

AB 30-1-19

DISCHARGE DOCUMENTS

R. O. No. H  
H. Q. No. H

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..... 1
- Proceedings on discharge..... 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- ~~Purchase~~ Certificate..... 1
- Medical Report for Invalids.....
- Medical History Sheet..... 1
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....

Name BROWN, VINCENT  
Regt. No. 3112534 Rank Pte  
Corps 2nd Bn. C. S. A.

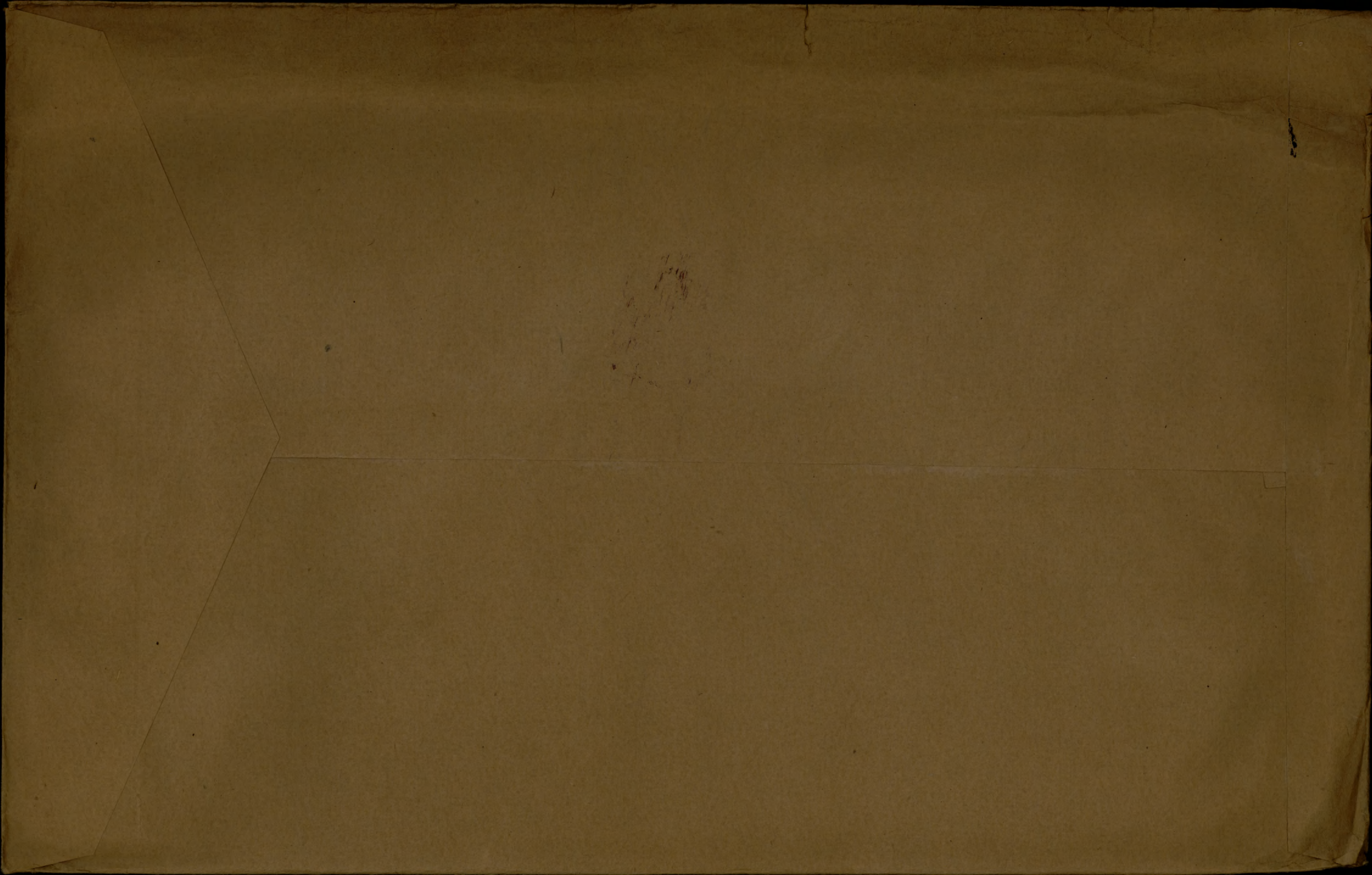
45754



Last Pay Certificate.....

m. F. W.	129-1
m. J. B.	465-1
a. J. B.	122-1
m. J. W.	113-1
m. H. C.	132-1

2-26  
21-27  
33-27  
1



No. 2 M. D. First Depot Battalion 2nd. C.O.R. Regiment

Regtl. No. 3112554

M.S.A.

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

- 1. Surname ..... Brown
- 2. Christian name ..... Vincent
- 3. Present address ..... R. R. #4, Milton West, Ont.
- 4. Military Service Act letter and number ..... 788648  
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
- 5. Date of birth ..... March 28th 1895
- 6. Place of birth ..... Glensford Suffolk, England  
(town, township or county and country)
- 7. Married, widower or single ..... Single
- 8. Religion ..... C of E
- 9. Trade or calling ..... Farmer
- 10. Name of next-of-kin ..... Mrs. Annie Black
- 11. Relationship of next-of-kin ..... Sister
- 12. Address of next-of-kin ..... 56 Rosebury Gardens, Harringay London N. England
- 13. Whether at present a member of the Active Militia ..... No
- 14. Particulars of previous military or naval service, if any ..... None
- 15. Medical Examination under Military Service Act :—  
(a) Place ..... Toronto, Ont. (b) Date ..... 19th. Sept. /18 (c) Category ..... A2.

DECLARATION OF RECRUIT

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

Vincent Brown (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age ..... 23 yrs. 6 mths.  
 Height ..... 5 ft. 6 3/4 ins.  
 Chest measurement } fully expanded ..... 32 3/4 34 1/2 ins.  
 } range of expansion ..... 34 1/2 2 1/2 ins.  
 Complexion ..... Fair  
 Eyes ..... Grey  
 Hair ..... Fair

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

Vac. nil.  
Vision D.20 L.D20  
Hearing normal.  
Nose-Deflected septum  
Throat O.K.

[Signature] Major  
O. C. 1st DEPOT BN., 2nd C. O. R. Depot Btln.  
Regt.

Place Hamilton, Ont. Date 25th. October 1918.

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

M.S.A.

This is to Certify that No. 3112554 (Rank) Private

Name (in full) BROWN, Vincent enlisted in

the 1st. Depot Battalion, 2nd. Central Ontario Regiment.

CANADIAN EXPEDITIONARY FORCE at Hamilton, Ont. on the 25th.

day of October 19 18

HE served in .....C A N A D A.....

and is now discharged from the service by reason of

"DEMOBILIZATION"

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

Age 23 years 9 months.

Height 5 ft. 6 $\frac{3}{4}$  ins.

Complexion Fair

Eyes Grey

Hair Fair

Marks or Scars

Four vaccination marks left arm.

Vincent Brown

Signature of Soldier

P. Hackey

Major

Issuing Officer

O. C. 2nd Bn., Canadian Garrison Regt.

Rank

Date of Discharge January 11th. 1919.

Appointment

Signed at TORONTO this 11th. day of January 19 19

in Military District No. -2-

File Reference No. ....

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

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

Medals and Decorations .....

Remarks .....

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

.....  
Name of Officer

.....  
Rank

.....  
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

# CASE HISTORY SHEET.

Toronto Stationary Hospital. Exhibition Camp Toronto Station.  
No. 3112554 Rank Private Name BROWN, Vincent Age 23  
Unit 2nd CGR Completed years of service 5/52 Canada  
Date of admission Dec. 3rd/18 Date of discharge Dec 21 18  
Diagnosis Influenza Place of origin In service.

## CONDITION ON ADMISSION AND PROGRESS OF CASE.

Complaint, none - sent in

for high temperature  
Looks well though slightly flushed.  
Respiratory system. Normal on inspection. Normal on percussion.  
Normal on palpation. Normal on auscultation.  
Circulatory system. Heart normal in sound. Normal in size.  
Normal in position. Pulse regular.  
Gastrointestinal system. Teeth fair. Tongue clean. Buccal  
mucous membrane, healthy. Abdominal tenderness none.  
Genito-urinary system. Normal.

Genus Muscular system. Knee jerks, absent. Babinski, none.  
Muscular development good.

Dec 4. About the same  
Dec 5. feeling better.  
Dec 6. doing nicely  
8.19.18. slight temp. yesterday. Bed again today. feeling better.  
9.19.18 T.P.R. N - improved. Strength 15  
10.17.18 Improved 20  
11.17.18 T 98 P 48 R 16 OK. SM.  
13.12.18 T 98 P 104 R 20. 18/12/18 - up - L.P. feels fine.

## FAMILY HISTORY

negative.

(Tuberculosis, mental or nervous diseases.)

## TREATMENT

Colonel got it. 3 tablets in 6 hrs. Aspirin got it  
9 1/2 H. quinine got it ± ed.

## CONDITION ON DISCHARGE

Recovered - Recommended  
one week sick leave

Date Dec 20 18

J. Thompson Capt  
Medical Officer i/c case.

analysis Dec. 5/15

Reaction acid

sp. grav. 1.036 -

albumen } neg.  
sugar }

MILITARY SERVICE ACT, 1917.

ORIGINAL

EXAMINED BY  
MEDICAL  
BOARD OF REVIEW

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 Brown Christian name Vincent
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 788648
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) \_\_\_\_\_
- 4. Address (including street and number, if any) RR#4 Milton Ont

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 19th day of Sept. 1918 by the undersigned medical board sitting at Toronto

- 5. Age as stated 23 Years 6 Months. 6. Apparent age 23 Years 6 Months
- 7. Height 6 Feet 6 1/2 Inches. 8. Weight 130 Pounds.
- 9. Chest measurement { Minimum 32 Ins. Maximum 34 1/2 Ins. 10. Complexion Fair { Eyes Grey Hair Fair
- 11. Physical development Fair { Good Fair Poor 12. Smallpox marks Nil
- 13. Number of vaccination marks { Right arm Nil Left arm 4 14. When vaccinated last Childhood
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease A2

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.) Eyesight R.D.20 L.D.20

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2  
Hearing R.Normal L.Normal  
Nose Deflected Septum  
Throat Normal

Thos. Shuterworth President  
W.B. Dingle Member Arthur J. Wilton Member

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
NOV 12 1918		H. M. M. M. M. O.	NOV 12 1918		H. M. M. M. M. O.
			NOV 18 1918		

Joined 25th day of October 1918 at Hamilton Ont.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st Lt. Bn. 2nd Cav</u>	<u>3112 554</u>	<u>O.K.</u>	<u>SEP 20 1918</u>
<u>Clg R.</u>			<u>2 112 118</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>2nd Camp</u>	<u>6-1-19</u>	<u>F.M.</u>	<u>A2 J.B. Caldwell Capt</u>

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

Signature of Man Vincent Brown

J.A.B.#2  
J.A.B.#2

FOR FILES  
O.K.  
SEP 20 1918  
2 112 118  
DEPT. B.





# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

# 2

NAME OF SOLDIER

*Brown Vincent*

REGIMENT

*1st DEPOT BN., 2nd C.O.R.*

RANK

*Private*

No.

*2112554*



## 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.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
	<i>To fill. 1.5.8.9 13.14. To Ex. 11.19.30</i>																					
	<i>Nov. 1/18</i>																			<i>Louergan</i>		
	<i>DISCHARGE EXAM. W. Camp. DATE Jan 6/19.</i>																			<i>W. Camp. Capt.</i>		<i>CERTIFICATE ISSUED FOR Not entitled.</i>



(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. 3112554 Rank Pte Name Brown V.  
 Corps 2nd Cdn. R. who was\* discharged  
 On 11-1-19 1911, to 1-1-19 1911  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 1911  
 to 11-1-19 1911, the inclusive date of transfer or discharge.

Dr.			Cr.		
	\$	c.		\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	10	
Advances by Cheques } No. _____			Regt'l Pay <u>11</u> days at \$ <u>1</u> c	11	
Assigned Pay and Sep'n Allee. No. _____			Field Allow. <u>11</u> days at \$ <u>10</u> c	110	
Other charges _____			Separation Allowances* (Monthly)		
Payment on transfer or discharge No. <u>50655</u>	57	10	Other Allowances* <u>clothing</u>	35	
Balance Cr. (to be paid by the new unit)			Other Credits* _____		
Total	57	10	Bal. Dr. (to be deducted by new unit)		
			Total	57	10

\*Give particulars.

A monthly stoppage of \$ \_\_\_\_\_ (†) has \_\_\_\_\_ (‡) been paid on account of Assigned  
 { Pay for the month of \_\_\_\_\_ 191 \_\_\_\_\_ }  
 { and Sep'n Allee. 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.

Out Allowance of \$ \_\_\_\_\_ has been paid by Paymaster, Military District No. \_\_\_\_\_

### REMARKS:—

- State (1) date of enlistment 25-10-18  
 (2) if married and if a Separation Allowance Card has been submitted no  
 (3) cause of discharge Demobilization authority D.O. 9  
 (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 10-1-19

Place Ex Camp Toronto

J. B. [Signature]  
 Paymaster, 2nd Dn. Canadian Garrison Reg't  
 Captain  
[Signature]  
 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.

H.Q. 1772-39-903.  
 20M-11-18. D.P. 874.

Out 11-1-19.



# CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 2nd CGR

Exhibition Camp  
Hospital Station

No. 3112554 Rank and Name Pte. BROWN, Vincent

Age 23 Service 5/52 Canada

Disease Influenza

Date of Admission Dec 3/18 Date of Discharge Dec 21 18

Result Recovered

Case Book

B-117

Folio

Dates of Observation	3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20					
	TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME					
Days of Disease	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18					
Temperature Fahrenheit	a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.		a.m. p.m.							
107°	.																																							
106°	.																																							
105°	.																																							
104°	.																																							
103°	.																																							
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98°	.																																							
97°	.																																							
Pulse per Minute	102		70		70		80		80		67		80		78		56		56		38		104		80		76		58		72		58		58		52		52	
Respirations per Minute	20		20		18		20		18		15		18		17		20		18		20		20		20		20		18		20		20		18		18		18	
Motions	.																																							

Admitted 12:30 a.m.

914970

Signature J. Thompson Capt

In charge of case.

CLINICAL CHART

1912

100

NOV 11 1912

100



# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

A<sub>2</sub>

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. 3112534 Rank pte Surname BROWN  
(Given name in full)  
Nuscut  
 Unit or Corps 2nd BGR Birthplace Glenaford, England

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

**1. GENERAL DESCRIPTION:**

Physique good Weight 138 lbs. Height 5 ft. 6<sup>3</sup>/<sub>4</sub> in. Colour of Eyes Grey  
 Nutrition Good  
 Pulse Normal  
 Condition of arteries .....  
 Vision Rt. 20/20 Left 20/20  
 Hearing (conversational voice) Rt. 20 ft.  
 Left 20 ft.

Identification marks, scars, or deformities.  
(Give cause and date of origin.)  
4 Vacc Rt arm - Childhood.

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.**

no albumen - no sugar  
no Hernia - Haemorrhoid - Venous disease of  
thru neck.

APPROVED  
 7/1/19  
 R. P. Richardson  
For A.D.M.S., M. D. S.

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

OK

[OVER]



# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date .....

Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

## THIS SECTION FOR USE IN CANADA—

Examined at *Cy Camp* ..... (Canada)

Date *Jan 6 - 1919* .....

Signed *H R Caldwell* ..... 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 *Vincent Brown Mte* .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

Please quote reference -----

Your reference -----

# Military Hospitals Commission

CANADA

From:—The District Vocational Officer,

To:—The Officer Commanding,

**NO 2 DISTRICT DEPT**

*3112554 Pte Jno G. R.*

*Brown Vincent.*

Sir,—

I beg to inform you that the marginally named -----

*Man* ----- was interviewed by a Vocational Officer

(Man, N. C. O., Etc.)

on **JAN 6 - 1919** ----- 19-----, and all particulars with reference

to his education and industrial history have been entered upon Form  
M.H.C. 156.

*John J. Linn*

Vocational Officer.

Military Hospitals Commission

CANADA

Please quote reference

Your reference

From: The District Vocational Officer

To: The Officer Commanding

WINDY DISTRICT REPORT

*[Faint handwritten notes]*

I beg to inform you that the marginal record  
was interviewed by a Vocational Officer  
and all particulars with reference  
to his education and industrial history have been entered upon Form

M.H.C. 156

Vocational Officer

# M.S.A.

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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-920.

## Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BN., 2nd C. O. R.

Regimental No. 3117554 Rank Pte Name Brown, Vincent

Enlisted (a) 75-10-18 Terms of Service (a) Dur War & 6 months C. E. F. after Service reckons from (a) 75-10-18

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) Farmer

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				
		Transferred to <u>Base Gas Regt</u> From 1st Depot Bn., 2nd C. O. R.		<u>2/2/18</u>	
9-1-19	2nd. Bn. C.G.R.	S.O.S. on discharge R.O. #1328 "Demobilization"	Toronto.	11-1-19	Pt. II D.O. #9

(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.



NAME

Brown Vincent.

REGIMENTAL NO.

3112554

RANK

Pte

ENLISTED AT

PROMOTIONS, &c.  
AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

S

NEXT OF KIN

Annie Black

RELATIONSHIP

Sister

ADDRESS OF

56 Rosebury gardens  
Harringay, London, E.5

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

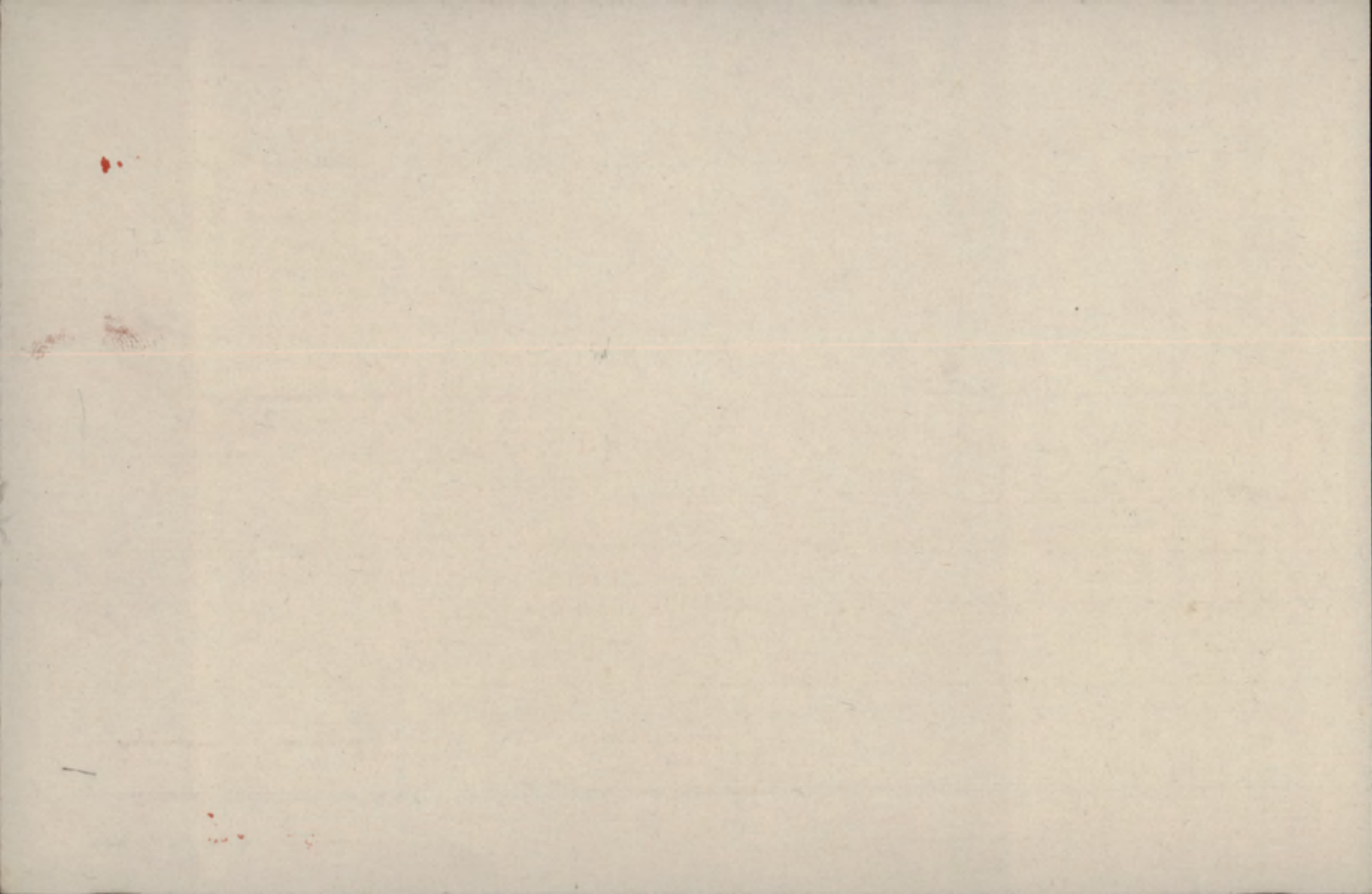


Surname *Brown* H. Q. ....  
Christian names *Vincent* M. D. No. *20* .....  
Regtl. No. *212554* Rank *Pvt* T. O. S. *Oct 25th 1918* .....  
Unit *2nd Gen Out Regt 1st Aero Br* D. O. Pt. II *299* of *26-10-18* .....  
Reason *Demob* S. O. S. *11-1-19* 19 .....  
Auth *DO 19 9/11 9th Br*

Next of kin *Black Mrs Annie* Relationship *Sister* .....  
Address *56 Rosbury Gardens* Also notify: .....  
*Harringay, London, N. Eng*

BORN—Place *England, Gloucestford* Date *March 28th 1895* .....  
ATTESTED—Place *Hamilton, Ont* Date *Oct 25th 1918* .....  
O/S ..... R/C .....





LEDGER No. 7026

SERIAL No. <sup>a</sup> 14770

REG. NUMBER 3112554 NAME Brown V

RANK CORPS 2 C G R

AGE SERVICE 6. 5/52

NAME OF HOSPITAL Exhibition Camp PLACE Toronto

DATE OF ADMISSION 3/12/18

DISEASE Influenza

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO Unit 2/12/18 IN CATEGORY



## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	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.)
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."	

*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.	3112554	
Rank	Private	
Surname.....	B R O W N	
Christian Name.....	Vincent	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	2nd BN. CANADIAN GARRISON REGIMENT	
Date of Discharge	January 11th. 1919.	
Place of Discharge	TORONTO	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	23 years.....	9 months.
Height.....	5 feet.....	6 3/4 inches.
Complexion	Fair	
Eyes	Grey	
Hair	Fair	
Trade	Farmer	
Intended place of residence	Milton West Ont.	
(To be given as fully as practicable.)		
2. The above-named man is discharged in consequence of		
"DEMobilIZATION" Routine Order #1328		
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.		
3. Conduct and character while in the service have been, according to the records, etc.		
Statement of Service		
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.)		
Continuation of Discharge		

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:

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.

(Place)..... *TORONTO* Vincent Brown (Signature of Soldier.)

(Date)..... January 11th. 1919. S. Allen (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)..... *TORONTO*

(Date)..... January 11th. 1919.

(Signature)..... Major

Q. C. 2nd Bn., Canadian Garrison 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.)

NONE

Vincent Brown

Reg. Conduct Sheet	Millia Form B. 103	Attestation Paper	Millia Form B. 125
Squadron Battery Company	B. 103	Proceedings on Discharge	B. 218
Copies of Convictions by C. P.	B. 218		
Medical History Sheet	Millia Form B. 313		
Medical Report for Invalids*	B. 313	(a) Proceedings on Discharge	
Statement of Man's Account on Transfer and Last Pay Cert.	D. 877	(b) Attestation	
*Only if discharged "Medically unfit"		(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

# 2nd Det., C. G. R.

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

AUDITOR J.P.B. PAYMASTER A

REGT. No. 3112554 RANK Pte NAME (IN FULL) Brown, V.  
(BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C. E. F.	IF IN P. F. WHAT UNIT?
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO
					DATE OF ATTESTATION	DATE
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY, \$	DATE EFFECTIVE
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP
ADDRESS					ADDRESS	ANY CHANGE IN ASSIGNEE OR ADDRESS
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED	DATE
					PLACE	REASON
					<u>Toronto</u>	<u>Demob.</u>
						AUTHORITY
						<u>N.O. 9.</u>
						IF ENTITLED TO POST DISCHARGE PAY
						<u>no.</u>

MONTH	PAY AND F. A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT		C.		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$		C.
			\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE									
1919																					
Jan	11	1.10	12	10	35	10							57	10			57	10			<u>J.P.B.</u>
																					<u>L.O.C.</u>

ACCOUNT CLOSED - NOT SIGNED  
RESPONSIBLE OFFICER S.O.S. PRIOR TO  
H. Q. CIRCULAR No. 102 (LOCAL 120)

ASST. DIRECTOR PAY SERVICES, M.O. No. 2.