

ATTESTATION PAPER.

No. 902021

193rd. B.A.T.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Buchanan
- 1a. What are your Christian names?..... Albert
- 1b. What is your present address?..... Amherst Point, No. 8.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Regina, N.W. Sask.
- 3. What is the name of your next-of-kin?..... Harold S. Buchanan
- 4. What is the address of your next-of-kin?..... Moncton, N.B. Canada
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... October 17, 1897.
- 6. What is your Trade or Calling?..... Farmer
- 7. Are you married?..... No
- 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?..... No
If so, state particulars of former Service.
- 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Albert Buchanan 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.

Albert Buchanan (Signature of Recruit)

Date April 7 1916 J. Chopman (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Buchanan 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.

Albert Buchanan (Signature of Recruit)

Date April 7 1916 J. Chopman (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 Amherst this 7th day of April 1916

J. Alder (Signature of Justice)

M. F. W. 28. 600M-2-16. H. Q. 1772 22-541.

Justice of the Peace in and for the County of Cumberland, N. B.

Description of Buchanan, Albert on Enlistment.

Apparent Age 18 years 5 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft. 3 ins.
 Chest measurement { Girth when fully expanded 34 1/2 ins.
 Range of expansion 4 1/2 ins.
 Complexion Dark
 Eyes Brown
 Hair Brown

Weight 130 lbs

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

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 fit for the Canadian Over-Seas Expeditionary Force.

Date APR - 7 1916 191
 Place Amherst, N.S.

Edmond Leaw Capt
193. Bait S. C.E.F.
 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:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Buchanan Albert 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.

APR 17 1916

John Stanfield Lieut. Col.
 Comd'g. 193rd Overseas Bn C.E.F. (Signature of Officer)

Date.....191 .

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
CLASS No. 385881

THIS IS TO CERTIFY that No. 2330477 (Rank) Private
Name (in full) Albert George Buchanan enlisted in
the 1st. Infantry Corps.
CANADIAN EXPEDITIONARY FORCE at Abbotsford, B.C. on the 24th
day of July 1917
HE served in Great Britain, France, & Canada
Demobilization.
and is now discharged from the service by reason of Medical Unfitness.

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

Age 21 yrs
Height 5' 7"
Complexion Fair
Eyes Brown
Hair Fair

Marks or Scars Scar on right side of chin

A G Buchanan
Signature of Soldier

[Signature]
Issuing Officer

Date of Discharge
AUG 31 1917
Military District No. 1

Rank
HALIFAX, N.S. AUG 23 1919
Date 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.

CANADIAN EXPEDITIONARY FORCE DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 1015 (Rank) Private enlisted in the Canadian Expeditionary Force on the 15th day of April 1918. He served in the Canadian Expeditionary Force and is now discharged from the service by reason of Medical Unfitness Demobilization.

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

Age	<u>24</u>
Height	<u>5 ft 10 in</u>
Complexion	<u>Fair</u>
Eyes	<u>Blue</u>
Hair	<u>Dark</u>

1 That discharge certificate must be carried when wearing uniform.
2 That uniform can be worn only thirty (30) days after discharge, or when and received in writing, and has to be returned to unit.
3 That receipt of uniform renders him liable to usual military discipline, and he is on the strength of a unit.
4 That discharge certificate must be carried when wearing uniform.

Issued at Ottawa on the 15th day of April 1918.
Rank Private
Issuing Officer [Signature]

Date of Discharge 15th April 1918
Signature of Soldier [Signature]

A duplicate of this Certificate will be issued, any person having same is requested to forward it in an unopened envelope to the Secretary, Military Council, Ottawa, Canada.

H. G. 2-30-825
1015-12-3080-21-19
H. G. 2-30-825

REGT'L NO 902021
H. Q. FILE NO. 649-

NAME Buchanan Albert
RANK AND CORPS Pte 17th Bn

FOLLOWS

NO.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

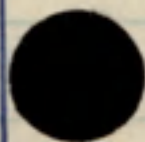
No.	DATE	NATURE OF CASUALTY
J 316	22-2-17	Sailed from Liverpool for Canada per the S & Grampian on 20 Feb 1917 Enuresis

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS



No. 902021 RANK *Pte*

NAME *Buchanan Albert*

T. O. S. 31-3-16

UNIT *193rd Battalion*

(No. 33 of 7-4-16)

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Mar 31</i>	<i>1916</i> <i>Apr 30</i>	<i>c</i>		
	<i>May</i>	<i>c</i>		
	<i>June</i>	<i>c</i>		
	<i>July</i>	<i>c</i>		
	<i>Aug</i>	<i>n</i>		
	<i>Sept</i>	<i>n</i>		
	<i>Oct.</i>	<i>n</i>		

1111

No. 902021

RANK

Pte.

NAME

Buchanan A.

T. O. S.

30/3/16

UNIT

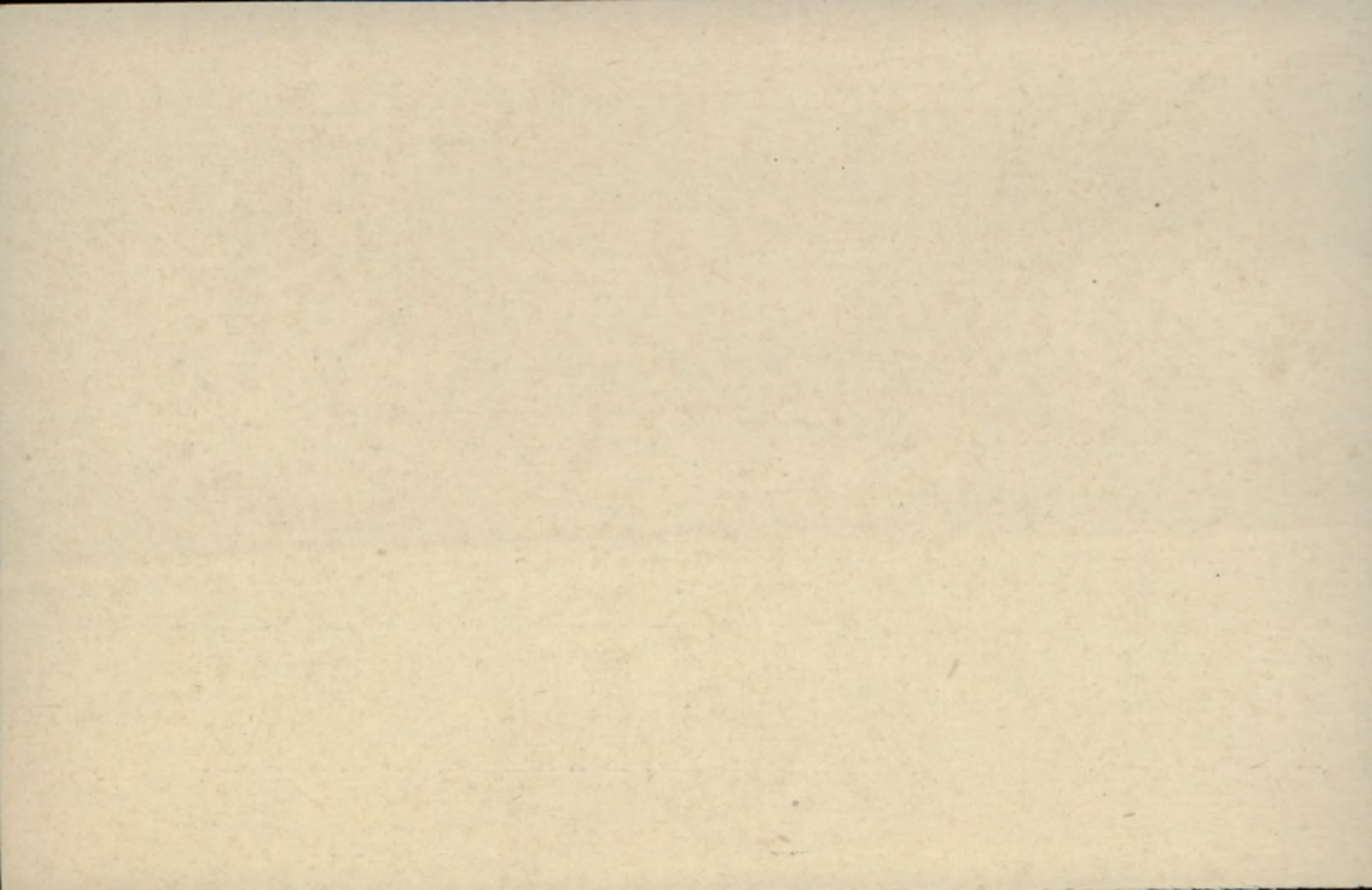
Discharge Depot.

Max. - pay list.

M. D.

6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917 Feb. 6</i>	<i>1917 Mar. 16</i>	<i>✓</i>		



B Number 2330477 Rank Pte. *B*

Surname BUCHANAN

Christian Name Albert George

Units CFC Theatre of War France

Date of Service ⁵ 5-10-17

Remarks

Latest Address 400 Milverton Blvd
Toronto 179

Roll No. Emherst. N.S.

200m.-6-21.... *B. Page 20761*

(This form to be filled in by all ranks on voyage to Canada.)

.....
RANK SURNAME INITIALS UNIT
.....

al address.....
(Street) (City or Town) (Province)

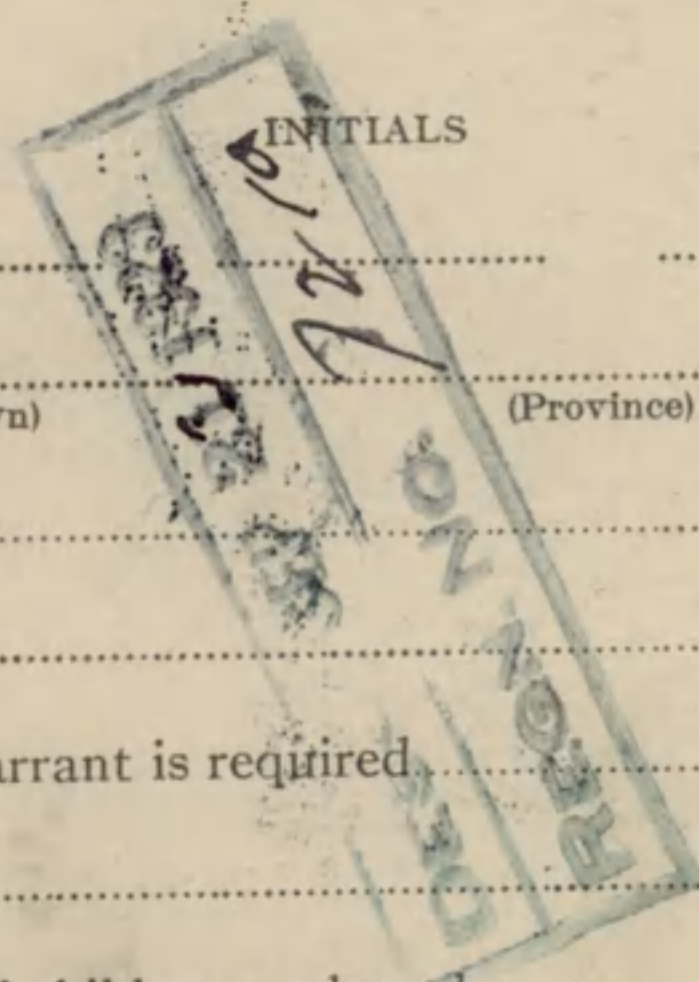
one person to be notified of arrival.....
.....

Station in Military District to which a furlough warrant is required.....
..... Railway.....

d, is your wife on board..... Number of children on board.....

stination.....

(Sgd.).....



LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

4266	Detention. Tactus Grind.	14-7-18	(79)	Concussions
4272	Dieck to duty	23-7-18	(79)	1

NAME

Duchanan A

REGT'L No.

2330477

RANK AND CORPS

020

H. Q. FILE No. 649.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

6519-1	5 th Can. Gen. Hospital	15-5-19	20
6522-11	Can. Fitzmoghill	18-5-19	42
6539-11	11 th C. G. Mccliffa.	7-6-19	42 + 20
6582	Discharged	6-8-19	" "

NAME

Buchanan. A G.

REGT. No.

2330477

RANK AND UNIT

Pfc. Hepo.

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

SURNAME.

Buchanan

CHRISTIAN NAMES

Albert, George

REGL. No.

2330477

RANK

Pte

UNIT

Forestry Coy Draft (M.D. 6)

FORMER CORPS

1937th Bn (1 1/2 mos)

NEXT OF KIN.

NAMES IN FULL

Buchanan, W. D.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Moncton, Westmoreland Co., N. B.

*113 Steadman St -
auth letter 8-7-18*

COUNTRY OF BIRTH

Canada Regina, Sask

DATE

1897

PLACE OF ATTESTATION

Aldershot, N. S.

DATE

July 25th 1917

*R/le 23-8-17 398 Pte
84*

Card No. *ended to read*

*B11 31 80305/1/1
508 Piles 28-8-1917
FOLL. 1002469 2-7-19
#600*

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

19

YEARS

9

MONTHS

HEIGHT

5

FEET

4 1/2

INCHES

CHEST MEASUREMENT

33

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Brown

HAIR

Fair

DISTINGUISHING MARKS

Not stated

MEDICAL EXAMINATION.

PLACE

Aldershot, N. S.

DATE

July 24th 1917

Present Address

Amherst, Cumberland Co., N.S.

Albert George

Name **BUCHANAN** Rank

PTE.

Reg. No. 2330477.

Unit **CFC. 79 Coy B.D. (I.M.D.)**
(CW)

Next of Kin _____

Canada.

Date	Movement	Place	Casualty	List No	Notified N/K O.	W.O. List
14-7-18	Det. Hosp. Fracture		Concussion	A 200		2662
23-7	Due to Duty		do	A 222		2807/10
15-5-19	5 Can HSP Kib. Adale		20	C 519		10640
18-5-19	Can HSP Etehinshill.		42	C 522		10959
7-6-19	11 C.P.H. S'cliff		do 120	C 539		11122
22-7	Discharge			C 582		4775

Reg. No. *902021* Name *Buchanan Albert*

Rank *Pte* Corps *193rd Bn.* Age *18* Service

Ledger No. Serial No.

HOSPITALS

DATE

DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS
<i>Highland View Amburst</i>	<i>10-5-16</i>	<i>Angina Vincento</i>
<i>Dis to Duty</i>	<i>5-6-16</i>	

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.

50M-6-19.

1772-39-1332.

SURNAME **BU CHANAN** CHRISTIAN NAME OR NAMES **A. G.** REG. NO. **23 30477.**

RANK **Pte.** UNIT **Forr 79.** CO. **(Depot 7. M.D. C.W)** TROOP BATTY
 HOSPITAL DATE OF ADMISSION

Detention Hosp. Facture Gaironde. 14-7-18.

- 1. **5 C. G. H. Liverpool** HOSP. **15.5.19**
- 2. **6. H. Etching Hill** HOSP. **18.5.19**
- 3. **11 C. G. S. Sharncliff.** HOSP. **7.6.19**
- 3. HOSP.
- 4. HOSP.

DIAGNOSIS

- 1. **Tonsilitis. at.**
- 2. **V. D. G. G. ~~at~~ V. D. S. and.**
- 3.

DISPOSITION

DATE

DISPOSITION	DATE	REMARKS
CL. 23-7-18.	A266-2.	Dis: to duty 23-7-18
30-7-18 9/272-2.		Dis 22-7-19
17.5.19 C 519		
21.5.19. C 522		
13.6.19 C 539		
9-8-19 C 582		

A.M.D. 2 DEPT.
Bch of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Buchanan*
- 1a. What are your Christian names? *Albert George*
- 1b. What is your present address? *Parish Street N.S. Regina*
2. In what Town, Township or Parish, and in what Country were you born? *Regina*
3. What is the name of your next-of-kin? *H.D. Buchanan*
4. What is the address of your next-of-kin? *10 Lutz St. Moncton. N.B.*
- 4a. What is the relationship of your next-of-kin? *Father*
5. What is the date of your birth? *1897*
6. What is your Trade or Calling? *Labourer*
7. Are you married? *Single*
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. *11 1/2 months in 193 Batt*
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? *Yes*
14. If so, what was the nature of the disability? *Kidney Trouble*
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? *No*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Albert George Buchanan*, 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.

Date *July 24* 1917. *Albert G. Buchanan* (Signature of Recruit)
G.L. Gagnon (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Albert George Buchanan*, 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.

Date *July 24* 1917. *Albert G. Buchanan* (Signature of Recruit)
G.L. Gagnon (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 *Aldershot N.S.* this *25th* day of *July* 1917.

W.F. Bremner (Signature of Justice)

Description of Buchanan Albert George on Enlistment.

Apparent Age 19 years 9 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft. 4 1/2 ins.

Chest measurement. { Girth when fully expanded 33 ins.
 Range of expansion 3 ins.

Complexion Fair

Eyes Brown

Hair Fair

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

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* fit for the Canadian Over-Seas Expeditionary Force.

Date July 24 1917

L.R. Moore

Place Salisbury Camp

Major A.M.B.

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:—

fit James MacCallister
Sub. Officer

CERTIFICATE OF OFFICER COMMANDING UNIT.

Albert G. Buchanan 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.

Date July 25th 1917

W.F. Bremner (Signature of Officer)
Major

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BUCHANAN. A. G.

REGIMENT C. F. C. RANK PTE No. 2330477.

Date of Examination in England 18-2-19. Date of Examination in France _____



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS 19
- 2. EXTRACTIONS none
- 3. CROWNS none
- 4. DENTURES
 - (a) Full Upper } none.
 - (b) Part Upper }
 - (c) Full Lower }
 - (d) Part Lower }



HAS HE EVER REFUSED DENTAL TREATMENT? no.

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England
- (c) In France yes

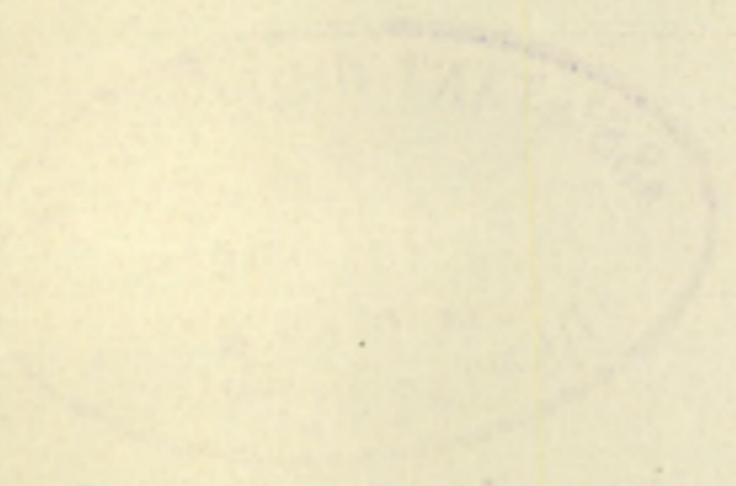
Signature of Dental Officer J. H. Reid Capt

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

PHYSICS 435

1962



11
12
13

(1)
(2)
(3)

(A) Report		(B) Authority of Part-II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					

20-4-19 *b. h. s.*

Attached C.C.C. Kinmel Park for
return to Canada. Part II Orders
No. 110. Ceases to be attached
C.C.C. Kinmel Park on embark-
ing for Canada, Part II Order
No. 133

W. H. Ruyne Lieut
Commanding MD 7 Wing,
Kinmel Park Camp.

16/8/19

B. O. S. ON PROCEEDING TO CANADA.
Pr O No. 129.

W. H. Ruyne LIEUT.
FOR OFFICER COMMANDING,
"M" WING, C.C.C.

Embark S.S. BELGIC
Liverpool 13.8.19
Lieut. *Stewart*

2/9/19 O.S. T.O. S. No. 6 D.D. from... 16-8-19... and posted... *Ship etc 7th Apr. 23.8.19*

2/9/19 *Pr O on discharge 31.8.19*
W. H. Ruyne Lieut.
Officer's Records No. 6 D.D.

Nothing to be written in this margin.

20-
245
245

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I,
Part I.

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
--	-----------------------	----------------

(10) Enlistment (b) (12) Service reckons from (date) (14) Any subsequent variations (if any) } of conditions of service }	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d)
--	---

Initials and Rank of
an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin (18) Demobilizer (f) (19) Pivotal-man (f) (20) Qualifications (g)	(Place) (Date) or (21) Corps trade and rate	(Signature of Posting Officer)
---	---	-----------------------------------

(22) Extended { (23) Re-engaged {

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889-PP1150 IM 5/18 G.W.P.Co (3490)

19

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

Nova Scotia Forestry Dept

WDP

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps NOVA SCOTIA FORESTRY DEPT

Regimental No. 23304777 Rank Pte Name Buchanan Albert George

Enlisted (a) July 24/17 Terms of Service (a) W & 6 months Service reckons from (a) Date of Enlistment

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) Laborer

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				
		Embarked S. S. <u>Megantic</u> Halifax Disembarked <u>LIVERPOOL</u>			
<u>20-9-17</u>	<u>C.O. F.C. T.O.S. Base Depot, C.F.C. Sunningdale</u>	<u>15-9-17</u>	<u>PL. IT D.O. 125</u>		
		<u>Wm G. Munro</u> <u>LT & A. Adj. C.F.C.</u>			
<u>16-10-17</u>	<u>oe CFC</u>	<u>S.O.S. BASE DEPOT C.F.C. SUNNINGDALE</u>		<u>15-10-17</u>	<u>PT. II. DO. NO. 147</u>
		<u>on posting to (49 Coy) C.F.C. France</u>			<u>LT. & A/ADJ. C.F.C.</u>
<u>28. 2. 18.</u>	<u>45 Coy:</u>	<u>Disembarked</u> <u>4 Days P.F. #2, for A.W.L. from</u> <u>8am until 6pm 25. 2. 18.</u> <u>forfeit 1 day's pay by R.W.</u>	<u>Hamm</u>	<u>17/10/17</u>	<u>DR. 9151</u>
			<u>Field</u>	<u>26. 2. 18.</u>	<u>B2069 P.F. II.</u>
<u>27-7-18</u>	<u>79 Coy</u>	<u>To Hoop</u>	<u>Field</u>	<u>14-7-18</u>	<u>B213</u>
<u>23-7-18</u>	<u>FAC GR</u>	<u>Not Stated</u>	<u>Hoop</u>	<u>23-7-18</u>	<u>W3034/93462</u>
<u>3/8/18</u>	<u>79 Coy</u>	<u>Returns from Hoop</u>	<u>Field</u>	<u>33-7-18</u>	<u>B213</u>

CERTIFIED CORRECT.
24 OCT 1917
CANTON RECORDS, LONDON.

W.S.B. CLASS A.7 No.

(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.

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				
12.10.18	Obtained	Granted 14 days leave to UK		28.9.18	B213 Pt II O 49
2.11.18.	79 Coy.	Returns from leave	July	30.10.18	B213
12-12-18.	Do.	Sentenced 8 days F.P. No. 211. When O.A.S. A.W.L. From 08.00 - 10.12.18 to 17.00 - 11.12.18 Forfeits 2 days pay by R.W.			B2069 Part II O. 53. 28.12-18
13/2/19	aaq	O.C. Cdn. S.O.S. for demobilisation to C.F.C. Con. Camp. Sunningdale Depot La Havre		13/2/19	N/R. KA 37612 Pt. 2.0/8. 7
20.2.19		O.C. C.F.C. T.O.B. Base Depot, C.F.C. Sunningdale from 79 Coy. France.		17.2.19	Lieut. for Lt. Col A.A.G. Can. Sect. G.H.Q. Pt. II D.O. 51
19.4.18	B.D.C.F.C.	S.O.S. BASE DEPOT C.F.C. SUNNINGDALE on transfer to M 77. Con. camp. Rhy.		19.4.18	109 Lt. for O.C. B.D.C.F.

W. H. Stewart

W. H. Stewart

129-05

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 193rd. B.A.T.

Regimental No. 902021 Rank Private Name C. E. F. Albert Buchanan Albert
C. E. F.

Enlisted (a) 20/3/16 Terms of Service (a) war, 6 months Service reckons from (a) 20/3/16

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }
} } } (Farmer)

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				
			<u>Embarked Canada Halifax</u>	<u>12/10/16</u>	
			<u>Disembarked England Liverpool</u>	<u>19/10/16</u>	
<u>23-1-17</u>	<u>Re. 193rd</u>	<u>Transf. to 17th Can Resv Bn</u>	<u>Bramshott</u>	<u>23-1-17</u>	<u>S.O. #23</u> <u>Regimental Adj. Capt. / Adj. 193rd. Overseas B'n. C. E. F.</u>

C.C.A.C. SUB-OFFICE, BRAMSHOTT.

Attached 2 FEB 1917

DISCHARGED.
under
Para 392, Sec. 16, K. R. & O. 1912.
being no longer physically
fit for war service.

R. M. Hazelton

Lieut.
Officer i/c Discharges
for. - Officer Commanding,
Canadian Discharge Dep't.

(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				

M. F. E. 440.
200m-10-20.M.

In reply please quote

MILITIA AND DEFENCE

No.

Ottawa, *Nov. 24/20*

From:

The Adjutant-General,
Canadian Militia.

To:

*#902021. A. G. Buchanan,
Amherst,
N.S.*

Sir:

Enclosed herewith please find Military
Will executed by you while in the C.E.F., and
returned, the same being your own property.

O. Langman

Lieut., for Lt.-Col.,
Director of Records,
for Adjutant-General.

D-1
EBM.

AND BENE

1911

1911

THE STATE OF NEW YORK
IN SENATE
January 10, 1911.

REPORT
OF THE
COMMISSIONERS OF THE
LAND OFFICE

ALBANY:
J. B. LIPPINCOTT & COMPANY,
PRINTERS,
1911.

A.G.R. Rank Name BUCHANAN, Albert Reg'l No. 902021
 Unit 193rd Bn. If in perm. Corps, } Married or Single Single.
 What Unit? }
 Place and Date of Enlistment Amherst, 7th April, 1916. - Place of Birth Regina N.W.T.
 Name and Address, Next-of-Kin Harold D. Buchanan, - Sask.
 Moncton, N.B., Canada. - Relationship Father.

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

Relationship

N/E. R.B. No 2055
 File R.L.
 Category M U Can

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England S.S. Olympic,	18/10/16		
23-1-17	193 Bn	S.O.S. to 17th Res Bn.	Bramshott	23/1/17	PART II D.O.23
23-1-17	17th Bn	T.O.S from 193rd Bn.	Bramshott	23/1/17	PART II D.O.18
7-2-17	do	Soft S. to b. b.A.b. & att'd for duty	do	19-1-17	PART II D.O.32
19-1-17	bbab	S.O.S. Command to 17th Res Bn	Hastings	19-1-17	" 32
27-2-17	do	beases to be att'd to 17th Res Bn is S.O.S. proceeding to Canada	"	12-2-17	" 99
19-3-17	h. s. r. l. y.	for discharge	Bramshott	10-3-17	PART II D.O.10
15-3-17	0.6.17 M	beases to be attached to 17th Res Bn on proceeding to Canada for discharge	Bramshott	14-2-17	" 63



Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
19.1.17	C.Cac.	T.O.S. + on Com. 193 Bn. Resd.	Hastings	18.12.16.	Ph II No. 32.
28.2.17	✓	Disch Ceases on Com 193. 1/2 on com to 17 Res.	✓	4.1.17	Ph II No. 100.
24.4.17	NSRD.	LoS. cease on Com to 17 Res. proceeded to Canada 14.1.17	Bremetott.	20.4.17	Ph II No. 46.
	Disch Dp.	Finally Discharged.	Nova Scotia.	28.2.17 16.3.17.	N.R. 202. Amherst 71.8.

LTR

Rank

Name BUCHANAN, Albert George

Reg'l No.

2330477

Unit

If in perm. Corps, }
What Unit? }

Married or Single

Single.

Nova Scotia Forestry Dft To Base Depot

Place and Date of Enlistment Aldershot, July 24th, 1917.

Place of Birth Regina.

Name and Address, Next-of-Kin H.D. Buchanan

10 Lutz St, Moncton, N.B. *Canada*

Relationship

Father.

Assigned Pay Monthly \$

Payable to

N/E. R.B. No. *14761*

Relationship

Separation Allowance \$

File R.L.

Payable to

Category *O R Can*

Relationship

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
	<i>C.</i>	Arrived in England		15-9-17	S/S Megantic
20.9.17	<i>C.F.C. B.D.</i>	T.O.S. from Canada	S'dale	15.9.17	<i>R II 125 WSP</i>
16.10.17	" "	S.O.S. to Coy. 79. France. Me.	"	15.10.17	" 147.
15.11.17	"	Coy 79 disembarked - Home	Field	17.10.17	" 1.
		<i>SOS 1011 C.F.C. 13 2.19</i>			<i>RESID 20.2.19</i>
		<i>79 Coy D.D. 7 24 2.19</i>			<i>B D C F C T O S</i>
14-3-19	<i>B.D.C.F.C.</i>	<i>A.W.L. from 45. 7-3-19</i>	S'dale	7-3-19	<i>repeated in error 73 P.D. P.H.O. 83 24/3/19</i>
20.4.19	<i>7 M.D.C.W. S.S. C.F.C.</i>	T.O.S. from B.D.C.F.C.	" Phyl	19.4.19	<i>" 110/S.O.S. P.D. P.H.O. 109 19/4/19</i>
13.5.19	<i>7 M.D.C.W. S.S. C.F.C.</i>	S.O.S. to Canada Saily 60	" "	13.5.19	" 133
			<i>60-C</i>	<i>15-5-19</i>	



INDEXED
DEC 20 1917

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.
(Assignee)

L. L. Job 5470—Req. 6888.

Mrs Helen Buchanan
Buchanan

PAYMENTS.

Name of Soldier

Buchanan
Buchanan Albert
pte

10⁰⁰

#902021

Remarks

OCT 1916

193 Bn

Month.	Year.	Cheque No.	Amt.	Remarks
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>V 26433</i>	<i>10</i>	
Nov.		<i>J 28935</i>	<i>10</i>	
Dec.		<i>H 34330</i>	<i>10</i>	
Jan.	<i>Ch</i> 1917	<i>P 36714</i>	<i>10</i>	
Feb.		<i>P 42936</i>	<i>10</i>	<i>10 P. Box 262 Moncton N.B. 19/2/17</i>
March		<i>P 49519</i>	<i>10</i>	<i>10 Canceled Acc closed</i>
April				<i>Red. Januaries 20/2/17</i>
May				<i>\$50 FX 28/2/17 FG</i>
June				
July				
Aug.				<i>PDP-18717 Wf.</i>
Sept.				<i>J.M.</i>
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

625
 500
 100

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. O. 1772-39-110

Buchanan *Pay*

gm

Buchanan

Buchanan

To Whom

Miss Helen Buchananⁿ

By Whom Assigned

~~Buchanan~~ Albert

Address

#198 Pictavia St

Regtl. No.

902021

Box 262 Moncton Amherst - NS

Rank

pte

NS

Corps

143 Bn C.E.F.

Rate

10.00

OCT 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Dischg to Canada Stop pay 1/3/17 3 m 6/2/17</i>
Sept.				
Oct.				
Nov.				<i>last 19/3/17</i>
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

COPIED FOR 2 CASUALTIES.

300
100
100
100

#111

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

E. M. C.

02351-A-1

Name **Buchanan, Albert**
Surname Christian Name

Regimental Number **902021** Rank **Pte.**

Address (in full) **Amherst, N. S.**

Unit **17th Batt.**

Original Unit

District where paid **Ottawa.**

Date of Discharge **23.17.**

P. D. P. Filing Number **2 B16.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ _____ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
10010	2585	14/8/17	33 00	2583	15/9/17	33 00	2499	19/10/17	3410		10010

M. F. W. 127.
 60M-6 17.
 1772 39-1140.

Remarks:

Reg. No. Dependent

Name

Address

Dec'n No. V. S. G. File No.

Award ... days at \$... per day \$\$

S. A. months at \$... per mo. \$\$

Less P, D. P. Credited \$\$

Pay Soldier \$ Less further debit balance
Net due paid as below

Pay Dependent \$

TO SOLDIER			TO DEPENDENT		
g. No	Ch No	Amount	g. No	Ch No	Amount

Days Rate Due

Less P.D.P. credited

Less further Dr. Bal.
or overpayment.

Net

Clerk

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
Posting checked by
.....
Date

MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 18m.—4-17.
 1772—39—819.

OVERSEAS CONTINGENTS

Sheet No. 2. Miss M. Buchanan
 (Assignee)

Name of Soldier Buchanan Albert

PAYMENTS. Pld 2330477 Net Fld Depot

L. L. Job 19227—M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
				SEP 1917
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.		X 42766	15	B
Oct.		48545	15	C
Nov.				30
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

\$15.00

(Handwritten mark)

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

ASSIGNED PAY.
MILITIA AND DEFENCE

M. F. W. 11.
15m.—6-17.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

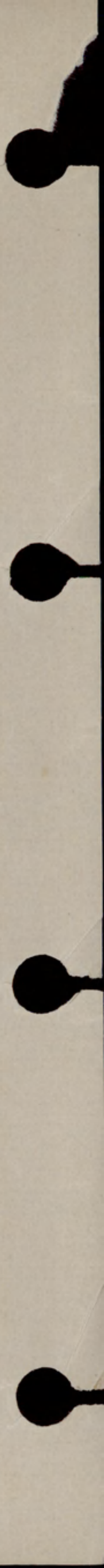
Name Miss M Buchanan Name of Soldier Buchanan Albert
 Address RFD # 1 Amherst Regtl. No. 2330477
Nd. Rank Pvt
 Corps nd Post Depot
 Relation to Soldier }
 wife, child or mother } Rate } \$15.00 **SEP** }
 To what Corps belonging }
 when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



101



(9) Is your Father alive?.....

If so, state name and address.....

Yes, A.S. Buchanan
Moncton, N.B.

(10) Is your Mother alive?.....

If so, state name and address.....

No

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

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

(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.

(15) Are you insured?.....

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.

No

Date.....

July 26 - 1917

W.F. D. Bennett Major.
Officer Commanding.

Original
2330477

To be made out in duplicate.

Nova Scotia Forestry Depot

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.

(1) Name of Overseas Unit which Soldier joins..... Nova Scotia Forestry Depot

(2) Regimental Number..... 2330477

(3) Full Name of Soldier..... Albert George Buchanan

(4) Place of Birth..... Regina - Sask

(5) Are you married, or not?..... not

(6) If married, state,
 (a) Full name of your wife.....
 (b) Present Postal Address.....

(7) Are you a widower?

(8) Have you any children?.....
 If so, give number of boys and girls.....
 Also their names and ages.....

R Group W. Wing

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *Albert George* 2. Surname *BUCHANAN*
3. Rank *PL* 4. Original Unit *Forestry Draft* 5. Reg. No. *7330477*
6. Address, in full, to which future payments of gratuity are to be forwarded
*Canadian Bank of Commerce
Amherst N.S.*
7. Date of enlistment in the C.E.F. *July 17/17*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
9. Relationship of such dependent.....
10. Address, in full, of such dependent.....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
.....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?.....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served. *2 years. 21 days*
2/17 Canada 67 Draft 1/17 Eng. 67 C.D. 16/17 France etc
England to date - 67 C
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department.....
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?

5434. Wt. /P30. 250,000(8). 2/19. S.O., F.Rd.
5421. Wt. /P51. 35,000(4). 5/19. S.O., F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. *Mar 30/16. 193rd Bn. Hill War 15/17. England sent to Canada. Medically unfit #902021.*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

20. Have you been issued with a War Service Badge? If so what class?.....

21. Have you, during the present war, served in the Imperial Forces?.....

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

(b) If so, was such reversion in consequence of misconduct or inefficiency?.....

24. Are you now serving in the C.E.F.?..... If not, give:—(a) Date of discharge..... (b) Reason for discharge.....

AUG 31 1919

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?.....

(b) If so, are you in receipt of full pay and allowances from that Department?.....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *A.G. Buchanan*

Place of Residence: *Ambush Nova Scotia*

Declared before me at: *Hortley Service*

This *6* day of *Aug* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

C. H. Hartman

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>153 days</i>	<i>\$ 350.00</i>
			<i>Gen W/S</i>	<i>20</i>
				<i>280.00</i>
			<i>30 days</i>	<i>20</i>
			District Paymaster.	<i>350.00</i>
			<i>Co. 1</i>	

Certified Correct

DEMobilization

Original

Nova Scotia Forestry Depot 2330.477

ORIGINAL MEDICAL HISTORY SHEET.

Surname Puchanan Christian Name Robert George

Examined { on 24 day of July 1917
at Alderbrook Camp
Birthplace { City or Town Regina
County Sask

Approved by J. McDonald
Rank C-78 Amb M.O.

Apparent age 19
Trade or occupation Labourer
Height 5 Feet 4 1/2 Inches.
Weight 140 Lbs.
Chest measurement { Minimum 33 inches.
Maximum expansion 3 inches.
Physical development good
Small-Pox Marks

Date.	Ft or Unft.	EXAMINED FOR RE-ENGAGEMENT.
<u>22/9/17</u>	<u>A 2</u>	<u>M. McDonald</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm. Right. Left. /
Number 1

Date.	Result.	VACCINATIONS.
<u>25-7-17</u>		<u>J. McDonald</u> M.O.
		M.O.
		M.O.

When Vaccinated last
(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25-7-17</u>		<u>J. McDonald</u> M.O.
<u>11-8-17</u>		<u>J. O'Shea</u> M.O.
<u>14-8-17</u>		<u>J. McDonald</u> M.O.

Enlisted on 17 day of July 1917 at Port Beaufort

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>M.S. Fousty</u>	<u>2330477</u>		<u>July 24/17.</u>
Transferred to	<u>CFC</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Summerville</u>	<u>4.4.19</u>	<u>A</u>	<u>J. McDonald</u>

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.

J.M.C

49
AWL B6

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. 2330444 Rank PTE Surname BUCHANAN
(Given name in full)

ALBERT GEORGE
Unit or Corps C.F.C. Birthplace REGINA SASK.

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

1. GENERAL DESCRIPTION:

Physique good Weight 140 lbs. Height 5 ft. 4 1/2 in. Colour of Eyes Brown
Nutrition good
Pulse 76
Condition of arteries good
Vision Rt. 20 Left 20
Hearing (conversational voice) Rt. 21 ft.
Left 21 ft.

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

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 Sytem 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.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Summingdale (Overseas)

Date 4.17.19

Signed [Signature] 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 [Signature]

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

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

[OVER]

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. 2330477 Rank Pte Surname BUCHANAN
(Given name in full) Albert Henry
Unit or Corps C.F.A. Birthplace Leith, Scotland

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

1. GENERAL DESCRIPTION:

Physique Good Weight 140 lbs. Height 5.8 ft. Colour of Eyes Brown
Nutrition Good
Pulse 70 Regular
Condition of arteries Soft
Vision Rt. 6/12 Left 6/12
Hearing (conversational voice) Rt. 4 ft. Left 21 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
One scar of chin in the army (acc)

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 Sytem Yes Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System Yes
Disturbance of mentality no Muscular System no Digestive System no
Osseous and Joint System no Any other general condition Yes

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.

V.D.G May 1919
Diphtheria June 1919
Measles
C-Fox } Infancy } Recovered no disability

M.H.S. & C-Fox missing

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Witley (Overseas)

Date 9-8-1919

Signed [Signature] 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 A. G. Buchanan

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

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

Auth: D.A.G. 14-1-48 of 13/6/19

[OVER]

(9) Is your Father alive? yes Harold A. Buchanan
If so, state name and address Moncton NB

(10) Is your Mother alive? No
If so, state name and address _____

(11) If your Mother is a widow _____
Are you her sole support, or not? _____

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

(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.

(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.

Date AUG 25 1916

H. J. Stanfield
Lieut. Col.
Comd'g. 193rd. Officer Commanding.

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.

103rd. BAT.
C E F.

(1) Name of Overseas Unit which Soldier joins.....

.....

(2) Regimental Number..... 902021

(3) Full Name of Soldier..... Albert Buchanan

.....

(4) Place of Birth..... Regina Alberta

.....

(5) Are you married, or not?.....

(6) If married, state,

(a) Full name of your wife.....

.....

(b) Present Postal Address.....

.....

(7) Are you a widower?.....

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

.....

.....

.....

Report No.

698

Class I.

Buchanan, Albert,
Amherst, N.S.

No. of
M. H. C. File

No. of
Local File

No. of
H. Q. File

DEPT. OF MILITIA & DEFENCE
MAR 21 1917
H. Q. CANADA

No. 902021 Rank Private Original Unit 193rd Bn. Present Unit CCAC.
Age 19 Height 5 ft. 3 ins. Complexion Dark Eyes Brown Hair Brown Character Good.
Date of enlistment 30-3-16 Where enlisted Amherst, N.S. Where seen service England,
Ship returned by Grampian. Date of arrival 28-2-17. Port of arrival St. John, NB
Birthplace Sask. Religion C. of E.

Name and address next of kin
Harold D. Buchanan (Father) Same Address.

Cause of disability
Eneurisis.

Condition which prevents the soldier from earning a full livelihood
Says he ~~am~~ was affected this way in civil life. The cold weather has increased the frequency of the offence. At present can control urine when awake, but wets bed at night. Has always been a bedwetter. Has had treatment without results. Well nourished, and apparently in the best of health.

Degree of incapacity (Please state in fractions) Eng. Board Not Applicable Canadian Board None compared with capacity on Enlistment.
Probable duration of incapacity Indefinite.

Is final disability likely to prevent return to previous occupation? No.

Recommendation of Canadian Board Discharge.

Destination to which transportation issued

Members of Board S.S. Skinner, Major, Pres.; A.E. Logie, Capt., A.E. Macauley, Capt.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Farmer.

Regular trade or profession -----

Average earnings previous to enlistment ----- Any other income -----

Name and address of last employer Self.

Rent per month ----- If purchasing property amount due and annual payment, \$ ----- \$

Taxes ----- If Homestead, when is patent due? -----

If carrying life or accident insurance, annual premium N.A.

If in receipt of sick benefits or other insurance—name of society N.A. Amt. per mo. \$-----

If unable to follow previous occupation, name preference Same Work.

At what age soldier left school? 12 What grade, standard, &c., was he in? 8th.

Has he taken any Technical or Continuation classes, if so what? N.A.

Whether given Vocational Training while in Hospital in England. If so, what subjects? N.A.

References T.W. Keeler, Amherst, N.S.

Witness Chas. Robinson,

Date 28-2-17.

I declare that the above statement is correct.

Signature Albert Buchanan.

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., \$ 97.31 Dr., \$ Amount paid at Depot H. Q., \$ L. P. C. leaving Depot, \$

Amount forwarded to H. Q. Unit, \$ Nil Credit Clothing allowances, \$ 13. incl Nil

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

PENSION—Class..... Amount per year, \$..... Period granted for..... Dating from.....

First payment date.....

CLASS 3.—Men having a permanent disability which would not be benefited by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

CLASS 2.—Men whose condition may be benefited by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

CLASS 1.—Men for immediate discharge without a pension.
(a) Unfit for overseas service but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claim as the result of or aggravation by service.

Robert, Albert
Anstey, M.S.

No of
M. H. C. File

RECEIVED
M. H. C. FILE
MAY 21 1917
CANADA

No. 20001
Rank Private
Age 19
Height 5 ft 7 in
Complexion Dark
Eyes Brown
Hair Brown
Character Good
Original Unit 1st Bn. C. C. Coy.
Where enlisted
Where seen since
Port of arrival
Date of arrival
Religion
Name and address next of kin
Cause of disability
Theological

Condition which prevents the soldier from earning a full livelihood
Cause of disability
Theological

Degree of incapacity (Please state in fractions) Bag, Board
Probable duration of incapacity
Is the disability likely to prevent return to previous occupation?
Recommendation of Canadian Board
Destination to which transportation issued
Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAMES	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children					
1					
2					
3					
4					
5					

Occupation prior to enlistment
Regular trade or profession
Average earnings previous to enlistment
Name and address of last employer
Rent per month
Taxes
If Homestead, when is patent due?
If carrying life or accident insurance, annual premium
If in receipt of sick benefits or other insurance—name of society
If unable to follow previous occupation, name of business
At what age soldier left school? What grade, standard, etc., was he in?
Has he taken any Technical or Continuation classes, if so what?
Whether given Vocational Training while in Hospital in England. If so, what subjects?

Signature
Date
I declare that the above statement is correct

Recommendation by Interviewer as to classes likely to be of use and general remarks
Trans'd to
Unit—Date
Trans'd Class I—Date
Trans'd Class 2—Date
Period granted for
Amount per year
First payment date
PENSION—Class
Amount forwarded to H. O. Unit
Credit Clothing Allowance
Last Pay Cert. Co. 2
Amount paid at Depot H. O.
L. P. C. leaving Depot

Vertical text on the right edge of the page, possibly a page number or reference code.

Report No. 198

Class 1

Buchanan Albert
Amherst
11B

No. of M. H. C. File

DEPT
MILITARY & DEFENCE
MAR 21 1917
CANADA

CLASS 3.—Men having a permanent disability which would not be benefited by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

No. 902021 Rank Pte Original Unit 193rd Batta Present Unit C.C.A.C.
Age 19 Height 5 ft. 3 ins. Complexion Dark Eyes Brown Hair Brown Character good
Date of enlistment 30/3/16 Where enlisted Amherst N.S. Where seen service England
Ship returned by Graupian Date of arrival 28/2/17 Port of arrival St John 11B
Birthplace Sask. Religion L of E.
Name and address next of kin Harold D Buchanan (Father) Same address
Cause of disability Emuresis
Condition which prevents the soldier from earning a full livelihood

CLASS 2.—Men whose condition may be benefited by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

Degree of incapacity (Please state in fractions) Eng. Board not applicable Canadian Board with capacity of enlistment now compared
Probable duration of incapacity indefinite
Is final disability likely to prevent return to previous occupation? No
Recommendation of Canadian Board Discharge
Destination to which transportation issued
Members of Board McKenna Major Pres At Logic Capt At Macaulay Capt

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Farmer
Regular trade or profession
Average earnings previous to enlistment Self Any other income
Name and address of last employer Self
Rent per month If purchasing property amount due and annual payment, \$
Taxes If Homestead, when is patent due?
If carrying life or accident insurance, annual premium N.A.
If in receipt of sick benefits or other insurance—name of society N.A. Amt. per mo. \$
If unable to follow previous occupation, name preference Same
At what age soldier left school? 12 What grade, standard, &c., was he in? 8th
Has he taken any Technical or Continuation classes, if so what? N.A.
Whether given Vocational Training while in Hospital in England. If so, what subjects? N.A.
References DW Kules Amherst N.S.
Witness Chas Robinson I declare that the above statement is correct.
Date 28/2/17 Signature Albert Buchanan.

Carded 17
15 13
1917

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., \$ 97.31 Dr., \$ Amount paid at Depot H. Q., \$ 97.31 L. P. C. leaving Depot, \$ nil
Amount forwarded to H. Q. Unit, \$ nil Credit Clothing allowances, \$ 13 incl.

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date
PENSION—Class..... Amount per year, \$..... Period granted for..... Dating from.....
First payment date.....

CLASS 1.—Men for immediate discharge without a pension.
(a) Unit for overseas service but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claim as the result of or aggravation by service.

RECEIVED
MAR 21 1917
CANADA

Report No. 107

Class 1

Richardson Robert
Canadian

No. 107
Age 19
Date of enlistment 1914
Where enlisted
Period of service
Religion
Cause of disability
Condition which prevents the soldier from earning a full livelihood

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children					

Members of Board
Degree of incapacity (Please state in fractions) Ex. Board
Probable duration of incapacity
Is final disability likely to prevent return to previous occupation?
Recommendation of Canadian Board
Destination to which transportation issued
Occupation prior to enlistment
Regular trade or profession
Average earnings previous to enlistment
Name and address of last employer
Rent per month
Taxes
If carrying life or accident insurance, annual premium
If in receipt of sick benefits or other insurance—name of society
If unable to follow previous occupation, name preference
At what age soldier left school? What trade, standard, etc., was he in?
Has he taken any Technical or Continuation classes, if so what?
Whether given Vocational Training while in Hospital in England. If so, what subjects?
References
Witness
Date
Signature
I declare that the above statement is correct.

Recommendation by Interviewer as to classes likely to be of use and general remarks:
Transferred to Unit—Date
Transferred to Class 1—Date
Transferred to Class 3—Date
Period granted for Pension—Class—Amount per year \$
Amount per year \$
Amount forwarded to H. O. Unit \$
Credit Clothing allowance \$
Amount paid at Depot H. O. \$
L. P. C. leaving Depot \$
First payment date
Date from

This form is to be filled out by the soldier or by a relative or friend of the soldier who is in possession of the necessary information. It should be filled out as soon as possible after the soldier has been discharged from the service. The information furnished on this form is used for the purpose of determining the soldier's eligibility for various benefits and allowances. The information should be filled out in full and in detail. The information should be filled out in full and in detail. The information should be filled out in full and in detail.

Form to be used instead of Blank Space on Army form 179.
 PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT, ST. JOHN, N. B.

MILITIA & DEFENCE
 MAR 21 1917
 H.Q. CANADA

Number 922021 Original Unit 193rd Batta
 Rank Pte. Present Unit C.C.A.C.
 Name Bushman Albert Date of Enlistment Mar. 30/16
 Age 19 Where seen Service England
 Home Address Amherst, N.S.
 Previous Civilian Occupation Farmer
 Disease or Disability E neuritis
 Cause of Disability Unknown
 Date of Origin Sept 1916 Place of Origin Albushott, N.S.

Condition, in detail, which prevents the soldier from earning a full livelihood. Says he was affected this way in civil life. The cold weather has increased the frequency of the offence. At present can control urine when awake, but wets bed at night. Has always been a bedwetter. Has had treatment without results. Well nourished, apparently in best of health.

OPINION OF THE BOARD.

Class I Degree of Incapacity (State in Fractions) None compared to capacity in civilian
 Probable Duration of Incapacity indefinite
 Is Final Disability liable to prevent return to previous occupation? No.
 Recommendation of Medical Board Discharge

Members of Board
 Discharge Depot, St. John, N. B.
 Date Feb. 28/17

(S. S. Sturges, M.D.) President
 (A. B. Fox, Capt.) Member
 (A. Macaulay, Capt.) Member

Approving Medical Officer
 Discharge Depot, St. John, N. B.
 Date 28-2-17

APPROVED
 FOR A.D.M.S.M.D. No. 6
 and G.O.C.M.D. No. 6

APPROVED
 MAR 28 1917
 W.D. M.S. [Signature]
 1513117

B140

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

No. 902021 Rank Pte Name Buchanan Albert
Local Unit 193-Bn Overseas Unit - Age 19
18-12-1916

Examination held in Bramshott area.

DISABILITY. Emmersion.

- ~~Overseas~~ Local.
(scratch one out)

PRESENT CONDITION.

Since jointing has been troubled with
abundant ability -
keto his bed - but can control
during waking hours -
Has had treatment - no effect.

Board recommends:

1. Fit for Duty.
2. Fit for duty after _____ weeks physical training.
3. Fit for Base duty _____ weeks.
4. Fit for Permanent Base Duty.
5. Discharge. Class E.

Signatures:

Members

C. E. Cooper ^{Pres.}
L. A. Division Major
H. J. Jackson Capt.

Approved.

Bramshott

18/12

191

St Stewart Maj
for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

No. 193-152 Rank Private Name Walter

Local Unit 193-152 Overseas Unit — Age 19

Examination held in Bramshott area.

DISABILITY None

Local —
(attach one out)

PRESENT CONDITION.

Very faint handwritten notes describing the present condition, possibly mentioning 'no effect' and 'no further'.

Board recommend

1. Fit for Duty
2. Fit for duty after weeks physical training
3. Fit for Base duty weeks
4. Fit for Permanent Base Duty
5. Discharge Class B

Signatures:

G. E. Cooper Pres.

Members

L. R. ...

Approved

Bramshott

FORM OF WILL.

74193

I, Albert Geo. Buchanan (Name in full)
Regimental Number 902021, serving in the 193rd Bn
of the Canadian Expeditionary Force, do hereby revoke all former Wills
by me made and declare this to be my last Will.

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

Harold D. Buchanan
Amherst
N.S.
Name & Address
of person or
persons to receive
personal estate*
(see note).

In Witness whereof I have hereunto set my hand
this 24th day of November A.D. 1916.

A Buchanan Signature.

* 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.

Name of Witness G. L. McCallum
Address of Witness B. Co. 193rd Bn. Cps Army P.O.
Occupation of Witness aj corp London

Name of Witness J. H. Hagan
Address of Witness 193rd Bn. Cps Army P.O.
Occupation of Witness Private London

Amherst
M. P.

MEDICAL HISTORY SHEET.

Surname Buchanan Christian Name Albert

Examined { on 7th day of April 1916 at Amherst N.S.
 Birthplace { City or Town Saskatchewan Rank Capt. M.O.
 County Canada

Approved by E. Maclean (1)

Apparent age 18 yrs. 5 mths.
 Trade or occupation Farmer
 Height 5 Feet 9 Inches.
 Weight 130 Lbs.
 Chest measurement { Minimum 30 inches.
 Maximum expansion 4 1/2 inches.
 Physical development Good
 Small-Pox Marks None

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
 Number 0 2
 When Vaccinated last years ago 5/7/16
 (a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	VACCINATIONS.
		M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>15/5/16</u>		M.O.
<u>5/7/16</u>		M.O.
<u>25-10-16</u>		M.O.

Enlisted on 30 day of March 1916 at Amherst N.S.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>125 Bn. I. C. Ft.</u>	<u>902021</u>		<u>March 30, 1916.</u>
Transferred to	<u>17th Can. Ren Bn.</u>	<u>902021</u>		<u>27-1-17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u> <u>18 DEC 1916</u> APPROVED.	<u>18.12.16</u> <u>Ed Stewart Maj</u> <u>Gold M.D.</u>	<u>Emaciation - rostrum Class E</u> <u>Chaperelle</u>	<u>President</u> MEDICAL BOARD, BRAMSHOTT.
<u>Bramshott Camp, Hants.</u> <u>27 JAN. 1917</u> APPROVED.	<u>26-1-17.</u> <u>Officer.</u>	<u>Emaciation</u>	<u>Discharged as unfit</u> <u>President.</u> MEDICAL BOARD, BRAMSHOTT.

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.

Separation and Assigned Pay Branch

14617 Sept 1917

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
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B

PARTICULARS OF SEPARATION ALLOWANCE

No. 2330477

Rank Pte Promoted Geo Reverted Discharge

Soldier's Name Albert Buchanan

Battalion N.S. For Depot

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Miss M Buchanan

Address R.F.D. no 1 Amherst, N.S.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Oct 31			30	30	
Nov	F 51882		15	15	
Dec	A. 52374		15	15	m
Jan '18	S 65232		15	15	hd
Feb 18	b. 97807		15	15	
Mar	a. 105089		15	15	✓
April	G 2309		15	15	B
May	H 16939		15	15	✓
June	E 15968		15	15	✓
July	V 31561		15	15	✓
Aug	E 29361		15	15	-
Sept	y 43462		15	15	✓
Oct	z 46093		15	15	✓
Nov	B 57639		15	15	✓
Dec	m 62359		15	15	✓
1918					
Jan	H 73314		15	15	✓
Feb	J 76560		15	15	✓
MAR	y 88326		15	15	✓
APR	y 3292		15	15	✓
May	D 8132		15	15	✓
June	C 11024		15	15	✓
July	C 14490		15	15	✓
AUG	C 13510		15	15	✓
				<u>\$360</u>	

REMARKS x 2351-A-26

A/c Closed 31.8.19

Ret'd per Belgie

Date 23-8-19 M.F.W. 187 12.9.19 M.D. 6

Clerk Canfield M.O. 119317 RW

M. F. W. 128.
40M-6-7-172-34-1141
L. L. 22230-M. & D. 1931.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

12

M. F. W. 128.
400M. 17-1773-39-1141
L. L. 2320-M. & D. 7993.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	2330477	Pte.	Buchanan	A. G.
Year.	Unit.		Age.	Service.
	C. F. C.		21	2 yrs.
Station and Date.	Disease			
SS Corvick.				
May 14/19	V.D.C. & V.D.S.?			
	<p>This man developed Urticaria de charge 1 week ago. At present purulent and typical of V.D.C. Developed sore throat and pharyngitis 3 days ago. At present Mucous patches over pharynx and tonsils & buccal surface.</p>			
	<p>J. Thomson. Capt. C. C. C.</p>			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(A 1014) W3081/P/1296 3,45 Drayton Mill Form

NUMBER 2330477 RANK

NAME BUCHANAN A.G.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Jan	Bob Ford								6041		
Feb	Bob Ford				5840	1100					
Mar	P.P.	6490		Cap Feb				15			
		6490		Mar	5840	1100		15	2591		
Apr		33		Cap				15			
May		3410		164. 3.4.19. B.D	973						
				H81. 7.4.19. -	1460						
				1100 End. 22.4.19. Mineral	973						
				1408 - 25.4.19. -	3467						
				2321. - 12.5.19. -	973						
		6710		base AP. May.				15	1485		
June					7786			30	3467		
July		6710		AR 2863 HCGA trap 18/6/19	487				4972		
		6710		cap June & July.				30	1738		
					487			30			
				AR 3513 4/7 mths End	487						
				✓ 2733 10/7 ✓	243						
				✓ 3789 21/7 ✓	2433						
					3163				1425		
Aug	A.P.	3410		cap.				15			
	Stopped 1/5/19										
	Calculated 30/4/19										
	9/4/19	3410		10140 12/8 End C.F.C.	973			15	488		
	9/4/19				973						
	W.R. 6413 7/4/19 Scale into 7										

6041
9790
158.31
19440
43.91
20.33
19.58

STOPPED BY...
CHECKED BY...
9/4/19

SSS Douglas 13.5.19.
S.L. 65 MD 7

POA. Curran 16/8/19 P.L. 102

1110 End. August Bal 6.85
1408 - 24.22
2321 - 33.95

AUDITOR *[Signature]* PAYMASTER *[Signature]*

Belgic 23-8-19

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

M. OR S. _____

REGT. No. *2350477* RANK *Pte* NAME (IN FULL) *Buchanan A G*

ORIGINAL UNIT C.E.F. *676* IF IN P.F. WHAT UNIT? _____ (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE *264* AUTHORITY _____

ASSIGNED PAY \$ *15.00* DATE EFFECTIVE *1-9-19*

PAYABLE TO *Miss M Buchanan* RELATIONSHIP *Bank of Commerce* ANY CHANGE IN ASSIGNEE OR ADDRESS _____

ADDRESS *R.F.D. No 1 Amherst* *Amherst No Toronto Ont.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED *Halifax* PLACE _____ DATE *31-8-19* REASON *Demob.* AUTHORITY *250.254* IF ENTITLED TO POST DISCHARGE PAY _____

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	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT
						\$	C.	\$	C.	\$					C.			
<i>31-8-19</i>	<i>110</i>		<i>485</i>					<i>4875 00</i>	<i>9025</i>			<i>973</i>	<i>10985</i>			<i>10985</i>	<i>Belgic 23-8-19</i>	
			<i>3500</i>														<i>10985</i>	
			<i>7000</i>														<i>10985</i>	
<i>18-3-19</i>			<i>42000</i>		<i>42000</i>					<i>7000</i>							<i>1st pay mthly</i>	
										<i>70</i>				<i>280</i>			<i>1501261 27-5-19</i>	
										<i>70</i>				<i>210</i>			<i>1765335 28-10-19</i>	
										<i>70</i>				<i>140</i>			<i>1776464 28-11-19</i>	
										<i>70</i>				<i>70</i>			<i>1785632 19-12-19</i>	
										<i>70</i>				<i>Nil</i>			<i>*1789237 24-1-20</i>	
			<i>42000</i>		<i>42000</i>					<i>42000</i>				<i>42000</i>				

BALANCE FROM PREVIOUS ACCOUNT

Certified that all payments due on this acct. have been paid.
[Signature] CAPT,
 The Army Pay Service, M. D. 6

SEP 23 1919

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
XI CANADIAN GENERAL HOSPITAL MOORE BARRACKS EGNORVILLE	1	7	19	22	7	19	V.D.G.	21	Recent case, G.P., neg. sero-punb + dish. Under treatment. Boarded I.T.P. Est A	W.H. Robbins CW cam
							V.D.G.		admitted P.D. - G.C. +. Treated usual routine for V.D.G. discharged G.C. negative and apparently recovered. Est A	W. A. Foxen Capt.

LIST OF DISCHARGE DOCUMENTS.

- Attestation Paper, Triplicate..... Militia Form W. 23
- or Particulars of Recruit..... Militia Form W. 133
- Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
- Casualty Form..... Militia Form W. 54 or A.F.B. 103
- Last Pay Certificate..... Militia Form W. 44
- Certificate that missing documents are unobtainable.....
- Medical History Sheet..... Militia Form B. 313 or A.F.B. 178
- Proceedings of Medical Board..... M.F.B. 227, A.F.B. 179 or A.F.A. 45
- Dental History Sheet..... Militia Form B. 465
- Medical Report..... M. F. W. 129 or D. M. S. 1375
- Regimental Conduct Sheet..... Militia Form B. 263
- Company Conduct Sheet..... Militia Form B. 263a

- 1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
- 2. Casualty Form (A.F.B. 103).
- 3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
- 4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
- 5. Dental Certificate (A.F.B. 465).
- 6. Field Conduct Sheet (M.F.W. 178).
- 7. Proceedings on Discharge (M.F.W. 44).
- 8. Discharge Certificate (M.F.W. 44).
- 9. Copy of Discharge Certificate (M.F.W. 44).
- 10. Discharge Certificate (M.F.W. 44).
- 11. Equipment Statement (M.F.W. 2595).
- 12. Last Pay Certificate (M.F.W. 44).
- 13. Pay Book (A.F.B. 103).
- 14. War Service Gratitude (Form M.F.W. 2595).
- 15. Sundry Documents.

Group AP
 Checked by No. 254
W.A. O'Connell
 Date 19/5/19
15-8-19

W. S. B. CLASS A. No. 285881

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

C

19-4-19

1. No.	<u>2330477</u>	Cat.	<u>AI</u>
2. Rank.	<u>Private</u>		
3. Name.	<u>BUCHANAN, Albert George</u>		
4. Unit.	<u>N.S. For Draft. C.F.C.</u>		
5. Date of Discharge	<u>31 8 19</u>	Place	<u>Halifax, N.S.</u>
6. Reason for Discharge	<u>Service in France. ¹⁶/₁₂</u>		
	<u>Next of Kin. Father.</u>		
7. Authority.	<u>R. O. 1420</u>		
8. Proposed Residence after Discharge	<u>Amherst, N.S.</u>		
	Religion.	<u>CofE.</u>	
	Occupation.	<u>Labourer. 7</u>	
9.	<p>CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ?</p> <p><u>A. G. Buchanan</u> Signature of Soldier.</p>		
10.	<p>CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place..... <u>HALIFAX, N.S. AUG 23 1919</u></p> <p>Date.....</p> <p><u>Disced 1-6-58</u></p> <p>Signature..... <u>[Signature]</u> Major</p> <p>(O. C. Discharging Unit.)</p>		

ml-16-928

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :-

The Board having considered the evidence of the soldier, marginally named, together with the documents submitted, recommend :-

for (none compared to capacity on enlistment).

12. THE REASONABLE DISABILITY—See Part I (3). A description of a disability existing previous to joining is to be included in the statement.

None.

16. Permanency of the Reasonable Disability estimated next above in (12). Not applicable.

Not applicable.

This man has always been a bed wetter, but the cold weather has an usual increased the frequency of the offense.

13. Recommendation :- (a) Fit for duty? No. (b) Fit for base duty? No. (c) Invald to Canada? No.

(d) Discharge from Service as permanently unfit? Yes.

Dated at this day of 191

Signatures of the Board members: President, For C.O.C. & D.M.S., Station, Bramshott Camp.

Reserved for M.H.C. 141006

Regt. No. 902021 Rank Private Surname Buchanan Christian Name Albert George
Unit or Corps—(a) Overseas from United Kingdom (b) In United Kingdom 193 Battalion C.I.
Born at—Town Regina County or Province Sask Country Canada
Date of Birth—Day 17 Month October Year 1897 Age 19 yrs 3 months
Joined at Amherst P.Q. Date March 30th 1916
Former Trade or Occupation Farmer
Permanent marks or peculiarities that will serve for future identification :-

Scar on right side of chin

649.53-12464

Height—feet 5 inches 5 Colour of eyes Brown
Signature of Soldier (for identification purposes) A Buchanan

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Table with 2 columns: Disabilities Group (a), (b), (c) and corresponding descriptions. Group (a) contains 'Eneurisis'.

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

Table with 3 columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Row 1: Won't know, Aldershot, Sept 1916.

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service? no

(i) As to Group (a) above? If yes, has Active Service aggravated it?
(ii) As to Group (b) above? If yes, has Active Service aggravated it?
(iii) As to Group (c) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

(i) As to Group (a) above? yes
(ii) As to Group (b) above?
(iii) As to Group (c) above?
* Delete if inapplicable.

5. If a cause of disability was an injury received on Active Service, was it received— **Not applicable**

(i) While on duty? **Not applicable**

(ii) While off duty? **Not applicable**

(iii) Was a Court of Inquiry held? **Not applicable**

(iv) Where? **Not applicable**

(v) When? **Not applicable**

(vi) Opinion of the Court? **Not applicable**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

Eneurisis commenced in Sept 1916 can control urine while awake, Has had treatment without any results

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Patient well nourished, and everything normal except Eneurisis.

8. OPERATION. (i) Was one performed? **no**

(ii) If so, state what.

(iii) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i) Is there loss or decay of teeth attributable to Active Service? **Not applicable**

(ii) If so, describe.

10. DO YOU RECOMMEND:—

(a) Fit for duty? **no**

(b) Fit for base duty? **no**

(c) Invalid to Canada? **no**

(d) Discharge from the Service as permanently unfit? **yes**

Date of Report *Jan 14 1917* Signed *Ed Maclean Capt.*
 Station *Bramshott Camp* Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

Dated at *Bramshott* Station, on *18-1-17* 1917

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I (1)? **Yes.**

12. Is the cause of the disability fully indicated in Part I (2)? **Says he was affected in this way in Civil Life, but it is only troublesome on Active Service.**

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier? **No.** (b) Misconduct of the Soldier? **No.**

14. THE ENTIRE DISABILITY. Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%) **10% (none compared to capacity on enlistment.)**

15. THE PENSIONABLE DISABILITY—(see Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate). What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/2, 2/3, 3/4, or all) **None.**

16. Permanency of the Pensionable Disability estimated next above in (15). (i) Is it permanent? **Not applicable.** (ii) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? **Not applicable.**

18. Remarks. **This man has always been a bed wetter, but the cold weather has as usual increased the frequency of the offence.**

19. Recommendation:—(a) Fit for duty? **No.** (b) Fit for base duty? **No.** (c) Invalid to Canada? **No.** (d) Discharge from Service as permanently unfit? **Yes.**

Classification for the Military Hospitals Commission. **Not Classified.**

Date of Board **26-1-17.** Station **Bramshott Camp.** Approved **27-1-17.** Dated at **Bramshott.**




Signatures of the Board: *C. Cooper Cole* (President), *H. Ingelton* (Capt), *J. Russell* (Capt), *E. C. A. M.*

For G.O.C. & D.M.S. **Bramshott Camp** 27-1-17.

CERTIFICATE re DISCHARGE Army Form B. 2088

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>902021</u>	Army Rank <u>PL</u>												
Name <u>Buchanan, Albert</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>													
Corps <u>C.C.A.C.</u>													
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>													
Date of discharge _____													
Place of discharge _____													
<p>1. Description at the time of discharge.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Age <u>19</u> years _____ months</td> <td rowspan="5" style="width: 30%; vertical-align: top;">Descriptive marks.</td> </tr> <tr> <td>Height <u>5</u> feet <u>3</u> inches</td> </tr> <tr> <td>Chest measure- ment { girth when fully expanded _____ ins. range of expansion _____ ins.</td> </tr> <tr> <td>Complexion <u>Dark</u></td> </tr> <tr> <td>Eyes <u>Blue</u></td> </tr> <tr> <td>Hair <u>Brown</u></td> <td rowspan="5" style="vertical-align: middle; text-align: center;">  </td> </tr> <tr> <td>Trade <u>Farmer</u></td> </tr> <tr> <td>Intended place of residence _____</td> </tr> <tr> <td>(To be given as fully as practicable)</td> </tr> <tr> <td><small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small></td> </tr> </table>		Age <u>19</u> years _____ months	Descriptive marks.	Height <u>5</u> feet <u>3</u> inches	Chest measure- ment { girth when fully expanded _____ ins. range of expansion _____ ins.	Complexion <u>Dark</u>	Eyes <u>Blue</u>	Hair <u>Brown</u>		Trade <u>Farmer</u>	Intended place of residence _____	(To be given as fully as practicable)	<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>
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Hair <u>Brown</u>													
Trade <u>Farmer</u>													
Intended place of residence _____													
(To be given as fully as practicable)													
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>													
<p>2. The above-named man is discharged in consequence of _____ Para. 302, Sec. 16, R. R. & O. 1912. Being no longer physically fit for war service.</p> <p><small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small></p>													
<p>3. Military character:— <u>Good</u></p>													
<p>4. Character awarded in accordance with King's Regulations:—</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>													
<p style="color: red; font-weight: bold;">CANADIAN DISCHARGE DEPOT,</p> <p style="color: red; font-weight: bold;">Lieut.-Col.,</p> <p style="color: red; font-weight: bold;">Officer Commanding,</p>													
<p>Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.</p> <p style="text-align: right;">Initials of Commanding Officer.</p>													
<p>Army Form B. 2088 has been issued to*</p>													

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any). (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178.)

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 204).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

Local

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

MAR 2 1917
ST. JOHN, N. B.
FEB 5 1917
FILE

H. H. Smith Major
O. C. Discharge Depot, St. John, N. B.
Arthur Major
Lieut.-Col.
Under Commanding

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ *A Buchanan* (Signature of Soldier.)

(Date) _____ *J. F. Rooney Sgt* (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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____ MAR 2 1917

(Date) _____ ST. JOHN, N. B.

Signature *H. H. Smith Major*
O. C. Discharge Depot, St. John, N. B.

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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

A Buchanan