for Discharge Leniobellyation
o reason for Discharge
H.M. TR MINNEKARDA
ALEMARKED 19. WARLED)
7. Authority. 10 /4/2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8. Proposed Residence after Discharge
1161 411 (1
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.?
MB aghrey Signature of Soldier.
10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
Place CALGARY
Date
The there
Signature (O. C. Discharging Unit.)

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	4.44
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	
Regimental Conduct Sheet	
Company Conduct Sheet	

8

Department of Veterans Affairs

STATEMENT OF SERVICE

IN THE

PUBLIC ARCWITHOUT THE Imprint of Juffle Official Stamp of the Department ADA

CANADIAN ARMED FORCES OTTAWA, CAT., CAWADA
Service Rank and/or Number 898201 Name BA 6HREY; Neston
1. Branch of Service: Army - 192 Bttn, CEF
2. Date and Place of Birth: 5 Mov. 1895-Comen, Podolsk, arkadeny, Russia
3. Date and Place of Appointment, 2 Mar - 1916 Coleman, alta.
4. Theatres of Service:
CANADA - ENGLAND - FRANCE
5. Date and Place of Retirement 2 apr. 1919 Calgary, alta.
6. Type of Retirement or Discharge: Hanourable
7. Reason for Retirement or Discharge: Demobilization
7. Reason for Retirement or Discharge: Demobilitation 8. Rank on Retirement or Discharge: Sapper pr.
9. Medals and Decorations:
British War + Victory Medals.
according to our records the surname of the
a/m soldier is "BAGHREY", not "BAEHRY"
DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE
Sex Male Height: 5 Feet 9 Inches.
Eyes: Hair: Dunn Complexion: Fun
Marks or Scars: Two meh sear on index Junge of left hand.
Ottawa, Canada.

Head, Reference Section

RANK Ple-NAME Bayring haston. Bahrip, apl paylish No. 898201 T. O. S. 2- 3-16 UNIT 192 nd Battalion 2.0.14 0 2-3-16 M. D. 1,3 PAID PAID PROMOTIONS, TRANSFERS, DISCHARGES, ETC. SIG. OR FROM TO REC'T PARTICULARS AUTHORITY 1916 1916 mar. 2 mar. 31 1 aw. L. day forfice edays lay april partich

R-122 8,401-50,000-21-10-16.

A.C. Rank

Name

BAHRIY, Nastor. If in perm. Corps,

Reg'l No.

898201

Unit

192nd. Bri.

What Unit?

Married or Single

Single.

Coleman. March. 2nd. 1916. Place and Date of Enlistment

Place of Birth Comen, Podolsk,

Name and Address, Next-of-Kin

Dematry Bahriy,

Arkadeecy, Russia.

Comen Podolsk, Arkadeecy, Russia.

Relationship

Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Categor

Discharge, Date and Place

Reason

Character

	Repo	rt. 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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Report Date.	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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CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

AMAZAN

	470339
THIS IS TO CERTIFY that No. 90 Name (in full) 1924 the 1924 CANADIAN EXPEDITIONARY FORCE at 19/6 HE served in 19/6 and is now discharged from the service by reaso	Musich enlisted in Tradication on the 2 nd
THE DESCRIPTION OF THIS SOLDIER on the Age 23 yrs. Height 2" Complexion Xaris Eyes Mans 1 Hair Yarawan	Marks or Scars 3 with scal round first phalans ander fugits lift hand.
Date of Discharge APR 2 1919 APR 2 1919	Issuing Officer/ Rank APR 2 1919 Date Taken 19/9

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 OVER-SEAS EXPEDITIONARY FORCE. Folio.

QUESTIONS TO BE PUT	BEFORE ATTESTATION.
1. What is your surname?	Balaise
1a. What are your Christian names?	Chartes
1b. What is your present address?	
	Comen Podolsk arkadeecy Russia
3. What is the name of your next-of kin?	
4. What is the address of your next-of-kin?	Comen Pototok arkadury Russia
4a. What is the relationship of your next-of-kin?.	mother &
5. What is the date of your birth?	nov 5 1895
6 What is your Trade or Calling?	miner 2
7. Are you married?	ng
8. Are you willing to be vaccinated or re-	
vaccinated and inoculated?	ys.
9. Do you now belong to the Active Militia?	210
	20
1. Do you understand the nature and terms of your engagement?	yes
	yes
lischarged.	that war last longer than one year, and for six months sty should so long require my services, or until legally
Date. March 2 1916.	DECameron (Signature of Witness)
ear true Allegiance to His Majesty King George the duty bound honestly and faithfully defend His Majerity, against all enemies, and will observe and object of all the Generals and Officers set over me. So	, do make Oath, that I will be faithful and ne Fifth, His Heirs and Successors, and that I will as jesty, His Heirs and Successors, in Person, Crown and ey all orders of His Majesty. His Heirs and Successors
CERTIFICATE O	
The above questions were then read to the Rec I have taken care that he understands each qu uly entered as replied to, and the said Recruit has	ruit in my presence. lestion, and that his answer to each question has been made and signed the declaration and taken the oath
efore me, at 6 fly this a	day of Sunt 1916 A Ph Bunly (Signature of Justice)
J	(Digitalitie of Justice)
M. F. W. 23.	

400M,—1 -15. H. Q. 1772-39-841.

Date MAR 2 - 1916 191

been recorded, I certify that I am satisfied with the correctness of this Attestation.

.....(Signature of Officer)

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1.	Christian names LUSTOY 2. Surname
•	Rank Papper 4. Original Unit 192 Br 5. Reg. No. 898201
3.	Rank Rapper 4. Original Unit 5. Reg. No. 3 7
6.	Address, in full, to which future payments of gratuity are to be forwarded
	GPO- Calgany alta.

	2/3/16
7.	Date of enlistment in the C.E.F. 2/3/16
R	Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, im-
0.	mediately prior to your discharge.
	Relationship of such dependent
9.	Relationship of such dependent
	Address, in full, of such dependent Ro-
10.	Address, in full, of such dependent
	Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account
11.	
	of another soldier?
	Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of
12.	Conede or the United States when such pay and allowances were issuable. It so, give partied are of the
	such unit and dates of service overseas with such unit:—
1	7 <u></u>
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?
	Were you on active service only in Canada or the United States? If so, give particulars of unit and
14.	Were you on active service only in Canada of the Officed States: If so, give particular of
51	dates of such service
	dates of such service
1	
	The state of the s
15.	Give total length of time which you served on active service, whether in Canada or Overseas, setting out
	particulars of units on whose strength you served
	particulars of units on whose strength you solves.
3	
10	. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state
16.	
	Department
	The state of the s
17	Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?
8	931 Wt C30P 50.0 0(8), 2.19, S.C., F.Rd.

898-

	Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments
	and under what regimental numbers and units.
10	+ 10 miles - 10 - 10 miles - 10 m
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
	T
200	Have you been issued with a War Service Badge? If so what class?
	Have you, during the present war, served in the Imperial Forces?
	Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pa
1	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 acrive
	in England?
	(b) If so, was such reversion in consequence of misconduct or inefficiency?
24.	Are you now serving in the C.E.F.? If not, give :—(a) Date of discharge
	(b) Reason for discharge fund
	Are you at present a member of and in receipt of pay and allowances from any Canadian naval or lan
	forces? If so, give unit
	Did you at any time serve at the front in an actual theatre of war? If so, give particulars of on
tar fan	unit in which you served at the front, and dates of such service with that unit
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?
	And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the
Same	force and effect as it made under oath and in virtue of the Canadian Evidence Act.
	ture of Applicant: n Saghrey
	of Residence: 19.10. bulg any alkel
	red before me at:
Inis	Signature of Barrister of the
	Supreme Court Stipendiary Magistrate, Notary Public, Justice of the
	Peace, or Commissioner for the Administration of Oaths under O.C. No. 13 M. D. C. WING, K. P. C.
TE	P.C. 2767, dated 11th Nov., 1918.
Det	POST DISCHARGE PAY.
Date 1	paid. Paid Paid War Service Net amount Soldier Dependent Gratuity due
	420 January 8 8EPT.
	THE FEBRUARY
	Certified Correct
,,,,,,,,,	
	Certified Correct. District Paymaster.

minnekahadu 28/3/19 Disporsal R. PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES RELATIONSHIP EFFECTIVE DATE AUTHORITY PARTICULARS ADDRESS ASSIGNED PAY \$ DATE EFFECTIVE IS SEPARATION ALLOWANCE PAID? ho PAYABLE TO TO WHOM PAID RELATIONSHIP ADDRESS ADDRESS Certified opening entries on Illis STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE have been audited by ... 10-4 DISCHARGED REGI-MENTAL ACQUITTANCE ROLLS CASH PAYMENTS PAY AND F.A. ASSIGNED OTHER TOTAL PAY CREDITS CREDITS CHARGES MONTH COL. NO. 1 COL. NO. 2 COL. NO. 3 COL. NO. 1 AMOUNT RATE BALANCE FROM PREVIOUS ACCOUNT 28 2/ 19. 446 22 10 5. 00 574 52 1368439 42 90 35 00 70.00. 901105-444622009413 have been aud 4.88 4-20 63-40 1343 400 420

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AUDITOR Dispersal PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING REGT. NO. 89820 NAME (IN FULL) DAILY RATE OF PAY AND ALLOWANCES ORIGINAL UNIT EFFECTIVE DATE AUTHORITY PARTICULARS AUTHORITY TRANSFERRED TO DATE PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY DATE OF ATTESTATION DATE EFFECTIVE ASSIGNED PAY \$ hil RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS PAYABLE TO 1900年 ADDRESS Certified opening entries on this Ledger Sheet STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE have been audited by ... IF ENTITLED TO POST DISCHARGE PAY APPREASON PING DATE / PLACE 10-4-19 Date DISCHARGED CALGARY ALTA APRZ REGI-CASH PAYMENTS OTHER TOTAL ACQUITTANCE ROLLS ASSIGNED MENTAL DEBITS PARTICULARS OR REMARKS CHARGES PAY CHARGES DEBIT CREDIT COL. NO. 1 COL. NO. 2 COL. No. 3 COL. NO. 1 COL. NO. 2 COL. NO. 3 C. C. C. DATE br Bat Eng h 16 96781 5. 00 574 52 SAL! 9. 594 73. 12 Joldier Pelper 9 40 1660 63-40 40 40 10 ayır 1343 16 60

PAYMASTER

P 820

ASSIGNED ENGLAND OR SEPARATION ENGLAND OR CANADA. ALLOWANCE. NAME:-CANADA. EFFECTIVE EFFECTIVE 898201. DATE :-NUMBER:-DATE:-PARTICULARS OF RANK OR APPOINTMENT AMOUNT :-AMOUNT :-NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYER OF A.P. IS THE SAME AS PAYER OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE. AUTHORITY DATE RANK OR APPOINTMENT Cpr: UNIT AND TRANSFERS ORIGINAL UNIT :-DATE ACCOUNT FIRST OPENED - 14 Nov: 16. DATE DATE LEGGER EFFECTIVE SHEET T'SF'D AUTHORITY UNIT TRANSFERRED TO ytheRT 10 12/2 EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK UNIT PAID BY AMOUNT UNIT PAID BY AMOUNT 12/19 DAILY RATES OF PAY AND ALLOWANCES 5509 SUBS CE AUTHORITY PAY P.F.A. 58 40 PARTICULARS OF RENDERING NON-EFFECTIVE: Disch. Co Canada Eff/3/19 My. nR 3016 15-2-19 ash ma 13. DR 2. DR. 3. BALANCE DEFERRED PARTICULARS PARTICULARS CR. 1 MONTH CR. 2. 40781 239 33 1400 429 21 146 254 3410 16/5 2 68 261 921 2 Base Depot. 110 24/11 1017 YCRT lune 464 3410 1.12 2/4 498 28 299 16/4 21201 ordon 718-97 33

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ERVICE AN	D CASUALTY	FORM	(Part I)
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Army Form	B.	103-1.
Part	I.	

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(1)*Substantativ	e rank			(2) Regiment or Corps	(3) Regtl. N
*Acting rank					
*[To be entered in]	pencil to facilita	te alteration.]			
(4) Surname ,					
(5) Christian Na		V			
(6) Army Form, Form or Rec	ord of Serv	ice paper			
(7) Whether of E	British or of	Alien			
origin [vide A (8) Date of birth					
(9) (a)	as stated t	on emistment			
(9) (2)					
(10) Enlistment	(b)			(11) Engagement (c)	
(12) Service reck	cons from (a	late)	(13)	Special conditions (if any) of enlistment (d)	
(14) Any subsequ	uent variat	ions (if any)			Initials and Rank an Officer,
of condition	is of service		thority)		
			Initials and Rank	(dute)	00 1 00 5
(15) Category	Date	Medical Authority	of an Officer	(16) (Record of Occupation in Civil life (vide Arm	ly Order 95 of 1917
				Industrial Group No.	
	,		*	Trade or Calling	
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				Occupation Cards despatched on (date)	
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(17) Next of Kin					
(18) Demobilizer	(f)		(Place)		(Signature of
(19) Pivotal-man	1(f)		(Date)		(Posting Office
20) Qualification	ns (g)		or (21) Corp	s trade and rate	
22) Extended {			1.	(23) Re-engaged	
-					
24) Miscellaneou	is entries:—				

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.1, 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. [c] 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.

898201 - Spr	Baghrey,	2	70	et.	
(A) Report Date. From whom received Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer	
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Casualty Form Active Service.

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	Report	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36,
Date	From whom received	B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.			or other official documents.
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⁽a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserved particulars of such re-engagement or enlistment will be entered.

⁽b) Signaller, Sheeing-Smith, &c.

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	Report	Record of promotions, reductions, transfers, casualties, sc., during active service, as reported on Army Form
Date	From whom received	Record of promotions, reductions, transfers, casualties, S.c., 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 of Casualty Date of Casualty Casualty Remarks Taken from Army Form A.36, or other official documents.
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			Date D	From whom received	Record of promotions, reductions, transfers, casualties, &c. 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 of Casualty	Casualty	B. 213, Army Form A. 36, or other official documents
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		THE PARTY	(938), Wt. 15012/5	5156, 1,000,000, 1/16, P. P. I td.	Forms/B 103/3			

	Report	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents.	10.52.00.4E	Date of	Remarks Taken from Army Form
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A. 13 CARD NO. SURNAME. Bahring 80 8 2- 4-19 Denote DD 94 J HOH 19#13&D CHRISTIAN NAMES haster RANK Pte, REGL. No. 898201 UNIT 192nd. FORMER CORPS CHANGE OF ADDRESS NAMES IN FULL Demotry, Mrs. nastor. RELATIONSHIP TO SOLDIER THE other. ADDRESS Comen, & odolsk, arkodiecy Russia COUNTRY OF BIRTH Russia, Comen, Podolsk, DATE nov. 5'th' 1895; PLACE OF ATTESTATION Coleman, alta. DATE mar, 2nd, 1916, From Halifax Ver S. S. Empress of Britain" L. L. 94504. M. & D. 6512 31/10/16 8/6-97/3/19 29/ M. F. V N. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED WIDOWER TRADE OR CALLING DESCRIPTION. 21 APPARENT AGE YEARS MONTHS 5 FEET 9 INCHES HEIGHT CHEST MEASUREMENT 3 8 INCHES EXPANSION 2, INCHES COMPLEXION Frair EYES Heagel HAIR Brown, DISTINGUISHING MARKS Tur mach bear around first thalanx of index finger, left hand. MEDICAL EXAMINATION. PLACE Coleman, alta, DATE mar, 2nd, 1916. Present address: Coleman, alta.

Surname & Christian Name Approved by Rank Birthplace M.O. Date. Fit or Unfit. EXAMINED FOR RE-ENGAGEMENT. Trade or occupation. Height. M.O. Inches Weight. M.O. inches M.O. Chest measurement Maximum expansion.. M.O. Physical development. M.O. Small-Pox Marks. M.O. Vaccination Marks Date. Result. VACCINATIONS. When Vaccinated last M.O. (a) Marks indicating congenital peculiarities M.O. previous disease M.O. Date. Result. ANTI-TYPHOID INOCULATIONS, ETC. (b) Slight defects but not sufficient to cause rejection M.O. M.O. day of. REGT'L NUMBER. HABITS. DATE. Joined on enlistment 898201 Transferred to EXAMINED OR DISCHARGED BY A MEDICAL BOARD. STATION. DISEASE. Knoty ach 24.2.19

N. B.—This sheet 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.

Christian Name

Surname

STATION.	Date of Arrival	Admission Discharge		re ital.		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.	Signature of Medical Officer.			
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898201

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CANADIAN ARMY DEN'TAL CORPS. O.M.F.C.

DIRECTIONS TO

DENTAL OFFICERS

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London 1. This form will be NAME OF SOLDIER (Block Letters) made out for each Individual at the time of Demobilization in England or France. 2. Figures as per chart will be used Date of Examination in England Date of Examination in France. to designate teeth concerned. 10 11 12 13 16 3. In reference to Partial Dentures the numbers of teeth thereon will be stated 25 26 27 PRESENT DENTAL REQUIREMENTS 1. FILLINGS 2. EXTRACTIONS 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.) (a) In Canada (b) In England Hurst apt Signature of Dental Officer.

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

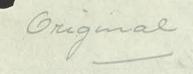
Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No	89820/ Rank Sp.	Surname Baghrey
		(Given name in full)
	C.R.T.D.	Nastor
Un	it or Corps	Birthplace Russia
7 17	(Examination of Officer or Other Rank (str	ipped) to be made by one Medical Officer.)
I.	GENERAL DESCRIPTION: Physique A D Weight A D Ibs.	Dofuncted Height. L. ft. 9. in. Colour of Eyes lega
	Nutrition Laad	0.00
	Pulse	Identification marks, scars, or deformities. (Give cause and date of origin).
	Condition of arteries	
	Vision Rt	20
	Hearing (conversational voice) Rtft.	
	Left. A.lft.	
Opi	nion as to general health and physical condition	Good,
2.	Has Officer or Other Rank ever suffered from, or h (Answer "Yes" or "No") (Subjective evidence	has he now, any affection of the following systems? the may be sufficient in certain cases.)
	Nervous SystemGenito Urinary	System Cardio-Vascular System
	Special SensesIntegumentary S	System
	Disturbance of Mentality Muscular System	Digestive System 70
	Osseous and Joint System Any other gener	ral condition
3.	If the answer to any part of Section 2 above is "Y	Ves," here give full particulars, with cause and date

EXAMINATIONS

	Kundta and
Examined Date	at diversort (Overseas) 24.2.19 Signed Wagner M.O.
condition;	by certify that I have read, or have heard read, the above description of my present that I find it correctly stated; and that I have not withheld any information concernther affections from which I suffered, either prior to or during service.
	(If not satisfied, M.F.B. 227 will be completed by Medical Board.)
	ction for use in canada— at(Canada)
Date	Signed
condition;	by certify that I have read, or have heard read, the above description of my present that I find it correctly stated; and that I have not withheld any information concernther affections from which I suffered, either prior to or during service.
	Signature
	(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.)



PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

Instructions.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1)	Name of Overseas Unit which Soldier joins. 192 nd O'Bm 6. 6. 4
(2)	Regimental Number 898201
(3)	Full Name of Soldier Laston Baghry arkadency
(4)	Place of Birt 1 Kamen Podalskoy
	Are you married, or not?
(5)	Are you married, or not?
(6)	If married, state, (a) Full name of your wife
	(b) Present Postal Address
(7)	Are you a widower?
(3)	Have you any children?
	If so, give number of boys and girls.
	Also their names and ages.

M. F. W. 67.

300м.—5-16. 1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive?
If so, state name and address Demetry Bakhry arkadeway
(10) Is your Mother alive? Jes & Kamenhodlsky
If so, state name and address Jantokia Baghry, arkodene
Rahnempodlsky 1
(11) If your Mother is a widow.
Are you her sole support, or not?
(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
Deb. d.
arkadency
Lastenpoalsky
(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
V.
(15) Are you insured?
If so, in what Company?
Have you made arrangements for payment of your Insurance premium.
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.
10 of 14/11 - Albayon Li- Colone Officer Commanding. 1922
Date CCM 19/16

R. 149. Reg. No. 8 (mother) Next of Kin arkadeece Notified List Movement Place Casualty W.O. List No. N/K O. 8 50 Seothily g. M. Stomer

						The state of the s
Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
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AND DESCRIPTION OF THE PERSON	Maria (M) etca.		Commission and S			
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