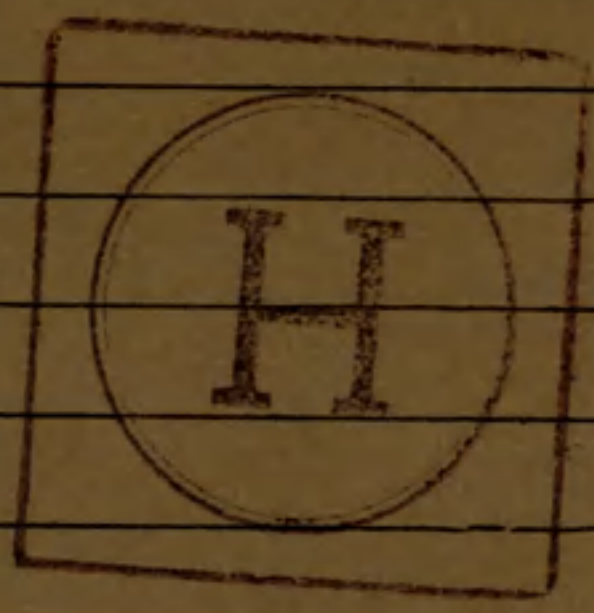
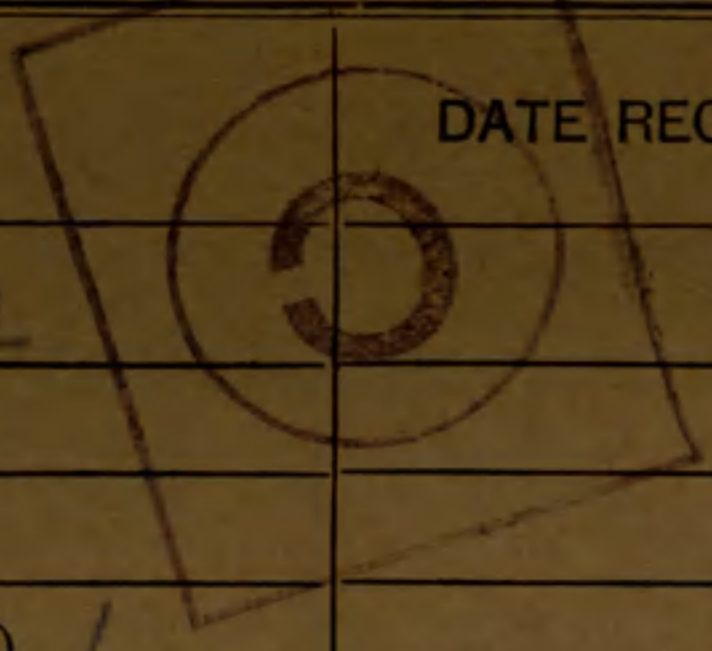
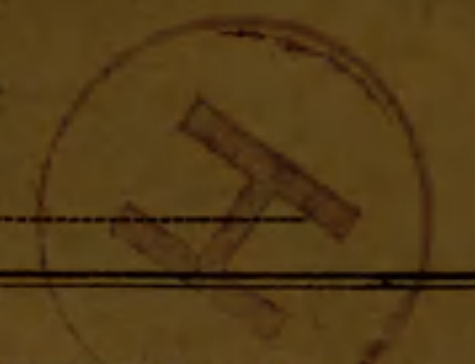


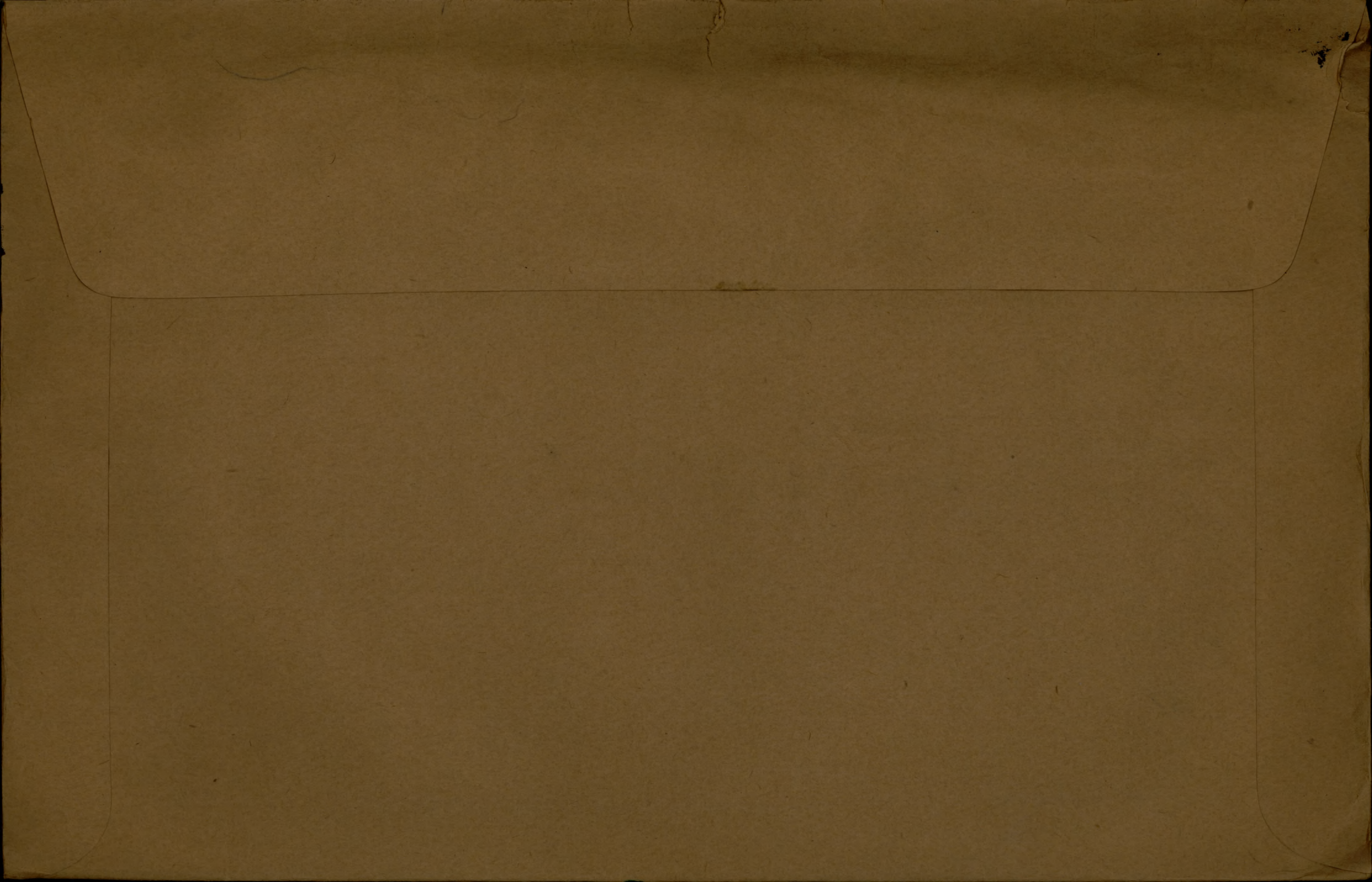
REGIMENTAL DOCUMENTS

NAME Addyman, William, Robert, Frank REGT. NO. 1284397 UNIT #4 CASC Coy. Q. FILE NO. 2291

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10/10/19



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 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)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demol.</i>
1 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)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1 LAST PAY CERTIFICATE (M.F.W. 44)					
2 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>Joy sheets</i>					



ATTESTATION PAPER.

No. 1284397

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Addyman,
- 1a. What are your Christian names?..... William Robert Frank.
- 1b. What is your present address?..... 6417 St. Denis Street, Montreal.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Montreal, P.Q.
- 3. What is the name of your next-of-kin?..... Mr. F. Addyman,
- 4. What is the address of your next-of-kin?..... 6417 St. Denis Street, Montreal,
- 4a. What is the relationship of your next-of-kin?..... Father.
- 5. What is the date of your birth?..... December 30th, 1900.
- 6. What is your Trade or Calling?..... Chauffeur.
- 7. Are you married?..... No.
- 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?..... ^{mauler} ~~W.A.~~ MoH.B., CA. from 7/3/1916 to disbandment. ~~W.A.~~
If so, state particulars of former Service.
- 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.
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No.
- 14. If so, what was the nature of the disability? Not applicable.
- 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?..... Not applicable.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Wm. Robert Frank Addyman, 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.

Wm. Addyman (Signature of Recruit)

Date APR 11 1919 191 . Josephine O'Reilly (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Wm. Robert Frank Addyman, 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.

Wm. Addyman (Signature of Recruit)

Date APR 11 1919 191 . Josephine O'Reilly (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 MONTREAL this 11 day of April 1919.

Wm. O'Shea Captain (Signature of Justice)
U. 1/c Mechanical Transport N. D. No. 4

D.O. PT. II NO. 101
11-12-19

Description of ADDYMAN, William Robert Frank. on Enlistment.

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

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).

Height.....5 ft. 7 ins.

Chest measurement { Girth when fully expanded.....39 ins.
 Range of expansion.....3 ins.

Complexion.....Medium.

Eyes.....Grey.

Hair.....Brown.

Religious denominations. { Church of England.....
 Presbyterian.....Yes.
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....
 Jewish.....
 Other denominations.....
(Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the 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.....11 April.....1919.

Place.....Summit Road

Philip A. Schmitt Capt
 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 Robert Frank Addyman,.....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.

A. S. Dods Capt. & Adit......(Signature of Officer)
No. 4, C, A, S, C., Service Company

Date.....APR 11 1919.....1919

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 1234397 (Rank) Driver.

Name (in full) ADDYMAN, William, Robert, Frank. enlisted in

the #4.C.A.S.C. Service Company. MD.4.

CANADIAN EXPEDITIONARY FORCE at Montreal, P.Q. on the 11th

day of April. 19 19

HE served in Canada-Only.

and is now discharged from the service by reason of Demobilization.

Routine Order No.1420.

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

Age 19 Years.

Height 5 ft. 7 ins.

Complexion Medium.

Eyes Grey,

Hair Brown.

Atty. Man.
Signature of Soldier

Marks or Scars

Issuing Officer

Colonel.
Rank

Date of Discharge Sept. 30th 1919.

OC. #4.C.A.S.C. Service Company. MD.4.
Appointment

Signed at Montreal, P.Q. this 30th day of September 1919.

in Military District No. four.

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

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44
154 (D.P.) 150M-2-19.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 1284397 Rank Pte. Name Addyman, W.R.F.
(Surname first)
Unit C.A.S.C. who was* Discharged
On 30/9/19 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/9/19 to 30/9/19 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		
Regimental Pay..... <u>30</u> days at \$..... <u>1</u> c. <u>00</u>		<u>30</u> <u>00</u>
Field Allowance..... <u>30</u> days at \$..... c. <u>10</u>		<u>3</u> <u>00</u>
Separation Allowance		<u>35</u> <u>00</u>
Clothing Allowance		
Post Discharge Pay		
*Other Credits <u>Subs 30 days at 80¢</u>		<u>24</u> <u>00</u>
<u>W. pay from 11/4/19 to 30/9/19-175 d. at 50¢</u>		<u>86</u> <u>50</u>
Advances <u>ChNo. 483</u>	<u>30</u> <u>00</u>	
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges <u>QM. Charges</u>	<u>9</u> <u>40</u>	
	<u>86</u> <u>50</u>	
Balance on transfer or on discharge, cheque No. <u>559 27.00 ChNo. 608 25.60 #609</u>	<u>52</u> <u>50</u>	
Total.....	<u>178</u> <u>50</u>	<u>178</u> <u>50</u>

*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of
Assigned Pay for the month of Nil 191..... }
and Separation Allee. for 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... 11/4/19 married or single Single
(2) Separation Allowance, entitled or not... Not (3) Reason for discharge... Gen Demobilization
(4) Authority for discharge or transfer... R.O. 1420 12/12/18

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer, or soldier.

Date 3rd of October 1919

Place Montreal.

Robert Welch
Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
- (B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
- (C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
- (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

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.

No. 1284397 Rank Pt6 Surname ADDYMAN
 (Give name in full)
William Robert Frank
 Unit or Corps C.H.S. 6 Birthplace Montreal, Que.

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

1. GENERAL DESCRIPTION:

Physique good Weight 150 lbs. Height 5 7 ft. Color of Eyes Grayish blue
 Nutrition good
 Pulse 72
 Condition of arteries good
 Vision Rt. 20/20 Left 20/30
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 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 No Genito Urinary System No Cardio-Vascular System No
 Special Senses No Integumentary System No Respiratory System No
 Disturbance of mentality No Muscular System No Digestive System No
 Osseous and Joint System No Any other general condition No

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.

EXAMINATIONS.

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.....(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.

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.)

MEDICAL HISTORY SHEET.

1. Surname Addyman Christian name William Robert Frank.
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street and number if any) 6417 St. Denis Street, Montreal, Que.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 10 day of April 1917, by the undersigned medical board sitting at Montreal

5. Age as stated 19 Years 7 Months. 6. Apparent age Years Month
 7. Height 5 Feet 7 Inches. 8. Weight 140 Pounds.
 9. Chest measurement { Minimum 34 Ins. 10. Complexion medium Eyes grey
 { Maximum 37 Ins. { Hair Brown
 11. Physical development good { Good Fair Poor 12. Smallpox marks
 13. Number of vaccination marks { Right arm 14. When vaccinated last child
 { Left arm me

15. Distinctive marks and marks indicating congenital peculiarities or previous disease
 16. Slight defects but not sufficient to cause rejection
 The man denies having had { Rheumatism, Epilepsy, We find no evidence of past { Rheumatism, Epilepsy, Syphilis, Syphilis, Tuberculosis, Nervous or Mental disorder, Asthma, Tuberculosis, Nervous or Mental disorder, Asthma
 (Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

17. (a) Vision. R. 20 L. 30
 (b) Hearing. R. OK L. OK
Malcolm Capr President.
Philip A. ... Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25/6/19</u>		<u>[Signature]</u> M. O.	<u>25/6/19</u>		<u>[Signature]</u> M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined 11th day of April 1919 at MONTREAL

STATION	DATE	DISEASE	RESULT
Joined on enlistment		<u>No. 4. C.A.S.C. SERVICE COMPANY M. D. No. 4</u>	<u>11/4/19.</u>
Transferred to.....			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STANDING MEDICAL BOARD
 M. D. No. 4,
 MONTREAL.
 SEP 30 1919

fit for service
[Signature]

Signature of Man

If raised in category, record category in a square. The M. O. will initial and date.

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103:

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps **No. 4. C.A.S.C. SERVICE COMPANY M. D. No. 4**

Regimental No. **1384397** Rank **Pte** Name **ADDYMAN, ROBERT FRANK**
C. E. F.

Enlisted (a) **11/4/19** Terms of Service (a) **6 & 3** Service reckons from (a) **11/4/1919**

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)

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				
11-4-19	CASC.	T.O.S. of #4.CASC. S.C. MD.4.		11-4-19	Pt. 2. Ord. 101 d/1919.
30-9-19	do.	S.O.S. on demobilization.	Montreal.	30-9-19	do. 273 do.

Admiral K. H. K. K.
 Colonel.
 #4.CASC. Service Company. MD.4.

(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. [P.T.O.]

Cavalry Form A-36

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				

REMARKS:

H Q.

M. D. No. 4

4

Surname....

Addyman

T. O. S.

Cyber #1-1919

Christian names....

W. R. F.

D. O. Pt.

101 of 11-4-19

Regt. No.

1284397

Rank

Pte.

S. O. S.

Dis 30-9-19

Unit #....

4 C.A.S. Coy

Reason

Dis

Auth.

*20271-2749 Sept 28 - 6 Oct 2 1919
H. C. A. S. Coy*

N^o of Kin.

Relations ip

Address

Also notif.

BORN-Place

ate

ATTESTED-Place

Late

O/S

R/C

Approved

20271-19

NAME *Corderoy, Wm*

RANK & No. *Pte.*

434078.

CORPS *50th (2nd R. D.)*

Batt

ENLISTMENT, PLACE *Calgary*

DATE *Dec 30th 1914. "S"*

FORMER CORPS *Nil*

COUNTRY OF BIRTH *England Reading*

NEXT OF KIN *Corderoy, G.*

(Father)

ADDRESS OF NEXT OF KIN *No 2, Denison St, Reading, Eng.*

DISCHARGE, PLACE

DATE

AUDITOR *OK* PAYMASTER *OK*

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S.

REGT. No. 1284397

RANK Pte

NAME (IN FULL) ADDYMAN, W.R.F.

7/10 Aug

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. No 4 Det C.A.S.C Service Company	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS		T.O.S. Subsistence <i>Working pay 50%</i>	11-4-19	D.O. 101	PLACE OF ATTESTATION <i>Montreal</i>	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION <i>11-4-1919</i>	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED <i>Montreal</i>	PLACE DATE <i>30/9/19</i>	REASON <i>Gen. Demobilization</i>
							AUTHORITY <i>10/14/20</i>
							IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.			OTHER CREDITS		TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS						
	NO. OF DAYS	RATE	AMOUNT	\$	C.		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					\$	C.		\$	C.	\$	C.	\$	C.
April	20	1 ¹⁰	22.00	16.00																	Subsistence				
May	31	1 ¹⁰	34.10	24.80																	Subsistence				
June	30	1 ¹⁰	33.00	24.00																	Subsistence				
July	31	1 ¹⁰	34.10	24.80																	Subsistence				
Augt	31	1 ¹⁰	34.10	24.80																	Subsistence				
Sept	30	1 ¹⁰	33.00	24.00																	Subsistence				
				35.00																					
				86.50																					

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B-263
 Squadron }
 Battery } Conduct Sheet, B-263a
 Company }
 or
 Field Conduct Sheet " W. 178
~~Copies of Convictions, by C.P. in MS.~~
 Med. Hist. Sheet, Militia form B. 313
 Casualty Form " W. 54
 Medical Report for Invalids " B. 227
 Dental History Sheet " B. 465
 Last Pay Certificate " W. 44
 Duplicate Discharge Certificate " W. 39A
 †Form of Will " W. 82
 §Only if discharged "Medically unfit."
 ‡Only if man has not been overseas.

Attestation Paper Militia Form W. 23
 or
 Particulars of Recruit " W. 133
 Proceedings on Discharge " B. 218

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

- (a) Proceedings on Discharge
 (b) Attestation.
 (c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

~~Colonel.~~
 Officer Commanding.
~~#4.C.A.S.C. Service Company. M.D.4.~~

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.	1284397.
Rank	Driver.
Surname	ADDYMAN.
Christian name	William, Robert, Frank.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	#4.C.A.S.C. Service Company. M.D.4.
Date of discharge	September 30th 1919.
Place of discharge	Montreal. P.Q.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 19 years 6 months.	Descriptive marks
Height 5 feet 7 inches.	
Complexion Medium.	
Eyes Grey.	
Hair Brown.	
Trade Chauffeur.	
Intended place of residence	6417 St. Denis Street. Montreal. P.Q.
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
Demobilization.	
Authority for discharge Routine Order No. 1420.	
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.	
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 soldiers and the Officer-Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

200M.—5-18.
 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.....

Nil.

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) Montreal. P.Q.

(Date) Sept. 30th-1919.

Colonel. Commanding #4. CASC. Ser. Coy. M.D.4.

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, and that I have received my permanent discharge certificate.

(Place) Montreal. P.Q.

(Date) Sept. 30th-1919.

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.

1284397. Driver.

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years 173 days.

Total.....years 173 days.

11. Confirmation of Discharge.

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

(Place) Montreal. P.Q.

(Date) Sept. 30th 1919.

Colonel. #4. CASC. Ser. Coy. M.D.4.

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.)

1284397. Driver.

Witness... Sergt. MM.