

REGIMENTAL DOCUMENTS

NAME

Spn.
ALBRIGHT.

NELSON.

REGT. NO.

2009101

UNIT

Can E

H. Q. FILE NO.

3656

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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)

REGT. CONDUCT SHEET (M.F.B. 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)

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)

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)

62265009A

56R132

6223

2m 716762

cas card

PR-2

pay sheet

DEATH

Category

DISCHARGE

Category

Demob.

DESERTION

13-21

20-21

28-21

1

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



Da F.
061

1. No. <i>2009101</i>		<div style="border: 1px solid black; padding: 5px; display: inline-block;">WAR SERVICE BADGE Class "<i>A</i>" No. <i>245452</i> ISSUED</div>
2. Rank. <i>Sapper.</i>		
3. Name. <i>Albright Nelson.</i>		
4. Unit. <i>2nd C.E.R.B. C.E. C.E. Pool.</i>		
5. Date of Discharge <i>11-7-19</i>		Place <i>Montreal</i>
6. Reason for Discharge <i>Demobilisation.</i>		
Next of Kin <i>Mother.</i>		
Occupation <i>Farmer Group 1</i>		
Service in France <i>7th Mts. Group</i>		
Category <i>A1</i>		
Religion <i>B of E.</i>		
7. Authority. <i>R.O.1420 DD#4 D.O.Pt.11-202</i>		
8. Proposed Residence after Discharge <i>Govan. RD.</i>		
<i>Sack.</i>		
<i>1426 A Parthenaise St. Montreal PQ</i>		
9. CERTIFICATE TO BE SIGNED BY SOLDIER.		
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate		
M. F. <i>B-39</i> <i>Montreal</i>		
<i>July 11th 1919</i>		
<i>n Albright</i>		
Signature of Soldier.		
10. CONFIRMATION.		
The discharge of the above named man is hereby confirmed.		
Place <i>Montreal</i>		
Date <i>July 11th 1919</i>		
Signature <i>[Signature]</i>		
(O. C. Discharging Unit.)		

103

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.....	
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.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 44) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 35a).
10. Personal Qualifications (C.D.3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 351): 4 dup
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 15

Date 30 JUN 1919

21596

Army Form W. 3212.
(In books of 100)

Regtl. No., } Albright 2.2009/01 Spr. Age Corps C.E.
Rank and Name }

Disease - Schistosomiasis Hospital - Durruti

To Officer i/c Laboratory. Ward 24

Please carry out an examination of the accompanying specimen of urine
with special regard to Routine

Nos. of previous Reports (if any) _____

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date May 9/19 For Paul Cpt
O. i/c Ward.

LABORATORY REPORT.

Amber

Acid

S. G. 1028

all o

Sugar. 1

Date of Examination

9/11/9

Г. Макарыч

O. i/c Laboratory.

31.

Report No.

265

Army Form W. 3212.

(In books of 100)

Regtl. No.,
Rank and Name

Albright W 200 9101 Age Corps Corp 200

Disease

Debility

Hospital

CmH

To Officer i/c Laboratory.

Ward

24

Please carry out an examination of the accompanying specimen of

Swabs (2)

with special regard to

K.L.

Nos. of previous Reports (if any)

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date

9/4/19.

O. i/c

Ward.

LABORATORY REPORT.

Negative for K.L.B.

Date of Examination

10-5-19

O. i/c Laboratory.

Duty 23/5/19
MEDICAL CASE SHEET.*

Army Form I. 1237.

No. in Admission and Discharge Book. 112753 Year 1919	Regimental No. 2009101	Rank. Spr.	Surname. Albright.	Christian Name. W.
	Unit. C.F. C.C.R.C.		Age. 20.	Service. 12/12.
Station and Date.	Disease <u>DEBILITY</u> Adm 8.5.19			
	Lab 29.5.18 Influenza 16.7.18 Meas 14/9/18 C. life measles & Parvillitis. A. life Influenza late Sept 18. Present. Diphtheria 23.3.19. 3 pos. & 3 neg Swabs. 9.5.19 neg swab in 16 C.H. No Complaints. — Exam — Hypertrophy of tonsils Struck P. 70. neg food. after Sep. O.K. Parvina. Hk. RG			

and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

L. Wing
"F" Group

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. 8165), 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 Nelson McNaughten 2. Surname Albright
3. Rank Spr. 4. Original Unit Cdn Engrs 5. Reg. No. 2009101
6. Address, in full, to which future payments of gratuity are to be forwarded Bank of Montreal
Montreal P.Q. Canada
7. Date of enlistment in the C.E.F. May 29, 1918
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not app
9. Relationship of such dependent Not app
10. Address, in full, of such dependent Not app
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not app
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out 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:—
1st Canadian Division
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 England 2nd CERB from
July 15, 1918 to Sept 13, 1918
France, C.E. Pool Sept to March 1919
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 France C.E. Pool Sept 1918 to March 1919
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department Not app
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? Not app

5431. Wt. /P30. 250,000(8). 2/19. S.O., F.Rd.
6421. Wt. /P51. 35,000(4). 5/19. S.O., F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.

Not app.

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?

Not app

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?

Not app

(b) If so, was such reversion in consequence of misconduct or inefficiency?

No

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge

yes

(b) Reason for discharge

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 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 if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: H Albright

Place of Residence: 1426A, Parthenon St Montreal 20, 24, 25,

Declared before me at: Watley Surrey

This 30th day of June 1919

Questions 12, 13, 14, 20, 24, 25, 26 & 27 are unanswered.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

Douglas M. J. Major
for J. C. MacLennan

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

Surname
ALBRIGHT
Rank 1. **Spr**

Christian Name or Names
N MC N
Unit 1. **CERP**

Reg. No.
2009104

2.

2.

3.

3.

4.

4.

Cas List.

Hospital and Diagnosis.

Date

27-3-19 A 482-2 46 Stat Hos. Etaples 22-3-19

Observ. Diphtheria *not*

16-5-19- B 522

Obs Diphtheria & Debility

16 Can Gen Dr. p.m.p.m.

9-5-19

28-5-19 B 531-1

Discharged

23-5-19

Cas. List.

Hospital and Diagnosis.

Date _____

NAME

Albright M
MCA
Can Eng

REGT. No.

200 9101

RANK AND UNIT

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 482

B522

B531-1.

Hb Stup. Naples 22-3-19

16 Can Gen. Ojington 9-5-19

1. " " " 25-5-19

Obs. Diphtheria

" 1 & Debility

" " "

[illegible]

NAME

RANK AND UNIT

NEXT OF KIN

REGT. NO.

2009101

CABLE

No.

DATE

NATURE OF CASUALTY

O/S 27.6.18

1300

R/c 9.7.19 367/64 S/S F.

M. F. W. 42-100M.-8-18.
H.Q. 1772-39-893.

Lay Dis Death 11-7-19

DO 202 221-7-19 F.H.
400

LIST No.

HOSPITAL

**DATE OF
ADMISSION**

REMARKS

Y FORCE

2009101

(Rank)

Sapper

Albright Nelson
C. E. R. D.

enlisted in

the

Toronto

...on the

29 EW

day of

May

19/8

HE served in

1978
Gen. Eng. Pool.

France

and is now discharged from the service by reason of

Demobilization.

Medical Unfitness.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age

.....

Height

5' 6 $\frac{3}{4}$ "

Complexion

Medium

Eyes

Blue

Hair

D. Brown

W. Albright

Signature of Soldier

Marks or Scars

Scar back of left fore
finger. Mole 4/9.
Side of neck.

Issuing Officer

Issuing Officer

Rank

Date _____

July 11th

19

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.

L. Wing 7. 1210

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. 2009101 Rank Private 1st Class Surname Albright
(Given name in full) N.
Unit or Corps OVERSEAS Birthplace

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 130 lbs Height 5.7 ft. 1 in. Colour of Eyes Blue
Nutrition Good
Pulse Irregular
Condition of arteries Soft
Vision Rt. 6/12 Left 6/12
Hearing (conversational voice) Rt. W ft. Left W ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
Small scar left knee pre-war
One scar left pre-war

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System W Genito Urinary System W Cardio-Vascular System W
Special Senses W Integumentary System W Respiratory System Yes
Disturbance of Mentality W Muscular System W Digestive System W
Osseous and Joint System W Any other general condition Yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin, and also a description of the present condition.

Diphtheria France March 1919 - no disability
Influenza Sept 1918 - recovered
swollen in statement
on 178 & 179 - 103 not available

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Witley (Overseas)

Date June 26, 1919

Signed G. H. L. East M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature N. Albright

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other 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.)

Auth DA 9 14-1-48
13-6-19

A.F. B.178.

Region

Christian Names *Nelson McNaughton*

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, Particulars of Dental Treatment, etc.

2122A M5223 Wt.37688/320 500000(4)

Special Remarks: state if a discharged Soldier

TABLE IV.—Service Table.

[illegible]

CANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

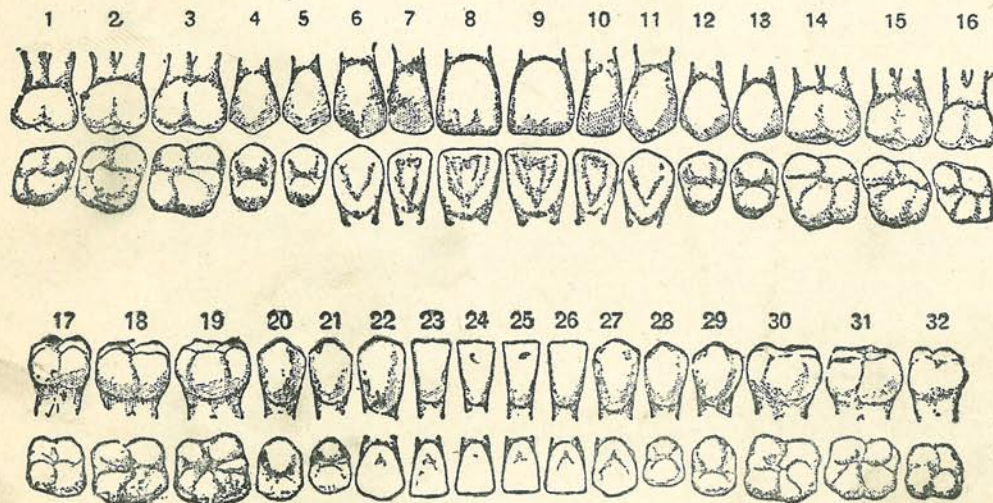
**DIRECTIONS TO
 DENTAL OFFICERS**

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated

NAME OF SOLDIER (Block Letters) A. B. Bright. Nelson
 REGIMENT ECRB RANK Spr No 2009101
 Date of Examination in England 29-6-19 Date of Examination in France _____



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? no

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 —
- (c) In France yes

E. J. H. Nelson Lieut. Col.
 A. D. D. S., M. D. 4

Signature of Dental Officer

R. B. H. Nelson

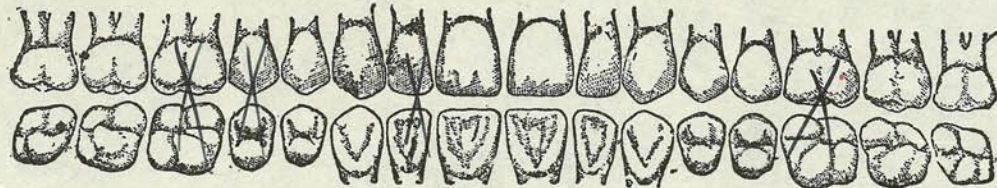
CANADIAN ARMY DENTAL CORPS

Abstract

RANK.

No.

No. 1016008

[illegible]

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.

Fill in only.—Unit, Number, Rank and Name.

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

500M.—9-16

H. Q. 1772-39-920.

SHEET 2

Casualty Form—Active Service.

Unit, Regiment or Corps. 2nd CERB.

Regimental No. 2009101 Rank Spr. Name ALBRIGHT, Nelson.
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

Extended..... Re-engaged..... Qualification (b).....

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				
21-7-19	O/S	TOS DD#4 Disp. Sta. "F" SOS DD#4 Demob.	Montreal. "	2-7-19 11-7-19	D.O. Pt. 11-202 D.O. Pt. 11-202 R.O. 1420.
<p><i>E. H. Fletcher</i> Lieutenant, Assistant Adjutant, District Depot No. 4</p>					

(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				

Army Form B. 103 (II.) to be gummed on here, if required.

Nothing to be written in this margin.

(6 28 19) W10416—P2151 100,000 3/19 HWV(R1460) Form B. 103/3

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103—I.
Part I.

(1)*Substantive rank *Acting rank *(To be entered in pencil to facilitate alteration.)	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname <i>Albright</i>	<i>Can Eng.</i>	<i>2009101.</i>
(5) Christian Names <i>Nelson Mc Naughton.</i>		
(6) Army Form, number of, Attestation } Form or Record of Service paper }		
(7) Whether of British or of Alien origin (<i>vide</i> A.C.I. 578 of 1918)		
(8) Date of birth as stated on enlistment		
(9) (a)		

- (10) Enlistment (b) (11) Engagement (c)
(12) Service reckons from (date) (13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) }
of conditions of service

Initials and Rank of
an Officer.

(Authority)

(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test
				Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

- (17) Next of Kin
(18) Demobilizer (f) (Place)
(19) Pivotal-man (f) (Date)
(20) Qualifications (g) or (21) Corps trade and rate

(Signature of
Posting Officer)

- (22) Extended { (23) Re-engaged }

(24) Miscellaneous entries:—

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 4.0 of 1917). (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.

(A) Report		(B) Authority of Part II. of Orders	(C) 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	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date	From whom received					
7.7.18.	2.B.E.R.B.	D.O. 48.	Arrived in England s/o Valacia.		15.7.18.	
13.9.18	-	- 98.	T.O.S. on Arrival from Canada Seaford		15.7.18.	
8.9.18	b.e.R.P.	- 49.	S.O.S. to b.e.R.B. o/s. In Seaford		13.9.18.	
8.3.19.	b.b.R.b.	D.O. 15.	T.O.S. from 2 b.e.R.B.			
4.2.19.	b.e.R.P.	D.O. 12.	T.O.S. from b.e.R.Pool - Romeau		25.1.19.	
20.4.4	b.b.R.b.	- 26.	S.O.S. to b.l.-R.b. - Seaford		24.1.19.	
			S.O.S. to C. B.D. - Romeau		2.4.19.	
			<i>[Signature]</i>			LIEUT.
			FOR LT: COL: I/C RECORDS, C.O.M.F.			
16.1.9	3.B.E.R.B.	2.O.P from C.E.H Seaford			23/5/19	P.L.D
1/6/19	3.C.E.R.A.	S.O.S. to C.E.R.D Witley			11/6/19	DO 13.
4-6-19						
			T.O.S. PART II D.O. No. 18			
			S.O.S. EMBARKED FOR CANADA. 1-7-19.			
			CAPT.			
			I/c RECORDS "S" WING C.C.G. WITLEY.			
						J.J. Vadeboncoeur I/c Records. 13.6.19
						R.T. Nicolson
						EMBKD SOUTHAMPTON
						ARR..HALIFAX.. U.Y.

Nothing to be written in this margin.

Fill in only.—Unit, Number, Rank and Name.

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

ENGINEER DEPOT
BROCKVILLE, ONT.

Regimental No. 2009101 Rank Sgt. Name ALBRIGHT, Nelson McNaughton,
C. E. F.

Enlisted (a) 29-5-18 Terms of Service (a) 5 of 21 Service reckons from (a) 29-5-18

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

Extended. Re-engaged. Qualification (b) Military Civil
Farmer

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				
					<p><u>Transferred Overseas 27-6-18, D.O. 62</u></p> <p><u>27-6-18 EMBARKED MONTREAL</u></p> <p><u>Disembarked England 15/7/18</u></p> <p><u>20.6.18 of 2 C.C.R.B. from Canada</u></p> <p><u>15/7/18</u></p> <p><u>13/9/18 2nd C.C.R.B. to C.C. Pool France</u></p> <p><u>13/9/18</u></p> <p><u>14.9.18 CCRP</u></p> <p><u>17.9.18 CCRB</u></p> <p><u>28.9.18</u></p> <p><u>Joined from Base</u></p> <p><u>C.O.S. to 12th Batta C.B.</u></p> <p><u>Part II Ord. 48</u></p> <p><u>Part II Ord. 98</u></p> <p><u>Chon.</u></p> <p><u>Lieut. C.E.</u></p> <p><u>for Lieut. Colonel, C.E.</u></p> <p><u>Commanding 2nd Canadian Engineers Reserve Bn.</u></p> <p><u>RRA 758 Pt 5099</u></p> <p><u>" " 1463</u></p> <p><u>R/R 1730 P/106</u></p>

(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				
24-1-19	CCRC	S.O.S. of C.E.R. Pool to	CCRC	24-1-19	R&R 2347 D.O. No 12
✓	✓	2nd. CCRC from C.E.R. Pool		25-1-19	dated -3-1919.
12.3-19.	46 Sty.	Diphtheria	adm. 46 Sty	22.3-19.	W - P. 1023.
29.3-19.	CCRC	adm. W. H. H. H.	files	22.3-19.	B 213.
4-4-19	1st Ech.	S.O.S. C.E.R. to C. G. B. D.		8-4-19	K.A 37498 Pa. 26/19
		Tox of 6-255.		9.4.19	do. 18/19.
7-5-19.	46. Staty.	Invalided SICK per A/T "Brighton"		7-5-19.	W. 3983/2.
	Hospl.	and Posted to C.E.R. Depot. Witley.			D.O. 31-19.
		<i>[Signature]</i>	Capt. for Lt. Col. i/c.		
			C.R.O. LeHayre.		

LTR Rank

Name

ALBRIGHT, Nelson McNaughton

Reg'l No.

2009101

Unit 75th Dft Engineers

If in perm. Corps, }
What Unit? }

Married or Single

Single.

Place and Date of Enlistment

Toronto, May 29th, 1918.

Place of Birth

St Andrew.W. Que.
Can.

Name and Address, Next-of-Kin

Mrs Elizabeth Wark

1426 A. Parthenais St. Montreal. Que.

Relationship

Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

20791
N.E. R.D. No. 2191
File H.L.
Category CANLOR

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

2819

Arrived in England

15-7-18 S/S VALACIA

17-7-18 2nd. CERB T.O.S. on Arrival from Canada, Seaford 15-7-18 DC-48

13-9-18 --- 1st Lt to C. E. F. Pool 75 for Seaford 13-9-18 DD. 90 CERP DO. 99 4/28

2-3-19 CCRC Tol from C to A Pool " Rouen 25-1-19 10015 12 4 1/19

10-10 C.C.F.C. 805 TO C.B.D. Rouen 24-10-18 184 25/19 Can. Res. Depart.

20-5-19 CERB Tol from CERB Seaford 12-5-19 100140

3-6-19 3rd CERB T.O.S. from C.E.T.C. " 23-5-19 1128

14-6-19 SWing T.O.S. pending R.T.C. Wilty 13-6-19 18 4 17/20 CERB

21-6-19 SWing S.O.S. & L. Wing 66. Wilty 21-6-19 24 6 35 125 1/4 Wing

3-7-19 L. Wing S.O.S. to Can. " 2-7-19 43

A.R.B. 103 CHECKED

Report.		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.
Date.	From whom received.				
11-6-19	3" CRAB	SOS to CARD	Scaford.	11-6-19	20134
		97-55		2-7-19	

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 **ALBRIGHT** Christian name **Nelson McNaughton**

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)..... **General Delivery, Toronto, Canada.**

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the **29** day of **May** 191**8**, by the undersigned medical board sitting at **Toronto, Canada**

5. Age as stated **19** Years **3** Months. 6. Apparent age **19** Years **3** Months

7. Height **5** Feet **6 1/2** Inches. 8. Weight **117 1/2** Pounds.

9. Chest measurement { Minimum **32** Ins. Maximum **35** Ins. 10. Complexion **Medium** { Eyes **Blue** Hair **D. Brown**

11. Physical development. **Poor** { Good Fair Poor 12. Smallpox marks **None**

13. Number of vaccination marks { Right arm..... Left arm **1** 14. When vaccinated last **Childhood**

15. Distinctive marks and marks indicating congenital peculiarities or previous disease **enlarged tonsils.**

16. Slight defects but not sufficient to cause rejection.....

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category **A2** Eyesight **R.D.20 L.D.20** Hearing **R. Normal L. Normal** Nose, Normal, Throat -

Signature of Man Nelson McNaughton, Albright

W. H. Scher President. *W. H. Scher* Member. *W. H. Scher* Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
JUN 13 1918	A. Maure	M.O.	31/5/18	W. H. Scher	M.O.
		M.O.	JUN 7 1918	R. W. Maure	M.O.
		M.O.	JUN 13 1918	A. Maure	M.O.

Joined **29** day of **May** 191**8** at **Toronto, Canada.**

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	Canadian	2009101		29.5.18
Transferred to.....	Engineer			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
Brookville Ont	25/6/18	Nil	A2 Med. Graham Capt AB Lyon Lieut

Surname..

[illegible]

1000

REGT. NO. 20091

RELATIONSHIP

EFFECTIVE

ORIGINAL UNIT
C.E.F.

✓ 1956

DATE _____

100

PLACE OF
ATTESTATION

IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

TO WHOM PAID

RELATIONSHIP

ADDRESS

DATE OF ATTESTATION

ASSIGNED PAY \$

PAYABLE TO

ADDRESS

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED. DATE

DISCHARGED

PLA

A circular military stamp with the text "MILITARY DIST. NO. 4" around the top edge, "AUG 9 1919" in the center, and "PAY D. 10N" around the bottom edge. There is some faint, illegible text below the date.

BALANCE
FROM
PREVIOUS
ACCOUNT

[illegible]

REGT. No. 2000101 RANK

NAME (IN FULL)

ALBRIGHT N.M.

(BLOCK LETTERS SURNAME FIRST)

PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
Y.O.Stk.	2-7-19	80202 P.I.B NR 94	C.E.R.B.		
			PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
			DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
			ASSIGNED PAY \$	DATE EFFECTIVE	
			PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNED OR ADDRESS
			ADDRESS		
			STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
			DISCHARGED	PLACE	DATE
				REASON	AUTHORITY
					IF ENTITLED TO POST DISCHARGE PAY

[illegible]

[illegible]

		L. E. R.B.
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DATE OF PAYMENT	NUMBER OF ...R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF ...R	UNIT PAID BY	AMOUNT
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	100	%			
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PARTICULARS OF RENDERING NON-EFFECTIVE

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
JUN 30 '18	Balance from Canada								28 45		
JUL 1 '18											
Aug	P. Pay. July. Aug.	68 20		CR. 1108 2 nd CERB. 28/18	14 60						
				CR. 1 H.M.T. "Dacia" 6/7/18	5 -						
				" 1568 2 nd CERB 26/8/18	4 87						
				" 1648 " " 30/8/18	4 38				28 38		
Sept.	-	68 20		Dr. R. 219 Waistcoat Cardigan 5/8/18	1 72						
		33 -		CR. 1814 2 nd CERB 12/9/18	2 43				57 23		
Oct.		33		CAP.	4 13			15 -			
		34 10		670 Edu. M.G. Corps. RD. 10/10/18	3 73						
				893 " " 23/10/18	3 43				68 87		
NOV		34 10		CAP.	7 46			15 -			
		33		976 M.G. Corps. RD. 5/11/18	3 73						
				1304 " 22/11/18	13 06						
				1679 " 10/12/18	3 73						
Dec.		34 10		CAP.				15 -			
				1983 M.G. Corps RD. 2/1/19	3 73						
JAN		34 10		CAP.				15 -	100 82		
		104 20			24 23			45 -			
FEB		30 80						15 -			
				2279 M.G. RD. 11/1/19	3 73						
				4056 C.G. RD. 27/1/19	4 66						
				3445 M.G. RD. 6/2/19	3 73						
				3918 - 17/2/19	3 73						
MAR		34 10		CAP.				15 -			
				4514 M.G. RD. 3/3/19	3 73						
				5047 - 17/3/19	3 73				112 41		
		64 90			23 31			30 -			

COMPLETED BY

CHINESE UNIVERSITY OF PETROLEUM

NUMBER

2009101

RANK

Sgt.

NAME

ALBRIGHT

R. McN.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
				Bal. Fwd.					112.41		
Apr.	P.R.	33		C.A.P.				15	179.51		
	May P.R.	34.10		3729 #16 C.A.H. Orlington 14/5/19	9.73				39.73		
		67.10		C.A.P. Day.	9.73			15	139.78		
								30			
June	P.R.	33		C.A.P.				15			
	RD. 158 3-6-19 3-10-19 Sick Pay 23/5/19 to 4/6/19 - 12 Days	8.76		4311 #16 C.A.H. Orlington 23/5/19	48.67						
				1250 3 rd C.A.B. 7/6/19	19.47				98.40		
		41.76			68.14			15			

8965
876
98.41

41.76

1250

3rd CEB

7/6/19

1947
68.14

15

98.40

8963
876
98.41

ATTESTATION PAPER.

Canadian Engineers.

No. 2009101

Folio:

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? **ALBRIGHT**

1a. What are your Christian names? **Nelson McNaughton**

1b. What is your present address? **General Delivery, Toronto, Canada**

2. In what Town, Township or Parish, and in what Country were you born? **St. Andrew E. Quebec, Canada**

3. What is the name of your next-of-kin? **Mrs. Elizabeth Wark**

4. What is the address of your next-of-kin? **1426 A Parthenais St., Montreal, Que**

4a. What is the relationship of your next-of-kin? **Mother**

5. What is the date of your birth? **Feb. 23, 1899**

6. What is your Trade or Calling? **Farmer**

7. Are you married? **No**

8. Are you willing to be vaccinated or re-vaccinated and inoculated? **Yes**

9. Do you now belong to the Active Militia? **No**

10. Have you ever served in any Military Force? **No**
If so, state particulars of former Service.

11. Do you understand the nature and terms of your engagement? **Yes**

12. Are you willing to be attested to serve in the } **Yes**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

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?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Nelson McNaughton Albright**, 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.

Date **May 29th** 191**8**.

(Signature of Recruit)

(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Nelson McNaughton Albright**, 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.

Date **May 29th** 191**8**.

(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 **Toronto, Canada** this **29** day of **May** 191**8**

(Signature of Justice)

Description of Nelson McNaughton Albright on Enlistment

Apparent Age 19 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 6 3/4 ins.

Chest measurement: { Girth when fully expanded 35 ins.
Range of expansion 3 ins.

Complexion Medium

Eyes Blue

Hair D. Brown

Religious denominations: { Church of England C.ofE.
Presbyterian.....
Methodist.....
Baptist or Congregationalist.....
Roman Catholic.....
Jewish.....
Other denominations.....
(Denomination to be stated.)

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).

Scar back of left fore finger.
Mole right side of neck.

Eyesight R.D.20 L.D.20
Hearing R. Normal L. Normal
Nose, Normal, Throat-

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date May 29th 1918.

Place Toronto, Canada

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE

Chas. Newell M. O.
Medical Officer. PRESIDENT

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....
.....
.....
.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Nelson McNaughton Albright having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] Lt.-Col., C. E. (Signature of Officer)
O. C. Engineer Depot

Date 29-5-18 1918.

Date of Enlistment *Not given.*

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15 ⁰⁰			
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PARTICULARS OF SEPARATION ALLOWANCE

No. _____
Rank _____ Promoted _____ Reverted _____ Discharge _____
Soldier's Name _____
Battalion *Canadian Engineers, Fdt 75.*
Beneficiary _____
Relationship _____
Address _____

PARTICULARS OF ASSIGNMENT

Name _____
Address _____
Change of Address _____
1 MRS. ELIZA A. WARK,
2 1426 A PARTHENAIS ST.,
MONTREAL, P.Q. 15 15.00
3 % 2009101 SPR N. MCN. ALBRIGHT
FIFTEEN DOLLARS
4

Date	Cheque No.	Amount S/A	Amount A/P	Total
1918 OCT	X 55524		15	15
NOV	A 50699		15	15
DEC	B 62866		15	15
JAN	B 70104		15	15
FEB	H 77212		15	15
MAR	D 82973		15	15
APR	E 696		15	15
MAY	A 5802		15	15
JUN	A 9196		15	15
JUL	A 11428		15	15
			150	150

Type 168. 7. 5. REMARKS *N. R. 3. B. 5.*

Alc Closed 31/17/14
Ret'd per *Olympia*
Date 27/19 M. F. W. 187/14
Clerk *W. J. Collins* *meo 100908*

AUDITED.

AUTHORITY
FOR
NEW ACCT. *A. 2. M. 29-8-18.*
G. Short. 11. 10-18.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque
No.Amount
S/AAmount
A/P

Total

REMARKS

M. F. W. 128.
400M-17-1779 39-1141
L. L. 22220-M & D. 7383.

AUTHORITY
FOR
NEW ACC'T.