REGIMENTAL DOCUMENTS

NAME BROWN Peter REGT. NO. 1274169 UNIT H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				45822	Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
2	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	MTW 71			1		
				9.24		
				2-24		

W 2589
100M-11-18

Calg A.1.

"Active Militiaman on duty, became C.E.F. on 22nd June 1918. Vide R.O. 795/1918"

ORIGINAL

No. 1 Coy RCGA

R.C.G.A., C.E.F.

ATTESTATION PAPER.

No. 1274169.

Folio.

CANADIAN EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname ? ..... BROWN
2. What are your Christian names ? ..... Peter.
3. What is your present address ? ..... Halifax, N.S. Can.
4. In what Town, Township or Parish, and in what Country were you born ? ..... London, ENGLAND.
5. What is the name of your next-of-kin ? ..... Mrs. Lillian Kathrine Brown.
6. What is the address of your next-of-kin ? ..... 125 South Kline St. Halifax, N.S.
7. What is the relationship of your next-of-kin ? ..... Wife.
8. What is the date of your birth ? ..... 8th June 11883.
9. What is your trade or calling ? ..... Labourer.
10. Are you married ? ..... Yes.
11. Are you willing to be vaccinated or re-vaccinated and inoculated ? ..... Yes.
12. Do you now belong to the Active Militia ? ..... Mes.
13. Have you ever served in any Military Force ? (If so, state particulars of former Service.) ..... 3 yrs R.C.R. 9 yrs 1 mth R.C.G.A.(P.F)
14. Do you understand the nature and terms of your engagement ? ..... Yes.
15. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE ? ..... Yes.
16. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit ? ..... No.
17. If so, what was the nature of the disability ? ..... –
18. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected ? ..... No.
19. If so, what was the reason ? ..... –

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I DO SOLEMNLY DECLARE that the above are answers made by me to the above questions and that they are true and I HEREBY ENGAGE AND AGREE to serve in the CANADIAN EXPEDITIONARY FORCE in any arm of the service for the duration of the war now existing between Great Britain and the Central European Powers, and for the period of demobilization thereafter, and in any event for one year, provided always His Majesty shall so long require my services.

Peter Brown (Signature of Recruit.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Peter BROWN do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Peter Brown (Signature of Recruit.)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER.

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

The above questions and answers 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 Halifax, N.S. this 29th day of March 1918.

Signature of Magistrate, Justice or Attesting Officer.

Lieut. Col. Major C.R.C.A. Halifax — Office or Rank and Unit or appointment.

M. F. W. 23.
50 M.—5-18.
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.

D.O. Part 2. No. 154. d/-22/11/18.

Description of Peter BROWN. on Enlistment.

AND CERTIFICATE OF MEDICAL EXAMINATION.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 2nd day of January 1919, by the undersigned medical board sitting at Fort McNab, Halifax, N.S.

1. Age as stated 36 Years 6 Months
2. Apparent age 36 Years 6 Months
3. Height 5 Feet 5½ Inches.
4. Weight 150 Pounds.
5. Chest measurement { Minimum 35 Ins. / Maximum 38 Ins.
6. Complexion Dark { Eyes Brown / Hair Black
7. Physical development Good { Good / Fair / Poor
8. Smallpox marks Nil.
9. Number of vaccination marks { Right arm 5 / Left arm 8
10. When vaccinated last 31/5/18.
11. Distinctive marks and marks indicating congenital peculiarities or previous disease
(Should the Medical Officers 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).

12. Slight defects but not sufficient to cause rejection
13. The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma.
14. We find no evidence of past { Rhumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis Asthma

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 A1

15.
(a) Vision. R. 20 L. 20
(b) Hearing R. 15 L. 15

J. Byrne Capt. A.M.C. President.

Member. Member.

(Any special remarks of Medical Officers may be added below.)

RELIGIOUS DENOMINATIONS.

The Recruit states he belongs to the Denomination noted below.

Church of England ..... Methodist ..... Jewish .....

Roman Catholic Yes. Baptist or Congregationalist ..... Other denominations .....

Presbyterian .....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Peter 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.

B. Meagher (Signature of Officer)
Lieut. Col. R.C.A.

Date 29-3-19 191 . L. Major C.R.C.A. Halifax

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 1274169 (Rank) Private

Name (in full) Peter Brown enlisted in

the Royal Canadian Garrison Artillery (became CEF 22-6-18 R.O. 795)

CANADIAN EXPEDITIONARY FORCE at Halifax NS on the Twenty-first

day of November 1912

HE served in — Canada —

and is now discharged from the service by reason of

Demobilization

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

Age 36 yrs 2 mos.

Height 5 ft 6¼ ins

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars Scars on chin and left check.

Peter Brown
Signature of Soldier

Issuing Officer

Capt
Rank

OCC87
Appointment

Date of Discharge 31st July 1919

Signed at Halifax NS this Thirty-first day of July 1919

in Military District No. Six

File Reference No. G.D 4-9-14 d/24-7-19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

ACTIVE MILITIAMAN ON DUTY, BECAME C.E.F.
22nd JUNE 1918 VIDE R. O. 795

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps ..... R.C.G.A., C.E.F.

Regimental No. 1274169 Rank Gunner Name BROWN. Peter.

C. E. F. R.O. 795

Enlisted (a) 22-6-18 Terms of Service (a) While services are required Service reckons from (a) ~~21-11-17~~ 22.6.18

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) .....

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				
"Active militiaman on duty, became C.E.F. on 22nd June 1918. Vide R.O. 795/1918.					
12-4-19	S.R.O. No 902 d/ 29-4-19	S.O.S on transfer to C.O.C.	Halifax N.S.	12-4-19	S.O. 129 d. 30-4-19 M. Strachan CAPT 1st. C. G. A. ADJUTANT No. 6 ARTILLERY DEPOT
~~13-4-19~~ 1-5-19	R.O. 121	S.O.S. C.O.C. C.E.F.	Halifax N.S.	13-4-19	[illegible] Capt OC. 6th Det C.O.C. C.E.F.
31-7-19	R.O. 212	S.O.S. on Discharge 6-D 4-9-14 d/24-7-19	Halifax N.S.	31-7-19	[illegible] Captain OC 6 Det C.O.C. C.E.F.

(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				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

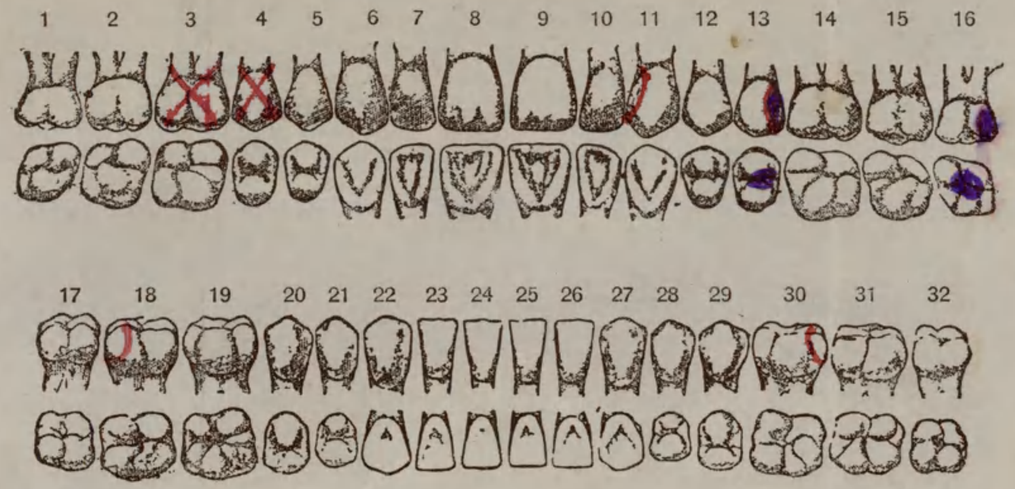
District Six

No. 1274169

Name of Soldier BROWN, Peter

Regiment 6th Artillery Depot Rank Gunner

M.F.B. 465
150M--10-18
1772-39-950



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report, record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge from the Service.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS
Condition on first Examination 3-3-19											3 4										Capt Cassam	6	Cavities 10.13.16.19.30. Extractions
4			16		13																Capt. Wicks	6.	

Cavities 10.13.16.19.30.

DENTAL HISTORY SHEET

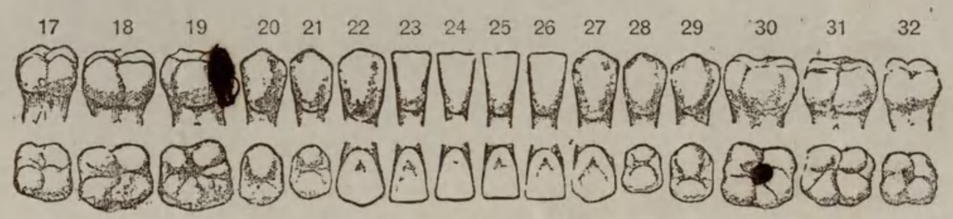
CANADIAN ARMY DENTAL CORPS

DISTRICT No. 6

NAME OF SOLDIER Bonner Peter

REGIMENT 6th Artillery Bt RANK Gnr

No. 127441/59



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Condition on first Examination																							Cavities 11.10-16 19.30
Fair											~~5~~									Capt Leason			Extractions
	11/4/19					5					5									Capt Wicks			

M.F.B. 465
150M--10-18
1772-39-950

"Active Militiaman on duty, became C.E.F. on 22nd June 1918. Vide R.O. 795/1918.

MEDICAL HISTORY OF

Surname Brown. *Christian Name* Peter.

Examined { on 21 day of November 1912 / at Halifax N.S.

Birthplace { City or Town London England / County Middlesex

Apparent age 29

Trade or occupation labourer

Height 5 Feet 6 1/4 Inches.

Weight 142 Lbs.

Chest measurement { Minimum 30 inches. / Maximum expansion 32 inches.

Physical Development Good.

Small-Pox Marks Nil.

Vaccination Marks { Arm Right Left. / Number nil three

When Vaccinated last 1906

(*a*) Marks indicating congenital peculiarities or previous disease Nil.

(*b*) Slight defects but not sufficient to cause rejection Nil.

Approved by W. Hutton Lt

(Rank) F.A.M.C.

Medical Officer.

Examined for re-engagement

day of 191

*Considered

(Signature)

Medical Officer.

*If unfit, state disability.

Re-vaccinated on 25 day of Jan. 1918

Arm left Number one

Result Successful

(Signature) W. L. Hutton Lieut.

Medical Officer.

Enlisted on 21st *day of* November 1912 *at* Halifax, N. S.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment.	R.C.G.A. (1 Co) C.E.F.	~~5 11 05~~ 1274169		21-XI-1918.
Transferred to.....				

Pace. 31/5/18.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Inoculated against typhoid		10/7/19	H H Brunelle Capt.
do	do	do 17-7-19	H H B.

N. B.—This sheet 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.

Mil. Form B. 313.

5m-9-10.
H. Q. 1772-39-439.

Surname Brown Christian Name Peter.

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.				
Halifax. N.S	21-11-12.										

CLINICAL CHART.

Cogswell St. Military Hospital
Ward T

Corps B. C. G. A. Hospital Station R.C.

No. 1274169 Rank and Name Gnr. Brown. Peter. Age 36 yrs Service 13 yrs

Disease Influenza - Lobar Pneumonia Contd. Date of Admission 5-3-19 Date of Discharge 28/5/19 Result Recovered Serial No. A. & D. Book

Dates of Observation	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Days of Disease	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15-16		17	18	19	20	21	22	23	24	
Temperature Fahrenheit (TIME a.m. p.m.)																									
Pulse per Minute	88	84	80	72	78	84	72	84	74	76	72	84	76	80	72	80	86	80	74	86	72	90	86	86	94
Respirations per Minute	16	18	16	18	14	18	16	18	16	18	20	18	18	18	18	20	18	20	18	18	18	18	20	18	18
Motions	T		O	T	T		I			I	I	I		I	I	I		I		F		I			

M. F. B. 288.
50M—4-18.
H. Q. 1772-39-513.

Signature [illegible] In charge of case.

Mrs Brown
125 South Blins
Halifax

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. 1274169 Rank Private Name BROWN PETER
(Name in full in block letters.)

Age 36 1/12 Address after discharge .....

Unit or Corps 67th Det C.O.C. C.E.F. Birthplace London England

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

1. GENERAL DESCRIPTION:

Physique good Weight 136 lbs. Height 5 ft. 6¼ in. Colour of Eyes Brown

Nutrition good

Pulse 68

Condition of arteries good

Vision Rt. 20/30 Left 20/30

Hearing (conversational voice) Rt. 15 ft.

Left 15 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
scars on chin and left cheek

Opinion as to general health and physical condition ..... good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No.") (Subjective evidence may be sufficient in certain cases.)

Nervous System No ..... Genito Urinary System No ..... Cardio-Vascular System No

Special Senses No ..... Integumentary System No ..... Respiratory System No

Disturbance of mentality No ..... Muscular System No ..... Digestive System No

Osseous and Joint System No ..... Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

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

[OVER]

EXAMINATIONS.

4. 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.)

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5. THIS SECTION FOR USE IN CANADA—

Examined at Halifax ..... (Canada)

Date July 24 1919 ..... Signed R. H. Brown Ottawa 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 P. Brown

(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.)

P. Brown

M.F.W. 129.
350—D.P.—50M-4-19.
1772-39-1142 (10076).

[OVER]

CASE HISTORY SHEET.

Cogswell St Hosp. Hospital. Halifax Station.

No. 1274169 Rank Gunner Name Brown Peter Age 36

Unit 6 Art Depot Completed years of service Where and how long } 13 years

Date of admission 5-3-19 Date of discharge MAR 28 1919

Diagnosis Influenza Pneumonia Contact Place of origin Halifax N.S.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complains of "Drawing in chest" of a few days duration. Cough has been present for about a week "off and on". Otherwise feels fit.
On early examn. P.P. P.88. R.16.
Next P. apparently commencing comp. consolidation. P.L. R.16
18/3/19 Admitted as a Special Nursing Contact for observation
20/3/19 Complaining of pain in region of Right Shoulder. Otherwise negative
27/3/19 Report from Dept of Hygiene negative & Meningitis

FAMILY HISTORY Negative
(Tuberculosis, mental or nervous diseases.)

TREATMENT Sal Hepatica & Aspirin & Hot Bath
(Especially any specific or special form.)

CONDITION ON DISCHARGE, Recovered — Chest normal.
(and disposal made of case.) Discharged to duty

Date 27/3/19

Medical Officer i/c case.

M. F. B. 313a.
200M. 5-18.
1772-39-139.

C. 11827

Bill to Hemingway
Pd 12/5/61
Paid

LEDGER No. 11726. SERIAL No. 611827

REG. No. 1274169 NAME Brown P.

RANK Gnr. CORPS 6 A. D. AGE 26 SERVICE 13 years.

HOSPITALS	DATE OF ADMISSION
1 Cogswell St. Mil. Halifax	5-3-19
2	
3	

DIAGNOSIS Influenza, Meningitis Contact.

TRANSFERRED TO

DISPOSITION 28-3-9 CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

ACTIVE MILITIAMAN ON DUTY. BECAME C.E.F.
(Gaz JUNE 1918 VIDE R. O. 795

M. F. W. 71—500M.—6 18.
1772—39—951.

NAME BROWN, Peter.

REGIMENTAL NO. 1274169 RANK Gunner

ENLISTED AT Halifax, N.S. PROMOTIONS, &c. AND DATE

DATE November 21st., 1912.

IF SERVED PREVIOUSLY. STATE UNIT, &c. 3 yrs. RCR, discharged 1-3-09
3 " RCGA, discharged 3-3-12

MARRIED, WIDOWER, OR SINGLE Married.

NEXT OF KIN Mrs. Lillian Kathrine Brown, RELATIONSHIP Wife.

ADDRESS OF 125 South Kline St., Halifax, N.S.

ASSIGNMENT OF PAY $ c. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	NO.	DATE	
Lost Wet Coccet 13/4/19	121	1-8-19	Transfer from Kelga
S.O.S. on Discharge 31-7-19	212	31-7-19	Demobilization
			(6.1) 4-9-14 to 24-7-19

(PF) C.E.F. Rates of Pay

AUDITOR	PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. Married

REGT. No. 124419 RANK Pte. NAME (IN FULL) Brown Peter (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: Mrs Lillian Brown — RELATIONSHIP: Wife

ADDRESS: 125 South Kline Street, Halifax N.S.

IS SEPARATION ALLOWANCE PAID? Yes — DATE EFFECTIVE

TO WHOM PAID: Mrs Lillian Brown — RELATIONSHIP: Wife

ADDRESS: 125 South Kline Street, Halifax N.S.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Per Pay 1.00		
Field 10		
Subs 80		
Sa. 30.00		

ORIGINAL UNIT C.E.F.

IF IN P.F. WHAT UNIT? R.C.O.A.

PLACE OF ATTESTATION — TRANSFERRED TO: C.O.D. — DATE: 12.4.19 — AUTHORITY: DO 120

DATE OF ATTESTATION: 21-11-12 — TRANSFERRED TO — DATE — AUTHORITY: 1948

ASSIGNED PAY $: $15 — DATE EFFECTIVE

PAYABLE TO: Mrs Lillian Brown — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS: 125 South Kline Street, Halifax N.S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE: Halifax N.S. — DATE: 31/7/19 — REASON: Demob — AUTHORITY: DO 212 of 31/7/19 — IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	Sa. $	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. No. 1 NO.	DATE	COL. No. 2 NO.	DATE	COL. No. 3 NO.	DATE	CASH PAYMENTS COL. No. 1 $	C.	COL. No. 2 $	C.	COL. No. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
Abroad																																					
	30	1.00	30	00	24	80	3 / 30	00	84	00			14	14/4	28	28/4			15	00	24	00	45	00							84	00					
May 1919	31	1.00	31	00	24	80	3 / 30	10 / 00	88	90							15	00	28	80			45	00		10					88	90					
June	30		30	00	24		30	3 00	87	—	3	10/6/19	10	26/6/19			15	00	27	—			45	00							87	—					
July	31	1.00	31	00	24	80	30	3 10	223	90	21	7/7/19			31	30/7/19	15	00			13	390	45	00	30	00					223	90					
					35	00	30	70 —																													
								30 —																													
																							70 00	30 00													
																							70	30									70		30		
																							70	30							300						
					210	00	90	—	300	—													210 —	90 —							300 —						

Certified that all payments due on this account have been paid.

For Senior Officer Pay Services, M. D. 6 ..... CAPT.

100M-1-19.—L. L. 52942-44 & D. 9723.
M. F. W. 2598.
1778-20-1320.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper or Particulars of Recruit	Militia Form W. 23 " W. 133
Squadron / Battery / Company } Conduct Sheet, or Field Conduct Sheet	" B. 263a " W. 178	Proceedings on Discharge	" B. 218
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

10643 / 1 8 3

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.

24/7/39

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

No.	1274169
Rank	Private.
Surname	Brown.
Christian name	Peter.

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

Corps (Squadron, Battery or Company)	6 Det. Canadian Ordnance Corps, C.E.F.
Date of discharge	31st July 1919.
Place of discharge	Halifax, N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive marks
Age	36 years 2 months.	Scars on chin and left cheek.
Height	5 feet 6¼ inches.	
Complexion	Dark.	
Eyes	Brown.	
Hair	Black.	
Trade	Labourer.	
Intended place of residence (To be given as fully as practicable.)	125 South Kline Street Halifax NS	

Deceased 10-7-43 649-B-51858

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

Demobilization.

Authority for discharge 6-D. 4-9-14 d/ 24-7-19

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

#########

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

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

#########

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

##########

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

##########

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery,* and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... ##########.....

(Date)..... *Commanding*.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place)....Halifax, N.S.....Peter Brown..... *(Signature of Soldier.)*

(Date)....31st July 1919.....C Y Lane Sgt C.O.S. *(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)..Halifax, N.S.....

(Signature).....R Macdonald

(Date)..31st July 1919.....

Colonel.
S.O.O. M.D.6.

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.

Peter Brown