REGIMENTAL DOCUMENTS

18004

NAME BEYNON, GEORGE, Wm. FOSTER REGT. NO. 335525D UNIT 1st D. BA H.Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	28-3-17				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)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob.
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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)					
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	90-7071					

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

#6 Coy

12 M. D. 7 West Depot Battalion 1st Depot Bn. Sask. Regt. Regiment

Regtl. No. 3355250

DISCHARGED FEB 12 1919 DEMOBILIZATION CENTRE NO. 1328 ORIGINAL

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname: Beynon
2. Christian name: George Willson Foster
3. Present address: Loverna P.O., Sask
4. Military Service Act letter and number: 44 2496
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension. or surrender)
5. Date of birth: May 10, 1895
6. Place of birth: Hamiota, Manitoba
   (town, township or county and country)
7. Married, widower or single: Single
8. Religion: Methodist
9. Trade or calling: Farmer
10. Name of next-of-kin: Mrs Elizabeth Beynon
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: 716 Albert Ave. Saskatoon, Sask
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: Nil
15. Medical Examination under Military Service Act :—
    (a) Place Regina, Sask (b) Date July 13, 1918 (c) Category A II

DECLARATION OF RECRUIT

I, George Willson Foster Beynon, do solemnly declare that the above particulars refer to me, and are true.

George Willson Foster Beynon (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 23 yrs. 2 mths.

Height 6 ft. 0 ins.

Chest measurement: fully expanded 39 ins.; range of expansion 4 ins.

Complexion: Fair

Eyes: Blue

Hair: Fair

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

E. G. Barclay Capt.
for O. C. 1st Depot Bn. Sask. Regt. Depot Btln.

Regt.

Place Regina, Sask Date July 13, 1918

M. F. W. 133.
500M.—5-18.
1772—39—1158

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3355250 (Rank) Private

Name (in full) Byron G. W. F. enlisted in

the 181-Depot-B. S. R.

CANADIAN EXPEDITIONARY FORCE at Regina on the 13th

day of July 1915

HE served in Canada

and is now discharged from the service by reason of Demobilization

G. S. F. R. O. 1328

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

Age 23 yr 2 mts

Height 6 ft.

Complexion Fair

Eyes Blue

Hair Fair

Marks or Scars Nil

G. W. F. Byron
Signature of Soldier

F. J. Bimie
Issuing Officer

Major
Rank

Date of Discharge 12-2-19

O. C. Instruction Cir. 1 Cpn Bn S. C.
Appointment

Signed at Saskatoon this 12th day of February 1919

in Military District No. 12

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. ..... (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

On demobilization the particulars called for on the back of this certificate will not be completed.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 12

No. 335250

NAME OF SOLDIER Beynon G W T

REGIMENT 1st D.B.S.R. 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	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination			12. 2.5.14 14.15.18. 19.21.30. 30.31.32															3 3.4.13.		1 8.9.10.	Capt. E E Holmes	12	Can 2/2.16.

M.F.B. 465.
150M.—4-18.
1772-39-950.

#336.5.25.0

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 Beynon Christian name George Wm Foster

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) 442496

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

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13 day of July 1917, by the undersigned medical board sitting at Regina

5. Age as stated 23 Years 2 Months. 6. Apparent age 23 Years 2 Months

7. Height 6 Feet — Inches. 8. Weight 162 Pounds.

9. Chest measurement { Minimum 35 Ins. Maximum 39 Ins. } 10. Complexion Fair { Eyes Blue Hair Fair }

11. Physical development Good { Good Fair Poor } 12. Smallpox marks None

13. Number of vaccination marks { Right arm 0 Left arm 0 } 14. When vaccinated last Never

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 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

Signature of Man G. W. F. Beynon

U. L. 20/20
U. R. 20/20
H. Norman

Rutherford President.

Member. A. Henry Lyon Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
22/7/18		M.O.	22/7/18		M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 13 day of July 191 8 at Regina

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Batt	3355250		13/7/18
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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 Bynum Christian Name George Wm Martin

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				

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. 335 5 250 Rank Pte. Surname Beynon
(Given name in full) George William Foster

Unit or Corps D.D.B.S.R. Birthplace Hamiota Man.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 162 lbs. Height 6 ft. 0 in. Colour of Eyes Blue

Nutrition Good

Pulse 74

Condition of arteries Good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

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.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....(Overseas)

Date ..... Signed .....M.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 SECTION FOR USE IN CANADA—

Examined at Saskatoon (Canada)

Date Feb. 27/19.. Signed A. Grey Capt. M.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 G. W. S. Bryson

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

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. 3355250 Rank Pte. Name Beynon G.W.F.

Corps I.D.B.S.R. who was* Discharged

On 12-2-19 191..., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 12-2-19 191...

to 12-2-19 191..., the inclusive date of transfer or discharge. R.H.L.12-2-19

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Balance Cr. from prev. month	15	70
Advances by Cheques No.			Regt'l. Pay 1 days at $ 1 c.	1	
Advances by Cheques No.			Field Allow. 1 days at $ c. 10		10
Assigned Pay and Sep'n All'ce No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* Clothing	35	00
Payment on transfer or discharge No. 202-270	51	80	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	51	80	Total	51	80

*Give particulars.

A monthly stoppage of $ Nil (†) has (‡) been paid on account of Assigned Pay for the month of 191... and Sep'n All'ce. 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 13-7-18

(2) if married and if a Separation Allowance Card has been submitted .....

(3) cause of discharge Demob. authority D.O.43

(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 12-2-19 Lt. & Paymaster

Place SASKATOON, SASK. SASKATOON DETACHMENT, 1st Depot Battalion Sask. Regiment

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.

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 B'n Sask. Regt.

Regimental No. 3355250 Rank Pte Name Beynon, George Willson Foster

Enlisted (a) 13/7/18 Terms of Service (a) C. E. F. C.E.F. M.S.A. Service reckons from (a) 13/7/18

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) Mil. Nil Civ. Farmer

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 FEB 12 1919 Bott-2
DEMOBILIZATION C.E.F. R.O. 1328
[signature] MAJOR
O.C. SASKATOON DETACHMENT, 1ST DEPOT BATT'N SASK. REGT.

(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				

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME Bygnon, George W.

REGIMENTAL NO. 335250 RANK Rte.

ENLISTED AT Regina PROMOTIONS, &c. AND DATE

DATE July 13/18.

IF SERVED PREVIOUSLY STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Mrs Elizabeth Bygnon RELATIONSHIP Mother

ADDRESS OF 716 Albert Ave Saskatoon Sask

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O. No.	 DATE	REMARKS IF IN HOSPITAL, NOTE NAME, &c.
AL WP. Rev: 19.8.18.		232	20.8.18.
AWL Rev: 8.8.18 30.9.18.		233	21 8 18
AWL cancelled		BO ~~233~~ 235	23 8 18
Sx AL 30.9.18. to 31.10.18.		275	20 10 18
" " to 15 11 18		299	26 10.18
RAL 12.2.19	43	12.2.19	

DISCHARGED FEB 12 1919 BO44

DEMOBILIZATION C.E.F. R.O. 1328

A. J. Binnie MAJOR

O.C. SASKATOON DETACHMENT, 1ST DEPOT BATT'N SASK. REGT.

H. Q.

M. D. No. 12

Surname Beynon,

T. O. S. July 13 1918

Christian names George Wilson Foster

D. O. Pt. II 193 of 12-7-18

Regtl. No. 3 3 5 5 2 5 0 Rank Pte

S. O. S. Dis 12-2-1919

Unit Sask. Regt 1st Dpo Bn

Reason Demob

Auth. Doc.

1/S.R.

Next of kin Beynon, Mrs Elizabeth

Relationship Mother

Address 716 Albert Ave

Saskatoon

Sask.

Also notify:

BORN—Place Canada Hamiota Man Date May 10th 1895

ATTESTED—Place Regina Sask Date July 13th 1918

O/S

R/C

W. 22—75M-5-18. 1772-39 839.

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	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.

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.

Proceedings on Discharge.

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

No. 3355250

Rank Private

Surname Beynon

Christian name Geo. William Fast

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

Corps (Squadron, Battery or Company) 181-DB. SK

Date of discharge 12.2-19

Place of discharge Saskatoon

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 23 years 2 months.

Height 6 feet – inches.

Complexion Fair

Eyes Blue

Hair Fair

Trade Farmer

Intended place of residence Loverna Sask

(To be given as fully as practicable.)

Descriptive marks

Nil

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

Authority for discharge C. E. F. R.O. 1328

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.)

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.....

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).....

(Date).....

Commanding.....

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) Saskatoon George Wilson Foster Beynon *(Signature of Soldier.)*

(Date) Feby 12 19 S Pipe *(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.

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) Saskatoon

(Date) Feby 12-19

(Signature) [signature] Major

O.C. Saskatoon Detachment, 1st Depot Bett'n Sask. Regt.

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.)