R. O. No.....

Proceedings	of Inquiry or on men
reported M.	on Active Service.
(I) II	W TY
Attestation Pape	rs
Declaration of ch	ange of name
Authority for spe	cial enlistments
Documents of re-	enlisted men
D : 10 - 1	and Chast
Regimental Cond	uct Sheet
Compulsory Stop	pages
Carrelter Forms	
Proceedings on d	ischarge
Corps History Sh	neet
	of Deposit Receipt for
Purchase Mon	ey and Amount
Parchment Certi	ficate
Medical Report	for Invalids
Medical History	Sheet
	-t Court Mostial
Proceedings of K	egt. Court Martial
Copies of Convic	tions by Civil Power
Company Condu	ot Sheet
Clothing Transfe	r Certificate
Inventory of Kit	<u></u>
Last Pay Certific	cate
. 7. W. 6	4)
Widney, 8	2-1
	and the second second

SISCHARGE DUCUMENTS	y O No
Name Blackadder James Irvin	1. 0. 140
Regt. No. 34597 Hank Bombadier	
Corps 75 th Bty, C. F. W.	
Underage.	

The state of the s

Sund.

M. F. W. 62. 50M, -9-16. H Q. 1772—39-905.

Proceedings on Discharge.

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

THE RESERVE AND ADDRESS OF THE PARTY OF THE					
No. 34	5974				
Rank	Bombadier				
Name Note—The	Blackadder, James, Irwin	hanged subsequently by authority.			
Corps (S	Squadron, Battery or Company) 7	5th Depot Battery CFA.CEF.			
Date of	Discharge October	312/1917			
Place of	Discharge Kingston, Ont				
1.	DESCRIPTION AT TH	E TIME OF DISCHARGE.			
Age1	6 years 11 months.	Descriptive Marks			
	5 feet9." inches.				
Eyes	Brown	Si me.			
Hair Trade	Brown Student				
Intende res	d place of Cornwall.Ont.				
(To be given prac	ven as fully as				
2. The	e above-named man is discharged in conseq	uence of being under age,			
	(1111	Must 2/-1/22-11			
	authority so	Mid 26-6-97-11.			
N.	B.—The cause of discharge must be worded as prescribed	in the King's Regulations and be identified with that on the character			
CONTRACTOR IN	If discharged by superior authority, the number and date				
ffcer, w	3. Conduct and character while in the service have been, according to the records, etc.				
nding O	Excellent S.				
Comma al entric	N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the				
g of the identic	Officer Commanding his Squadron, Battery or Company	t in civil life. (Vide para. 332, K. R. & O., Canada.)			
dwritin if make and init	Stydent.				
the han l himse tiffcate		1111			
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.		V P			
M. F. B	218	74			

100m.--6-16. H. Q. 1772-39-113

5. He is in possession of the following number of G. C. Badges:				
none	1			
No reference to C. C. Bedans into home decreation the distance and a section of the section of t				
No reference to G. C. Radges is to be made on either the discharge or character certificate.	t t			
6. Medals and Decorations none	To be copied by the Command- ing Officer on to the parchment Discharge Certificate.			
7. His account is correctly balanced, and signed by the Officer Commanding his Company. (So or Battery), and I have impartially enquired into all matters brought before me in accordance Regulations.	ce with			
(Place) Kingston At W Jaylor I				
(Place) Kingston At W. Saylor Daylor (Date) Oct 31/12 Commanding 35 th Boty.				
8. Certificate to be signed by the Soldier on Discharge				
I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just dema to the present date, subject to the reservations of the claims noted on the third page.	nds, up			
(Place) Kingston, Ont. James James Blackadd Signature of Soldier.)				
(Date) October 31st 1917. A. H. Suckium. (Signature of Witness.)				
When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.				
9. Additional Certificate in the case of a Soldier who takes his discharg on his own request.	e			
I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.				
(Signature of S	oldier.)			
10. Statement of Service.	22			
Service toward Engagement to(the date to which the Record of Service is completed)years Totalyears	100			
11. Confirmation of Discharge.				
The discharge of the above-named man is hereby confirmed.				
(Place).Kingston,Ont.				
(Signature)(Date) 1917.				

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.)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron) Conduct Sheet, B. 263a. Battery Company) Copies of Convictions, by C. P. Militia Form B. 313 Med. Hist. Sheet, B. 227. Medical Report for Invalid* 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.

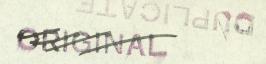
In the case of recruits who are rejected on final approval, the discharge documents will consist of

(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.



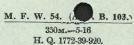
PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

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. 75th Depot Battery, C.F.A., C.E.
(2)	Regimental Number 345974
(3)	Full Name of Soldier James Irvin Blackadder, Cornwall, Ont.
(4)	Place of Birt Cornwell, Stormont Co., Ont.
(E)	Are you married, or not? Single.
(3)	Are you married, or not:
(6)	If married, state, (a) Full name of your wife
	(b) Present Postal Address
(7)	Are you a widower?
(8)	Have you any children?
	If so, give number of boys and girls
	Also their names and ages

(9) Is your Father alive?
If so, state name and address
(10) Is your Mother alive? Yes.
If so, state name and address Catherine Blackadder,
R.R.No.2, Cornwall, Ont.
(11) If your Mother is a widow. Yes.
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.
not applicable
(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.
(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.
yes.
(15) Are you insured?
If so, in what Company? not applicable
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.
Date Officer Commanding.
0.0



Casualty Form—Active Service. Unit, Regiment or Corps 75th Depot Battery, C. F. A., C. E. F.

Pate of pres	promotion to ent rank	Terms of Service (a)	nt}	Numeric roll o	cal position on of N. C. Os.
	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-	epot		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
		8	end "		
			DANA PA		

	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-	100	o en gracia	Remarks	
Date	From whom ported on Army Form B. 213, Army Form		Place Date		taken from Army Form B. 213, Army Form A. 36, or other official documents	
	7 12 7					
			- 10 AM			
-6						

FORM OF WILL

3, Jame	es Irvin Blackadder,	(Name in full)
Regimental 1	Number 345974 serving in 75th Dep	ot Battery, C.F.A., C.E.F.
of the Canad	dian Expeditionary Force, do hereby revoke all former	Wills by me made and
declare this	to be my last Will.	
	I devise all my real estate unto	
	Catherine, Blackadder	Name and Address
	2 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	of person or
	R.R. No. 2. Cornwall, Ont.	persons to whom
		it is to go.
	and my personal estate I bequeath to	
		Name and Address
	none	of person or
		persons to receive
		personal estate*
		(See note).
	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	
NOT	E E	
This space appointm Execut necessa	ent of or if	
IMPORT NOT This must the and Dat THE SOL HIMSE *N.B. Perso	this 15th day of October deed by Ble James Oseum	Signature of Soldier. der
Signed and a	acknowledged by the Testator as and for his last Will	in the presence of us
	t at the same time, who in his presence, at his request,	
	nave hereunto subscribed our names as Witnesses.	
	Signature of First Witness	un
	Address of Witness	getos, out
THE TWO	1.1	1:
WITNESSES	Occupation of Witness	Med
MUST	Signature of Second Witness Bdu H 9	nto.
SIGN HERE	Digitature of Second Witness.	
	Address of Witness X Myseli	su, Ont
	Occupation of Witness Sule	lis.
M. F. W. 82. 300m,-12-16. 1772-39-983.		



ORIGINAL

No. 345974

ATTESTATION PAPER.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT	BEFORE ATTESTATION. (ANSWERS.)
1. What is your surname?	Blackadder.
1a. What are your Christian names?	James Irvin.
1b. What is your present address?	Cornwall, Ont.
2. In what Town, Township or Parish, and in	
	Cornwall, Stormont Co., Ont.
	Catherine Blackadder.
	R.R.No.2., Cornwall, Ont.
	Mother.
	November 24th.1898.
	Student.
	Single.
8. Are you willing to be vaccinated or re-	
vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No.
If so, state particulars of former Service.	No.
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes.
existing between Great Britain and Germany should after the termination of that war provided His Majer discharged.	therein, for the term of one year, or during the war now that war last longer than one year, and for six months sty should so long require my services, or until legally and the signature of Recruit)
OATH TO BE TAKEN BY	MAN ON ATTESTATION.
in duty bound honestly and faithfully defend His Ma	, do make Oath, that I will be faithful and the Fifth, His Heirs and Successors, and that I will as tjesty, His Heirs and Successors, in Person, Crown and ey all orders of His Majesty, His Heirs and Successors, help me God. (Signature of Recruit)
CERTIFICATE O	F MAGISTRATE.
questions he would be liable to be punished as provid The above questions were then read to the Re- I have taken care that he understands each q	
	13th. day of May 1917.
Ran	doyth Crocker (Signature of Justice)
	-1 map

Clieb when fully expanded	Description of James Irvin Bl	lackadder. on Enlistment.
Gi-th when fully expanded. Range of expansion. Darke Eyes Excens. Mil. Church of England. Presylverian. Presylverian. Baptist or Congregationalist. Common Catholic. Jewish. Other denominations. (Denomination to be stated.) There examined the above-named Recruit and find that he does not present any of the cause of rejection specified in the Regulations for Army Medical Services. I have examined the above-named Recruit and find that he does not present any of the cause of rejection specified in the Regulations for Army Medical Services. I 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. Toonsider		(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
Range of expansion 2. ins. Complexion Dayk. Eyes Excent. Genucle of England. Presbyterian. Methodist. Baptist or Congregationalist. Roman Oatholic. Jewish. Other denominations. (One denomination to be stated.) CERTIFICATE OF MEDICAL EXAMINATION. I have examined the above-named Recruit and find that he does not present any of the cause 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 for the Canadian Over-Seas Expeditionary Force. Date. 191 Place. Whether the Medical Officer considers he Becruit unit, he will fill in the foregoing Certificate only in the case of those who have attacked, and will the high discle below the cause of auditances. CERTIFICATE OF OFFICER COMMANDING UNIT. James. I xvin. Blackadder. having been finally approved an inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular havin been recorded, I certify that I am satisfied with the correctness of this Attestation.	Height 5_ ft 9ins.	
Hair Brown. Church of England Presbyterian Raptist or Congregationalist. CERTIFICATE OF MEDICAL EXAMINATION. I have examined the above-named Recruit and find that he does not present any of the cause 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* for the Canadian Over-Seas Expeditionary Force. Date 3-5-7 191 Place Manage Manage Manage Medical Officer consider the Recruit until he will fill in the foregoing Certificate only in the case of those who has been attested, and will be a state to the cause of unfitness: CERTIFICATE OF OFFICER COMMANDING UNIT. James I ryin Blackadder having been finally approved an 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. Having Learning Signature of Officer constitutions and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.	panded	
Hair Production of England Presbyterian Rethodist Repaired or Congregationalist Roman Catholic Jewish. CERTUFICATE OF MEDICAL EXAMINATION. I have examined the above named Recruit and find that he does not present any of the cause 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* for the Canadian Over-Seas Expeditionary Force. Date 191 Place 193 - 5 - 191 Place 194 - 191 CERTIFICATE OF OFFICER COMMANDING UNIT. James Irvin Blackadder he Recruit multi, he will fill in the foregoing Certificate only in the case of those who has a tested, and will bring state below the cause of uniforms. CERTIFICATE OF OFFICER COMMANDING UNIT. James Irvin Blackadder has been attested, and will bring state below the cause of uniforms. Authority Processing of the processing of the foregoing Certificate only in the case of those who has a inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular havin been recorded, I certify that I am satisfied with the correctness of this Attestation. Handle CAPTAL Signature of Officer	Complexion Dark.	
Church of England. Presbyterian. Ress. Methodist. Baptist or Congregationalist. Roman Catholic. Jewish. Other denominations. Denomination to be stated.) CERTIFICATE OF MEDICAL EXAMINATION. I have examined the above-named Recruit and find that he does not present any of the cause 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* for the Canadian Over-Seas Expeditionary Force. Date. James. James. CERTIFICATE OF OFFICER COMMANDING UNIT. James. Levin. Blackadder. having been finally approved an inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular havin been recorded, I certify that I am satisfied with the correctness of this Attestation.	Eyes Brown.	Nil.
Presbyterian Press. Methodist. Baptist or Congregationalist. CERTIFICATE OF MEDICAL EXAMINATION. I have examined the above-named Recruit and find that he does not present any of the cause 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* for the Canadian Over-Seas Expeditionary Force. Date 191 Place 191 Place 192 CERTIFICATE OF OFFICER COMMANDING UNIT. James Irvin Blackadder. having been finally approved an inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular havin been recorded, I certify that I am satisfied with the correctness of this Attestation.	Hair Brown,	
Methodist. Baptist or Congregationalist. CERTIFICATE OF MEDICAL EXAMINATION. Thave examined the above-named Recruit and find that he does not present any of the cause 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* for the Canadian Over-Seas Expeditionary Force. Date 191 Place 191 CERTIFICATE OF OFFICER COMMANDING UNIT. CERTIFICATE OF OFFICER COMMANDING UNIT. James Irvin Blackadder. having been finally approved an inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular havin been recorded, I certify that I am satisfied with the correctness of this Attestation.	(Church of England	
CERTIFICATE OF MEDICAL EXAMINATION. Thave examined the above-named Recruit and find that he does not present any of the cause 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* for the Canadian Over-Seas Expeditionary Force. Date 19	Presbyterian Pres.	
CERTIFICATE OF MEDICAL EXAMINATION. Thave examined the above-named Recruit and find that he does not present any of the cause 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* for the Canadian Over-Seas Expeditionary Force. Date 3-5-/7 191 Place Many Medical Officer consider the Recruit unfit, he will fill in the feregoing Certificate only in the case of those who have been attested, and will bri-my state below the cause of unfitness: CERTIFICATE OF OFFICER COMMANDING UNIT. James Irvin Blackadder having been finally approved an 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. **Hauf CAPTATS**	w Methodist	
CERTIFICATE OF MEDICAL EXAMINATION. Thave examined the above-named Recruit and find that he does not present any of the cause 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* for the Canadian Over-Seas Expeditionary Force. Date 3-5-/7 191 Place Many Medical Officer consider the Recruit unfit, he will fill in the feregoing Certificate only in the case of those who have been attested, and will bri-my state below the cause of unfitness: CERTIFICATE OF OFFICER COMMANDING UNIT. James Irvin Blackadder having been finally approved an 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. **Hauf CAPTATS**	Baptist or Congregationalist	
CERTIFICATE OF MEDICAL EXAMINATION. Thave examined the above-named Recruit and find that he does not present any of the cause 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* for the Canadian Over-Seas Expeditionary Force. Date 19-5-17 191 Place 19-18 191 Place 19-19 191 CERTIFICATE OF OFFICER COMMANDING UNIT. James Irvin Blackadder having been finally approved an inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular havin been recorded, I certify that I am satisfied with the correctness of this Attestation.	Roman Catholic	
CERTIFICATE OF MEDICAL EXAMINATION. I have examined the above-named Recruit and find that he does not present any of the cause 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* for the Canadian Over-Seas Expeditionary Force. Date. 33~5~-1/2 Place 191 Place 191 Nors.—Should the Medical Officer consider the Recruit unit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will bring state below the cause of unitness:— Lames Irvin Blackadder, having been finally approved an inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular havin been recorded, I certify that I am satisfied with the correctness of this Attestation. Allegalar CAPTAT Signature of Officer	Jewish	
I have examined the above-named Recruit and find that he does not present any of the cause 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*	Other denominations. (Denomination to be stated.)	
"Insert here "fit" o. "unfit. Norg.—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 bri my state below the cause of unfitness:— CERTIFICATE OF OFFICER COMMANDING UNIT. James Irvin Blackadder. having been finally approved an 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. History CAPTAIN ignature of Officer	He can see at the required distance with eit free use of his joints and limbs, and he declares that I consider him* for the Ca	edical Services. ther eye; his heart and lungs are healthy; he has the the is not subject to fits of any description.
CERTIFICATE OF OFFICER COMMANDING UNIT. James Irvin Blackadder. having been finally approved an inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular havin been recorded, I certify that I am satisfied with the correctness of this Attestation.	*Insert here "fit" o. "unfit.	
James Irvin Blackadder. having been finally approved an inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular havin been recorded, I certify that I am satisfied with the correctness of this Attestation. Signature of Officer		
inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular havin been recorded, I certify that I am satisfied with the correctness of this Attestation. (Signature of Officer	CERTIFICATE OF OFFIC	ER COMMANDING UNIT.
inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular havin been recorded, I certify that I am satisfied with the correctness of this Attestation. (Signature of Officer	James Irvin Blackadder.	having been finally approved and
H. U. Jaylor CAPTAIN Signature of Officer		
O. C. 75th Depot Battery, C. F. A., C. E. F.	been recorded, I certify that I am satisfied with the	correctness of this Attestation.
U. U. Total Depot Dattery, U. F. A., U. L. I.	A C PEL	Perot Bottony C. F. A. C. F. F. (Signature of Officer)
Date May 8th, 1917. 191 .		Depot Datiety, O. I. A., O. D. I.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide An	rticles 1	22, 13	30 and 141, Financial Instructions, 25715c, C.E	.F.,191	6).
Regimental No. 345974 Rank Bd	r.		Name J.I. Blackadder		
Coros 75th. Battery C.F.A. CE	F. w	ho wa	s* Discharged		
On October 31st.,		191 7	, to		
			1" or "transferred."		
The following is a statement of the to191, the inclu-			the above named from as on Octobe transfer or discharge.	r 311	91.7,
Dr.	\$	С	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month October	10.	00
Advances No			Regt'l Paydays at \$c	tiere in-	
Cheques No.			Field Allowdays at \$c.		
Assigned Pay No.			Other Allowances*		
Other Charges* Q.M.Stores	6.	45	Other Credits*		
Payment on transfer or discharge No		5	Other Credits'		
Balance Crx(to be paid by the new unit). to be paid on return of bala of uniform.	3,	15	Bal. Dr. (to be deducted by new unit)		
of uniform. Total	\$10.	00	Total	\$10.	00
		*Give	Particulars.		
			Ontario. whether it has been paid or not. ot been paid for period of account.		
(‡) Insert "not" if a	mount	has n	ot been paid for period of account.		
On	Trans	sfer o	of an Officer.		
Outfit Allowance of \$	has be	en pa	aid by Paymaster, Military District No.		·
REMARKS:— State (1) date of enlistment	8th.	, 19	17.		
(2) if married and if a Separation	n Allov	wance	Card has been submitted No. Yes.	,	
(3) cause of discharge and author	ority	Unde	r age, Auth. 3 M.D. 26-6-97-1	1.	
If discharged from the Contingent, state if	Stop I	Payme	ent advice for Assigned Pay has been forward	ed, and	date
Paymaster M.D.#3, advise	d No	vemb	er 3rd. 1917.		
I have carefully examined this state of the unit.	ment o	of acco	ount and find it to be a correct extract from	the Pa	y-list
Date Nov. 2nd.1917.					
Place Kingston, Ont.			Instauilly 08	ptair	n,
N.B.—For purposes of transfer this form is to Paymaster; one to accompany the pay-list at the end For purposes of discharge it is to be made of pay-list at the end of the month, and; one for retention M. F. W. 44.	be made d of the out in tri n as a rec	e out in month, iplicate cord.	a ymaster, epot Batteries M. I quadruplicate. One copy to Paymaster of new unit; of and; one for retention as a record. C. F. A. C. I One copy to accompany discharge papers; one copy	Payma one to D to accor	ster istrict npany

150m.—4-17. H. Q. 1772-39-903.

NAME Blackadder J. J. NO. 345 974 RANK (Sur - B.de.) UNIT 75th Depol Battery T.O.S. 8-5-17 may payled. M. D. 3 PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PAID PAID OR FROM REC'T PARTICULARS AUTHORITY 1917 may 31 may 8 Brom. Prov. Bd.k. 11-6-17 D.O. 161 Q 11-6-17 Dischigiel as under age 31 0.0.33 131-16-17 how no age ak closed by payment or Bal of 1000

CARD No. SURNAME. Blackadden CHRISTIAN NAMES James Lewin 1.01. Dis. 31/10 REGL. NO. 345974 RANK Ly. UNIT 75 th Bty. C. 7. a. FORMER CORPS This NEXT OF KIN. CHANGE OF ADDRESS NAMES IN FULL Blackadder Trong Catheline RELATIONSHIP TO SOLDIER Mothey ADDRESS R. R. No 2. Cornwall Ont. PLACE OF ATTESTATION Kingston Ont. DATE May 13th 1917 DATE May 13 th 1914 M. F. W. 22. 100m.-11-16. H. Q. 1772-39-339. L. L. 10437. M. & D. 7253.

MARRIED	SINGLE YES	WIDOWER										
TRADE OR CALLING Sture	dent-	RELIGION Presbytern	an.									
DESCRIPTION.												
APPARENT AGE	18 YEARS	6 MONTHS										
HEIGHT	5 FEET	9 INCHES										
CHEST MEASUREMENT	343/4 INCHES	EXPANSION	2 INCHES									
COMPLEXION Clark	EYES	Berown HAIR Be	www									
	nil											
MEDICAL EXAMINATION. PL	ACE Hings	ton Ont. DATE May	1341914									
Present ada	buss. Co	rowall Ont.										

Radder Christian Name Approved by Rank M.O. Date Fit or Unfit EXAMINED FOR RE-ENGAGEMENT Apparent age M.O. Trade or occupation M.O. Inches M.O. Weight. (Minimum... inches M.O. Chest measurement Maximum expansion 34 / inches M.O. Physical development M.O. Small-pox Marks 220 M.O. Vaccination Marks Date Result VACCINATIONS Number..... When Vaccinated last M.O. (a) Marks indicating congential peculiarities or M.O. previous disease 770 2 M.O. Date Result ANTI-TYPHOID INCCULATIONS, ETC. Slight defects but not sufficient to cause rejection 4.7.1 M.O. none 21.7.17 M.O. M.O. 1917 at Cornwall Enlisted on 8th day of May Corps DATE Joined on enlistment Transferred to. EXAMINED OR DISCHARGED BY A MEDICAL BOARD STATION DATE DISEASE RESULT

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

Christian Name Surname By

Date of Arrival STATION at the Station		DATES OF						Number of	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In			Signature of				
	Admission Discha into Hospital from Ho			Discharg m Hosp	re ital		DISEASE	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.			Medical Officer				
	Day	Month	Year	Day	Month	Year			Hospital	appliances supplied. Particulars of prophylactic inoculations.						
Perawawa	8.5.7															
Perawawa	29.5.17															
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