

M 76-2-19

22457

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

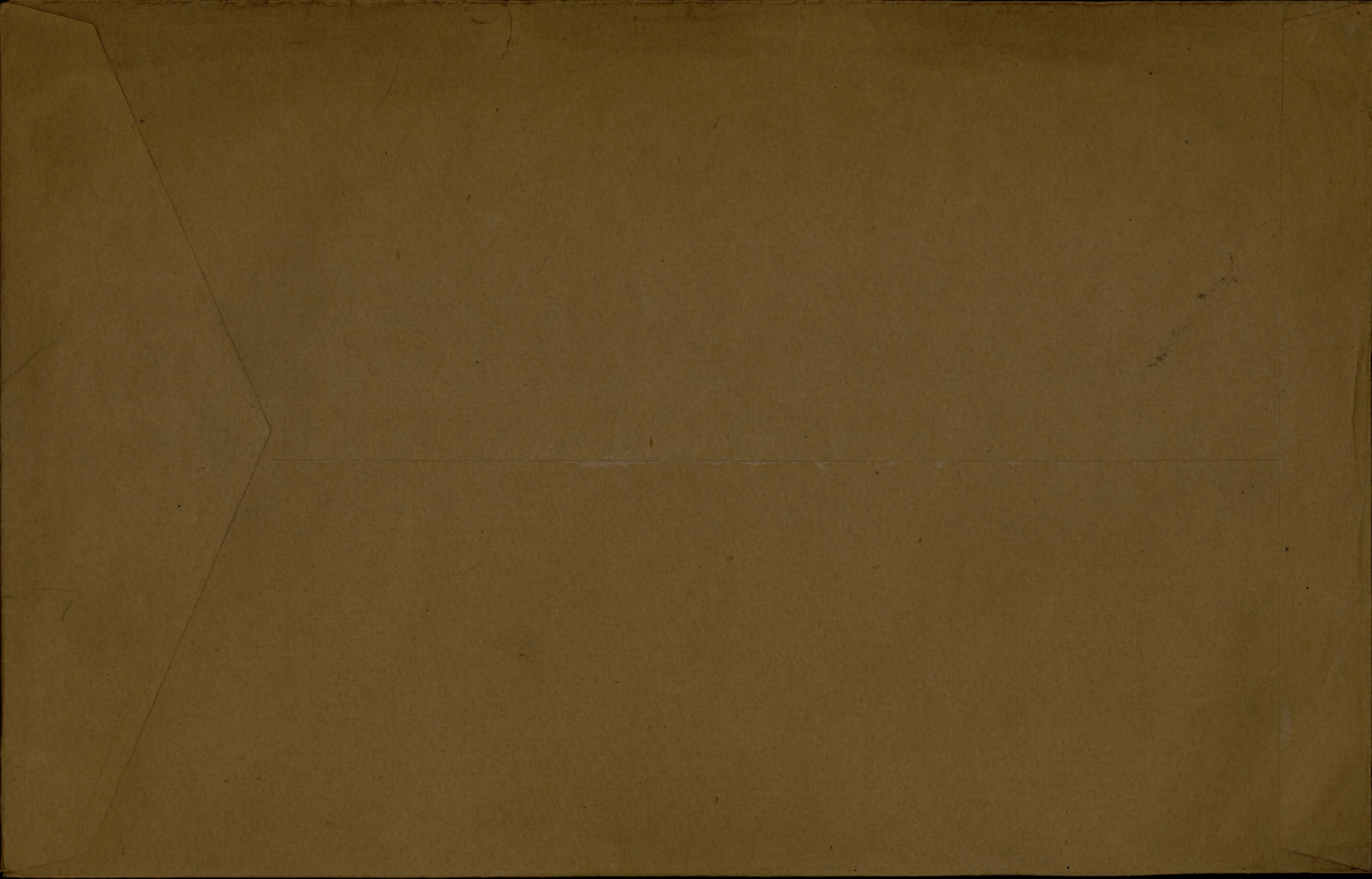
Last Pay Certificate.....

Name BLADES SAMUEL SEYMOUR
Regt. No. 3188132 Rank Pte
Corps 1st Depot Bn Md Regt
Remot

Handwritten notes and stamps:
A circular stamp with 'H' is stamped over a rectangular stamp containing 'H'.
Handwritten numbers: 1017, 14124.
Handwritten text: 22-23, 26, 24.

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M 7 W 71-1
M 7 W 129-1
M 7 B 465-1
M 7 W 113-1

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22-23
26 24
1



M. D. 1st. Depot Battalion Nova Scotia Regiment
 Regtl. No. 3188732

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

ORIGINAL

1. Surname..... BLADES
 2. Christian name..... Samuel Seymour
 3. Present address..... Chaswood Halifax Co., N.S. Sufficient Address
 4. Military Service Act letter and number..... 601661 G.C.
 5. Date of birth..... July 23rd. 1896
 6. Place of birth..... West St. Andrews Halifax Co., N.S.
 (town, township or county and country)
 7. Married, widower or single..... Single
 8. Religion..... Presbyterian
 9. Trade or calling..... Farmer
 10. Name of next-of-kin..... William H. Blades
 11. Relationship of next-of-kin..... Father
 12. Address of next-of-kin..... Chaswood Hfx. Co., N.S. Encl. Sufficient Address
 13. Whether at present a member of the Active Militia..... No
 14. Particulars of previous military or naval service, if any..... No
 15. Medical Examination under Military Service Act:—
 (a) Place..... Aldershot N.S. (b) Date..... 15-6-18 (c) Category..... "A-2"

DECLARATION OF RECRUIT

I, Samuel Seymour Blades, do solemnly declare that the above particulars refer to me, and are true.

Samuel B. Blades

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	<u>22</u>	yrs.....	mths.....	} Distinctive marks, and marks indicating congenial peculiarities or previous disease. <u>Nil</u>	
Height.....	<u>5</u>	ft.....	<u>10</u>	ins.....		
Chest measurement } fully expanded.....	38	<u>38</u>	ins.....	}		
	range of expansion.....	38	<u>2 1/2</u>			ins.....
Complexion.....	<u>Medium</u>	Dark Brown				
Eyes.....	<u>Blue</u>					
Hair.....	<u>Dark Brown</u>					

E. M. Percold Capt.

O. C. 1st. for Lt. COL. Depot Btln.
Nova Scotia Regt.

Place Aldershot Camp., N.S. Date 12-6-18

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3188732. (Rank) Private.

Name (in full) BLADES. Samuel Seymour. enlisted in
the 1st. Depot Bn. N.S.R.

CANADIAN EXPEDITIONARY FORCE at Widdershot. N.S. on the 12th.
day of June. 19 18.

HE served in Canada.

and is now discharged from the service by reason of Demobilization, reporting back
from H.F. for disposal. R.O. 1357-1-a.

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

Age 22 years 6 months.

Marks or Scars Nil.

Height 5 feet 10 inches.

Complexion Medium.

Eyes Blue.

Hair Dark Brown.

Sgd. Samuel Seymour Blades.

Signature of Soldier

Sgd. W.D. Simpson.

Issuing Officer

Capt. Adjt. for.

Rank

O C. 1st. Depot Bn. N.S.R.

Appointment

Date of Discharge Jan. 14th. /19.

Signed at Halifax. N.S. this 14th. day of January. 19 19

in Military District No. 6

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

On demobilization the parti-
culars called for on the back of
this certificate will not be com-
pleted

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

ORIGINAL

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 Blades Christian name Samuel Seymour
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. } 601661 GC
3. Consecutive number on schedule of men reporting for service (if he appears) on it) }
4. Address (including street and number, if any) } Chastwood Halifax Co.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 15th day of June 1917, by the undersigned medical board sitting at _____

5. Age as stated 22 Years _____ Months. 6. Apparent age _____ Years _____ Months
7. Height 5 Feet 10 Inches. 8. Weight 151 Pounds.

9. Chest measurement { Minimum 35 1/2 Ins. 10. Complexion Medium { Eyes Blue
Maximum 38 Ins. Hair Dark Brown

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

13. Number of vaccination marks { Right arm Nil 14. When vaccinated last _____
Left arm Nil

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

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 A11 RE 20 L E 20
Normal
J. McKim Lt. President.

A. F. M. J. J. J. Lt. A.M.C. Member. _____ Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>24/6/18</u>		<u>D. F. M. J. J. M.O.</u>	<u>24/6/18</u>		<u>A. F. M. J. J. M.O.</u>
		<u>M.O.</u>	<u>6/7/18</u>		<u>D. F. M. J. J. M.O.</u>
		<u>M.O.</u>	<u>13/7/18</u>		<u>D. F. M. J. J. M.O.</u>

Joined 12th day of June 1915 at Aldershot Camp 7th

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st D.B. or R.R.</u>	<u>3188732</u>		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Aldershot</u>	<u>13/6/18</u>	<u>Nil</u>	<u>Category A11</u>
<u>" "</u>	<u>10-8-10</u>		

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.

Signature of Man

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. 3188732 Rank Pte Name Blade, J. D.
 Corps 1st Depo Bn who was* discharged
 On 14-1-19 191...., to.....
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191...., to 14-1-19 191...., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	11	30
Advances } No.			Reg'l. Pay <u>14</u> days at \$.....c.	14	
by } No.			Field Allow. <u>14</u> days at \$.....c.	14	0
Cheques } No.			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allee. No.			Other Allowances* <u>clothing</u>	35	
Other charges	13	20	Other Credits*		
Payment on transfer or discharge No. <u>1033</u>	48	50	Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
Total	61	90	Total	61	90

*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of191... }
 { and Sep'n Allee. for month of191... } (to) Assignee

(†) 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 12-6-18
- (2) if married and if a Separation Allowance Card has been submitted
- (3) cause of discharge authority DD/1357-1-a
- (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 Jan 14 1919
 Place Californ A. J. Cameron
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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

PAY CERTIFICATE

THIS CERTIFICATE IS ISSUED TO THE MEMBER OF THE CANADIAN CONTINGENT EXPEDITIONARY FORCE...

THE FOLLOWING IS A SUMMARY OF THE PAY AND ALLOWANCES TO WHICH THE MEMBER IS ENTITLED...

Table with columns for Description, Amount, and Remarks. Rows include: Basic Pay, Allowances, and Total Pay.

THE TOTAL PAY AND ALLOWANCES TO WHICH THE MEMBER IS ENTITLED IS...

THIS PAY IS SUBJECT TO THE DEDUCTIONS OF...

THE PAY IS TO BE PAID TO THE MEMBER AT THE END OF THE MONTH...

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. 3188732 Rank Plt Surname Blades
(Given name in full)
 Unit or Corps 10th B. W.M.B. Birthplace Samuel S. West Standen, N.Y.C.

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

1. GENERAL DESCRIPTION:

Physique grd Weight 158 lbs. Height 5 ft. 10 in. Colour of Eyes brown
 Nutrition grd
 Pulse 72
 Condition of arteries grd
 Vision Rt. 20 Left 20
 Hearing (conversational voice) Rt. 22 ft. Left 20 ft.

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

Vaccination marks
left arm

Opinion as to general health and physical condition grd

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 Sytem 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 (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 *Halifax* (Canada)

Date *January 13th 19* Signed *[Signature]* 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 *[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.)

[OVER]

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..... *Nova Scotia Regiment*

Regimental No. *3188732* Rank *Private* Name *Blades, Simon Seymour*

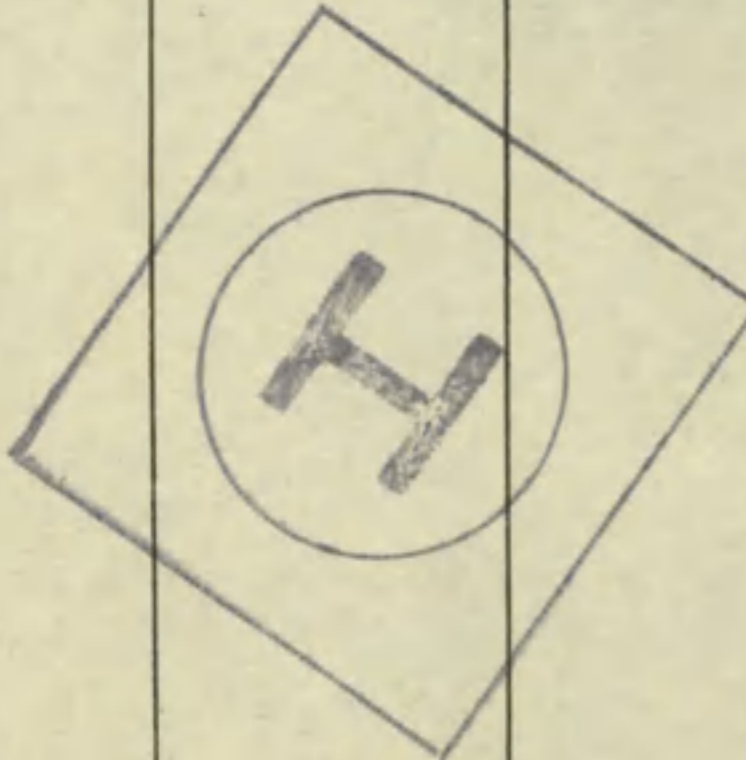
C. E. F.

Enlisted (a) *12/6/18* Terms of Service (a) *WAR and 6 Mos* Service reckons from (a) *12/6/18*

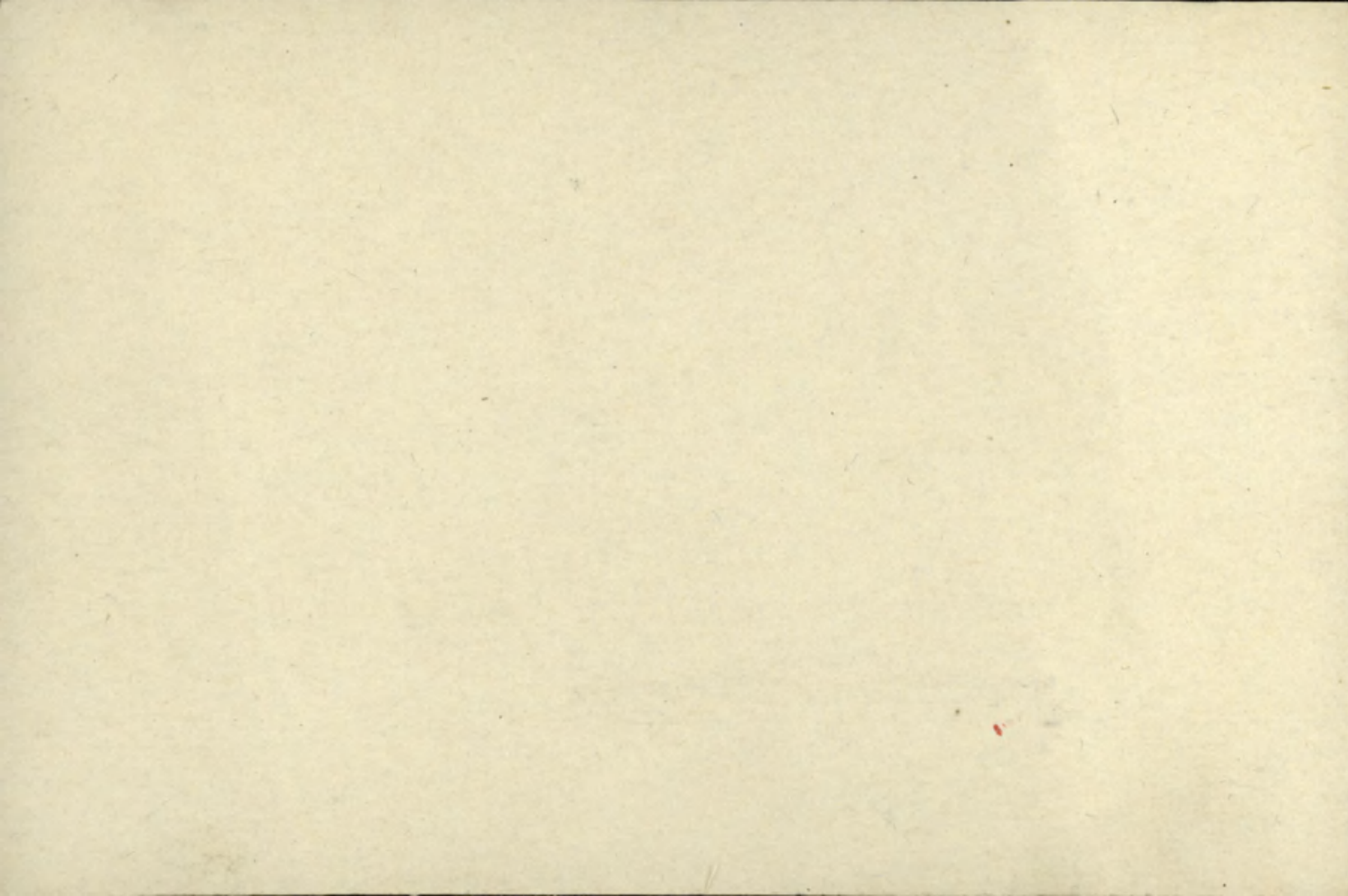
Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b) *(Civil Farmer) Military*

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				
		S.O.S. on discharge. on demobilization. <i>Do. Part 2 # 12</i>	Halifax.	14-1-19.	<i>[Signature]</i> <i>Adjt. 1st Depot B'n N. S. Regt</i>



(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.



D ^{4/3/21} Auth SCR. ^{4/3/21} Died
^{4/3/21} letter d. 29 ^{4/3/21} auth SCR
 158-89M. D. No. 6
 B. 381751
 Surname **B. Lades** T. O. S. June 12th 1918
 Christian names Samuel S. D. O. Pt. II 160 of 11-6-18
 Regtl. No. 3188732 Rank Plt S. O. S. Dis 14-1-1919
 Unit N.S. Regt. 1st Depo. Bn Reason Demob
 Auth. D.O. 13 of 13-1-19
 W.S.R.

Next of kin Blades William H. Relationship Father
 Address Chaswood, Halifax Co. N.S.
 Also notify:

BORN—Place **Canada** W. St. Andrews N.S. Date July 23rd 1896
 ATTESTED—Place Aldershot N.S. Date June 12th 1918
 O/S..... R/C.....

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Reg. No. 3188 732 Name Blades Sam.
Rank Pvt Corps W.S.R. Age 22 Service C 5/52
Ledger No. _____ Serial No. _____

HOSPITALS

DATE

DIAGNOSIS

Field Aldershot

15-7-18

Measles

C

Back to Duty

6-8-18

CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	No.	DATE	
Home Duty	226	16-8-18 to 27-9-18	
" " "	264	28-9-18 to 31-10-18	
Hospital	276	6-8-18	
" " "	300	1-11-18 to 15-11-18	
" " "	311	16-11-18 to 1-12-18	
" " "	321	2-12-18 until recalled	

M.S.A.

NAME Blades, Samuel Seymour.

*G.C. 610661
P 3232*

REGIMENTAL NO. 3188732

RANK Pte.

ENLISTED AT Aldershot, Camp, N.S.

PROMOTIONS, &c.
AND DATE

DATE ~~Aldershot~~ *R* Ordered 12-6-18

D.O. 161

IF SERVED PREVIOUSLY, STATE UNIT. &c. *60161*

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

*5013
3071
119
11*

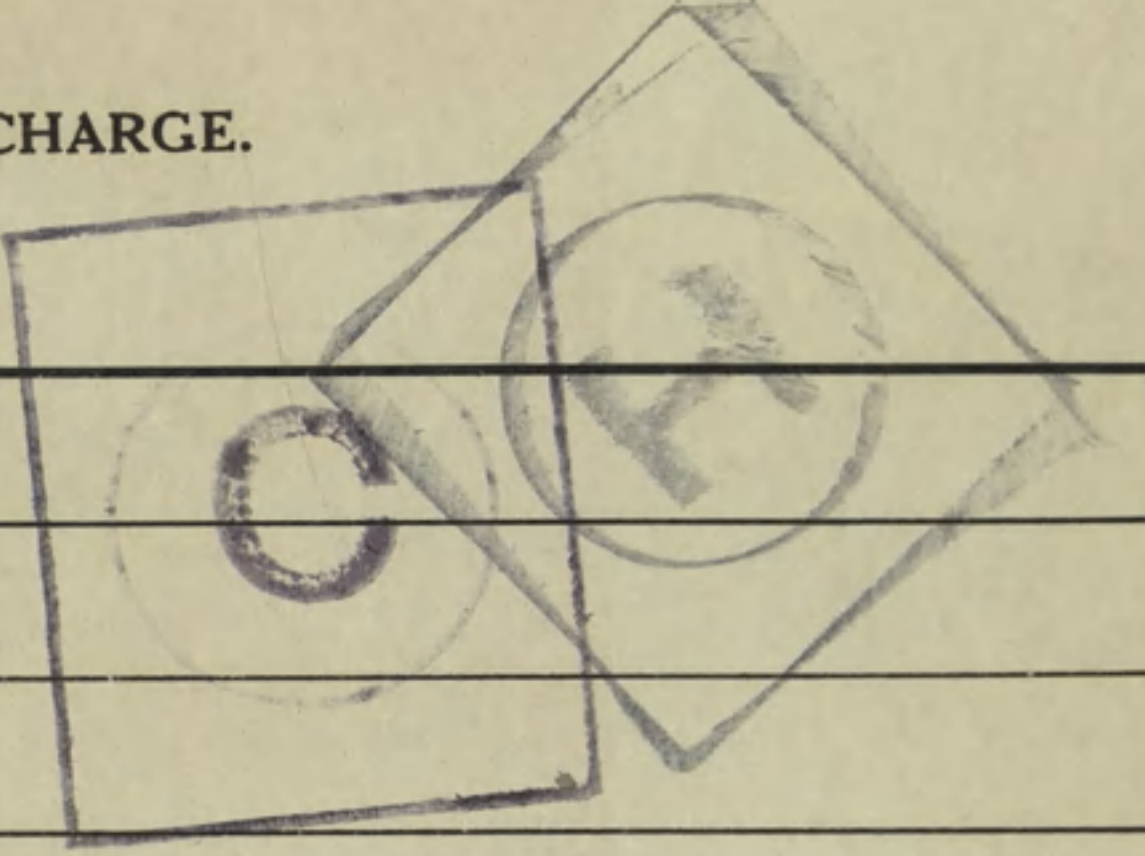
LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate..... Militia Form W. 23
 or Particulars of Recruit..... Militia Form W. 133
 Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
 Casualty Form..... Militia Form W. 54 or A.F.B. 103
 Last Pay Certificate..... Militia Form W. 44
 Certificate that missing documents are unobtainable.....
 Medical History Sheet..... Militia Form B. 313 or A.F.B. 178
 Proceedings of Medical Board..... M.F.B. 227, A.F.B. 179 or A.F.A. 45
 Dental History Sheet..... Militia Form B. 465
 Medical Report..... M. F. W. 129 or D. M. S. 1375
 Regimental Conduct Sheet..... Militia Form B. 263
 Company Conduct Sheet..... Militia Form B. 263a

28
7879

BBB 208646

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)



1. No. 3188732.	
2 Rank. Private.	
3. Name. BLADES. Smauel Seymoyr.	
4. Unit. 1st ² Deppt Bn. N.S.R.	
5 Date of Discharge	Jan. 14th./19. Place Halifax. N.S.
6 Reason for Discharge Demobilization. Reporting back from H.F. for disposal.	
7. Authority. R.O. 1357-1-a.	
8. Proposed Residence after Discharge Chaswood. Hlx. Co. N.S.	
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ? 39. Smauel Seymoyr Blades Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Halifax. N.S. Date Jan. 14th./19. [Signature] Signature for. (O. C. Discharging Unit.)	

224
76
300

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