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..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

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..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

M.F.W. 67-2
1 index card

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

H

Name Brown, John Harlin

Regt. No. 2250576 Rank Pte

Corps Forestry Depot. MD No. 2.

44732

Being Over-age

C

H

E.a.

ORIGINAL

Sudbury Forestry Draft

ATTESTATION PAPER.

No. 250576

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Brown
1a. What are your Christian names?	John Harlin
1b. What is your present address?	Sudbury, Ont, Canada.
2. In what Town, Township or Parish, and in what Country were you born?	Fondulac, Wiss, U.S.A.
3. What is the name of your next-of kin?	Sadie Brown
4. What is the address of your next-of-kin?	Moran, Mackinac, U.S.A.
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	June 3rd 1870
6. What is your Trade or Calling?	Bushman
7. Are you married?	Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14. If so, what was the nature of the disability?	-
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No
16. If so, what was the reason?	-

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Harlin Brown, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

John Harlin Brown (Signature of Recruit)

Date May 5th 1917. C V Clarke Capt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Harlin Brown, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

John Harlin Brown (Signature of Recruit)

Date May 5th 1917. A H Beath (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Sudbury, Ont. this 5th day of May 1917.

A H Beath (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of John Harlin Brown on Enlistment.

Apparent Age 46 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9 ins.

Chest measurement: Girth when fully expanded 40 ins.
Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair Grey

Religious denominations:
- Church of England Yes
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other denominations (Denomination to be stated.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Defective Vision Left Eye

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* ..... for the **Canadian Over-Seas Expeditionary Force.**

Date May 5th 1917.

Place Sudbury, Ont, Canada.

Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

SUDBURY, ONT.
MAY 5 1917

DECLARED FIT BY MEDICAL BOARD
SUDBURY MOBILIZATION CENTRE
M.O.
PRESIDENT

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Harlin Brown having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

(Signature of Officer)

Date May 5th 1917.

O.C. Forestry Depot No 1 Co 2

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. 2250576 Rank Pte Name J. H. Brown

Corps Depot Forestry Units who was* discharged

On July 6th. 1917 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1.7.17 191..., to 6.7.17 191..., the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	10.	
Advances by Cheques } No.			Regt'l Pay 6 days at $ 1 c	6.	
Advances by Cheques } No.			Field Allow. 6 days at $ c 10		.60
Assigned Pay No.			Other Allowances*		
Other Charges* Laundry		.25	Other Credits*		
Payment on transfer or discharge No. 2008	16	.35			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	16.	60	Total	16.	60

*Give Particulars.

A monthly stoppage of $.....(†) has .....(‡) been paid on account of Assigned Pay for the 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 5-5-17

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

(3) cause of discharge and authority Overage- Auth. 2MD 34-BR-308

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

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

Date July 6th. 1917.

Place Camp Borden, Ontario.

Paymaster

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

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

M. F. W. 44.

150M.—4-17.
H. Q. 1772 39-903.

SUDBURY MOBILIZATION CENTRE
SUDBURY, ONT.

ORIGINAL

B2

MEDICAL HISTORY SHEET

2250576

Surname Brown *Christian Name* John Harlin

Examined { on 5th. day of May 1917
at Sudbury, Ont.

Birthplace { City or Town Fondulac, Wiss.
County U.S.A.

Apparent age 46 years 11 months

Trade or occupation Bushman

Height 5 feet 9 Inches

Weight 172 lbs.

Chest measurement { Minimum 36 inches
Maximum expansion 40 inches

Physical development Good

Small-pox Marks Nil

Vaccination Marks { Arm Right Left
Number x 1

When Vaccinated last Childhood

(*a*) Marks indicating congential peculiarities or previous disease Nil

(*b*) Slight defects but not sufficient to cause rejection
Defective Vision of Left Eye

Approved by

Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
		DECLARED FIT BY MEDICAL BOARD SUDBURY MOBILIZATION CENTRE	M.O.
			M.O.
		J. P. Richardson M.O. PRESIDENT	M.O.
			M.O.
		SUDBURY, ONT.	M.O.
		MAY 5 1917	M.O.

Date	Result	Vaccinations	
			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
21/5/17	1	J. H. Blayney Lieut.	M.O.
26/5/17	2	J. H. Blayney	M.O.
4/6/17	3	J. H. Blayney	M.O.

Enlisted on 5th. *day of* May 1917 *at* Sudbury, Ont.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname..... Christian Name.....

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 made out in duplicate.

H.Q. 54-21-23-53

ORIGINAL

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.

---

(1) Name of Overseas Unit which Soldier joins: Forestry

(2) Regimental Number: 2250576

(3) Full Name of Soldier: John Harlin Brown

(4) Place of Birt: Hondulac Wis. U.S.A.

(5) Are you married, or not? Yes

(6) If married, state,
(a) Full name of your wife: Mrs Sadie Brown

(b) Present Postal Address: Moran Mackinac Co Mich

(7) Are you a widower?

(8) Have you any children? Yes.

If so, give number of boys and girls: 6 boys 2 girls

Also their names and ages: Dewey age 18
Julia 15
Bernard 11
Jack 10
Richard 5
Jessie 3

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address

(10) Is your Mother alive? Yes.

If so, state name and address Mrs Julia Wilson

(11) If your Mother is a widow Yes

Are you her sole support, or not? No

(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.

(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.

(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.

No

(15) Are you insured? No.

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

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

MAJOR
O.C. FORESTRY DEPOT M.D. No.
Officer Commanding.

Date June 11/17

FORM OF WILL

I, John Harlin Brown (Name in full)

Regimental Number 2251576 serving in Forestry Draft

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

Nil

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 12th day of June A.D. 1917

John Harlin Brown 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: Wm McQueen Lieut.

Address of Witness: Camp Borden

Occupation of Witness: Soldier.

Signature of Second Witness: James W. Skeaff

Address of Witness: 3 Cotswold Court Toronto

Occupation of Witness: Sergeant in the C.E.F.

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

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

M. F. W. 54. (A. F. B. 199.
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

2250576

Unit, Regiment or Corps Forestry Depot

Regimental No. ..... Rank Private Name BROWN? John Harlin

Enlisted (a) 5.5.17 Terms of Service (a) C.E.F. C.E.F Service reckons from (a) 5.5.17

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) Bushman

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				

649-B-17534

SURNAME. Brown

CARD NO. 4

CHRISTIAN NAMES John Harlin

S.O.S. Dis. 6/7/17

REGL. NO. 2250576 RANK Pte.

UNIT Forestry Coy. (M.D.2)

FORMER CORPS Nil

NEXT OF KIN.

NAMES IN FULL Brown Mrs. Sadie

RELATIONSHIP TO SOLDIER Wife

ADDRESS Moran, Mackinac Co. Mich. U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH U.S.A. Fond du Lac. Wis DATE June 3rd 1870

PLACE OF ATTESTATION Sudbury Ont. DATE May 5th 1917

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

L.O.

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Bushman RELIGION Church of England

DESCRIPTION.

APPARENT AGE 48 YEARS 11 MONTHS

HEIGHT 5 FEET 9 INCHES

CHEST MEASUREMENT 40 INCHES EXPANSION 4 INCHES

COMPLEXION Fair EYES Blue HAIR Grey.

DISTINGUISHING MARKS Defective vision left eye.

MEDICAL EXAMINATION. PLACE Sudbury Ont. DATE May 5th 1917

Present Address Sudbury, Ont.

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date.....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. } .....

Administrative Medical Officer.

Militia Form B. 227.

150 m—5-16.
H. Q. 1772—39—117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids.

Next of kin - Sad'ee Brown (Wife)
- Moran, Mich. U.S.A.

Medical Examiner.
Medical Board
Tor. Mob. Centre.

ans address.
Moran, Mich,
U.S.A.

MEDICAL HISTORY OF AN INVALID.

DEP'T MILITIA & DEFENCE
JUL 16 1917
H. Q. .....
CANADA

NO. 2
MILITARY DISTRICT
JUL 9 1917
34- Br-308

1. Station. Camp Borden
2. Regiment or Corps. Forestry Depot.
3. Regimental No. and Rank. #2250576 Private
4. Name. BROWN John Harlin
5. Age last Birthday. 54
6. Enlisted on June 5th., 1917 at Sudbury, Ont.
7. Former Trade or Occupation. Lumberman

8. General remarks on his:—
(a) Conduct. Fair
(b) Habits. Good
(c) Temperance. Fair

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. June 27th. 1917.

9. Service. Years. 22 Days.

	PERIODS.	
	FROM.	TO.
Forestry Draft #5	5.6.17	Date

10. (a) Disease or disability. Overage
(b) Date of origin. 1911
(c) Place of origin. Michigan
(d) Cause. Natural

11. Present Condition. (Most Important)
(To include full description of present disabling condition or conditions.)
Is 54 years old - physical condition is only fair - mentality seems to be a little impaired - Is an experienced woodsman but finds it hard to fit into Army life

Discharge
Dec 23/7/17
E.P.

12. (a) Is the disability the result of service or climate? No
(b) Has it been aggravated by intemperance, vice or misconduct? No

M. F. B. 227.

150 M—5-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Nil.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held ?

No wounds or injuries

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not due to exposure on duty

14. Treatment None

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

Not aggravated by service.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

Permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions.

Same as before enlistment.

18. State if for discharge on account of unfitness for Service.

Yes.

Lieut.

M.O. Forestry and Railway Construction depot.

Medical Officer by whom the case is brought forward.

Board rec'd in Board room at 2 P.M. 29-6-17

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report ? If not, give differing opinion.

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

18. Is he unfit for Military Service.

YES

Recommendations :

That he be placed in Category E. We recommend discharge on account of "Overage". It is advisable that he should not pass under his own control.

Signatures :—

Julian D. Boyd — President.
Major A.M.C.

W. L. Silcox — Capt. A.M.C.
Members.

Station. Camp Borden

Date. June 29th. 1917

Capt. A.M.C.

Date. 4.8.17

Asst. Director of Medical Services.

Approved.

Date. 17/7/17

Director-General of Medical Services.

Discharge 3/7/17 93.

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.	2250576
Rank	Private
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	BROWN John Harlin
Corps (Squadron, Battery or Company)	Forestry Depot. M. D. #2
Date of Discharge	July 6th. 1917.
Place of Discharge	Camp Borden.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 46 years 11 months.
Height 5 feet 9 inches.
Complexion fair
Eyes blue
Hair grey
Trade Bushman
Intended place of residence (To be given as fully as practicable.) Sudnury, Ont.

Descriptive Marks

Defective vision left eye

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

"OVERAGE"

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.

Fair

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

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

Bushman

M. F. B. 218.
50m.—3-16.
H. Q. 1772-39-113.

(OVER)

Medical Sect
3-8-17
R.S.

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) Camp Borden. [signature] Major.

(Date) July 6th., 1917. *Commanding* Forestry Depot M.D.#2

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) Camp Borden. John Harlin Brown (*Signature of Soldier.*)

(Date) July 6th. 1917. [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.

..... (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years...62days.

Total.....years62days.

11. **Confirmation of Discharge.**

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

(Place) Camp Borden. [signature] Major.

(Date) July 6th. 1917. (*Signature*) O.C. Forestry Depot. M.D. #2

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.)

John Harlin Brown

(OVER)