Jwil 31/6/18.

3

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

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge..... 2

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

Disch certificate

M F W 129.. 2

" " " 67. 2

" " " 82

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

Name BRAZIER. WALTER

Regt. No 3159678 Rank Pte

Corps # 2 Depot Bn.

Re-Enlisting in R. F. C.

C

37316

R. O. No.....

H. Q. No.....

H

~~1 Next of Kin. Removed 16/1/18.~~

~~1 Part. # Orders~~

~~1 Change of Address~~

~~1 Casualty.~~

H

2nd DEPOT BN. 2nd QUEBEC REG'T. DUPLICATE

4 M. D. Depot Battalion Regiment

JGS.

Regtl. No. D 3159678

E.D. 16/5/18

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname: BRAZIER
2. Christian name: Walter
3. Present address: 9 Ontario Ave. Montreal, Que Canada
4. Military Service Act letter and number: 101028 DC.
5. Date of birth: 28th October 1895
6. Place of birth (town, township or county and country): London, Eng.
7. Married, widower or single: Single
8. Religion: Church of England
9. Trade or calling: Book-Keeper
10. Name of next-of-kin: Mrs. Frances Brazier
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: 20 Elm Park Brixton Hill, London S.W.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: C.O.T.C. McGill 4 mos.
15. Medical Examination under Military Service Act:—

(a) Place Montreal, Que (b) Date May 7th 1918 (c) Category "A" Fit for General Service

DECLARATION OF RECRUIT

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

Walter Brazier (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 23 yrs. 7 mths.

Height 5' ft. 3½ ins.

Chest measurement: fully expanded 33 ins.; range of expansion 3 ins.

Complexion: Clear

Eyes: Blue

Hair: Brown

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

R. D. =	20
L. D. =	20
R. EAR	O.K.
L. EAR	O.K.

Lt.-Col. Commanding 2nd Depot Bn. 2nd Quebec Reg'T.

O. C. Depot Btln.

Regt.

Place Montreal, Que Date May 6th 1918

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. D-3159678 (Rank) Private

Name (in full) Brazier Walter enlisted in

the 2nd Depot aBn 2nd Quebec Regiment

CANADIAN EXPEDITIONARY FORCE at Montreal, P.Q. on the 6th

day of May 1918

HE served in Montreal, P.Q. Canada.

and is now discharged from the service by reason of re-enlisting in the R.F.C
(Auth. AAG. MD4 22-B-2631)

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

Age	23 ------ 7	Marks or Scars	Nil
Height	5 3½		
Complexion	Clear		
Eyes	Blue		
Hair	Brown		

Walter Brazier
Signature of Soldier

E. MacKay Spencer
Issuing Officer
Lieut-Colonel Major
Rank

Date of Discharge May 6th 1918 O.C. 2nd Depot Bn. 2nd Quebec Regiment
Appointment

Signed at Montreal, P.Q. this 20th day of May 1918

in Military District No. 4

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. D-3159678 (Rank) Private Name Brazier Walter

Unit 2nd Depot Bn Quebec Regiment

Address on Discharge 20 Elm Park Brixton Hill, London S. W.

Character and Conduct Good

Former Occupation Book-Keeper

Special Qualifications of Value in Civil Life

Medals and Decorations Nil

Remarks

Signed at Montreal, P.Q. this 20th day of May 19 18

E. Morgan - Archibald
Name of Officer

Major

Lieut-Colonel
Rank

O.C. 2nd Depot Bn 2nd Quebec Regiment
Appointment

C.E.F.

JGS.

FORM OF WILL

2nd DEPOT BN. 2nd QUEBEC REGT.

I, BRAZIER, Walter (Name in full)

Regimental Number D-3159678 serving in

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

N I L

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

N I L

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 6th day of May A.D. 191 8

Walter Brazier Signature of Soldier.

*N.B. Personal estate includes ~~pay, effects, money in bank, insurance policy, in fact~~ everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness J Bimson

Address of Witness Peel St Barracks Montreal

Occupation of Witness Soldier

THE TWO WITNESSES MUST SIGN HERE

Signature of Second Witness Robert Lauthier

Address of Witness Peel St. Barracks Montreal

Occupation of Witness Soldier

M. F. W. 82.
300M.-12-16.
1772-30-983.

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. 3159678. Rank Private. Name Brazier, Walter.

Corps 2nd Depot Bn-2nd Que Reg't. who was* Discharge.

On May 6th, 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from May 6th, 1918, to May 6th, 1918, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 1 days at $ 1.00	1	00
Advances by Cheques No.			Field Allow. 1 days at $ .10		10
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances*		
Payment on transfer or discharge No.	1	10	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	1	10	Total	1	10

* Give particulars.

A monthly stoppage of $ - - - - - - (†) has - - - - - - (‡) been paid on account of Assigned Pay for the month of - - - - - - - - 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

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

REMARKS:—

State (1) date of enlistment May 6th, 1918.

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

(3) cause of discharge Transfer To R.F.C. authority AAG, MD4-22-B-2631.

(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 May 20th, 1918.

Place Montreal, Que.

J. A. [signature] Capt.
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.

300M—2-18.
H. Q. 1772-39-903.

To be made out in duplicate.

H.Q. 54-21-23-53

JGS.

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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(1) Name of Overseas Unit which Soldier joins 2nd DEPOT BN. 2nd QUEBEC REG'T.

(2) Regimental Number D- 3159678

(3) Full Name of Soldier BRAZIER, Walter

(4) Place of Birt London, Eng.

(5) Are you married, or not? Not

(6) If married, state,
(a) Full name of your wife Not applicable

(b) Present Postal Address Not applicable

(7) Are you a widower? No

(8) Have you any children? Not applicable

If so, give number of boys and girls Not applicable

Also their names and ages Not applicable

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Alfred Brazier Exact address unknown

(10) Is your Mother alive? Yes

If so, state name and address Mrs. Frances Brazier
20 Elm Park, Brixton Hill, London, SW.
~~XOntarioXAve.~~

(11) If your Mother is a widow Yes

Are you her sole support, or not? Not

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

Not applicable

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

Not applicable

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

Not applicable

(15) Are you insured? No

If so, in what Company? Not applicable

Have you made arrangements for payment of your Insurance premium Not applicable

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Not applicable

Lt.-Col.
Officer Commanding.
Commanding 2nd Depot Bn., 2nd Quebec Regt.

Date Montreal, Que May 6th 1918

M. F. W. 129.

50m.—7·17.
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** Brazier **Surname** Walter

Unit of Corps 2/2 Quebec Regiment **(If a soldier) Regtl. No.** 3159678

Born at London, Eng. **on, (date)** Oct. 25th 1895

Signature (for identification) Walter Brazier

The examination is to be made jointly by two Medical Officers.

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

Weight 123 **lbs.** **Colour of eyes** Blue

Height 5 **ft.** 3½ **in.** **Identification Marks** 4 vaccination marks left arm

2. NUTRITION AND DIATHESIS? Good

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? No

Abnormal Size? No

Pulse Rate? 78 **Intermittence or Irregularity?** No **Muscular Tone?** Normal

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

(b) Blood Pressure. Normal

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

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1020 **Reaction?** Acid **Albumen?** No **Sugar?** No

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

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. No

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

Examined at Peel St-Barracks **Signed** J. A. C. Reinert Capt **M. O.**

Date May 20th 1918. **Signed** E. Falconer Lt Col **M. O.**

Walter Brazier
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 should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

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 ..... Regiment .....

Date of Commission ..... Date of enlistment No. ..... Corps .....

Born at ..... on the ..... 18..

Signature for identification .....

The examination is to be made jointly by two Medical Officers.

1. HISTORY.—Any defects, ailments or injuries. If so, describe.

Weight: ..... lbs. Colour of eyes .....

Height: ..... Identification Marks .....

2. Is the Soldier ..... ? ..... 10 ..... 18 11

3. NUTRITION AND HABITUS: 10 18

Also examine spinal cords and if abnormalities, by any evidence found of disease or impairment of the parts indicated below? If so, describe.

4. NERVOUS SYSTEM: Is there a history of previous disability? ..... O

5. RESPIRATORY SYSTEM: Is there a history of lung trouble? ..... O

6. HEARTS:

Abnormal Sounds? 10 18

Abnormal Size? ..... O

Pulse Rate? ..... O Irregularities or Irregularity? ..... O Muscular Tone? 10 18

8. ARTERIES.—(a) Any hardening or calcification? ..... O

(b) Blood Pressure. 10 18

7. DIGESTIVE SYSTEM: Condition of teeth and tonsils to be included. 10 18

8. GENITO-URINARY SYSTEM:

Albumin? ..... O Sugar? ..... O Micturition? ..... 10 ..... 18 Albumen? ..... O Sugar? ..... O

9. SKIN, SUPPLEMENTARY SYSTEM or any other parts? ..... O

10. Is there any evidence of impairment of hearing or physical condition considered above? If so, describe. ..... O

11. Opinion as to the health and physical condition of the man at examination? 10 18

Examined at ..... Signed .....

on the ..... 18.. Signed .....

Signature note of Soldier .....

If any allegation of impairment of health or of injury or disablement is made, proved or complained of by the soldier examined, this report should be sent to the O.C. concerned, the Officer or Soldier or his representative, the Military Board (Pensions) Ottawa.

JGS.

ORIGINAL

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

3159678

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 BRAZIER Christian name Walter

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 101028 DC.

3. Consecutive number on schedule of men reporting for service (if he appears on it) Not applicable

4. Address (including street and number, if any) 9 Ontario Ave. Montreal, Que Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 7th day of May 1918, by the undersigned medical board sitting at Montreal, Que Canada

5. Age as stated 23 Years 7 Months. 6. Apparent age 23 Years 7 Months

7. Height 5 Feet 3½ Inches. 8. Weight 123 Pounds.

9. Chest measurement { Minimum 30 Ins. / Maximum 33 Ins.

10. Complexion Clear { Eyes Blue / Hair Brown

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

13. Number of vaccination marks { Right arm — / Left arm 2

14. When vaccinated last Child.

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 (Strike out disease admitted or suspected.) We find no evidence of past { Rheumatism / Tuberculosis / Syphilis

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

17. (a) Vision R. 20 L. 20

(b) Hearing. R. O.K. L. O.K.

H. Demers Capt. President.

Thomas Morin Capt. Member. R. B. Malcolm Capt. Member.

Signature of Man Walter Brazier

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

Joined 6th *day of* May 1917 *at* Montreal, Que Canada

2nd DEPOT BN. 2nd QUEBEC REGT.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment		D-		6-5-18
Transferred to.....		3159678		

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.

M. F. B. 313.
300M.—10-17.
1772-39-439.

Surname BRAZIER Christian Name Walter

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				

No. 3159678 RANK Pte NAME Brazier Walter

T. O. S. 6-5-18 May Paylist UNIT 2nd Depot Battalion 2nd Quebec Regt.

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 May 6	1918 - May 6	✓	Trans to R.F.C.	May Paylist

NAME. Brazier. Walter.

RANK. Pte

No. 3159678.

CORPS. 2nd Ouv. Regt. 2nd Dpo. Bn.

REC. B.T.C. S.O.S. Div. 6.5.18. H Pt II 127. 17-5-18. Cancelled DO. 1557 4-6-18 2/20R

H.Q. FILE.

ENLISTMENT, PLACE. Montreal. P.Q. DATE. May 6th 1918.

BIRTH DISCHARGE, PLACE, England. London DATE. Oct. 28th 1895.

REASON.

T.O.S. May 6. 1918

D.O. Part II No. 128.

ADDRESS ON DISCHARGE.

~~DOCUMENTS.~~

NEXT OF KIN ADDRESS

Brazier, Mrs. Frances. RELATIONSHIP Mother.
20 Elm Park Brixton Hill,
London. S.W. Eng.

L. L. 20496—M. & D. 7908—100m.

CHARGED OUT			RETURNED		CHARGED OUT			RETURNED	
TO	DATE	BY	RECEIVED BY	DATE	TO	DATE	BY	RECEIVED BY	DATE

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

Proceedings on Discharge.

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

No. D-3159678

Rank Private

Surname Brazier

Christian Name Walter

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

Corps (Squadron, Battery or Company) 2nd Depot Bn, 2nd Quebec Regiment

Date of Discharge May 6th 1918 (D.O.138 2/2nd Quebec Regiment)

Place of Discharge Montreal, P.Q. Canada,

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age 23 years 7 months.		
Height 5 feet 3½ inches.		
Complexion	Clear	Nil
Eyes	Blue	
Hair	Brown	
Trade	Book-Keeper	
Intended place of residence (To be given as fully as practicable.)	20 Elm Park Brixton Hill. London S.W.	

2. The above-named man is discharged in consequence of re-enlisting in the R.F.C. (Auth. AAG.MD4 22-B-2631)

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.

Good

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(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) Montreal, P.Q. ..... E. Mackay-Robinson Lieut-Colonel Major

(Date) May 20th 1918 ..... Commanding 2/2nd Quebec Regiment

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) Montreal.P.Q. ..... Walter Brazier ..... (*Signature of Soldier.*)

(Date) May 20th 1918 ..... [signature] ..... (*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.

Walter Brazier ..... (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.
(1Day)

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

11. **Confirmation of Discharge.**

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

(Place) Montreal.P.Q. .....

(Date) May 20th 1918 ..... (*Signature*) E. Mackay-Robinson Lieut-Colonel Major
O.C.2nd Depot Bn.2nd Quebec Regiment

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.)

Walter Brazier

(OVER)