RP 4-11-18

S

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....1

Compulsory Stoppages.....

Casualty Forms.....1

Proceedings on discharge.....1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....1

M F W 1291

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

2013

R. O. No.....

H. Q. No.....

Name Adams William Vernon

Regt. No. 341055 Rank Corpl

Corps 70th Battery C.F.A. C.E.F.

To enlist in R.F.C.

HQ 54-21-40-28 M Dr

C

H

70th OVERSEAS BATTERY ORIGINAL

ATTESTATION PAPER.

No. 34105

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Adams
1a. What are your Christian names?	William Vernon
1b. What is your present address?	117 S. Archibald St. Fort William
2. In what Town, Township or Parish, and in what Country were you born?	Fort William, Ontario.
3. What is the name of your next-of kin?	John Adams, Sr.
4. What is the address of your next-of-kin?	117 S. Archibald St. Fort William
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	29th March 1897
6. What is your Trade or Calling?	Clerk
7. Are you married?	Single
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? 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.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, W. O. Adams, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

W. O. Adams (Signature of Recruit)

Date ..... 191 H. B. Dawson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, W. V. Adams, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

W. V. Adams (Signature of Recruit)

Date ..... 191 H. B. Dawson (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Port Arthur this ..... day of ..... 191 .

H. B. Dawson (Signature of Justice)
Major 98th Regt

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of Adams William on Enlistment.

Apparent Age 19 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 9 ins.
Chest measurement: Girth when fully expanded	37 ins.
Chest measurement: Range of expansion	3 ins.
Complexion	Fair
Eyes	Blue
Hair	Fair
Religious denominations: Church of England	
Presbyterian	
Methodist	
Baptist or Congregationalist	
Roman Catholic	X
Jewish	
Other denominations (Denomination to be stated.)	

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Small Scar over Right Eye

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Oct 4th 1916.

Place Port Arthur

G M Brown
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

(Signature of Officer)
Lieut.
O.C., 70th Battery, C.F.A., C.E.F.

Date October 26th, 1916.

M. F. W. 129.

20M.—6-17.
1772—39—1142.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

☞ Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank: Corporal Name: A. William Vernon Surname: Adams

Unit or Corps: 70th Battery C.F.A. (If a soldier) Regtl. No. 341055

Born at: Fort William, Ont. on, (date) 29 March 1897

Signature (for identification): W. V. Adams

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight: 157 lbs. Colour of eyes: Blue

Height: 5 ft. 9 in. Identification Marks: Nil

2. NUTRITION AND DIATHESIS?

None

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

No

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

No

5. HEART?

Abnormal Sounds? None

Abnormal Size? No

Pulse Rate? 68 Intermittence or Irregularity? No Muscular Tone? good

6. ARTERIES.—(a) Any hardening or nodulation? No

(b) Blood Pressure. Normal

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

Normal

8. GENITO-URINARY SYSTEM?

Apparently Normal

Urinalysis—S.G.?..... Reaction?..... Albumen?..... Sugar?.....

9. SKIN, MIDDLE EAR, EYE or any other part?

Normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

No

11. Opinion as to the health and physical condition of the one examined?

good

Examined at: Petawawa Camp. Signed: J. S. Clarke Capt. R.A.M.C. M.O.

Date: Sept. 21/17 Signed: W. V. Adams M.O.

.....
Signature note of soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

#341055

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Adams *Christian Name* William

Examined { on 4th day of October 1916 / at Port Arthur

Approved by G W Brown

Birthplace { City or Town Fort William / County Ontario

Rank Major M.O.

Apparent age 19

Trade or occupation Dispatcher (Rly)

Height 5 Feet 9 Inches.

Weight 167 Lbs.

Chest measurement { Minimum 34 inches. / Maximum expansion 3 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. 2 / Number 2.

When Vaccinated last 1911

(*a*) Marks indicating congenital peculiarities or previous disease None

(*b*) Slight defects but not sufficient to cause rejection None

Date.	Fit or Unfit.	Examined for Re-engagement.	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date.	Result.	Vaccinations.	
30/1/17		J B Hanley Lt	M.O.
			M.O.
			M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.	
13.1.17		B Bloomell	M.O.
20/1/17		B Bloomell	M.O.
27/1/17		B Bloomell	M.O.

Enlisted on 4th *day of* October 1916 *at* Ft William

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	70th Bty	341055	Good	4-10-16
Transferred to	Discharged with effect from Sept 22 1917 to enlist in R F C Cadet wing Authority Para 16-1-1-a			

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 Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Adams Christian Name William

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital	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.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				
Toronto	26.10.16										

~~Fill in Only. Unit, Number, Rank and Name.~~

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

70th OVERSEAS BATTERY

Unit, Regiment or Corps

Regimental No. 341055 Rank Gnr Name Adams, William Vernon

Enlisted (a) Oct 21-1916 Terms of Service (a) ~~[illegible]~~ C. E. F. C. C. F. Service reckons from (a) Oct 21-1916

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) Clerk

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				
		Discharged with effect from Sept 22 1917 to enlist in R. F. C. Cadet Wing Authority Pwa 16-1-1-a			

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

ORIGINAL

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F.,1916).

Regimental No. 341055 Rank Corporal Name ADAMS, W.V.

Corps 70th Depot Battery who was* Discharged

On September 22nd 1917, ~~to~~

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from September 1st 1917, to September 22nd 1917, the inclusive date of ~~transfer or~~ discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	10	00
Advances by Cheques } No.			Regt'l Pay 22 days at $ 1.10	24	20
Advances by Cheques } No.			Field Allow. 22 days at $ .10	2	20
Assigned Pay No.			Other Allowances*		
Other Charges* Laundry		60			
Other Charges* AWOL, (2 days)	2	40			
Other Charges* Feild Allowance		10	Other Credits*		
Payment on ~~transfer or~~ discharge No. 1544	33	30			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	36	40	Total	36	40

*Give Particulars.

A monthly stoppage of $ Nil (†) has — — — — — — — (‡) been paid on account of Assigned Pay for the month of — — — — — — — — — 191 to (Assignee) — — — — — — — — — — — — — — —

(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of $ — — — — — has been paid by Paymaster, Military District No. — — — — — —

REMARKS:—

State (1) date of enlistment October 21st 1916.

(2) if married and if a Separation Allowance Card has been submitted Single; No S-A.

(3) cause of discharge and authority To Enlist in Cadet (Pilot) Wing, R.F.C. Letter from AAG Pwa to C.O. "A" Bde of 20-9-17, Pwa. 16-1-1-A.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date September 24th 1917.

Place Petawawa Camp. Ont.

PAYMASTER, DEPOT ARTILLERY BRIGADE CAPTAIN MD#2— *Paymaster*

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

150M.—4-17.
H. Q. 1772-39-903.

ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

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 70TH BATTERY, CFA, CEF.

(2) Regimental Number 341055

(3) Full Name of Soldier ADAMS, WILLIAM

(4) Place of Birth Fort William, Ontario.

(5) Are you married, or not? No

(6) If married, state,
(a) Full name of your wife XX

(b) Present Postal Address XX

(7) Are you a widower? XX

(8) Have you any children? XX

If so, give number of boys and girls XX

Also their names and ages XX

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address John Adams, 117 S. Archibald St., Fort William, Ont.

(10) Is your Mother alive? Yes

If so, state name and address Sarah Adams, 117 S. Archibald St., Fort William, Ontario.

(11) If your Mother is a widow XX

Are you her sole support, or not? XX

(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.

XX

(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.

XX

(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.

XX

(15) Are you insured? No

If so, in what Company? XX

Have you made arrangements for payment of your Insurance premium XX

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

MAJOR

OFFICER COMMANDING 70th BATTERY, C.F.A., O.E.F.

Officer Commanding.

Date January 25th, 1917.

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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....70TH BATTERY, CFA, CEF.

(2) Regimental Number....341055

(3) Full Name of Soldier....ADAMS, WILLIAM

(4) Place of Birth....Fort William, Ontario.

(5) Are you married, or not ?....No

(6) If married, state,
(a) Full name of your wife....xxx

(b) Present Postal Address....xxx

(7) Are you a widower ?....xxx

(8) Have you any children ?....xxx

If so, give number of boys and girls....xxx

Also their names and ages....xxx

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address John Adams, 117 S. Archibald St., Fort William, Ont.

(10) Is your Mother alive? Yes

If so, state name and address Sarah Adams, 117 S. Archibald St., Fort William, Ontario.

(11) If your Mother is a widow xx

Are you her sole support, or not? xx

(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.

xx

(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.

xx

(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.

xx

(15) Are you insured? No

If so, in what Company? xx

Have you made arrangements for payment of your Insurance premium xx

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

MAJOR
Officer Commanding
OFFICER COMMANDING 70th BATTERY, C.F.A., C.E.F.

Date January 25th, 1917.

SURNAME. Adams

CHRISTIAN NAMES William Vernon

REGL. NO. 341055 RANK Gr

UNIT 70th Bty C. F. A.

FORMER CORPS Nil

CARD NO. ✓

S.O.S.D. 22-9-17

FOLL.

54-21-40-28

NEXT OF KIN.

NAMES IN FULL Adams, John, Sr.

RELATIONSHIP TO SOLDIER Father

ADDRESS 117 S. Archibald St., Fort William, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Fort William Ont. DATE Mar 29th 1897

PLACE OF ATTESTATION Port Arthur, Ont. DATE Oct 21st, 1916.

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Clerk RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 19 YEARS 5 MONTHS

HEIGHT 5 FEET 9 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Blue HAIR Fair

DISTINGUISHING MARKS Small scar over right eye

MEDICAL EXAMINATION. PLACE Port Arthur, Ont DATE Oct 4th 1916

Present address 117 S Archibald St.,
Fort William, Ont.

No 341055 RANK Pte Bomb. Lpl. NAME Adams. William Vernon

T. O. S. 21-10-16. UNIT 70 ~~th~~ Battery C. F. A. Depot.
20163 of 6-11-16.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
Oct. 21	Nov. 30	✓		
Dec.		✓		
1917	1917			
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr.		"		
May		"	Prom ~~Prov~~. Bomb. 21-5-17	20138 of 18-5-17.
June		✓	Prom Lpl 12-6-17.	20165 of 14-6-17.
July		"		
Aug		"	a/c R.	20220 of 8-8-17
Sept. 1	Sept 22	✓	Dischgd. 22-9-17. to enlist in R. F. C.	20265 of 22-9-17.

a/c closed by payment S.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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.

This space to be for numbers.

Proceedings on Discharge.

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

No. 341055

Rank Corporal

Name Adams, William Vernon

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 70th Battery, CFA., CEF.

Date of Discharge September 22nd, 1917.

Place of Discharge Petawawa Camp, Ontario.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 20 years 6 months.
Height 5 feet 9 inches.
Complexion Fair
Eyes Blue
Hair Fair
Trade Clerk
Intended place of residence (To be given as fully as practicable.) 117 S.Archibald St. Fort William, Ont.

Descriptive Marks

Small scar over right eye.

2. The above-named man is discharged in consequence of

Authority letter from AAG. Pwa. to C.O."A" Brigade, 19-9-17, Pwa.16-1-1-A. Special case to enlist in Cadet (Pilot) Wing Royal Flying Corps.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Clerk

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Petawawa Camp, Ont. .....

(Date) Sept. 22nd, 1917. ..... *Commanding* .....

THE OFFICER COMMANDING 70th OVERSEAS BATTERY

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 demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Petawawa Camp, Ont. ..... (*Signature of Soldier.*)

(Date) Sept. 22nd, 1917. ..... (*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 discharge on 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.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) 11 years mos 2 days.

Total 11 years mos 2 days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Petawawa Camp, Ont. .....

(*Signature*) .....

(Date) Sept. 22nd, 1917. .....

TORONTO ARTILLERY DISTRICT

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.)

N I L

(OVER)