REGIMENTAL DOCUMENTS

NAME BRIGDEN HERBERT ARTHUR REGT. No. 3082535 UNIT 1st/1st Q.R.

O. H. M. S.

NON-EFFECTIVE BY Disch. CATEGORY Med. Unfit

39274

CONTENTS

3 ATTESTATION PAPER (M. F. W. 23, 133 OR 51)
1 CASUALTY FORM (M. F. W. [illegible] OR A. F. B. 103)
TRAINING HISTORY SHEET ([illegible] F. W. 113)
FIELD CONDUCT SHEET ([illegible] OR A. F. B. 122)
1 REGT. CONDUCT SHEET ([illegible] 263 OR A. F. B. 121)
1 COMPANY CONDUCT SHEET (M. F. B. 263 A OR A. F. B. 121)
3 MEDICAL HISTORY SHEET (M. F. B. 313 OR A. F. B. 178)
DENTAL HISTORY SHEET (M. F. B. 465)
MEDICAL REPORT (M. F. B. 227 OR A. F. B. 179)
MEDICAL EXAMINATION (M. F. W. [illegible])
TRANS[illegible] (M. F. W. 97 OR [illegible])
PROCEEDINGS COURT OF INQUIRY (M. F. B. 503 OR [illegible])
DECLARATION, COURT OF INQUIRY (M. F. B. 259 OR [illegible])
LAST PAY CERTIFICATE (M. F. W. 44)
2 PROCEEDINGS ON DISCHARGE (M. F. W. 218 OR [illegible])
PARTICULARS OF CHARACTER (A. F. W. 3[illegible])
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M. F. [illegible])
DENTAL CERTIFICATE ON DISCHARGE (C. A. D. [illegible])
UNIT INDEX CARD (M. F. W. 71 OR [illegible])

2 M. F. W. 67
Toe

M. F. B. 270.
850M-5-18
H. Q. 1772-39-67

ORIGINAL

Fourth M. D. First Depot Battalion First Quebec Regiment

Regtl. No. 3082535

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

A.J.O.D. (Class First)

1. Surname BRIGDEN
2. Christian name Herbert Arthur
3. Present address 11 Archibald St., Cote St Paul, Mont. P.Q.
4. Military Service Act letter and number 84271 DC
5. Date of birth July 5th, 1892
6. Place of birth North Bay, Ont.
   (town, township or county and country)
7. Married, widower or single Single
8. Religion Methodist
9. Trade or calling Does not work
10. Name of next-of-kin Joseph Arthur Brigden
11. Relationship of next-of-kin Father
12. Address of next-of-kin 11 Archibald St., Cote St Paul, Mont. P.Q.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any None xxx
15. Medical Examination under Military Service Act:—

(a) Place Montreal (b) Date Mar. 12th 1918 (c) Category E

DECLARATION OF RECRUIT

I, BRIGDEN Herbert Arthur, do solemnly declare that the above particulars refer to me, and are true.

Witness Gordon M. Kelly his mark + Herbert Arthur Brigden (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 25 yrs. 9 mths.

Height 5 ft. 4 ins.

Chest measurement: fully expanded 31 ins.; range of expansion 33 ins.

Complexion Med

Eyes Blue

Hair D.Brown

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

Eyes R.D. 80 L.D. 80

Ears R. OK L. OK

Major.
for O.C. 1st Depot Bn. 1st Quebec Regiment.
O. C. First Depot Btln.
First Quebec Regt.

Place Montreal Date March 12th 1918

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

DUPLICATE COPY Original Handwritten

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

This is to Certify that No. 3082535 (Rank) Private

(Name in Full) Brigden, Herbert Arthur enlisted in

First Depot Battalion First Quebec Regiment CEF

Canadian Overseas Expeditionary Force, on the Twelfth of March

191 8, and accompanied said unit to Canada

was returned to Canada, and discharged from the service at Montreal, Canada

on the Second of April 191 8, in consequence of Medically unfit; Authority Para.322 (2)c., K.R.& O., C.M.1910; D.O.No.326 of 23/3/18 (22-B-2338)

DESCRIPTION ON DISCHARGE

Age 25 years 9 months

Height 5 feet 4 inches

Complexion Medium

Eyes Blue

Hair Dark Brown

Trade

Marks or Scars

N I L

Signature of Man his Herbert Brigden mark

Lieut Col.

Officer in charge Discharge Depot.

Comdg 1st Depot Bn; 1st Que. Reg't

Place and Date Montreal, Canada 2nd April 1918

SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF IT CAN BE OBTAINED.

N. B.—Any person finding this Certificate is requested to forward it in an unstamped envelope to The Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39
200m.-5-15.
H.Q. 1772-39-882.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No. 3082535

Rank Private

Name Brigden, Herbert Arthur

Unit 1st Depot Bn 1st Quebec Reg't

Address on Discharge

11, Archibald

Cote St. Paul, Que.

Canada

His conduct and character while in the Service have been : Good

Place Montreal, Canada

Date 2nd April 1918

Commanding Major to Lieut Col.
1st Depot Bn; 1st Quebec Reg't

Campaigns NIL

Medals and Decorations NIL

SURNAME. Brigden,

CHRISTIAN NAMES Herbert Arthur

REGL. No. 3082535 RANK Pt.

UNIT 1st Que. Regt. 1st Dpo. Bn.

FORMER CORPS Nil

CARD No. 4

~~S.O.S. Dis 2-4-18~~

FOLL. 4

T.O.S. 11-3-18.
DO Pt II 70.

NEXT OF KIN.

NAMES IN FULL Bridgen, Joseph Arthur

RELATIONSHIP TO SOLDIER Father

ADDRESS 11 Archibald St., Montreal P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, North Bay, Ont. DATE July 5th 1892

PLACE OF ATTESTATION Montreal, P.Q. DATE Mar. 12th 1918

. L. L. 25989. M. & D. 8191. M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

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

M. F. W. 54. (A. F. B. 198.
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

1st DEPOT BN. 1st QUEBEC REG'T.

Unit, Regiment or Corps .....

Regimental No. 3082535 Rank Pte Name Bridgen Hebert Arthur

C. E. F.

Enlisted (a) 12-3-18 Terms of Service (a) C.E.F. Service reckons from (a) 12-3-18

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) Does not work

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

FORM OF WILL

I, BRIGDEN Herbert Arthur (Name in full)

Regimental Number 20825535 serving in 1st DEPOT BN. 1st QUEBEC REGT.

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

Nil.

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

absolutely, and my personal estate I bequeath to

Lucy Brigden
11 Archibald St, Cote St Paul
Montreal, P.Q.

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 12 day of March A.D. 1918

his
Herbert Arthur Brigden
mark
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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Gordon M. Kelly

Address of Witness Guy St Barracks Montreal

Occupation of Witness Soldier

Signature of Second Witness Cod Cray

Address of Witness Guy St Barks. Montreal P.Q.

Occupation of Witness Soldier

M. F. W. 82.
300M.-12-16.
1772-39-983.

To be made out in duplicate. H.Q. 54-21-23-53

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 1st DEPOT BN. 1st QUEBEC REGT.

(2) Regimental Number 3082535

(3) Full Name of Soldier BRIGDEN Herbert Arthur

(4) Place of Birth North Bay, Ont.

(5) Are you married, or not? Single

(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? No

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 Joseph Arthur Brigden, 11 Archibald St., Cote St Paul, Mont.P.Q.

(10) Is your Mother alive? Yes

If so, state name and address Lucy Brigden

as above

(11) If your Mother is a widow Not Applicable

Are you her sole support, or not? Not Applicable

(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.

Chas. A. Wilkinson Major
for O.C. 1st Depot Bn. 1st Quebec Regiment.
Officer Commanding.

Date March 12th 1918

3082535

M.S.A. 15.

Certified True Copy

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 BRIGDEN Christian name Herbert Arthur

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 84271 DC

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

4. Address (including street and number, if any) 11 Archibald Cote St Paul, Mont. P.Q.

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

5. Age as stated 25 Years 6 Months. 6. Apparent age Years Months

7. Height 5 Feet 4 Inches. 8. Weight 138 Pounds.

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

10. Complexion MeD. { Eyes Blue / Hair Brown

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

13. Number of vaccination marks { Right arm / Left arm 1

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 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 [E]

Eyes R.D. 80 L.D. 80

Ears R. OK L. OK

Signature of Man

Signed G.L.Call Cap't. *President.*

Signed L.Robert Lt. *Member.* Sig. R.B.Malcolm Cap't *Member.*

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

Joined 12th *day of* March *191* 8 *at* Montreal

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	3082535			
Transferred to	1st DEPOT BN. 1st QUEBEC REG'T.			

CERTIFIED CORRECT TO DATE MAR 28 1918 Major, A/Adjutant 1st Depot Bn. 1st Quebec Regt.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Montreal	18/3/18	Mental Defeciency	E J R Spence Lt Col President, C. M. B.

Declared UNFIT by MEDICAL BOARD MOBILIZATION CENTRE M. D. #4

MOBILIZATION CENTRE M. D. #4 MAR 18 1918 MONTREAL, P.Q.

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, or the man becoming non-effective; the date and cause being stated on next page.

"E" Unfit for Service in Categories A. B. or C.

Surname BRIGDEN Christian Name Herbert Arthur

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				

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned,.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation ; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

X

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Montreal, P.Q. DATE March 12, 1918.

1. (a) Unit 1/1st Quebec Regt. (b) Regimental No. 3082535 (c) Rank Pte.
   (d) Surname Brigden (e) Christian name Herbert Arthur
2. Age last birthday 26 Date of birth July 5th, 1892.
3. Enlisted at Montreal, P.Q. on March 12, 1918.
4. Personal description :—
   (a) Height 5 ft. 4 ins. (b) Weight 138 lbs. (stripped) (c) Complexion Ruddy.
   (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks
   One vaccination mark on left arm.
5. Address after discharge (for the use of the Board of Pension Commissioners)
   11 Archibald St. Montreal.
6. Former trade or occupation No.
7. (a) Service

	Years	Days	Periods From	Periods To
			Mar.12/18.	Mar.12/18.

   (b) Has he been overseas ? No.
8. Present disease or disability (use authorized nomenclature if possible) Mental deficiency.
   (a) Date of origin Congenital at birth. (b) Place of origin North Bay.
   (c) Cause* Congenital.
   *(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Mental deficiency. Suffers from epilepsy. Cannot read or write. Cannot answer ordinary questions.

Concur in findings of Standing Medical Board, Class E.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

75M.-12-17.
1772-39-117.

10. History :
Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Congenital.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

Unknown.

12. Did the disability arise on or off duty? Off duty.

13. Was a Court of Inquiry held? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? No.

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Not known.

17. Treatment (Case reports, general or special, should be secured and attached where possible).

Negative.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No.

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations That he be discharged as medically unfit.

A. E. Vipond Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned man have heard the description of my disability read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.) I complain in addition of nothing.

His Mark + Herbert Arthur Briggs.
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

CONCUR.

22. Is the soldier fit for

(a) General service,	(Category A)	(~~Yes or~~ No).
(b) Service abroad, not general service,	(" B)	(~~Yes or~~ No).
(c) Home service, (Canada only),	(" C)	(~~Yes or~~ No).
(d) Temporarily unfit,	(" D)	(~~Yes or~~ No).
(e) Unfit for service in Categories A, B and C,	(" E)	(Yes ~~or No~~).

23. It ~~is certified that the soldier~~
(a) ~~Does require treatment~~. (Give the nature of the condition and of the treatment required and its probable duration).
(b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control.~~
(Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Category E.

J. R. Spier Lt Col. *President*
J. A. Demers Capt
W. C. Gowdey Capt. } Members.

STATION Montreal, P.Q.
DATE March 18, 1918.

APPROVED BY
DATE

ASSISTANT DIRECTOR MEDICAL SERVICES
M.D. No. 4
APPROVED
20 1918
MAJOR
For A.D.M.S.
MONTREAL, Que.
Assistant Director of Medical Services.

APPROVED BY
DATE

Director-General of Medical Services.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers

Proceedings on Discharge.

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

No. 3082535

Rank Private

Surname Brigden,

Christian Name Herbert Arthur

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

Corps (Squadron, Battery or Company) 1st Depot Bn; 1st Quebec Reg't CEF

Date of Discharge 2nd April 1918

Place of Discharge Montreal, Canada

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	25 years 9 months.	
Height	5 feet 4 inches.	
Complexion	Medium	
Eyes	Blue	NIL
Hair	Dark Brown	
Trade		
Intended place of residence (To be given as fully as practicable.)	11 Archibald Street Cote St. Paul, Que. Canada	

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

Medically Unfit; Authority Para. 322(2)c. K.R.& O., C.M. 1910; District Order No. 326 of 23/3/18 (22-H-1334)

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, Canada ..... Lieut Col.

(Date) 2nd April 1918 ..... *Commanding* 1st Depot Bn 1st Que. R.

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, Canada his + mark ..... (*Signature of Soldier.*)

(Date) 2nd April 1918 ..... (*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. 22 days.

Total.....years. 22 days.

11. **Confirmation of Discharge.**

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

(Place) Montreal, Canada

(*Signature*) ..... Lieut Col.
Comdg 1st Depot Bn 1st Que. Regt

(Date) 2nd April 1918

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.)

NIL

his + mark

(OVER)

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. 3062535

Rank Private

Surname Brigden,

Christian Name Herbert Arthur

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

Corps (Squadron, Battery or Company) 1st Depot Bn; 1st Quebec Reg't CEF

Date of Discharge 2nd April 1918

Place of Discharge Montreal, Canada

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	25 years 9 months.	
Height	5 feet 4 inches.	
Complexion	Medium	NIL
Eyes	Blue	
Hair	Dark Brown	
Trade		
Intended place of residence (To be given as fully as practicable.)	11 Archibald Street Cote St. Paul Que. Canada	

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

Medically Unfit; Authority Para. 322(2)c. K.R.& O., C.M. 1910; District Order No. 326 of 23/3/18 (22-H-1334)

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, Canada

(Date) 2nd April 1918

Commanding 1st Depot Bn 1st Que. R.

for Lieut Col.

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, Canada his + mark *(Signature of Soldier.)*

(Date) 2nd April 1918 *(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) Montreal, Canada

(Date) 2nd April 1918

(Signature) for Lieut Col.

Comdg 1st Depot Bn 1st Que. 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.)

NIL

his + mark

(OVER)