REGIMENTAL DOCUMENTS

5493

NAME Barber Norman Pte. REGT. NO. 259988 UNIT 5th Bn C.G.R. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 56)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1	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)					Demob^n
3	MEDICAL EXAMINATION (M.F.W. 129)					
1	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)					
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2	LAST PAY CERTIFICATE (M.F.W. 44)					
1	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)					
1	M. F. W. 71					
2	B. P.C 167					

W. 2589
100M-11-18
1772-39-1377

12 M. D. Depot Battalion 1st Depot Battn. Sask. Regt. Regiment

Regtl. No. 259988

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

ORIGINAL

(Class 1)

1. Surname: Barber,
2. Christian name: Norman,
3. Present address: Kronau, Sask,
4. Military Service Act letter and number: C 461312,
5. Date of birth: Dec 15 - 1894
6. Place of birth (town, township or county and country): Regina, Sask,
7. Married, widower or single: Single,
8. Religion: Church of England
9. Trade or calling: Farmer,
10. Name of next-of-kin: Mary Barber,
11. Relationship of next-of-kin: Mother,
12. Address of next-of-kin: Kronau, P.O. Box 12 Sask.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: None
15. Medical Examination under Military Service Act:—

(a) Place Regina (b) Date Oct 12-17 (c) Category A 2

DECLARATION OF RECRUIT

I, Norman Barber, do solemnly declare that the above particulars refer to me, and are true.

Norman Barber (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 23 yrs. 4 mths.

Height 5 ft. 8 ins.

Chest measurement: fully expanded 38 ins.; range of expansion 3 ins.

Complexion Dark

Eyes Blue

Hair Brown

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

E. McWilliams Capt. & Adjt.

for O. C. 1st Depot Battn. Sask. Regt.

Regt.

Place Regina Sask Date May 7/18.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 259988 (Rank) Private

Name (in full) Barber Norman enlisted in

the 1st Depot Battali on Sask Regt.

CANADIAN EXPEDITIONARY FORCE at Regina Sask. on the 7th

day of May 19 18

HE served in Canada only.

and is now discharged from the service by reason of Demobilization R.O. ~~1328~~ 1420

para e D.O. Part II No 234 of 14-12-18

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

Age	24	Marks or Scars	
Height	5-------8		
Complexion	Dark		none
Eyes	Blue		
Hair	Brown		

N. Barber
Signature of Soldier

N Harris Capt
Issuing Officer
for O. C.
Rank
5th Battalion C.G.R.
Appointment

Date of Discharge Dec. 17th 1918

Signed at Quebec P.Q. this 17th day of December 19 18

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 259988 (Rank) Private Name Barber Norman

Unit 5th Battalion C.O.R.

Address on Discharge Kronau P.O. Sask.

Character and Conduct

Former Occupation Farmer

Special Qualifications of Value in Civil Life Fearmer

Medals and Decorations none

Remarks service in Canada.

Signed at Quebec P.Q. this 17th day of December 19 18

A Harrison Capt

Name of Officer

for O. C.

Rank

5th Battalion C.O.R.

Appointment

OCT 17 1917

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Parker Christian name Parmen

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule C461312

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Okanese Sask

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 17 day of October 1917, by the undersigned medical board sitting at Regina.

5. Age as stated 22 Years 10 Months. 6. Apparent age 22 Years 10 Months

7. Height 5' Feet 8 Inches. 8. Weight 154 Pounds.

9. Chest measurement { Minimum 35 Ins. / Maximum 38 Ins. } 10. Complexion Dark { Eyes Blue / Hair Brown }

11. Physical development Good. { Good / Fair / Poor } 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm / Left arm One } 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease —

16. Slight defects but not sufficient to cause rejection Rye 80. – R. – 80.

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(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 A2

Capt. President. Capt. Member. Capt. Member.

Signature of Man A. Parker

Old. to Subsidiary No. 6

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
8/5/18		Denis Lemieux M.O.	8/5/18	+	Denis Lemieux M.O.
		M.O.	25/5/18	+	M.O.
		M.O.			M.O.

Joined 7 day of May 1918 at A Regina

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depôt	259988		7/5/18
Transferred to	Batt			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Regina	9-8-18	Appendicitis	C. Chas Clark Capt
Vale. Camp	26-8-18	do	C. Leon Kierstejnjn Capt

N. B.—This sheet is 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.

Surname Barber Christian Name Norman

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				

M.F.B. 465
2-16M 1-17
1772-39 950

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 12.

No. 259988

NAME OF SOLDIER Barber N.

REGIMENT 1st. Depot Batt. Sask. Reg. RANK Pte.

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.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	1918 May 9		V 30																		Capt. J. Robertson	12	Cav 1/6

MILITARY SERVICE ACT, 1917. Reg # 259988

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Barber Christian name Norman

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule C 461312

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Kronan Sask

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 12th day of October 1917, by the undersigned medical board sitting at Regina Sask.

5. Age as stated 22 Years 10 Months. 6. Apparent age 22 Years 10 Months

7. Height 5 Feet 8 Inches. 8. Weight 154 Pounds.

9. Chest measurement { Minimum 35 Ins. Maximum 38 Ins. } 10. Complexion Dark { Eyes Blue Hair Brown }

11. Physical development Good { Good / Fair / Poor } 12. Smallpox marks

13. Number of vaccination marks { Right arm / Left arm One } 14. When vaccinated last Childhood

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

(Certified to be true copy.) Denis Sweeny Capt.

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(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 A2

17.
(a) Vision R. R. 80 L. R. 80
(b) Hearing. R. L.

Hugh MacLean Capt. President.

D. A. Dakin Capt. Member. F. J. Elles. Capt. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
8/5/18		Denis Sweeny M.O.	8/5/18	+	Denis Sweeny M.O.
		M.O.	25/5/18	+	M.O.
		M.O.			M.O.

Joined 7 day of May 1918 at Regina

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot	259988		7/5/18
Transferred to	Batt.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Regina.	9-7-18	Defective Vision	C1 Chest & Cap
Valcartier Camp	26-8-18	Do	C1 = hernia bilateral inguinal
Quebec	13-12-18	Defective Vision	C.T. R.U.B.

N. B.—This sheet is 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.
300M.—10-17.
1772-39-439.

Joseph Desjardins Capt.

Signature of Man Norman Barber

1 Coy

Surname Barber Christian Name Norman

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				

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. 259988 Rank Pte Name Barber N.

Corps "F" Coy 5th. Battn. C.C.R. who was* Discharged

On 17-12-18 191...., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-12-18 191.... to 17-12-18 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	27	75
Advances by Cheques: No. 9255	17	75	Regt'l. Pay 17 days at $ 1.00	17	00
Advances by Cheques: No.			Field Allow. 17 days at $ .10	1	70
Assigned Pay and Sep'n Allce. No.			Separation Allowance* (Monthly)		
Other charges Cap Badge		20	Other Allowances* Clothing	35	00
Payment on transfer or discharge No 9605	62	50	Other Credits*		
Bal. Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	81	45	Total	81	45

*Give particulars.

A monthly stoppage of $..... (†) has..... (‡) been paid paid on account of Assigned Pay for the month of NIL 191... and Sep'n Allce. 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.

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

REMARKS:—

State (1) date of enlistment 7-5-18

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge ..... authority R.O. 1328

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 17-12-18

FGB. Place Quebec P.Q.

J. E. Purcell Lieut.
5th. Batalion C.C.R. *Paymaster.*

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

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

If a man on discharge is entitled to three months Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

M. F. W. 129.
100m.—6-18.
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: Pte. Name: Norman Surname: Barber

Unit of Corps: 5th C. G. R. (If a soldier) Regtl. No. 259980

Born at: Regina, Can. on, (date) Dec. 15th, 1894

Signature (for identification)

The examination is to be made by one Medical Officer.

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

Weight: 154 lbs.

Height: 5 ft. 8 in.

Colour of eyes: Blue.

Identification Marks, Scars, etc.: Vac. Mark. L. arm.

2. NUTRITION AND DIATHESIS?

O. K.

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 ? 90. Intermittence or irregularity ? None. Muscular Tone ? O. K.

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

(b) Blood Pressure. O. K.

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

O. K.

8. GENITO-URINARY SYSTEM ?

O. K.

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

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

Vision:

Rt. Eye Defective.

L. Eye

Hearing:

Rt. Ear O. K.

L. Ear O. K.

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

11. Opinion as to the health and physical condition of the one examined ? O. K. except as above state 8.

Examined at Quebec. Signed R. W. Brewis. Capt. M. O.

Date 13-12-18.

N. Barber
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 must be sent at once to the O. C. concerned and the Officer or Soldier brought before a Medical Board.

M. F. W. 129.
100m.—6-18.
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..... Name..... Surname.....

Unit of Corps..... (If a soldier) Regtl. No.....

Born at.....on, (date).....

Signature (for identification).....

The examination is to be made by one Medical Officer.

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

Weight

.....lbs.

Height

.....ft. .....in.

Colour of eyes

.....

Identification Marks, Scars, etc.

.....

2. NUTRITION AND DIATHESIS?

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?

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

5. HEART ?

Abnormal Sounds ?

Abnormal Size ?

Pulse Rate ? Intermittence or irregularity ? Muscular Tone ?

6. ARTERIES.—(a) Any hardening or nodulation ?

(b) Blood Pressure.

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

8. GENITO-URINARY SYSTEM ?

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

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

Vision : Hearing :

Rt. Eye..... Rt. Ear.....

L. Eye..... L. Ear.....

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

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

Examined at Quebec Signed R. M. Brems. Capt. M. O.

Date 13-12-18. N. Barber

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 must be sent at once to the O. C. concerned and the Officer or Soldier brought before a Medical Board.

M. F. W. 129.
100m.—6-18.
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..... Name..... Surname.....

Unit of Corps..... (If a soldier) Regtl. No.....

Born at.....on, (date).....

Signature (for identification).....

The examination is to be made by one Medical Officer.

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

Weight

.....lbs.

Height

.....ft. .....in.

Colour of eyes

.....

Identification Marks, Scars, etc.

.....

2. NUTRITION AND DIATHESIS?

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?

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

5. HEART ?

Abnormal Sounds ?

Abnormal Size ?

Pulse Rate ? Intermittence or irregularity ? Muscular Tone ?

6. ARTERIES.—(a) Any hardening or nodulation ?

(b) Blood Pressure.

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

8. GENITO-URINARY SYSTEM ?

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

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

Vision : Hearing :

Rt. Eye..... Rt. Ear.....

L. Eye..... L. Ear.....

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

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

Examined at Quebec. Signed R. W. Brems. Capt. M. O.

Date 13-12-18. A. Barber

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 must be sent at once to the O. C. concerned and the Officer or Soldier brought before a Medical Board.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Battn. Sask. Regt. Co. 2

Regimental No. 259988 Rank Private Name Barber Norman.
C. E. F.

Enlisted (a) May 7/18 Terms of Service (a) C.E.F. Service reckons from (a) May 7/18.

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) Military Nil. Farmer.

Report: Date	Report: From whom received	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
26/5/18	1.SDB	Tfd. 12th Batt Can Gar Reg.	Regina	26/5/18	BO. 145 Pt.2 Para 1280
					[signature] O/C Records
		S.O.S. D O Pr 11 No 234	17-12-18		Demob R.O 1420 Para C
					[signature] O/C Records 5 Bde C. G. R.

(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				

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
G. O. S.	39	1-6-18	
S. O. S. DOR 11 no	234	14-12-18	R.O 1420 Para 6 Demob ~~R.O. 1328~~ Kronau P.O. Sask.

M. F. W. 71—500M.—6 18.
1772—39—951.

NAME Barber Norman

REGIMENTAL NO. 259988 RANK Pte.

ENLISTED AT Regina Sask. PROMOTIONS, &c. AND DATE

DATE May 4.—1918.

IF SERVED PREVIOUSLY, STATE UNIT, &c. None

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Mary Barber RELATIONSHIP Mother

ADDRESS OF Kronau P.O. Box 12, Sask.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
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 Invalid§	"	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 or Particulars of Recruit	Militia Form W. 23	
	"	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.

Officer Commanding.

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.

P Barber

Proceedings on Discharge.

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

14

No. 259988

Rank Private

Surname Barber

Christian name Norman

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

Corps (Squadron, Battery or Company) 5th Battalion CGR

Date of discharge 17-12-18

Place of discharge Quebec, Que.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 24 years months.

Height 5 feet 8 inches.

Complexion dark

Eyes blue

Hair brown

Trade farmer

Intended place of residence (To be given as fully as practicable.) Kronau PO Sask

Descriptive marks

Nil

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

Authority for discharge Demob. P.O. 1420 Para C.

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.

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.)

farmer

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

TJ 6319

(OVER)

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

Nil

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) Quebec, Que. .....

(Date) 17-12-18 *Commanding* 5th Battalion CGR

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) Quebec, Que. L. Barber *(Signature of Soldier.)*

(Date) 17-12-18 *(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).....years.....days.
224
224
Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) Quebec, Que.

(Signature).....

(Date) 17-12-18

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.)

L. Barber