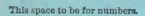
REGIMENTAL DOCUMENTS NAME ALBRIGHT. Charles. Edward. REGT. NO. 6 480 34. UNIT 169 Battn H. Q. FILE NO. M. F. W. 2505 TO WHOM FORWARDED CONTENTS DATE RECEIVED NON-EFFECTIVE BY DATE FORWARDED REFERENCE ATTESTATION PAPER (M.F.W. 23, 133, or 51) DEATH CASUALTY FORM (M.F.W. 54 or A.F.B. 103) Category TRAINING 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) Misc Cardo







Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

CHECKE AND ADDRESS OF THE PARTY	THE REAL PROPERTY AND ADDRESS OF THE PARTY O	
No.		678037
Rank		Lance Corporal.
Name Note—The	e name must agree strictly with that on enlistment unless c	Charles Edward Albright.
	Squadron, Battery or Company)	169 th.O.S. Battalion.C.E.F.
Date of	Discharge	August 22.1916.
Place of	f Discharge	Niagara Camp. Ont.
1.	DESCRIPTION AT TH	E TIME OF DISCHARGE.
	20 years 11 months.	Descriptive Marks
Comple Eyes Hair Trade Intende	5 feet 5 inches. xion Dark Brown Black. Clerk. d place of idence ven as fully as titicable.	None
	United States of America ,s (H.Q.16-1-34 dated Aug (Borden order #2 Augus	gust 11.1916.) st 21.1916.)
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the se	ervice have been, according to the records, etc. e, by the Commanding Officer, in the presence of the soldier and the in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

50m.—3-16. H. Q. 1772-39-113. (OVER)

5. He is in possession of the following	number of G. C. Badges:	
	None.	
No melanana ta C. C. Da Jana i		
No reference to G. C. Badges i	s to be mode on either the discharge or character certificate.) gig
6. Medals and Decorations	™one.	To be copied by the Commanding Officer on to the parchment Discharge Certificate.
7. His account is correctly balanced, an or Battery), and I have impartially en Regulations.	and signed by the Officer Commanding his Company. (Sequired into all matters brought before me in accordance)	Squadron ace with
(Place) Niagara Camp. Ont.	Major.	
(Date) August 22/16.	Commanding 169th.O.S.Bn.C.1	E.F.
8. Certificate to be	signed by the Soldier on Discharge	
I hereby acknowledge that I received a to the present date, subject to the	ll my Pay, Allowances and Clotlting, and all just demi- reservations of the claims noted on the third page.	ands, up
(Place) Niagara Camp, Ont.	626lBright (Signature of	Soldier.)
(Date) August 22/16.	(Signature of V	Vitness.)
When a soldier is absent through illne	ess or any other cause and it is not desirable to forwa manuscript copy should be sent for the man to sign, a	ard these
	he case of a Soldier who takes his dischar n his own request.	ge
I hereby declare that I do of my own	free will request to be discharged from His Majesty's	Service.
	(Signature of	Soldier.)
10. St	tatement of Service.	
Service toward Engagement to(the da	ate to which the Record of Service is completed) •year Total •year	
11. Con	firmation of Discharge.	
The discharge of the above-named man	is hereby confirmed.	
(Place) Niagara Camp. Ont.	710	
(Date) August 22/16.	(Signature) Major.	0.77

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.)

No reservations

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron Battery Company Conduct Sheet, B. 263a. Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 313 Medical Report for Invalid* B. 227. Statement of Man's Account on Transfer and Last Pay Cer-D. 877. tificate,

*Only if discharged "Medically unfit."

Attestation Paper, Militia Form B. 235.

Proceedings on Discharge

B. 218.

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

- (a) Proceedings on Discharge.
- (b) Attestation.
- (c) Medical History Sheet (in the event of such having been prepared.)

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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

	This form to be used for all Ranks (Vide A	Article	71, F	inancial Instructions C.E.F., 1914).		
Regin	nental No. 678033 Rankt.ce.Cox	p			ame Charles Albert Albrigh	1 t	
Corps	169 th. 0/S.Bn	who	was*	d	ischarged		
On	August 22nd.1916	1915	, to				
	*Insert	" disch	narged	or or	"transferred."		
	The following is a statement of the according	ount of	the	hove	named to date of transfer or discharge incl	lucivo	
	Dr.	\$	C.	ibove-	Cr.		с.
						•	
	Bal. Dr. from previous month				Regimental pay22days at \$100	22	00
	Total payments during period				Field allowance22 " \$20	2	20
	from Aug. 1 - 15	5	00		Other allowances		
To.	Assigned Pay	59		To	Other Credits (give particulars)		
	Other Charges (give particulars Regard	1	10				
	Laundry		75		Bal. Dr. on discharge or transfer		
1	Bal. Cr. on discharge or transfer	7.4	35	a.			
From	Total	24	20	From.	Total	24	.20
mont	h of July 1916.						
DEM	IADVO						==
KEM	IARKS:— State (1) date of enlistment	MILOT	199 %	1 0 +	1916.		
	(2) if married and if a Separation				Sole Support S		ial
	(3) cause of discharge and author	rity	amp	Ord	ers August 22nd.1916. H. 4.1	6-1	-34
If dis	scharged from the Contingent, state if	Stop	Payn	nent a	dated August 11 dvice for Assigned Pay has been forward	The second second	
date.							
	I have carefully examined this statem	ent of	acco	unt an	d find it to be a correct extract from the	ne Pay	-list
of th	e unit.					7	
	Date August 28th.1916				Y , f	RORL.	
	Place. Niagara-on-the-L	ake.	Ont	toot!		6	
м. н	F. W. 44.		80	of the	En /	aymast	er.
	0M—1-16.		17		CAPTAIN & PAYMASTER		

master's

169th OVERSEAS BATTALION

200M—1-16. H. Q. 1772-39-908.

Original.

MEDICAL HISTORY SHEET.

Surname Al	bright	Ci	hristiai	n Nam	e Charl	es Edward	
Examined { on 24th at To	day of Jan. 19	1691	Appr	oved by	How	Bin	
	n Middleton			Rar	nk Cap	tain	M.O.
(County	U.S.A.			Fit or Unfit.	EXAMINE	d for Re-engagement	7.
Apparent age							MO
Trade or occupation			1				
Height 5							
Weight 12							
Chest measurement	inimum 31 aximum expansion	inches.	***************************************				M.O.
Physical development Small-Pox Marks			OH STATE				
							M.O.
Vaccination Marks	m Right. Le	1	Date.	Result.		VACCINATIONS.	
When Vaccinated last							M.O.
	congenital peculia						
previous disease		artico of	28/3/11	X			
			//)		
(b) Slight defects but n	ot sufficient to cause	rejection	Date.	Result.	ANTI-TYI	PHOID INOCULATIONS, E	TC.
			14/3/16	X) Hau	whom	M.O.
	none		2/3/16	X		Capt.	M.O.
			29/3/16	X	<u> </u>	1	M.O.
Enlisted on 24thda	wof January	****	10	16 -4	Toront		
	CORPS	REGT'L N			ABITS.	DATE.	
Joined on enlistment	169th Battn.				30113.	DATE	
Transferred to	battn.						
EXAM	IINED OR DISC	HARG	ED BY	A ME	DICAL BO	OARD.	
STATION.	DATE.		Dis	EASE.		RESULT.	

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.

M. F. B. 313. 200m—11-15. H. Q. 1772 39-4°9. 169th OVERSEAS BATTALION

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

MEDICAL HISTORY SHEET. 494

SurnameAlb	right-	Ci	hristia	n Nan	re Charle	es Edward
	day of Jan. 191			roved by	No	ev B
Birthplace { City or Town	Widdleton, U.S.A.	Pa		Ran	nkCapt	ain M.O
(County	U.S.A.		Date.	Fit or Unfit.	EXAMIN	NED FOR RE-ENGAGEMENT.
Apparent age 19 7			The same of the sa	Model	4	M.O
Trade or occupation						M.O.
Height 5						M.O.
Weight 120				1		
	inimum 31 aximum expansion 3			10=		M.O.
						M.O.
Small-Pox Marks						M.O.
(Ar	m Right. Le	ft. ₇				
Vaccination Marks {	m Right. Le	1,	Date.	Result.		VACCINATIONS.
When Vaccinated last				ļ		M.O.
(a) Marks indicating						
previous disease			28/3/16	X		M.O.
			Date.	Result.		PHOID INOCULATIONS, ETc.
(b) Slight defects but n	ot sufficient to cause	rejection	11		ANIPI	THOU INOCULATIONS, ETC.
			14/3/1	X	1 Xau	M.O.
	none		22/3/10	X	(4 000	M.O.
			>9/3/10	X)	M.O.
Enlisted ondan	y of January		19	16 at	Toront	
	Corps.	REGT'L N	- 1	A THE WAR	ABITS.	DATE.
Joined on enlistment	169th Battn.	678	037			
Transferred to						
EXAM	INED OR DISC	HARGI	ED BY	A ME	DICAL B	OARD.
STATION.	DATE.			ease.		Result.

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.

M. F. B. 313. 200m—11-15. H. Q. 1772 39-439.

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 Discharge from Hospital. Admission into Hospital. days in DISEASE. STATION. at the of Medical Officer. Hospital Station. Day Month Year Day Month Year Christian Name.

Surname

ATTESTATION PAPER No. 18037
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.) 1a. What are your Christian names?...... Charles Taward 1b. What is your present address?. To401 A. Bathurat . St. Tpronto 2. In what Town, Township or Parish, and in Middletow Pa. U. S. A. what Country were you born? 4a. What is the relationship of your next-of-kin?... ot har 5. What is the date of your birth? 25rd September 1895 7. Are you married?..... 8. Are you willing to be vaccinated or revaccinated and inoculated?.... 9. Do you now belong to the Active Militia?....No.... 10. Have you ever served in any Military Force?..

If so, state particulars of former Service. 11. Do you understand the nature and terms of your engagement?.....yo 12. Are you willing to be attested to serve in the) Yes CANADIAN OVER-SEAS EXPEDITIONARY FORCE? DECLARATION TO BE MADE BY MAN ON ATTESTATION. I, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.(Signature of Recruit) Date......24th January 191(Signature of Witness) OATH TO BE TAKEN BY MAN ON ATTESTATION. I,...., do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in 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) (Signature of Witness) CERTIFICATE OF MAGISTRATE. The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at this 24th day of January 1916 . (Signature of Justice) M. F. W. 23. 400M.—1 -16. H. Q. 1772-39-841.

	determined according to the instructions given in the Reguions for Army Medical Services.)	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
		(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).
Heig	ht	
Chest measure- ment.	Girth when fully expanded	
Com	plexion Dark	
Eyes	Brown	
	Black	
	(Church of England	
	Presbyterian	
ns.	Methodist	
Religious denominations	Baptist or Congregationalist	
Religioni	Roman Catholic	
der	Jewish	
	Other denominations. (Denomination to be stated.)	
Date.	He can see at the required distance with eit use of his joints and limbs, and he declares that I consider him*	her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description.
	CERTIFICATE OF OFFIC	ER COMMANDING UNIT.
inspe		having been finally approved and of Attestation, and every prescribed particular having correctness of this Attestation. L (Signature of Officer)

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

Casualty Form-Active Service.

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

250м.—1-16. Н. Q. 1772-39-920.

		Unit, Regiment or Corps.							
Regimer	ntal No. 678	O 3 7 Rank Mte Nam	o Charle	Edeva	rd albright				
Enlisted	sted (a) Service reckons from (a)								
		Date of appointment to lance rank			of N. C. Os.				
Extende	d	Re-engaged							
Date	Report 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.				

⁽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 re-			Remarks
Date	From whom received	ported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Tarking on the sides		Alasiyi vi	
		pertural Extension V			a autoria de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela composición d
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	Catherine 1				
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