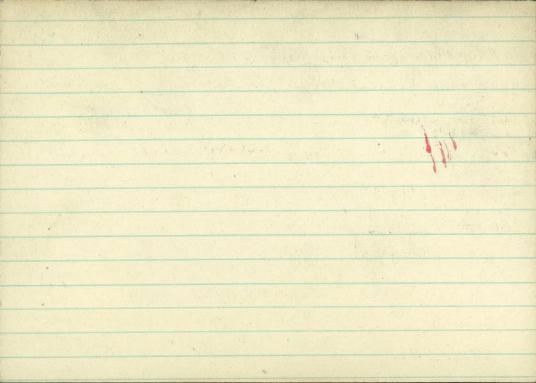
100M-11-18

of the same
Number 2500 296 Rank & pr.
Sprname BLACKBURN
Christian Name Charles Burton
Units C.R.S. Theatre of War Aance
Date of Service 5-9-18
Remarks
Latest Address 1617 Nicolett ave
minneapoli minn, USG
Roll No. B. Page 204/1.
200m6-21.

a



### SHORT FORM.

### PROCEEDINGS ON DISCHARGE

M. D. 10.

XIII	(Demobilization.)
1.	No. 2500296
	Rank. Spr.
	Name. Blackburn, C.B.
4.	Unit. CRT CRT
5	Date of Discharge 8 - 1 - 1 9. Place Winnipeg.
6	Reason for Discharge Demok
7.	Authority. \$5099
8.	Proposed Residence after Discharge Minneapolis, Minn.
	War Service Badge Class "A" No. 161397
9.	CERTIFICATE TO BE SIGNED BY SOLDIER.
	I hereby acknowledge that at the undernoted place and date I received my discharge Certificate  M. F. W.?  TWI-I IVERPOOL  Bail 15
	Edwir Bootian Blackhuru / Signature of Soldier.
10.	CONFIRMATION.
	The discharge of the above named man is hereby confirmed.  Place  APR 8 1919  Date  District by  District by
	Signature (O. C. Discharging Unit.)

#### LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
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).

8. 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).

Proceedings of Med, Board (M.F.O.22) of M.F.V.
 Dental Certificate (C.A.D.C. 5009a).
 Field Conduct Sheet (A.F.B. 122)
 Proceedings on Discharge (M.F.B. 218a)
 Discharge Certificate (M.F.W. 89)

 (Enclosed in special covelege (260M)).

 Copy of Discharge Certificate (M.F.W. 39a),
 Dispersal Certificate (C.D.8).
 Equipment

Dispersal Certificate (P. M.G. Form (D.O.S. 2). and Clothing.
 Last Pay Certificate (P. 851).
 Pay Book (A.B.64).
 War Service Gratuity (Form M.F.W, 2595).
 Sundry Documents.

Checked by No. 26 Date 24 -3 - 19

2500236

Casualty Form—Active Service.

-			Unit, Regiment or Corps. RAILV	VAY CONSTR	RUCTION	V. DEPOT W. D. 2
	Regimen	ital No.2.5.0	Name PTE Name	41 -71		
		1////	Terms of Service (a)	THE CONTRACTOR OF THE CONTRACT	vice reckons	s from (a) 16/4/18 • J
	Date of	promotion to ent rank	Date of appointment to lance rank	nt}	Numer	ical position on of N. C. Os.
			Re-engaged	Qualification (b)		
		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
Jun	ne 20"		Embailed from ande			
		ì	on It M D" Haiman	n 20-6-18		
ECT.	NDGR		Disembarket Englar	5. 7-9-18	-4:-	
8/7	AS UNITED SE	C.R.T. Depot	Taken on strength on arrival from Canada	Purfleet	7/7/18	Part 11 D.O. 187.
在9-		C.R.T.	S.C.S. on proceeding overseas to the Bn.	Purflect H	5-9-18	Part 2. D.C.275.
-	P. P.		Can. Railway Troops.	A	Min	M
CEB	CAN				t. for	
-	-			Cane	Railway	Troops Dopet.
11-9	-18	8th C.R.	Arrived in France & T.O.	S. Field 8	-9-18	Pt.II.0.99.
1/	19.	CORT		porter	, , 2	LR. D:10 D/1917
		Contract of the Contract of th	CRT Unothy	ush	7/19	an Enthabuell
	(a) (b)	In the case of a ma e.g. Signaller, Sho	l an who has re-engaged for, or enlisted into Section D. A eing Smith, etc., etc., also special qualifications in tech	rmy Reserve, particulars nical Corps duties.	of such re-enga	gement or enlistment will be entered. [P.T.O.

	Report From whom	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other
Date	received	A 36, or in other official documents. The authority to be quoted in each case			official documents
12/19	C.R.J.D	TO S this Depot shown on loud finned 19/2/19	Ynothy Ash	6/2/19	Pt = Do HG
<b>§8 M</b> AR	1919	CRID so.s! to.K		OTTY .	ASH PART 2 /2
	ret No	CCC Kinmel Park in urn to Canada. Part II Orde	ES	. (	Morning St
20	-3-19 No	Commanding 10 16 Win	er	***	Censellen Relienten
25-3.	19.T.O.S. I	Kinmel Park Camp.  Pispersal Station 2099- Pag	Sailine w	0.36	HMT'Section'
and Dis	SaDa	4-19 " do 3	The state of the	ohn	25 8 19
	for.O. C. 10	District Depot.		ony and house	

Canadian.



## ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT I	
1. What is your surname?	BLACKBURN
1a. What are your Christian names?	Charles Burton
1h What is your present address ?	1617 Nicollet Ave., Minneapolis.
2. In what Town, Township or Parish, and in	Vancouver, B.C., Canada. Minn.U
what Country were you born r	Mrs. Ella Blackburn
5. What is the name of your next-of kin r	
4. What is the address of your next-of-kin?	1617 Nicollet Ave., Minneapolis Wife Minn.
	May 6th 1881
5. What is the date of your birth?	May 6th., 1881 Printer
	Morried
사람들은 아이들은 시민들은 한 경우를 받는 아니라 아이들은 사람들은 사람들은 얼마나 보고 그 때문에 되는 것이 되었다. 그는 것이 없는 것이 없는 것이 없는 것이다.	Married
	Yes
/ 10 (5 77 (5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	Yes. National Guard. 8 yrs. Corp
11. Do you understand the nature and terms of your engagement?	Yes USA.
12. Are you willing to be attested to serve in the)	Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE!	
	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?	
by me now made, and I hereby engage and agree to s Force, and to be attached to any arm of the service the existing between Great Britain and Germany should the after the termination of that war provided His Majest discharged.  Date  April 16th.	erein, for the term of one year, or during the war now nat war last longer than one year, and for six months y should so long require my services, or until legally
Date191 ·	(Signature of Witness)
OATH TO BE TAKEN BY I	MAN ON ATTESTATION.
bear true Allegiance to His Majesty King George the in duty bound honestly and faithfully defend His Maje Dignity, against all enemies, and will observe and obey and of all the Generals and Officers set over me. So he had a set of the set of	sty, His Heirs and Successors, in Person, Crown and all orders of His Majesty, His Heirs and Successors,
CERTIFICATE OF	
	that if he made any false answer to any of the above
duly entered as replied to, and the said Recruit has I	uit in my presence. stion, and that his answer to each question has been nade and signed the declaration and taken the oath
The above questions were then read to the Recru I have taken care that he understands each que duly entered as replied to, and the said Recruit has r	uit in my presence. stion, and that his answer to each question has been nade and signed the declaration and taken the oath

750 M.—1-17. H. Q. 1772-39-841.

QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

	ent Age	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
lation	is for Army Medical Services.)	(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).
Height	5 ft 10% ins.	They gave a compare to the Company of the Company
		Security meets ( Fifty at and 77 dd)
Street G	Firth when fully expandedins.	The state of the s
5801	pandedins.	A STATE OF THE STA
10000	exion Light	The Lagrangian Sugarantees with the action in the contract of
	Brown	
	Brown	
	Church of England	to the determined of parties on the contract of
	Presbyterian Pres.	
	Methodist	
rious	Baptist or Congregationalist	An every place with the sub-disease based story of the sub-disease at
ig.il	Roman Catholic	Contractions of the second sec
den	Jewish	Hearing Nose & throat Normal.
	Other denominations	each eye D 20. Pile tags.
		Note that the state of the second of the sec
	CERTIFICATE OF ME	EDICAL EXAMINATION.
	I have examined the above-pamed Possyit	and find that he does not present any of the causes
	ection specified in the Regulations for Army Mo	ledical Services.
free us	He can see at the required distance with eit se of his joints and limbs, and he declares that	ther eye; his heart and lungs are healthy; he has the the is not subject to fits of any description.
	I consider him* fit for the C	Canadian Over-Seas Expeditionary Force. MEDICAL BOARD
Date	The same of the sa	Passed By. W. Brooke, Captization CENTRE
Place.	Toronto Cenada.	Medical Officer. PRESIDENT
	*Insert here "fit" or "unfit."  Note.—Should the Medical Officer consider the Recruit unfit	THE PROPERTY OF A STATE OF THE A STATE OF THE STATE OF TH
been att	tested, and will briefly state below the cause of unfitness:—	t, he will fill in the foregoing Certificate only in the case of those who have
	A Secretaria	
·········		A CONTRACTOR OF THE CONTRACTOR
		All States and the states and the states are states are states and the states are states are states are states and the states are s
	CERTIFICATE OF OFFI	CER COMMANDING UNIT.
	Charles Burton Black	Pabaving been finally approved and
		THE THE PARTY OF T
inspec	cted by me this day, and his Name, Age, Date	of Attestation, and every prescribed particular having
-	cted by me this day, and his Name, Age, Date recorded, I certify that I am satisfied with the	of Attestation, and every prescribed particular having
-		of Attestation, and every prescribed particular having
Al district Andrews	recorded, I certify that I am satisfied with the	of Attestation, and every prescribed particular having correctness of this Attestation.

CARD NO SURNAME. (3) lackbury CHRISTIAN NAMES Charles Burton REGL. No. 25-57296 UNIT Ofly. Con Dpo. D.O. Part II No.//3 FORMER CORPS national Guard (8 yrs.) CHANGE OF ADDRESS NAMES IN FULL Blackburn, Mrs. Ella 1617 Dicolet ave. Minneapolis Minn, U.S.a. ADDRESS PLACE OF ATTESTATION Doronto, Ont. DATE april 16th, 1918 0/5.20-6-18/287 F. W. 22. 100M.—8-17. H. Q. 1772-39-339. L. L. 25989. M. & D. 8191.



ET.

Rank

Name

BLACKBURN, Charles Burton If in perm. Corps, What Unit?

Reg'l No.

2500296

Unit 40.h Dft Rly Con

Married or Single Married.

Place and Date of Enlistment Toronto . April 16th. 1918.

Place of Birth Vancouver. B.C.

Name and Address, Next-of-Kin

Mrs Ella Blackburn,

1617, Nicollet Ave, Minnespolis. Minn. U.S.A.

Relationship

Wife

Assigned Pay Monthly \$

Payable to

Relationship

Relationship

Separation Allowance \$

Payable to

N/E. BB. Nº 106 11

Category Can OR

Discharge, Date and Place

Reason

Character

* * *	Repo	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
			Arrived in Eng	land	<b>X</b> .	7-7-18	B/B WAIMANA, bud
	8.7.18	ERID	To Sowar from Januar Proceeded Beasts 8 14 185	Spr	Purfleet.	7.7.18	PE # 1875.03 8
	4.9.18	, (	Proceeded Genete 8 1818	4	4	4.9.18	6/11 245. 8 " cred fr 11/99. "19/18.
	5-2-19	8 C. P. T.	Posted to C. P.T.D.		Field	2:2:19	- 10. CR.T.D St.T. 46 20/7/19
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	18.3.19.		8.0.8. to M. Q 10 Rhyl	£1		THE PERSON NAMED IN	- 72.Maio Pizzzd/19/3/19
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31 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			1	Service of the servic			
Repo	ort.	Record of promotions, reductions, transfers.					Table of the Control
Date.	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service.  The authority to be quoted in each case.		Place	Date.	REMARKS Taken from Official Documents.	
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### CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE

CLASS " A " NO. 1623 9 Y DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 250	0296 (Rank) Sbr
00 61.	Charles Burton enlisted in
Name (in full)	
the Sly Coust Def	bot no 2
CANADIAN EXPEDITIONARY FORCE at.	Teronto on the 16th
day of april 19/8	
HE served in	France
and is now discharged from the service by reaso	Demobilization. Demobilization R.O. 1420 (an of
	Medical Unfitness.
THE DESCRIPTION OF THIS SOLDIER on th	ne DATE below is as follows:
	Marks or Scars
Height 5' /0 3/4"	
9.14	
Complexion	
Eyes 2	Market Control of the
Hair Brown	
· Copplanthon	
Signature of Soldier	Jadack.
Date of Discharge	Issuing Officer
Date of Discharge	1 Ken
APR 8 1919	Rank
A0.	Co. oghi
District District	Date 24 19/4

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

## CANADIAN EXPEDITIONARY FORCE

### DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. Mame (in full) CANADIAN EXPEDITIONARY FORCE at S. C. day of \_\_\_\_\_to yab and is now discharged from the service by reason of THE DESCRIPTION OF THIS SOLDIES on the DATE below is as inflower Maris or Scars 1.—That discharge certificate must be carried when wearing uniform, 2.—That uniform can be worn only thirty (30) days after discharge, or when Complexion duly authorized in writing, and 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit. Date of Discharge

M. R. As no deplicate of this Certificate will be issued, any person finding shore is requested to forward it in an question the servetary, Milkia Council, Ottawa, Canada.

### ORIGINAL

Signature of Man [ Mall

MILITARY SERVICE ACT, 1917.

## MÉDICAL HISTORY SHEE 15002 ) 6

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. Surna	me Bla	ekbu	en /	Christia	n name	Ch	arles Bu	rton	
2. Numb	per of repor	rt for s	ervice or claim for exe	mption ac	cording to	Postmas	ster's		
3. Conse	cutive num	ber on	schedule of men rep	orting for	service (	if he app	pears \		
			} 1617 Nicol					XX.Minn., USA	
The foll	lowing are	e accu	rate particulars wi	th regard	l to the al	bove na	med man as	ascertained by the	
* me	edical exam	ninatio	on on the1	6th da	y of	Apr	il, 1918	1917, by the	1
un	dersigned	medic	al board sitting at.	T	ronto	Cana	da.		1
			Years 11 Mo						
7. Heigh	t 5	F	eet 103 Inch	es.	8. Weigh	nt	145 Pou	nds.	00
		( M	linimum 34 Ir	IS.		T.f.o	nt	(Eyes Brown	7
9. Chest	measurem	ent { M	linimum <b>34</b> Ir laximum <b>37</b> Ir	10. C	omplexion_	11+6		Hair Brown	1
11. Physi	cal develop	ment	Goo	đ	Good Fair	12. Sma	llpox marks	Nil	0
									0
13. Numl	ber of vacci	nation 1	marks Right arm	1	14. V	Vhen vaco	cinated last1	908	
			arks indicating congeni						
			e & throat N						
	vario	ose	veins left 1	eg.					
16. Slight	defects by	Knoksn	fficientata cause referik (Rheumatism	RX		( RI	neumatism	· · · · · · · · · · · · · · · · · · ·	
The man	denies havi	ng had	Rheumatism Tuberculosis Syphilis W	e find no e	vidence of p	past { Ti	philis		
			nitted or suspected.) red the above nam	ed man		17.			
in accor	dance wi	th the	C. E. F. Regulat	ions for	110	(a) Vis	sion R.	L	
medical	examinat	ions, a	nd he is placed in C	ategory	2010	(b) He	earing. R		
,	(	)	// Well	uso	n Ce	lt P	resident.		
W	-a)	1	Mutinho	mher	ARY	teras	usoab	eft was	
Date	Result		Vaccinations	11007.	Date I	Result	A war Tunnan	INOCULATIONS, ETC.	
Date	Titosuit	1	VACCINATIONS	11	Date	,	ANTI-TYPHOID	INOCULATIONS, ETC.	
4-18	6	M	Cregor	M.6.	19-4-18	9	2	M.O.	
			1 10	M.O.	5-4-18		23		
				WI.O.	1-11-18		9	70 - M.O.	
				M.O.	-/ /			M.O.	,
Joined	16t	h.,	day of April		191_	8 <sub>at</sub>	Toronto	, Canada.	
			CORPS	REG'TL	Number	1	HABITS	DATE	
Joined o	on enlistm	nent	Railway Cons Depot M.D. #	25	002	96			
Transfer	rred to	{	3 H B. Cks		9.5				
	EX	AMI	NED OR DISCH	ARGE	D BY A	MED	ICAL BOA	ARD.	
	STATION		DATE		DISEASE			RESULT	
Ham	ellon	Car	8/5/18		· · · ·	The same	82		
Just	utiss	an	13/3/18			A	#1000	wantago	7
most	del		11/3/10	1		?	The	2/1	~
					-/1	-	11/1	a cit	-

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

## 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.

N2500296 Rank Sp. Surname BLACKBURN.
(Given name in full)
CHARLES. BURTON.
Unit or Corps Co. R. J. D. Birthplace VANCOUVER B.C.
(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)
i. GENERAL DESCRIPTION:
Physique Weight 30 lbs. Height ft in. Colour of Eyes 20cm
Nutrition
Pulse
Condition of arteries
Vision RtLeft
6 6 9, ( )
Hearing (conversational voice) Rtft.
Leftft.
Opinion as to general health and physical condition
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
Special Senses
Disturbance of Mentality
Osseous and Joint SystemAny other general condition
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.
Marione news on both legs, Had beg
abatum s are two during service
no aggranation dury serve
2. Letty
abstruct aggravation during service

### **EXAMINATIONS**

THIS SECTIO	N FOR USE OVERSEAS—
Examined at	notty Osh (Overseas)
Date	Signed Julian
condition; that I fing any other affe	by that I have read, or have heard read, the above description of my present and it correctly stated; and that I have not withheld any information concernctions from which I suffered, either prior to or during service.  Signature Lahan Blackburger.
	nor satisfied with be 227 will be completed by Medical Board.)
(11	not satisfied, M.F.B. 227 will be completed by Medical Board.)
	N FOR USE IN CANADA—
THIS SECTION	
THIS SECTION	N FOR USE IN CANADA—
THIS SECTION  Examined at  Date  I hereby certificondition; that I fi	N FOR USE IN CANADA—  (Canada)
THIS SECTION  Examined at  Date  I hereby certificondition; that I fi	N FOR USE IN CANADA—  (Canada)  Signed M.O.  That I have read, or have heard read, the above description of my present and it correctly stated; and that I have not withheld any information concern-

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

### CANADIAN ARMY DENTAL CORPS, O.M.F.C.

### DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London NAME OF SOLDIER (Block Letters) REGIMENT or France. Date of Examination in France Date of Examination in England 10 11 12 13 15 16 be stated 22 23 24 25 26 27 28 PRESENT DENTAL REQUIREMENTS 1. FILLINGS 2. Extractions 10. 3. Crowns 4. Dentures

DIRECTIONS TO DENTAL OFFICERS

- i. This form will be made out for each individual at the time of Demobilization in England
  - Figures as per chart will be used to designate teeth concerned.
- 3. In reference to Partial Dentures the numbers of teeth thereon will

- - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England
- (c) In France

KNOTTY ASH CAMP, LIVERPOOL

Signature of Dental Officer

	М. F.B 50м.—2 1772-39	. 465. 2-18. 950.		Ð	E	N.					RY SHE	
	NT		C		0	19	1	INAT	2	ARMI DEI	TAL CORPS 13	DISTRICT
	NAMI		4	d'	X	P	52	^		-		× 2 42002 Ó
	REGI	MENT	·		0	.C	0.0			. RANK		No. Z. S. D. O. L. 9
		/		9	15	7	" way	Pr.	Condition on first Examination	19/8		QE -
-				3	10	9	B	1		Date		图在"
-				G						Amalgam	(D) E) 8	
-					ور	1	F			Temporary Filling (a) G. P. (b) Cement	(n) 12 22	5
-				-	Y	+				Cement	(D) 13	
-					2	99	20			Treatment Putrescent Pulp	2 1 2	
				20		1				Root Filling	2 2 2	
										Pulp Cap	25 2	
										Devitalization	28	9 T 5
										Pyrrhœa	0 10 2	EIDO I
,				20						Synthetic Porcelain	<b>65</b> 2	
								7		Extracting	Q A	(D) (D) 2
-										u b		CHIE =
										Dentures	3 3	<b>86.</b>
-										ਰਹੀਰ Clasp	9338	15 16
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				11	2	1	De la commanda del commanda del commanda de la commanda del commanda de la commanda de la commanda del c	In hour		OPERATOR	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.	INSTRUCTIONS  On examination the condition of patient's mouth to be diagram in red ink.  On first line of report record of same to be made in red ink.
-				0						Military Dist.	s she ation Cana	TIC patie
-				7						**	(in ada.	oe ma
										REMARKS	s will show:	INSTRUCTIONS  On examination the condition of patient's mouth to be marked on diagram in red ink.  On first line of report record of same to be made in red ink.

# FORM OF WILL

	Be. 61 Plant	3
	Regimental Number 25 00296 serving in RAILWAY	CONSTRUCTION DEPOT M.
	of the Canadian 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	
		Name and Address of person or persons to whom it is to go.
	absolutely, and my personal estate I bequeath to	
Mise 1617	Ella Blackhum nicollet avenue.	Name and Address of person or persons to receive personal estate*  (See note).
	NOTE	
	This space for the appointment of Executor if necessary.	
	IMPORTANT NOTE this day of this day of this must be signed and Dated by THE SOLDIER HIMSELF.  *N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact ev	A.D. 191 8  Signature of Soldier.  erything except real estate.
	Signed and acknowledged by the Testator as and for his last Will both present at the same time, who in his presence, at his request each other have hereunto subscribed our names as Witnesses.	
	Signature of First Witness. Co.f. G. a.	odridye
	Address of Witness Armoru	& Hamilton,
	THE TWO WITNESSES  MUST  Occupation of Witness  Signature of Second Witness	ier Salbe.
	SIGN HERE Address of Witness	anilton Os
	Occupation of Witness LoCal	<u>, , , , , , , , , , , , , , , , , , , </u>

M. F. W. 82. 300m.-12-16. 1772-39-983.

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

17209

1st guly 1918

RATE OF ASSIGNMENT

RATE OF SEPARATION ALLOWANCE

25. 30

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

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### Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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### PARTICULARS OF ASSIGNMENT

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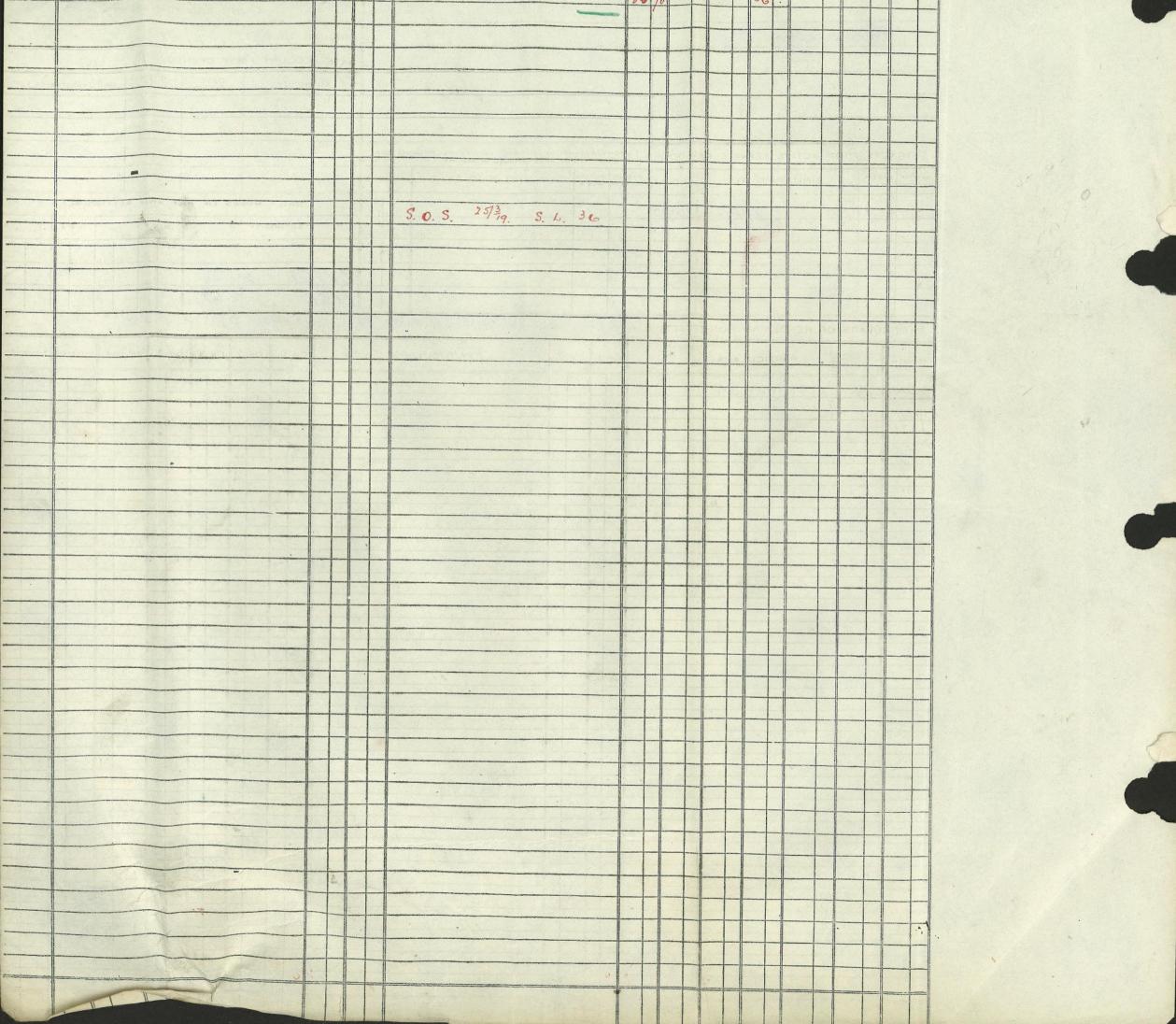
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