Proceedings of Court of Inquiry or on men
reported Missing on Active Service
Attestation Papers
Declaration of change of name
Authority for special enlistments
Documents of re-enlisted men
Regimental Conduct Sheet
Compulsory Stoppages
Casualty Forms
Proceedings on discharge
Corps History Sheet
Date and No. of Deposit Receipt for
Purchase Money and Amount
Parchment Certificate
Medical Report for Invalids
Medical History Sheet
Proceedings of Regt. Court Martial
Copies of Convictions by Civil Power
Company Conduct Sheet
Clothing Transfer Certificate
Inventory of Kit

100m.—6-17. H. Q. 1772—39—935.

M. 4. W. 67-

Gruen.

DISCHARGE DOCUMENTS

Name matink Louis

Regt. No. 233444 Rank Pte.

Corps Cyclists form. 1st Dep. Br. W. O.

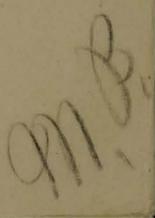
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R. O. No

H. Q. No.

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cycle:

ATTESTATION PAPER.

Original
No. 23344441
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PU	r before attestation.							
1. What is your surname?	MATIN K.							
1a. What are your Christian names?	Louis							
1b. What is your present address?	mundare alberta Canada.							
2. In what Town, Township or Parish, and in what Country were you born?	Mundare, alberta banada.							
3. What is the name of your next-of kin?	Steve matink,							
4. What is the address of your next-of-kin?	Mundare alberta, Canada							
4a. What is the relationship of your next-of-kin?.	Fasher.							
5. What is the date of your birth?	25 December 1899.							
6. What is your Trade or Calling?	Farming.							
7. Are you married ?	No.							
8. Are you willing to be vaccinated or revaccinated and inoculated?	Ges.							
9. Do you now belong to the Active Militia?	no. graff							
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No. J. M.							
your engagement?	Yes.							
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	yes.							
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No.							
14. If so, what was the nature of the disability?								
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No.							
16. If so, what was the reason?								
made by me to the above questions and that they are by me now made, and I hereby engage and agree to Force, and to be attached to any arm of the service existing between Great Britain and Germany should after the termination of that were provided His Mointer that the termination of the transfer that the transfer that the termination of the transfer that the transfe	do solemnly declare that the above are answers re true, and that I am willing to fulfil the engagements to serve in the Canadian Over-Seas Expeditionary therein, for the term of one year, or during the war now declar that war last longer than one year, and for six months esty should so long require my services, or until legally							
OATH TO BE TAKEN BY	V MAN ON ATTESTATION							
OATH TO BE TAKEN BY MAN ON ATTESTATION. I, Journal Majesty King George the Fifth, His Heirs and Successors, and that I will as an duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God. (Signature of Recruit) Date 1917. George the Fifth, His Heirs and Successors, and that I will as no duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God. (Signature of Witness)								
	OF MAGISTRATE.							
The Recruit above-named was cautioned by n questions he would be liable to be punished as provi The above questions were then read to the Re I have taken care that he understands each q duly entered as replied to, and the said Recruit has	that if he made any false answer to any of the above ded in the Army Act. Secruit in my presence. Question, and that his answer to each question has been as made and signed the declaration and taken the oath							
pefore me, at onlow this	Sh day of September 1917. Deline Major (Signature of Justice)							
OBUICINE	(Signature of Justice)							

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

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Deluly Sy

	rent Age years months.	Distinctive marks, and marks indicating congenita
To be lat	determined according to the instructions given in the Regu- ions for Army Medical Services.)	peculiarities or previous disease. (Should the Medical Officer be of opinion that the recruit has serve before, he will, unless the man acknowledges to any previou service, attach a slip to that effect, for the information of the Approving Officer).
Heig	ht	to many the real property and the contract of
measure- ment.	Girth when fully expanded	the same and the contraction of the same
mea	Range of expansion 32 ins.	
om	olexion Fresh	The sale has been supposed to the sale and the sale as the sale and
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Lair	or rown.	
	Church of England	Printing at land and the second
	Presbyterian	To you now belong to the American nor out of
ons.	Methodist	
denominations.	Baptist or Congregationalist	a to successful to the most of easier state and others
nom	Roman Catholic	and the second between the second sec
der	Jewish	MORT EVE D 30 THAT EVE D 20
	Other denominations	William & normal normal
	(Denomination to be stated.)	to require the in terms of feet the same of the same
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	I have examined the above-named Recruit are ection specified in the Regulations for Army Med	and find that he does not present any of the cause dical Services. er eye; his heart and lungs are healthy; he has th
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Date.	I have examined the above-named Recruit arection specified in the Regulations for Army Med. He can see at the required distance with eithers of his joints and limbs, and he declares that he consider him* for the Candal Market of the Medical Officer consider the Recruit unfit, he tested, and will briefly state below the cause of unfitness: CERTIFICATE OF OFFICE Consider the Recruit unfit, he tested the considering of the Candal Market of the Ca	and find that he does not present any of the cause dical Services. er eye; his heart and lungs are healthy; he has the is not subject to fits of any description. madian Over-Seas Expeditionary Force. Medical Officer. we will fill in the foregoing Certificate only in the case of those who have the cause of the cause of those who have the cause of the cause

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.
	Regimental Number 2448513 2334441
(3)	Full Name of Soldier Laws Matink
(4)	Place of Birth Mundare alla Canada,
(5)	Are you married, or not? \(\sum_{\infty} \)
(6)	If married, state, (a) Full name of your wife
	(b) Present Postal Address
	Are you a widower?
(8)	Have you any children?
	If so, give number of boys and girls
	Also their names and ages

M. F. W. 67.

500м.—9-16. 1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yea Stephen Raturk
If so, state name and address Mundare allo Can
(10) Is your Mother alive?
If so, state name and address Mary Matink Mundare alta
· · · · · · · · · · · · · · · · · · ·
(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 Lostal address of your next of kin, to whom you would desire any communication to be sent concerning you.
(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.
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.
1st Depot Battalion. W O. R. Officer Commanding.

Fill in Only.-Unit, Number, Rank and Name.

M. F. W. 54 F. B. 103.)

	promotion to sent rank.	Date of appointment to lance rank Re-engaged	}	rol	rical position on all of N. C. Os.
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.
17	1/12.0.1	a.w.l. for 22.10.1 2. 10. 1 Ly Cof. cl	ENGLAND	22.10:17	H. M. T.) H. M. T.) Ominded by after 6 H6 d/19-4-
			661	Payelo	fn SfR

1	Report	Record of promotions, reductions, transfers casualties, etc., during active service, as re			Remarks
ate	From whom received	ported on Army Form B 213, Army Form A. 36, or in other official documents. Th authority to be quoted in each case.	Place	Date	taken from Army Form B, 213. Army Form A. 36, or other official documents.
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ORIGINAL

CANADIAN CONTINGENT EXPEDITIONARY FORCE

Folio. 2.12.

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide A	rticles	122, 13	0 and 141, Financial Instructions, 25715c, C.E.	.F.,19	16).
Regimental No. Rank Priv	ate		Name Matink. Louis		
CorpsCyclists	w	ho wa	s* struck off the strength as	desc	erte
On Nov 13th		1917	to		
*Insert	"disc	harged	l" or "transferred."		
The following is a statement of the to Nov. 13th 191.7, the inch	ne acco usive d	unt of ate of	the above named from November 1st transfer or discharge.	1	191.7,
Dr.	\$	С	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	18.	70
Advances) No			96 414	13.	00
Advances by No			Field Allow. days at \$	1.	30
Assigned Pay No.	1	1	Other Allowances*		angetes.
Other Charges* A.W.L. 13 days	14.	.30	Other Anowances	-12.5118432	*******
			Other Credits*		
Payment on transfer or discharge No					
Balance Cr. (to be paid by the new unit)	8	10-	Bal. Dr. (to be deducted by new unit)		
Total	\$ 32.	40	Total \$	32.	40
		*Give	Particulars.		
(Address) (†) Insert amount to (‡) Insert "not" if a	be ass	igned,	whether it has been paid or not. of been paid for period of account.		********
			of an Officer. id by Paymaster, Military District No		
					-
REMARKS:—					
			0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			Card has been submitted No. No.		
(3) cause of discharge and author	orityD.	0.61	. struck off strength as dese	rter	*
If discharged from the Contingent, state if	Stop I	Payme	nt advice for Assigned Pay has been forwarde	d, and	date
I have carefully examined this state of the unit.	ment o	of acco	unt and find it to be a correct extract from	the Pa	y-list
Date Nov 22nd 1917.					
			911 11	0-	4.
Place London, Ont.			Vanna	Cap.	G.
Paymaster; one to accompany the pay-list at the en-	d of the out in tri	month,	quadrupficate. One copy to Paymaster of new unit; or and; one for retention as a record. One copy to accompany discharge papers; one copy		istrict

M. F. W. 44. 150m.—4-17. H. Q. 1772-39-903. Original

MEDICAL HISTORY SHEET

Surname IIA	IINK	Ch	ristian	Name	20	us.	
Examined on 11th at Lo	l day of Lept	1917 Our	Ap _I	proved b	Hall	ngomi	w
Birthplace City or To	wn Munda Alberta,	lan	Date	Ra Fit or Unfit	nk May	MAN C. A. C.	СС'M.O.
Apparent age	18/9		//	Unfit			
Trade or occupation	Farming		119/17	A	4.2.1	11 E. Laste	(oxt.o. a
Height 5	//		s	>+++++++++++++++++++++++++++++++++++++		l	M.O.
Weight							M.O.
	nimum 32						M.O.
Chest measurement	aximum expansion 36						
Physical development						*******************************	
Small-pox Marks							
(Ar	m Right Left						M.O.
	mber 3		Date	Result		VACCINATIONS	
When Vaccinated last			18/9/17	_	M	allans	LAM.O.
	congential peculia					/	M.O.
previous disease		******************************					M.O.
william management and			D. J.	22			
(b) Slight defects but	not sufficient to cause	rejection	Date	Result	ANTI	FYPHOID INOCULATIONS	Fral
	,		15/9/7			Moul	M.O.
MORE EVE D 20 LA	PT EXX D		26-9/17	7	18	Della 1	M.O.
man nome	el normal	ć	29/9/11	' ((N'		M.O.
The Table	ay of Septer	nher		1.7. at	les.	udsor, a	2nx
Enlisted ond.	3 01		10	-	1		
	Corps	REGT't. ?		н	ABITS	DATE	
Joined on enlistment	legalists	233	4441		1	Sept 7 to	1917
	U						
Transferred to			7-4				
EXAMI	NED OR DISCI	HARGI	ED BY	A M	MEDICAL	BOARD	
STATION	DATE		Dis	EASE		RESULT	
Langon, Ont SEP	1 191/ 191		On A	Lentatio	n consi	dered CAT	411
ullungameli	M. O. Pros.		Capt	A. M. C	Ja.	AN wen	A. M. C.
		1999			U		
	6/10/17.	1	Nil.	The same	7	to po	00
E	xamined by S.1	. Boar	a. (1)	E. 11	va La	ily topt	· auch
			-			1	1105.

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

M. F. B. 313. 300m.-1-17. H. Q. 1772-39-439.

	Date of Arrival			DAT	ES OF							Number of	Remarks	on nature	of the diseas	e; how i	nduced;	if mild	or seve	re; if con	n	
STATION	at the	in	Admission to Hospi	on itul	fre	Discharg om Hosp	re ital		DISE	ASE		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 venercal 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.			en -	Signature of Medical Officer					
	Station	Day	Month	Year	Day	Month	Year					Hospital	appliances su	pplied. Pa	articulars of	prophyla	ctle inoc	ulation	s.			
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Service Servic		Bh.						- 1					100									
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No. 2	3344411	RANK	NAME(Matink L.							
T. O. S		Un	Torestoy & Rais	lesked banot Depot (Cyclish platorn) M.D. I							
PAID	PAID	SIG. OR	PROMOTIONS, TRA	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.							
FROM	то	REC'T	PARTICULARS	AUTHORITY							
Lept y	Lest 30 nov 13.	n n	R.w. L. 12 a.m.	oetskylist,							



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FILE/DOSSIER	MATINK, LOUIS	REG # 2334441					
DATE October 2013							