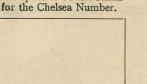
REGIMENTAL DOCUMENTS H. Q. FILE NO. M. F. W. 2505 NON-EFFECTIVE BY CONTENTS TO WHOM FORWARDED DATE FORWARDED DATE RECEIVED REFERENCE DEATH ATTESTATION PAPER (M.F.W. 23, 133, or 51) Category CASUALTY FORM (M.F.W. 54 or A.F.B. 103) TRAINING HISTORY SHEET (M.F.W. 113) FIELD CONDUCT SHEET (M.F.W. 178 or 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) DISCHARGE MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) DENTAL HISTORY SHEET (M.F.B. 465) Category MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) MEDICAL EXAMINATION (M.F.W. 129) TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) DESERTION 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)



Proceedings on Discharge:



| (When forwarded for confirmation the documents named on page 4 should be enclosed.) |
|--|
| No. 24 648 Army Rank 9.6 |
| Name Storey Reville, (The name must agree strictly with that on enlistment, unless changed subsequently by authority.) |
| Corps |
| Date of discharge 23rd February 1915 |
| Place of discharge Ildworth |
| Description at the time of discharge. Age 2 2 years / months Height 5 feet / O inches Chest (girth when fully expanded % ins. |
| measure- { range of expansion 2 ins. Complexion Brown |
| Hair |
| 2. The above-named man is discharged in consequence of taking a Commission (The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.) |
| (3. Military character: Lood |
| 4. Character awarded in accordance with King's Regulations:— Scennfelory. |
| 4. Character awarded in accordance with King's Regulations:— Coccumploses Use of the character given by me on Army Form B. 2067* and that Army Form D. 489 |
| Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case. Initials of Commanding Officer. Army Form B. 2088 has been issued to* |
| 45 Wt W 658/936 125.000 10/14 D. D. & L. Sch. 41* Forms *Strike out if not applicable |

| | 5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated). |
|--|--|
| | Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings? |
| | Classification for service, or proficiency pay Class |
| | 6. Campaigns, Medals and Decorations Certificate of education Sixt class (circlian) |
| | 7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations. (Place) Ledworth (Date) 3 th Sebrurary 1915' Commanding 14th Battn. 186.6.4 Regiment. |
| | hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page. (Place) Signature of Soldier.) (Date) 23th February 1915 (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.) |
| CON RESIDENCIAL COMPANION DATE DE LA COMPANION | 9. Additional certificate in the case of a soldier who takes his discharge at his own request. I hereby declare that I do of my own free will request to be discharged from His Majesty's Service. (Signature of Soldier.) |
| | Service towards engagement to 23 4 (the date to which the record of service is completed) years |
| | The discharge of the above-named man is hereby confirmed for (Place) Ledworth (Date) 23" Lebrurary Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400. |

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.

- 1. Proceedings on discharge (Army Form B. 268)
- 2. Proceedings on transfer to reserve (if any)
 (Army Form B. 2056)
- 3. Duplicate attestation
- 4. Army Form B. 97 (if any)
- 5. Declaration of change of name (if any)
- 6. Re-engagement paper (if any) (Army Form B. 136)
- 7. Authority for continuance, or extension, of service (if any)
 (Army Form B. 221)
- 8. Court of Inquiry on an injury (if any)
 (Army Form A. 2)
- 9. Regimental conduct sheet (Army Form B. 120)
- 10. Company conduct sheet (Army Form B. 121)
- 11. Copies of convictions by Civil Power (if any)
- 12. Medical history sheet (Army Form B. 178)
- 13. Medical report on invalid (if any)
 (Army Form B. 179)
- 14. Copy of receipt for purchase money (if any)
- Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any)
- 16. Detailed statement of former service allowed to reckon towards pension (if any)
- 17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge)
- Descriptive return (Army Form D. 400), where required
 See section 11 on second page
- 19. Active service casualty form (Army Form B. 103)
- 20. Employment sheet (Army Form B. 2066)

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

- 1. Duplicate attestation.

 (On third page the date and cause of discharge will be entered and signed by the competent military authority)
- 2. Medical history sheet (if any)
 (Army Form B. 178)

Instructions as to the preparation, despatch, and custody, of discharge documents.

- 1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The Officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.
- 2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).
- 3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—
 - (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
 - (b) Character certificate (Army Form B. 2067) if entitled.
 - (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

- 4. The discharge documents of re-enlisted pensioners, on redischarge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.
- 5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.
- 6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.
- 7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.
- 8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.
- 9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

Powak

ATTESTATION PAPER.

No. 24648

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

| QUESTIONS TO BE PUT | BEFORE ATTESTATION. |
|--|--|
| na. | (ANSWERS). |
| 1. What is your name? | Story Story |
| | Sydney Mrs 1 Wales Custral |
| | |
| What is the address of your rext-of kin? | Mrs 15 Story Crossdoney Guelph Ontario |
| What is the date of your birth a | august 14 1892 |
| 6. What is your Trade or Calling? | |
| | 420 |
| 8. Are you willing to be vaccinated or re- | |
| vaccinated? | 4. |
| 9. Do you now belong to the Active Militia? | Up / |
| 16 Have you ever served in any Military Force? | 4 years stoneshirst OTC |
| If so,/state/particulars of former Service. | |
| your engagement? | 41= |
| 12. Are you willing to be attested to serve in the | 910 |
| Canadian Over-Seas Expeditionary Force? | 4 (Signature of Man). |
| | (Signature of Man). |
| | (Signature of Witness). |
| discharged. | la More (Signature of Recruit) |
| Date 1914. | (Signature of Witness) |
| DATH TO BE TAKEN BY I, bear true Allegiance to His Majesty King George the in duty bound honestly and faithfully defend His Majesty, against all enemies, and will observe and obe and of all the Generals and Officers set over me. So he | |
| | e Fifth, His Heirs and Successors, and that I will as esty, His Heirs and Successors, in Person, Crown and y all orders of His Majesty, His Heirs and Successors, telp me God. (Signature of Recruit) |
| | e Fifth, His Heirs and Successors, and that I will as esty, His Heirs and Successors, in Person, Crown and y all orders of His Majesty, His Heirs and Successors, telp me God. (Signature of Recruit) |
| Sell 25 - Au | esty, His Heirs and Successors, in Person, Crown and y all orders of His Majesty, His Heirs and Successors, telp me God. (Signature of Recruit) (Signature of Witness) |
| The Recruit above-named was cautioned by me questions he would be liable to be punished as provide. The above questions were then read to the Recruit have taken care that he understands each que rentered as replied to, and the said Recruit has most of the recruit has mo | e Fifth, His Heirs and Successors, and that I will as esty, His Heirs and Successors, in Person, Crown and y all orders of His Majesty, His Heirs and Successors, help me God. (Signature of Recruit) (Signature of Witness) F MAGISTRATE. that if he made any false answer to any of the above d in the Army Act. with in my presence. stion, and that his answer to each question has been ade and signed the declaration and taken the oath day of day of 1914. |
| The Recruit above-named was cautioned by me questions he would be liable to be punished as provide. The above questions were then read to the Recruit have taken care that he understands each que entered as replied to, and the said Recruit has more me, at this. | e Fifth, His Heirs and Successors, and that I will as esty, His Heirs and Successors, in Person, Crown and y all orders of His Majesty, His Heirs and Successors, telp me God. (Signature of Recruit) (Signature of Witness) F MAGISTRATE. that if he made any false answer to any of the above d in the Army Act. The principle of the declaration and taken the oath ade and signed the declaration and taken the oath |
| CERTIFICATE Of The Recruit above-named was cautioned by me questions he would be liable to be punished as provide. The above questions were then read to the Recruit have taken care that he understands each que entered as replied to, and the said Recruit has more me, at this this this control of the Attention o | e Fifth, His Heirs and Successors, and that I will as esty, His Heirs and Successors, in Person, Crown and y all orders of His Majesty, His Heirs and Successors, telp me God. (Signature of Recruit) (Signature of Witness) F MAGISTRATE. that if he made any false answer to any of the above d in the Army Act. That in my presence. stion, and that his answer to each question has been ade and signed the declaration and taken the oath day of |

| pparent Age years months. o be determined according to the instructions given in the Regulations. | Distinctive marks, and marks indicating congenital. |
|---|--|
| Indian day Assess DE III - I Co. | peculiarities or previous disease. |
| lations for Army Medical Services.) | (Should the Medical Officer be of opinion that the recruit has served |
| | (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). |
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| Girth when fully expanded ins. | The state of the s |
| panded | |
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| Complexion Fau | |
| Eyes Orour | The state of the s |
| Tair Meduys | |
| /Church of England | The Opening of the Op |
| | |
| Presbyterian | |
| Wesleyan Baptist or Congregationalist Other Protestants (Denomination to be stated.) | |
| 한 분 / Baptist or Congregationalist | |
| Wesleyan Baptist or Congregationalist Char Protestants | |
| Other Protestants (Denomination to be stated.) | |
| Roman Catholic | |
| Jewish | |
| ree use of his joints and limbs, and he declares that I consider him* | lian Over-Seas Expeditionary Force. |
| Date Self- 25 1914. | |
| | |
| 1/ 1 1 - PA | 1/5/5771 |
| 1/ 1 1 - PA | Medical Officer |
| Place Valcartie P9 *Insert here "fit" or "unfit." | |
| Place. Nalcartae P9 *Insert here "fit" or "unfit." | Medical Officer. Medical Officer. The will fill in the foregoing Certificate only in the case of those who have |
| Place. Nalcartae P9 *Insert here "fit" or "unfit." | |
| Place Nalcarter P9 *Insert here "fit" or "unfit." | |
| Place Valcartie P9 *Insert here "fit" or "unfit." | |
| Place Valcartie P9 *Insert here "fit" or "unfit." | |
| Place Valcartie P9 *Insert here "fit" or "unfit." | |
| Place Valcartie P9 *Insert here "fit" or "unfit." | |
| Place Valcartie P9 *Insert here "fit" or "unfit." | |
| *Insert here "fit" or "unfit." NOTE.—Should the Medical Officer consider the Recruit unfit, leen attested, and will briefly state below the cause of unfitness:— | |
| *Insert here "fit" or "unfit." NOTE.—Should the Medical Officer consider the Recruit unfit, leen attested, and will briefly state below the cause of unfitness:— | he will fill in the foregoing Certificate only in the case of those who have |
| *Insert here "fit" or "unfit." NOTE.—Should the Medical Officer consider the Recruit unfit, leen attested, and will briefly state below the cause of unfitness:— | he will fill in the foregoing Certificate only in the case of those who have |
| *Insert here "fit" or "unfit." NOTE.—Should the Medical Officer consider the Recruit unfit, been attested, and will briefly state below the cause of unfitness:— CERTIFICATE OF OFFICE 7. 3. | CER COMMANDING UNIT. & |
| *Insert here "fit" or "unfit." Note.—Should the Medical Officer consider the Recruit unfit, been attested, and will briefly state below the cause of unfitness:— CERTIFICATE OF OFFICE (Inspected by me this day, and his Name, Age, Date of the Recruit unfit, been attested, and will briefly state below the cause of unfitness:— CERTIFICATE OF OFFICE (Inspected by me this day, and his Name, Age, Date of the Recruit unfit, been attested, and will briefly state below the cause of unfitness:— CERTIFICATE OF OFFICE (Inspected by me this day, and his Name, Age, Date of the Recruit unfit, been attested, and will briefly state below the cause of unfitness:— CERTIFICATE OF OFFICE (Inspected by me this day, and his Name, Age, Date of the Recruit unfit, been attested, and will briefly state below the cause of unfitness:— (Inspected by me this day, and his Name, Age, Date of the Recruit unfit, been attested, and will briefly state below the cause of unfitness:— (Inspected by me this day, and his Name, Age, Date of the Recruit unfit, been attested, and will briefly state below the cause of unfitness:— (Inspected by me this day, and his Name, Age, Date of the Recruit unfit, been attested, and will briefly state below the cause of unfitness:— (Inspected by me this day, and his Name, Age, Date of the Recruit unfit, been attested, and been attested at the Recruit unfit, been attested | CER COMMANDING UNIT. Aving been finally approved of Attestation, and every prescribed particular have |
| *Insert here "fit" or "unfit." Note.—Should the Medical Officer consider the Recruit unfit, been attested, and will briefly state below the cause of unfitness:— CERTIFICATE OF OFFICE 7. 3. | CER COMMANDING UNIT. Aving been finally approved of Attestation, and every prescribed particular have |
| *Insert here "fit" or "unfit." Note.—Should the Medical Officer consider the Recruit unfit, been attested, and will briefly state below the cause of unfitness:— CERTIFICATE OF OFFICE CINETIFICATE OF OFFICE nspected by me this day, and his Name, Age, Date of | CER COMMANDING UNIT. Aving been finally approved of Attestation, and every prescribed particular have |

Canadian Contingent—Expeditionary Force DEPOTS,

TIDWOPTH.

LAST PAY CERTIFICATE.

| This Form | to be used | for all R | Ranks (Vide | Ar | ticle 71, | Finan | icial | Instru | ctions, | C.E.F., | 1914), 3 | and in |
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| the case of | Officers a | nd men | returning | to (| Canada, | one | copy | must | accomp | pany the | indiv | vidual |

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| | State Cat | | | | Imperial army | |
| If di | scharged fro | | | | ayment form for Assigned Pay h | as been |
| forwarded, and date yes, Jeh. 23, 1915 | | | | | | |
| | | | | | | |
| I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the unit. | | | | | | |
| | DATE Jeb 23, 1915 Ullekay Coph | | | | | |
| | PLACE | idworth. | Sanac | hs. | At. ball |) WE |
| | | | | | Paymaster. Sql | · Ann |

17th Bu. busch. Nevile Rank and Name STOREY. 24648 Name and Address of Next-of-kin Regimental No. 13th Battalion Mrs. W. Story. Unit Crondoney, Guelph, Ont., Canada. Sep. 25th, 1914 Date of enlistment Place of birth Sydney. N.S.W. Australia Date and place of discharge Lidworth 27/2/ Married (Yes or No) If in Permanent Force Reason for discharge Character on discharge Promotions or appointments Report Record of promotions, reductions, transfers, casualties, etc., during active Place Date From whom service. The authority to be quoted Date Taken from Official Documents received in each case Heb 13/15 De 19th Dransferred to 17th Bn Tidworth Feb 13/15 R Field Return a 4.B. 2,3 27/2/15 OS. Train Depot Struck of Strength, - Mistin Cry, Didworth 27/2/15 Ords #513. O. C. Training regest.

Report Record of promotions, reductions, transfers, casualties, etc, during active REMARKS
Taken from Official Documents Place Date From whom service. The authority to be quoted Date received in each case. (avivo est) berum Date and place of discharge age & come Resign for discharge Observer on discharge Preting us, case direct etc. Shrann boll into the Dodnort and T want belieffer of Langer - Sounding I so not to fight it

DUPLICATE

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.

Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

| | MEDICAL HISTORY | of |
|---|--|--|
| Surname STORY S | foref Christian Name | Nevil |
| | TABLE IGENERAL TABLE. | MEAN STORY OF THE PROPERTY OF THE PROPERTY OF THE STORY O |
| Birthplace Parish | Sydney County | N.S.W. Australia |
| | (on 25th day of Se | |
| Examined | at CValcartier | |
| Declared Age | | |
| Trade or Occupation | Civil Engineer | |
| Height | 5feet | inches. |
| Weight | 15: | 1lbs. |
| Chest Girth when fully Expanded | | $36\frac{1}{2}$ inches. |
| Measurement Range of Expansion | | |
| Physical Development | fair | |
| (Arm | Right | Left |
| Vaccination Marks Number | | 4 |
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| (a) Marks indicating congenital peculiarities or | ((a) | |
| previous disease | | |
| | | |
| (b) Slight defects but not sufficient to cause rejec- | (b) | |
| tion | | |
| Approved by (Signature) | E.R.Brown | |
| Approved by (Signature) (Rank) | | |
| (2000)00) | | Medical Officer. |
| | | |
| Enlisted | at Valcartier | |
| | on 25th day of Ser | |
| Joined on Enlistment | Corps. | Regtl. No. |
| | 5th R.H. of C. | 24648 |
| Transferred to | 13th Batt | |
| | 3rd Bgde | No. of the second of the secon |
| Became non-effective by | | |
| is Medical History Sheet has been compar | with the Corres day of | 101 |
| ding Attestation Paper, and entries made from the Attestation Paper, and entries made (en from the Attestation Paper) | in red have been | 191 , |
| Ale (Rank) | | |

(5506.) W. 14971/M. 89. 750m. 1/161. Ct. Po. Ltd.

Forms
B. 178
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P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the ca

| National Control of the Control of t | 7,000 | | | | - 1 | | | tie in | 0.01 2.00 1.1 0.10 0.0 |
|--|-------|----------|---------|----------------|-------------------|------------|---------|-------------------------------------|--|
| Name of Hospital | Admit | ted to H | ospital | Disc | harged Hospita | from | Disease | Number of days in Hospital | Remarks bearing on the cause, use. In cases of syphil subsequent progress, inc be given in the special |
| | Day | Month | Year | Day | Month | Year | | Hospital | be given in the special |
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or to the Sick List in the case of Warrant Officers treated in quarters.

| | Number of days in Hospital | Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet. | Signature of Medical Officer |
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29281 THE MORTIMER SYSTEMS, OTTAWA, CANADA

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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Suelph, Out.

By Whom Assigned Storey, A.

Regtl. No.

Rank H

Corps

& Boy - 13 Batter

Rate \$1500 per mo.

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STORY. Nevile

24648

Regimental No.

13th Battalion. Unit

. 06834 Date of enlistment 25th Sept. 1914.

Place of birth. Sydney, N.S.W., Aus.

Married (yes or no)

No.

Amount of pay assigned monthly \$ 1500

To whom payable neart of him

Name and address of next-of-kin

Mrs. W Story,

Crondoney, Guelph, Ont.

Date and place discharged Tidworth England, 23:15

Reason for discharge Medically surfit

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