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The wordmark for Canada, with the letters 'a' and 'n' in red and the rest in black.

REGIMENTAL DOCUMENTS

200
25-6-19
S

NAME *THIVIERGE Uric*

REGT. NO. *2678863*

UNIT *259th Bn* H. Q. FILE NO.

~~A~~

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
<i>28</i> ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
<i>1</i> CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
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REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
<i>1</i> MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
<i>2</i> DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Remst.</i>
<i>1</i> MEDICAL EXAMINATION (M.F.W. 129)					
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PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
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LAST PAY CERTIFICATE (M.F.W. 44)					
<i>1</i> PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)				<i>07052</i>	
<i>1</i> COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>3</i> <i>Misc.</i>					

H

483323

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

WAR SERVICE BADGE, CLASS "A"
No. 328213 ISSUED

1. No.	2678863
2. Rank	<i>Refused</i>
3. Name	THIVIERGE, Ulric.
4. Unit	259th Battalion C.R., C.E.F. (S)
5. Date of Discharge	JUN 12 1919
Place	QUEBEC. P.Q.
6. Reason for Discharge	Demobilization K U 1420 (top) of 12
7. Authority	Part Two Order No. 163 of JUN 12 1919
8. Proposed Residence after Discharge	5 Rue St Luperin Quebec City
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. ? 39.	<i>U. Thivierge</i> Signature of Soldier.
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place QUEBEC. P.Q. Date JUN 12 1919	<i>W. J. [Signature]</i> Signature Commanding Discharge (Quebec Discharging Unit.)

A=

Original
No. 2678863
Folio

PIÈCE D'ATTESTATION.

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

- 1. Quel est votre nom de famille ?..... **THIVIÈRGE**
- 1a. Quels sont vos noms de baptême ?..... **Ulric**
- 1b. Quelle est votre présente adresse ?..... **5 Rue St. Crepin Quebec P.Q.**
- 2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né ?..... **St. Jean Isle d'Orleans P.Q.**
- 3. Quel est le nom de votre plus proche parent ?..... **Antoine Thivierge**
- 4. Quelle est l'adresse de votre plus proche parent ?..... **5 Rue Crepin Quebec P.Q.**
- 4a. Quel est votre degré de parenté avec icelui ?..... **Pere**
- 5. Quelle est la date de votre naissance ?..... **18 Fev, 1897**
- 6. Quel est votre métier ou profession ?..... **Boulangier**
- 7. Êtes-vous marié ?..... **Non**
- 8. Consentez-vous à être vacciné ou revacciné et inoculé ?..... **Oui**
- 9. Faites-vous déjà partie de la Milice active ?..... **Non**
- 10. Avez-vous déjà fait du service militaire ?..... **Non**
(En ce cas, mentionner les états de service)
- 11. Comprenez-vous bien la nature et les termes de votre engagement ?..... **Oui**
- 12. Consentez-vous à être attesté pour service dans le Corps Expéditionnaire Canadien d'outre-mer ?..... **Oui**

12. Avez-vous été réformé du service militaire pour incapacité physique?..... *my*

13. Et oui, quel était la nature de cette incapacité?.....

14. Avez-vous déjà offert vos services dans une des branches de service militaire de Sa Majesté, et avez-vous été refusé?..... *my*

15. Et refusé, quelle en était la raison?.....

DÉCLARATION REQUISE DU SUJET

Je, **Ulric Thivierge** déclare solennellement que ce qui précède contient les réponses que j'ai faites au questionnaire ci-dessus, et que ces réponses sont véridiques, et que je consens à remplir les engagements que je prends maintenant, et je m'engage et consens à servir dans le **Corps Expéditionnaire Canadien d'outre-mer** et à être affecté à une arme quelconque dans le service de ce Corps pour le terme d'une année, ou pour la durée de la guerre actuellement engagée entre la Grande Bretagne et l'Allemagne si elle dure plus d'une année, et pour six mois après la conclusion de cette guerre dans le cas où Sa Majesté requerrait mes services d'autant, ou jusqu'à ce que je sois légalement libéré.

Date **Mai 23** 1918. *Ulric Thivierge* (Signature de la Recrue)
M. Thivierge (Signature du Témoin)

SERMENT REQUIS DU SUJET

Je, **Ulric Thivierge** prête le serment d'être fidèle et de donner mon entière allégeance à Sa Majesté le Roi George V, ses Héritiers et Successeurs, de me faire un devoir de défendre honnêtement et fidèlement la Personne, la Couronne et la Dignité de Sa Majesté, et de ses Héritiers et Successeurs contre tous ennemis, et d'obéir ponctuellement à tous les commandements de Sa Majesté, de ses Héritiers et Successeurs, ainsi que de tous Généraux et Officiers placés au-dessus de moi. Ainsi Dieu me soit en aide.

Date **Mai 23** 1918. *Ulric Thivierge* (Signature de la Recrue)
M. Thivierge (Signature du Témoin)

CERTIFICAT DU MAGISTRAT

La Recrue ci-dessus nommée a été prévenue par moi que, s'il répondait faussement à aucune des questions ci-dessus, il serait passible des pénalités pourvues par la loi de l'Armée.

Les questions ci-dessus ont alors été lues à la Recrue en ma présence. J'ai vu avec soin, à ce qu'il comprit chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma présence, à **Quebec P.Q.** ce **23** ième jour de **Mai** 1918.

M. Thivierge Captain (Signature du Juge)
 RECRUITING OFFICER, M. O. No. 5.

M. F. W. 239
 40M-4-18.
 1772-35-811.

N.B.—Les personnes faisant des réponses erronées aux questions ci-dessus sont passibles d'un emprisonnement de six mois.

Signallement de Charles-Edouard à l'Enrolement

Age apparent 27 ans..... mois.
 (Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.)

Signes distinctifs, et indices d'affections congénitales ou de maladies antérieures.

Si le Médecin-Officier est d'avis que la Recrue a fait du service antérieurement, il devra, à moins que l'engagement reconnaisse le fait, ajouter une note à cet effet pour l'information de l'officier approbateur.

Taille 5 pieds..... 6 pouces

Measure de la poitrine {
 Tour de poitrine, à pleine expansion..... 33 pouces
 Marge d'expansion..... 3 pouces

Teint..... Blanc

Yeux..... Grains

Chevelure..... Blonde

Anglican.....

Presbytérien.....

Méthodiste.....

Baptiste ou Congregationaliste.....

Catholique Romain.....

Juif.....

Autres dénominations.....
 (Indiquer laquelle)

CERTIFICAT D'EXAMEN MÉDICAL

Ayant examiné le sujet ci-haut nommé, je constate qu'il ne présente aucune des causes de rejet spécifiées dans les règlements du Service Médical de l'Armée.

Il peut voir de chaque oeil à la distance requise; le cœur et les poumons sont sains; il a le libre usage de ses articulations et de ses membres, et il déclare n'être sujet à aucune syncope quelconque.

Je le considère* Valide pour le Corps Expéditionnaire Canadien d'outre-mer.

Date..... Mai 23 191

Lieu..... DALL HALL Quebec I. C. Médecin-Officier.

* Insérer ici "valide" ou "non-valide".

NOTE.—Si le médecin-officier trouve le sujet impropre au service, il remplira le certificat ci-dessus dans les seuls cas où il y a en attention et notera brièvement ci-dessous les causes d'invalidité:

CERTIFICAT DE L'OFFICIER COMMANDANT

Mario Malvoige..... ayant été finalement approuvé et examiné par moi ce jour, et le nom, l'âge, la date d'attestation et tous les autres détails réglementaires ayant été notés, je certifie être satisfait de l'exactitude de cette attestation.

..... (Signature de l'officier.)
 6. C. 1^{er} DEPOT-BATTALION, 25th QUEBEC REGIMENT.

Date..... Mai 23 191

C.E.F. (SIBERIA) RECORD SHEET

M.P.W. 2581 (25M-9-15).
1772-89-1868.
L.L. Job 48477.

Next -of- Kin	Antoine Thivierge, (Father)		Surname	Thivierge,
	5 Rue Crepin,		Christian Names	Ulric
	Quebec, P.Q.		Regimental No.	2678863
Also Notify			Rank	Rfn.
			Unit	259th Bn.
			Place and Date of Enlistment	Quebec, 23-5-18 M.D. 5.
Subsequent changes in Next-of-Kin			NON-EFFECTIVE:	
			(1) Place (1)	M.D. 5.
			(2) Date (2)	12-6-19.
		(3) Reason (3)	Demobilization	
Country of Birth	Married or Single on Enlistment	Subsequent Marriage Date		
St. Jean, Isle d'Orleans, P.Q.	Single.		H.Qs. File No.	

Record of Promotions, Reductions, Transfers, Casualties, Reports, &c.	Place	Rank Shown	Effective Date	Unit	Authority	
					Part II D.O. No., Cas. List, &c.	Dated
Embarked for Overseas.	Vancouver	C 21	1918	259th Bn.	Shipping List	
On command to supply depot, Gurnastui	Vlad.	Rfn.	17-4-19	" "	#31	22-4-19.
Sol. on evacuation to Canada.	Vlad.	"	19-5-19	" "	#35	20-5-19.
Returned to Canada (M.D.'s) per S.I. Camp of Russia	Vlad.	"	29-5-19	" "	#35	20-5-19.
S.O.S. of C.E.F. on Demobilization	M.D. 5.	Rfn.	12-6-19	" "	#163	12-6-19

Fill in Only Unit, Number, Rank and Name.

THIS HAS BEEN CHECKED WITH ATTESTATION PAPER (F. B. 103.)

Casualty Form—Active Service.

250M.—1-16, H. Q. 1772-30-220.

Unit, Regiment or Corps 1st Dep Bn. 2nd Div. 4th Inf. 41st Div. 4th

Regimental No. 2678863 Rank Pte Name Thivierge Ulric

Enlisted (a) 23-5-18 Terms of Service (a) C.E.F. War & 6 Mo. Service reckons from (a) 23-5-18

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

Extended _____ Re-engaged _____ Qualification (b) Baker

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.	SERVICE BADGE Place	CLASS Date ISSUED	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

TO 3rd Bn. C.R. C.E.F. S.
31-10-18

Wm. Ingman
Capt. Adjutant
(for Lt. Colonel)

O. C. 259. Bn. Can. Rifles. (Siberia)

WAR SERVICE BADGE, CLASS " " "
No. 228212 ISSUED

Embarked Canada 27.12.18.
Arrived Siberia 12.1.19.

26.12.18 O.C. 259th Bn. conduct prejudice to good order & military discipline. awarded 7 days F.P. 1/2 Testa. 21.12.18 Pt. II 20⁺ 94

22.4.19 " on command supply depot Vladivostok 17.4.19 " 31

Embarked Siberia
S.S. Empress of Russia

MAY 19 1919

[Signature] MAJOR

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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				

DETEMPERED
VAN IV R
MAY 29 1919

Discharged from His Majesty's Service
under R.G. 1420 (1c) of 12-12-18
effect 12-6-19 "DEMOBILIZATION and
Part Two Order No. 163 of 12-6-19

J. Darley Le Moine
Lieut.
O.C. Discharge Section D.D.5.

Embarked Siberia
U.S. Battleships of Russia
MAY 18 1919

MEDICAL HISTORY SHEET

Surname **Thivierge**

Christian Name **Ulric**

Examined on **23** day of **May** 1918
 at **Drill Hall Quebec P.Q.**
 City or Town **St, Jean**
 Birthplace { County **Isle d'Orleans P.Q.**

Approved by *[Signature]*
 Rank **A II** *for Warrant Officer Capt*

Apparent age **21-3**
 Trade or occupation **Baker**
 Height **5** feet **3 1/2** Inches
 Weight **121 1/2** lbs.
 Chest measurement { Minimum **29 1/2** inches
 Maximum expansion **32** inches

Physical development **Good**
 Small-pox Marks **XXXXXX**

Vaccination Marks { Arm **1** Right **1** Left
 Number **2**

When Vaccinated last **Childhood**

(a) Marks indicating congenital peculiarities or previous disease

XXXXXX

(b) Slight defects but not sufficient to cause rejection

Enlisted on **23** day of **May** 1918 at **Quebec P.Q.**

REG'T. NUMBER	CORPS	HABITS	DATE
2678863			23-5-18
Joined on enlistment { Transferred to {			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<i>Quebec</i>	<i>10/6/19</i>	<i>nil</i>	<i>Fit for Active Service</i>

A.P. - This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *N.3.*

NAME OF SOLDIER *Theridge*

REGIMENT *259 Bn* RANK *Pvt.*

No. *2678863*



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.

Condition on first Examination	Date	Amalgam Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Pitrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoxa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
	<i>10/6/19</i>	<i>2</i> <i>1.31</i>								<i>10</i> <i>2.34</i> <i>13.14</i> <i>18.19</i> <i>27.30</i> <i>02</i>				<i>2</i> <i>8.9.</i>				<i>[Signature]</i>		<i>6w. 5. 7. 15. 28. 29</i> <i>31.</i>	

This is to certify that dental treatment to be completed as shown here has been transferred to M. F. B. 484.
[Signature]
Capt.
Dental Discharge D.

TRANSFERRED TO C. E. F. (Siberia) *O/S. SS Lesta*

21-12-18.

H. Q.

M. D. No. *5*

Surname *Thivierge*

T. O. S. *May 23rd 1918*

Christian names *Ulric*

D. O. Pt. II *144* of *241-5-18*

Regtl. No. *2678863* Rank *Plé*

S. O. S. *12-6* 19 *19*

Unit ~~*2nd Que Regt 1st Depo Bn*~~
259th B'n.

Reason *Demot*

Auth. *26.163 9/12/6/1918*

Next of kin *Thivierge Antoine*

Relationship *Father*

Address *5 Carpius St. Quebec*
P.Q.

Also notify:

BORN—Place *Canada St. Jean Isle d'Orléans, P.Q.*

Date *Feb. 18th 1897.*

ATTESTED—Place *Quebec, P.Q.*

Date *May 23rd 1918.*

O/S

R/C *29-5-19*

210
Emb

Number 2678863

Rank pte

~~B~~

Surname THIVIERGE

Christian Name Ulric

~~A~~

Units 6 SE 7 Theatre of War Siberia

Date of Service 12-1-19

Remarks

Latest Address ~~5. Rue St Cripin~~

~~Dunbe City~~
~~Dunbe~~

Roll No. ~~B~~

Page 10279 Deschailons, Lotbiniere Co.,
200m. - 2-21.M. Que.

DESP

FEB 16 1922

HC 69/11

*Name Thewinger H. Uric Rank Plt Regtl. No. 2698863

Original unit 387 Present unit 966 M. or S. Age Religion Ref. H.Q.

Port, ship, and date of arrival

Next of kin

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
9-6-19	Ivs 195-19. Ptd to Co. Coy. 1-6-19	160
12-6-19	S.O.S DEMOBILIZATION 12-6-19	163
Demobilization R O 1420 (1c) of 12-12-18		

*—Name will be given in full; surname first.

Please quote reference.....

Your reference.....

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT
VOCATIONAL BRANCH

To the Officer Commanding

A. D. 5,

Quebec.

With reference to :—

Ulric Chirerge

2578863, Private 559 Detachment Service S. F.

Sir :—

I beg to inform you that the marginally named was interviewed by a vocational Officer
on *11 June 1919* and all particulars with reference to his education
and industrial history have been entered upon S.C.R. Form 156.

NOTE.—If a man is not to be passed to the Department of Soldiers' Civil Re-establishment for further treatment with full treatment allowances, he should be discharged as passing under his own control.

A man being discharged and passed to the Department of Soldiers' Civil Re-establishment for re-training should be regarded as being passed under his own control.

A discharged man cannot be passed to the Department of Soldiers' Civil Re-establishment for re-training unless a course has been recommended by a Disabled Soldiers' Training Board and approved by Head Office on a date prior to that on which discharge became effective.

In a case in which it is thought that the man requires re-training and in which a course has not been recommended and approved up to date of discharge, the man should be advised to make application for a course of re-training on a date after discharge.

Date *11 June 1919*.....

Signed *W. B. E. Cairne*
Vocational Officer.

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.E. 227.

No. 26788663 . Rank Pt. 4 Surname Thivierge
(Give name in full)
..... U
Unit or Corps P. R. No. 5 Birthplace St. Jean Ile D'orlean

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

1. GENERAL DESCRIPTION:

Physique 4384 Weight 138 .lbs. Height 5' 3 1/2" .in. Color of Eyes Brown

Nutrition Good

Pulse 80

Condition of arteries Good

Vision Rt. OK Left OK

Hearing (conversational voice) Rt OKft.

Left OK .ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)

NIL

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 Genito Urinary System Cardio-Vascular System
Special Senses Integumentary System Respiratory System
Disturbance of mentality Muscular System Digestive System
Osseous and Joint System Any 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.

(If space is insufficient, continue on back of form.)

[OVER]

TO FORMER SERVICE OF
MEDICAL EXAMINATIONS.
OFFICERS AND OTHER PERSONS WHO HAVE NO DISABILITY

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Canada)
Date SignedM.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.

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

THIS SECTION FOR USE IN CANADA—

Examined at.....^{Quebec}.....(Canada)
Date^{10/6/19}..... SignedM.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 Medical Board.)

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

WAR SERVICE BADGE, CLASS "A"
No. 328213 ISSUED

This is to Certify that No. 2678863 (Rank) Riflesman

Name (in full) THIVIERGE, ULRIC enlisted in
the 1st Depot Battalion 2nd Quebec Reg't (259th Detachment Siberia)

CANADIAN EXPEDITIONARY FORCE at Quebec, P.Q. on the 23rd
day of May, 1918.

HE served in CANADA AND SIBERIA
and is now discharged from the service by reason of
R.O. No. 11420 (1c) of "DEMORILIZATION" Part Two Order No. 163.
12-12-18 of 12-6-19

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

Age 22 yrs 4 mos Marks or Scars
Height 5' 3 1/2"
Complexion Fair
Eyes Brown
Hair Brown



U. Thivierge Issuing Officer
J. Dauley Le Maine Rank

Date of Discharge 12-6-19 O.C. Discharge Section P.Q. 5. Appointment
Signed at Quebec, P.Q. this 12th day of June, 1919
in Military District No. 5
File Reference No.

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

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation particulars called for

Special Qualifications of ^{Vatje in} ~~Civil~~ ^{Life} ~~Life~~ back of this cer-
tificate will not be con-
pleted.

Medals and Decorations 1917

Remarks

Signed at this day of 19

You are hereby advised.

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized by the commanding officer.

3.—That wear of uniform is prohibited unless authorized by the commanding officer.

Name of Officer

Rank

Appointment