REGIMENTAL DOCUMENTS

NAME ANDERSON. Samuel James REGT. No. 636108 UNIT 155th Battn H. Q. FILE No.

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W. 2589
25M.—1-23
1772-39-1377

Recruit

155th OVERSEAS BATTALION, C.E.F.

Original
636108

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Anderson
1a. What are your Christian names? ..... Samuel James.
1b. What is your present address? ..... Trenton, Ont.
2. In what Town, Township or Parish, and in what Country were you born? ..... Trenton, Ont.
3. What is the name of your next-of kin? ..... Mrs Jennie Anderson,
4. What is the address of your next-of-kin? ..... Ferry St., Trenton, Ont.
4a. What is the relationship of your next-of-kin? ..... Mother.
5. What is the date of your birth? ..... March, 27th, 1895.
6. What is your Trade or Calling? ..... Machinist
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? If so, state particulars of former Service. ..... 8th Canadian Mounted Rifles Peterboro & Ottawa
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, Samuel James Anderson, 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.

Samuel James Anderson (Signature of Recruit)

Date December 27 1915. A. B. Sandford Lieut. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Samuel James Anderson, 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.

Samuel James Anderson (Signature of Recruit)

Date December 27 1915. A. B. Sandford Lieut. (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 Belleville this 27th day of December 1915.

W. H. Paulin (Signature of Justice)

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

Description of Samuel Jas. Anderson on Enlistment.

Apparent Age 20 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 9¼ ins.

Chest measurement. Girth when fully expanded ..... 39 ins.
Range of expansion ..... 4 ins.

Complexion Fair

Eyes Blue

Hair Light

Religious denominations.
- Church of England yes
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- 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).

Scar between thumb and forefinger of left hand

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 Dec 27 1915 — A E Mulvill
Place Belleville — Major
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.

Samuel James Anderson, 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.

W. K. Adams Lieut. Col (Signature of Officer)
Commanding 155th Overseas Battalion.

Date Dec. 27th, 1915.

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Samuel James Anderson.
2. In what Town, Township or Parish, and in what Country were you born? ..... Toronto Ont.
3. What is the name of your next-of-kin? ..... S. J. Anderson (father).
4. What is the address of your next-of-kin? ..... Toronto. Ont.
5. What is the date of your birth? ..... Mar 27 – 1894
6. What is your Trade or Calling? ..... Machinist
7. Are you married? ..... No.
8. **Are you willing to be vaccinated or re-vaccinated?** ..... Yes.
9. Do you now belong to the Active Militia? ..... No.
10. Have you ever served in any Military Force? .. 48th Regt – 5 years.
    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.

S. J. Anderson ..... (Signature of Man).

S. Sheath ..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Samuel James Anderson, do solemnly declare that the above answers made by me to the above questions 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.

S. J. Anderson ..... (Signature of Recruit)

Date ..... 191 . S. Sheath ..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Samuel James Anderson, 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.

S. J. Anderson ..... (Signature of Recruit)

Date ..... S. Sheath ..... (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 ..... this ..... day of ..... 191 .

..... (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

..... (Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841.

Description of Samuel James Anderson on Enlistment.

Apparent Age 21 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10 ins.

Chest measurement: Girth when fully expanded 39 ins.; Range of expansion 4 ins.

Complexion fair

Eyes brown

Hair brown

Religious denominations:
- Church of England ×
- Presbyterian
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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).

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 25th March 1915 — G. E. Clemenhagen

Place Ottawa Ont — Captain A.M.C.

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.

Samuel James Anderson 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)

Date 191 .

Recruit

155th OVERSEAS BATTALION, C.E.F.

636108

MEDICAL HISTORY SHEET.

Surname Anderson *Christian Name* Samuel James

Examined { on 27th day of December 1915 / at Belleville

Birthplace { City or Town Trenton / County Hastings

Apparent age 21

Trade or occupation Machinist

Height 5 Feet 9 1/4 Inches.

Weight 175 Lbs.

Chest measurement { Minimum 35 inches. / Maximum expansion 39 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left. / Number

When Vaccinated last 7 mths ago

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

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

Approved by A. E. Snowball

Rank Major M.O.

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.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 27 *day of* December 1915 *at* Belleville

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	155th Batt	636108		27/12/15
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Barriefield Camp	Sept 6th 1916	Hernia left side	Recommended for discharge

Captain, A.M.C.

D/ A.D.M.S. Mil. District No. 3

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.

100M.—1-15.
H. Q. 1772-39-439.

Surname Anderson Christian Name Samuel James

9-16-1916

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				

MO Card C.R 482

MEDICAL HISTORY SHEET.

Surname Anderson *Christian Name* Samuel

Examined { on 11th day of March 1915
at Ottawa Ont.

Birthplace { City or Town Trenton
County Hastings

Apparent age 21

Trade or occupation Machinist

Height 5 Feet 10 Inches.

Weight 185 Lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 39 inches.

Physical development

Small-Pox Marks none

Vaccination Marks { Arm Right. Left. 1
Number 1

When Vaccinated last Feb 1915

(*a*) Marks indicating congenital peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

Approved by

Rank M.O.

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.
16 Feb/15		Capt G G Memberry same
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
13 Jan/15	2nd	Capt G G Memberry same.
		M.O.
5 Feb/15		Capt G G Memberry same.
		M.O.
		M.O.

Enlisted on 9 *day of* January 1915 *at* Peterboro. Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment		636108		
Transferred to..				

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.

100M.—1-15.
H. Q. 1772-39-439.

Surname..... Christian Name.....

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				

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.

Unit, Regiment or Corps 155th OVERSEAS BATTALION, C.E.F.

Regimental No. 636108 Rank Pte Name Samuel James Anderson

C. E. F.

Enlisted (a) 27/2/15 Terms of Service (a) Duration of war Service reckons from (a) 27/12/15

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) Machinist

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				

(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				

No. 636108 RANK Pte. NAME Anderson S. J.

T. O. S. 27-12-15 UNIT 155th Battalion C.E.F.
D.O. 20 of 28-12-15

M. D. 3

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec. 27	1915 Dec. 31	✓		
1916 Jan.	1916	✓	attending O. S. J. Kingston	Jan. Paylist.
Feb.		✓	Prom. Sergt. 19-1-16	D.O. 48 of 29-1-16.
Mar.		✓	Returned from P.S.J.	Mar. Paylist.
Apr.		✓		
May		✓		
June		✓	Reduced to Ranks 31-5-16	DO 158 of 5-6-16
July		✓	To be sergt. Maj 1-6-16.	DO 162 of 9-6-16
August		✓		
Sept 1	Sept 11	✓	Discharged 11-9-16	DO 256 of 11-9-16

A/c closed by charges. ✓

UNIT SAILED
OCT 17 1916

649-a-1756.

S.O.S. Div.
11-9-16. 3.

SURNAME. Anderson

CHRISTIAN NAMES Samuel, James

REGL. No. 636108 RANK Pte

UNIT 155th Batt.

FORMER CORPS 8th Can. Mounted Rifles

NEXT OF KIN.

NAMES IN FULL Anderson, Mrs. Jennie

RELATIONSHIP TO SOLDIER mother

ADDRESS Perry St.
Trenton, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Trenton, Ont. DATE

PLACE OF ATTESTATION Belleville DATE Dec. 27th 1915

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

No. 341263 RANK Pte NAME Anderson Samuel T

T. O. S. UNIT 70th Depot Battery C. F.A.

Transfd from T.M.C. 15-5-17
no 143 of 23-5-17.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1917	1917.			
May 15	May 31	u.		
June		u		
July		u		
Aug		u.		
Sept		u.		
Oct		u.		
Nov.		✓		
Dec.		✓		
1918	1918			
Jan.		✓	a.w.L.	Jan paylist
Feb.		✓	From Bomb 1-1-18 transfd o/o	no 35 of 4-2-18 Feb paylist

d 76-16/9/16

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. }

Administrative Medical Officer.

Militia Form B. 227.
150 m—5-16.
H. Q. 1772—39—117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids.

MEDICAL HISTORY OF AN INVALID.

ORIGINAL

Military District No. 8 (a) 1st
DEPT. MILITIA & DEFENCE SEP 8 1916
SEP 15 1916
H.Q. 649A-1756
CANADA

1. Station. Barriefield Camp.
2. Regiment or Corps. 155th.Battn,C.E.F.
3. Regimental No. and Rank. Pte. #636108.
4. Name. Samuel James Anderson.
5. Age last Birthday. 21.
6. Enlisted on December 27th/15. at Belleville.
7. Former Trade or Occupation. Machinist. Date. Sept. 6th/16.
8. General remarks on his :—
   (a) Conduct.
   (b) Habits.
   (c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

9. Service. Years. Days.

	PERIODS. From.	To.
155th.Battalion,C.E.F.	27/12/15.	6/9/16.

10. (a) Disease or disability. Left sided inguinal hernia.
    (b) Date of origin. Prior to enlistment.
    (c) Place of origin. Unknown.
    (d) Cause. Unknown.

11. Present Condition. (Most Important).
(To include full description of present disabling condition or conditions.)

Large bulging tumour in left scrotum; impulse on coughing. Causes pain on heavy drill.

12. (a) Is the disability the result of service or climate? No.
    (b) Has it been aggravated by intemperance, vice or misconduct? No.

M. F. B. 227.
150 M—5-16.
1772-39-117.

Carded 19-9-16 M.B.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.) Left Inguinal Hernia.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held? ******

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise. *****

14. Treatment None.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? None.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes? Permanent unless operationis performed.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. Same as prior to enlistment.

18. State if for discharge on account of unfitness for Service. Yes.

W H Hicks
Medical Officer by whom the case is brought forward.
Capt.A.M.C.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18 Is he unfit for Military Service. Yes.

Recommendations:

On account of large reducible inguinal hernia left side, we recommend this man for immediate discharge.

Signatures :— [signature] Capt.A.M.C. President.

[signature] Capt.A.M.C. } Members.

Station. Kingston, Ont.

Date. Sept. 6th/16. W H Hicks Capt.A.M.C.

Date. Sept. 6th/16. [signature] Captain, A.M.C. Lt-Col.A.M.C.
D/ A.D.M.S. Mil. District No. 3
For A.D.M.S. Mil. District No. 3
Asst. Director of Medical Services.
M.D. NO.3.

Approved.

Date. 18.9.16 Oscar H. Cannon Capt for
Director-General of Medical Services.

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.

H

Proceedings on Discharge.

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

No.	636108
Rank	Sergeant
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	Samuel James Anderson
Corps (Squadron, Battery or Company)	155th Battalion, C. E. F.
Date of Discharge	11/9/16.
Place of Discharge	Barriefield Camp, Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 21 years 6 months.
Height 5 feet 9¼ inches.
Complexion Fair
Eyes Blue
Hair Light
Trade Machinist
Intended place of residence (To be given as fully as practicable.) Trenton, Ont.

Descriptive Marks

Scar between thumb and forefinger of left hand.

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

Authority is A. A. G's letter 9/9/16. File M.D.3, 44-A-48

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.

G O O D

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.)

Machinist

M. F. B. 218.
100m.—6-16.
H. Q. 1772-39-113

(OVER)

Carded 22-9-16 [illegible]

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

N I L

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

6. Medals and Decorations ..... N I L

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) Barriefield Camp, Ont., M. K. Adams
Lt. Col.

(Date) Sept. 11, 1916. *Commanding* 155th Battalion, C. E. F.

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) Barriefield Camp, Ont. J J Anderson ..... (*Signature of Soldier.*)

(Date) Sept. 11, 1916. E G Farrow ..... (*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.

..... N I L ..... (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to Sept. 11, 1916 (the date to which the Record of Service is completed) xx years 166 days.

Total xx years 166 days.

11. **Confirmation of Discharge.**

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

(Place) Barriefield Camp, Ont.,

(Date) Sept. 11, 1916. (*Signature*) M. K. Adams Lt. Col.
O. C. 155th Battalion, C. E. F.

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

J J Anderson ..... Signature

E G Farrow ..... Witness

(OVER)