DISCHARGE DOCUMENTS

R. O. No. .....

H. Q. No. .....

Name CASSELMAN HUBERT

Regt. No 3090535 Rank Pte

Corps A M C Train Depot #4

Medical Student

11529

Proceedings of Court of Inquiry or on men reported Missing on Active Service	
Attestation Papers	2
Declaration of change of name	
Authority for special enlistments	
Documents of re-enlisted men	
Regimental Conduct Sheet	
Compulsory Stoppages	
Casualty Forms	/
Proceedings on discharge	/
Corps History Sheet	
Date and No. of Deposit Receipt for Purchase Money and Amount	
Parchment Certificate (Lasch)	/
Medical Report for Invalids	
Medical History Sheet	/
Proceedings of Regt. Court Martial	
Copies of Convictions by Civil Power	
Company Conduct Sheet	
Clothing Transfer Certificate	
Inventory of Kit	
Last Pay Certificate	2

m+w 178-1
m+B 465-1
m+w. 129-1

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

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

4th, M. D. ..... Depot Battalion ..... Regiment

Regtl. No. 3090535

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Canc. Nov

JAK. (Class 1.)

1. Surname: CASSELMAN.
2. Christian name: Hubert.
3. Present address: Winchester. Ont.
4. Military Service Act letter and number: 83985 DC.
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension. or surrender)
5. Date of birth: Oct, 10th, 1893.
6. Place of birth (town, township or county and country): Chesterville. Ont.
7. Married, widower or single: Single.
8. Religion: Methodist.
9. Trade or calling: Medical Student, 3 Yrs.
10. Name of next-of-kin: Cassey Lee Casselman.
11. Relationship of next-of-kin: Father.
12. Address of next-of-kin: Winchester. Ont. SUFFICIENT ADDRESS
13. Whether at present a member of the Active Militia: No.
14. Particulars of previous military or naval service, if any: None. xxx AE
15. Medical Examination under Military Service Act :—

    (a) Place Montreal. P. Q. (b) Date July 27th, 1918 (c) Category A

DECLARATION OF RECRUIT

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

Hubert Casselman (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 24 yrs. 8 mths.

Height: 5 ft. 8 ins.

Chest measurement: fully expanded 35 ins.; range of expansion 3 ins.

Complexion: Med.

Eyes: Hazel.

Hair: Light.

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

Hearing ~~Eyes.~~ R. OK L. OK

Eyes ~~Hearing.~~ R. 26 L. 26

Major.
for O.C. 1st Depot Bn. 1st Quebec Regiment

O. C. First, Depot Btln.

First Quebec. Regt.

Place: Montreal. P. Q. Date: July 27th. 1918.

M. F. W. 133.
500M.—5-18.
1772—39—1158

227: 15: 8: 18

X

DUPLICATE

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3090535 (Rank) Private

Name (in full) Casselman - Hubert enlisted in

the

CANADIAN EXPEDITIONARY FORCE at on the 27

day of July 1918

HE served in Canada

and is now discharged from the service by reason of being a Medical Student - R O 1324 D 18/11/18

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

Age 25 yrs 2 mos

Height 5' 8"

Complexion Medium

Eyes Hazel

Hair Light

Marks or Scars 3 Vac marks. Left arm

Signature of Soldier

Issuing Officer — Major, O. C. A. M. D. Training Depot No. 4.

Rank

Appointment

Date of Discharge Dec 2/18

Signed at Montreal this Second day of Dec 1918

in Military District No. 4

File Reference No. R O 1324

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

M. F. W. 39
200m.—2-18.
H.Q. 1772-39-552

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 3090535 (Rank) Private Name H Casselman

Unit A. M. C. TRAINING DEPOT NO 4

Address on Discharge 756 University Dr Montreal

Character and Conduct Good

Former Occupation Medical Student

Special Qualifications of Value in Civil Life

Medals and Decorations Nil

Remarks Nil

Signed at Montreal this Second day of Dec 19 18

W Ness Major,
Name of Officer O. C. A. M. Training Depot No. 4.

Rank

Appointment

ORDERLY ROOM
DEC 2 1918
A. M. C. TRAINING DEPOT No. 4

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

1. Surname CASSELMAN Christian name Hubert.
2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 83985 DC.
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number if any) Winchester. Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 27th day of July 1918. 19....., by the undersigned medical board sitting at Montreal. P. Q.

5. Age as stated 24 Years 8 Months. 6. Apparent age 24 Years 8 Month
7. Height 5 Feet 8 Inches. 8. Weight 138 Pounds.
9. Chest measurement { Minimum 32 Ins. Maximum 35 Ins. 10. Complexion Med. { Eyes Hazel. Hair Light.
11. Physical development Good { Good Fair Poor 12. Smallpox marks
13. Number of vaccination marks { Right arm Left arm 1 14. When vaccinated last Clw
15. Distinctive marks and marks indicating congenital peculiarities or previous disease
16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis, Asthma.

We find no evidence of past { Rheumatism Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis Asthma

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category FIT CATEGORY "A-"

17. (a) Vision. R. 20 L. 20
(b) Hearing. R. N. L. N.

R. B. Malcolm Capt. President.

R Fontaine Lt. Member. Member.

Hubert Casselman Signature of Man

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M. O.	30.9.18		C Lundau Capt M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined 27th *day of* July 1918 *19 at* Montreal. P. Q.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st DEPOT BN. 1st QUEBEC REG'T.	3090535		
Transferred to				

If raised in category, record category in a square. The M. O. will initial and date.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Montreal	25/11/18	Nil	A ii R.R. Scott Lt Capt

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

M. F. B. 313.
300M —4-18.
1772-39-439.

Surname CASSELMAN Christian Name Hubert.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3090535 Rank Private Name Casselman, H.

Corps A.M.C.T.D. No.4. who was* Discharged.

On December 2nd. 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from December 1st/1918 191....

to December 2nd 1918, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	10	00
Advances by Cheques No.			Regt'l. Pay 2 days at $ 1 c. 00	2	00
Advances by Cheques No.			Field Allow. 2 days at $ 10 c.		20
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* 2 dys Subs @80¢	1	60
Payment on ~~transfer or~~ discharge No. 11373	48	80	Other Credits* Civ Clothing	35	00
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	48	80	Total	48	80

*Give particulars.

A monthly stoppage of $ 15.00 (†) has (‡) been paid on account of Assigned Pay for the month of November 191 8 and Sep'n Allce. for month of Nil Nil 191 8 (to) Assignee Mr. C.L.Casselman.

(Address) Winchester, Ont.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment 27-7-18

(2) if married and if a Separation Allowance Card has been submitted Nil

(3) cause of discharge Medical Student authority R.O.1324. d/18-11-18

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date Dec. 2nd 1918

Place Montreal

B. Stewart Capt.
Miscellaneous Units M. D. No. 4
Paymaster.

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

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

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
60M-9-18. D.P. 874.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 5th July C.E.F., 1916).

Regimental No. ..... Rank ..... Name .....

Corps ..... who was*.....

on ..... 191.... to ..... 191....

*Insert "discharged" or "transferred."

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

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		
Advances by Paymaster No.			Regtl. Pay ..... days at $		
Advances by Paymaster No.			Field Allow. ..... days at $		
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances*		
Repaid on account of discharge No.			Other Credits*		
Balance Cr. to be paid by the new unit)			Bal. Dr. (to be identified by new unit)		
Total			Total		

*Give particulars.

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

(to) Assignee .....

Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

The Allowance of $ ..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted .....

(3) cause of discharge .....

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.R.W. 77) are to accompany the original Last Pay Certificate on transfer.

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

Date .....

Place .....

Paymaster.

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

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

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay Certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster, Post Discharge Pay and Allowance, with his discharge documents.

M.T.W. 14.
D.G. 79 (1916)
Form 1.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 4

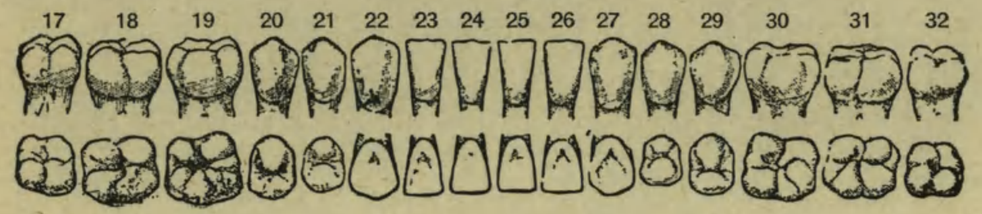
No. 3090535

Pte

NAME OF SOLDIER CASSEIMAN Hubert

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

M.F.B. 465.
200M.—6-18.
1772-39-950.



INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							

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. 3090535 Rank Pte Surname CASSELMAN
(Given name in full)
Hubert

Unit or Corps C.A.M.C. Birthplace Chesterville Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 138 lbs. Height 5 ft. 8 in. Colour of Eyes Blue

Nutrition Good

Pulse 72

Condition of arteries good

Vision Rt. 30 Left 30

Hearing (conversational voice) Rt. OK ft.

Left OK ft.

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

3 vaccination marks left arm.

Opinion as to general health and physical condition good

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

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

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

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

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....(Overseas)

Date ..... Signed .....M.O.

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Montreal.....(Canada)

Date 28/4/18..... Signed R.R. Scott Capt.....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 H. Bassleman.....

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

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

M. F. W. 54. (A. F. B. 105.
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BN. 1st QUEBEC REG'T

Regimental No. 3090535 Rank Pte Name CASSELMAN Hubart

Enlisted (a) 27-7-18 Terms of Service (a) C.E.F. C.E.F, duration of war. Service reckons from (a) 27-7-18

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

Extended ..... Re-engaged ..... Qualification (b) Medical Student

Report: Date	Report: From whom received	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
August 1st 1918	M.D. 4 transferred	To. C.A.M.C. Auth D.O. 1211 d 3-8-18. 22-8-2688	Montreal Que.	1st-8-18	Para Two Order No. 221 J. Fraser Capt ADJT. for O. C. 1st. Depot Bn, 1st Quebec Regiment.
15/8/18		Taken on strength A.M.C. TRAINING DEPOT NO 4 Authy D.O. 1211 d/ 3-8-18			effect 4-8-18 W. Ness Major, O. C. A. M. C. Training Depot No. 4.
27/12/18		Discharged from the Service Medical Student.	Montreal	27/12/18	W. Ness Major, O. C. A. M. C. Training Depot No. 4.

(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				

3090535

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

No. Name CASSEIMAN Hubart Sqn., Batty., or Company Corps Date of enlistment 27-7-18 G.C. Badges Service or Proficiency Pay

Date of last entry in Company Conduct Sheet No. and date of last drunk Period not reckoning towards freedom from extra fine Sheet No. One Signature O.C. Company, etc. Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				Certified Correct to date Oct. 8-18.					
							J. G. Fraser Capt. ADJT. for O. C. 1st Depot Bn. 1st Quebec Regiment.		
Montreal	15/8/18			Taken on strength A. M. C. TRAINING DEPOT NO 4 effect 4-8-18 Authy. DC #1211 d/ 3-8-18				W. Ness Major, O. C. A. M. C. Training Depot No. 4.	
"	2/12/18			Discharged from the Service Medical Student				W. Ness Major, O. C. A. M. C. Training Depot No. 4.	
				Certified No further entries on Discharge					

(P.T.O.

M. F. W. 178 A. F. B. (122)
250M.—5-18—1772-39-1211.

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME &c.
	NO.	DATE	

M. F. W. 71.—500M.—5-18.
1772—39—961.

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

NAME CASSELMAN ~~Born~~ Hubert (Born Chesterville, Ont

REGIMENTAL NO. 3080535 RANK Pte.

ENLISTED AT Montreal, Que. PROMOTIONS, &c. AND DATE

DATE July 27th, 1918 (occupation Medical Student 3 years.

IF SERVED PREVIOUSLY, STATE UNIT, &c. None.

MARRIED, WIDOWER, OR SINGLE Single.

NEXT OF KIN Cassey Lee CASSELMAN RELATIONSHIP Father

ADDRESS OF Winchester, Ont.

ASSIGNMENT OF PAY $ 15.00 c. TO as above.

ADDRESS as above.

SEPARATION ALLOWANCE, ENTITLED OR NOT not entitled.

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

M. F. W. 71.—500M.—5-16.
1772—39—961.

NAME Gasselman, Hubert

REGIMENTAL NO. 3090535 RANK Pte.

ENLISTED AT MONTREAL PROMOTIONS, &c. AND DATE

DATE 27-7-18

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME &c.
	No.	Date	
On command	275	1/10/18	for Gill Univ.
Discharged		2/12/18	Med Student

List of Discharge Documents.

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

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper or Particulars of Recruit	Militia Form W. 23	
	"	W. 133
Proceedings on Discharge	"	B. 218

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

This space to be for numbers.

Proceedings on Discharge.

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

No. 3090535

Rank Private

Surname CASSELMAN

Christian name Hubert

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

Corps (Squadron, Battery or Company) A.M.C. Training Depot #4

Date of discharge December 2nd. 1918

Place of discharge Montreal, Que.

H

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 25 years 2 months.

Height 5 feet 8 inches.

Complexion Medium

Eyes Hazel

Hair Light

Trade Medical student

Intended place of residence (To be given as fully as practicable.) 756 University St. Montreal, Que.

Descriptive marks

NIL

3 Vac. Marks-Left arm

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

Authority for discharge R.O. 1324-d/18/11/18

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

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

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

good.

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

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

Medical Student.

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

NIL

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

6. Medals and Decorations..... NIL

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

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

(Place).. Montreal, Que. ..... W. Ness Major,
O. C. A. M. C. Training Depot No. 4.

(Date).... December 2nd. 1918 ..... *Commanding*.....

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

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

(Place).... Montreal, Que. ..... H. Casselman ..... *(Signature of Soldier.)*

(Date).... December 2nd. 1918 ..... G. T. Lewis ..... *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

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

10. **Statement of Service.**

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

Total.....years 129 days.

11. **Confirmation of Discharge.**

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

(Place).... Montreal, Que/ .....

(Signature)..... W. Ness Major,
O. C. A. M. C. Training Depot No. 4.

(Date).... December 2nd. 1918 .....

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

No Reservations

H. Casselman