AS 11.3.19.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....2.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....1.....

Proceedings on discharge.....1.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....1.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....1.....

A. Z. B122. 1

M. Z. B465 1

M. Z. W39 1

129 1

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

H

Name CASSIE WILLIAM

Regt. No. 3214421 Rank Pte.

Corps 1st Depot Bn. A.R.

Demobilization

11750

C

H

ORIGINAL

13 M. D. First Depot Battalion Alberta. Regiment

Regtl. No. 3214421

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname: Cassie.
2. Christian name: William.
3. Present address: Spirit River Station. Alta
4. Military Service Act letter and number: 379250 MC
   (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: 16th December 1883
6. Place of birth: Fergus Nicholtownship Ont.
   (town, township or county and country)
7. Married, widower or single: Single.
8. Religion: Presbyterian.
9. Trade or calling: Farmer.
10. Name of next-of-kin: Miss Barbara Cassie. (Sister)
11. Relationship of next-of-kin: Sister
12. Address of next-of-kin: Elora.P.O. R.R.3 Ont.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: None
15. Medical Examination under Military Service Act :—

(a) Place: High Prairie (b) Date: 21-11-18 (c) Category: A2

DECLARATION OF RECRUIT

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

William Cassie (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 33 yrs. 11 mths.

Height: 5 ft. 6 ins.

Chest measurement: fully expanded: ~~35~~ 33 ins.; range of expansion: 2 ins.

Complexion: Fresh

Eyes: Blue

Hair: Brown.

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

Nil

Lt. Col.
Commanding 1st Depot Batt'n, Alta. Reg't
O. C. Depot Btln.

Regt.

Place: Calgary Alta Date: 12-7-18

R. 039 p 36

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3214421 (Rank) Private

Name (in full) CASSIE, William enlisted in

the First Depot Battalion, Alta. Reg't.

CANADIAN EXPEDITIONARY FORCE at Calgary, Alta. on the 12th

day of July 19 18.

HE served in CANADA

and is now discharged from the service by reason of Demobilization.

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

Age 34 Yrs. 6 Mos.

Height 5' 6"

Complexion Fresh

Eyes Blue

Hair Brown.

Marks or Scars NIL.

Wm Cassie

Signature of Soldier

R B Watson

Issuing Officer

~~Lt. Col.~~

Rank

Commanding 1st Depot Bn. Alta. Reg't

Appointment

Date of Discharge 14.2.19.

Signed at Calgary, Alta. this Fourteenth day of February 19 19.

in Military District No. 13.

File Reference No.

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

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

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

.....
Name of Officer

.....
Rank

.....
Appointment

M.S.A. 15.

DEC 5 1917

3214421

MEDICAL BOARD NO. 15
SERIAL NO. 379250 MC
ORIGINAL
REGT NO.
CONSEC. NO. 272

MILITARY SERVICE ACT, 1917

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname CASSIE Christian name WILLIAM

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 379250 MC

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Spirit River Alta.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 21st day of November 1917, by the undersigned medical board sitting at High Prairie Alta.

5. Age as stated 33 Years 11 Months. 6. Apparent age 33 Years 11 Months

7. Height 5 Feet 6 Inches. 8. Weight 140 Pounds.

9. Chest measurement Minimum 33 Ins. Maximum 2 Ins. 10. Complexion Fresh Eyes Blue Hair Brown

11. Physical development Good (Good / Fair / Poor) 12. Smallpox marks Nil

13. Number of vaccination marks Right arm Left arm 3 14. When vaccinated last Boyhood

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

Nil.

16. Slight defects but not sufficient to cause rejection nil

The man denies having had Rheumatism / Tuberculosis / Syphilis (Strike out disease admitted or suspected.) We find no evidence of past Rheumatism / Tuberculosis / Syphilis

Hearing
R. Ear Normal
L. Ear Normal

Eyesight
R. Eye D 20
L. Eye D 20

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

A Dimmpin Major C.A.M.C. President.

H L Collins Capt. C.A.M.C. Member. A G Henderson Capt. C.A.M.C. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
7.8.18		A Gly Blet Major C.A.M.C. M.O.	7.8.18		A Gly Blet Major C.A.M.C. M.O.
		M.O.	12-8-18		A Gly Blet Major C.A.M.C. M.O.
		M.O.	23-8-18		A Gly Blet Major C.A.M.C. M.O.

Joined 12 day of Jan 1918 at CALGARY, ALTA.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st DEPOT BATT. ALBERTA REG'T.	3214421		12-7-18
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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.

Cassie William

Signature of Man

Ord. to Schedule by

No. 5

Surname Case Christian Na[illegible] Cecilia

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				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Cassie Wm

REGIMENT 1st DEPOT BATT. ALBERTA REG'T.

RANK Pte

DISTRICT

No. 3214421

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	Aug 9/18	1 / 1,2,3 4,11 12,13 14,18 29,30									2 / 5,19					6 / 7,8,8 9,9,10				H Robinson	13	Cav 15,17,

adv.

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. 82114421 Rank. Private Name Cassie, W.

Corps 1ST DEPOT BATTALION, ALBERTA, who was* Discharged

On 14.2.19 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 14.2.19 191... to 14.2.19 191..., the inclusive date of ~~transfer or~~ discharge. (Feb. Indef. Lv. Pay List)

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	16.	05
Advances by Cheques No.			Regt'l. Pay 1 days at $1.00c	1.	00
Advances by Cheques No.			Field Allow. 1 days at $. 10c		10
Assigned Pay and Sep'n Allce. No.			Separation Allowance* (Monthly)		
Other charges			Other Allowances* Clothing	35.	00
Payment on ~~transfer or~~ discharge No. 7510	52.	15	Other Credits*		
Bal. Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	52.	15	Total	52.	15

*Give particulars.

A monthly stoppage of $ Nil (†) has (‡) been paid 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.

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

REMARKS:— Returned from leave 13.2.19

State (1) date of enlistment 12.7.18

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

(3) cause of discharge Demobilization authority D.O. 45 Part II.

(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 FEB 13 1919

Place CALGARY, ALTA.

Wm Leech Capt.
Paymaster First Depot Battalion, Alberta 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.
100M-9-18. D.P. 874.

RB.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

(Under Regulations for all Ranks (Vide Articles 127, 130 and 141, Financial Instructions, 1916) Section 1 (a) 141-121 ..... Rank ..... Name ..... Corps ..... R.

Is entitled to the under-mentioned pay, subject to the deductions specified.

Date	Particulars	Dr.	Cr.
1916			
14.2.19	Balance at from pay month		2.05
	Regular Pay ..... 1 ..... days at $2.00		2.00
	Lodging ..... 1 ..... (per diem) @ .10		.10
	Separation Allowance (Weekly)		
	Allotment ..... Deductions		22.00
	Cash ..... C. Dues		
	Pay for 10 days leave by non-work		
	Total	22.15	22.15
	Balance	22.15	

Total allotment "ordered" or "stopped"

The following is a statement of the account of the pay period from 14.2.19 to 14.2.19

XXXXXXXX Regt. Can. Inf. Bn. 139 Lieut.

Date	Particulars	Dr.	Cr.
1916			
14.2.19	Balance at from pay month		2.05
	Regular Pay ..... 1 ..... days at $2.00		2.00
	Lodging ..... 1 ..... (per diem) @ .10		.10
	Separation Allowance (Weekly)		
	Allotment ..... Deductions		22.00
	Cash ..... C. Dues		
	Pay for 10 days leave by non-work		
	Total	22.15	22.15
	Balance	22.15	

Total allotment "ordered" or "stopped"

(1) Insert number of days for which leave has been given or not.
(2) Insert "not" if account has not been paid for period of statement.

Certificate of Officer.

Certificate of ..... has been paid by ..... (Rank and Name) ..... (Date) ..... (Place) ..... (Signature)

Pay Line — Extracted from Leave No. 2.19

Date 12.7.19

(1) Insert rank and Name of Soldier (Surname first) ..... No. ..... No.

(2) Insert date of leaving or Demobilization ..... authority ..... D. . . 46 Days 11.

(3) Insert date of return.

Note. — All entries should agree. Every entry and total (Dr. or Cr.) must be accounted for by the Pay Line.

Pay Line ..... 19.....

Total ..... Dr. ..... Cr. .....

Balance ..... Dr. ..... Cr. .....

Balance ..... Dr. ..... Cr. .....

Balance

TRAINING—HISTORY SHEET.

1st DEPOT BATT. ALBERTA REG'T.

DEPOT BATTALION, CANADIAN EXPEDITIONARY FORCE. 191

No. 321421 Rank Pte Name Cassie Wm. Company 2

WEEK OF TRAINING	FIT FOR TRANSFER TO HIGHER WEEK *	DATE	FIT FOR TRANSFER TO HIGHER PERIOD *	DATE	(Information to assist in carrying on training from point left off in Canada, i.e. aptitude of man, results of standard tests, range practices fired, bayonet training, etc.)
PERIOD I, 1st Week		AUG 19 1918			
2nd "			Captain		
PERIOD II, 3rd "		O. C. No. 2 Co'y, 1st Depot Batt'n, Alta. Reg't			
4th "					
5th "					
6th "					
PERIOD III, 7th "					
8th "					
9th "					
10th "					
PERIOD IV, 11th "					
12th "					
13th "					
14th "					

*Initials of officer in charge of week or period of training.

M. F. W. 113.

1002—2-18.
1772-39-1110.

(O. C. ..... Depot Battalion,
..... Regiment).

2022

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. 3214421 Rank Pte. Surname CASSIE
(Give name in full)
William

Unit or Corps 1st Depot Bn. A.R. Birthplace Fergus, Ont.

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

1. **GENERAL DESCRIPTION:**

Physique good Weight 155 lbs. Height 5 ft. 6 in. Colour of Eyes Blue

Nutrition good

Pulse 74 normal

Condition of arteries normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

None

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

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]

Spirit River Alta. Alberta

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 CALGARY.....(Canada)

Date FEB 13 1919 ..... Signed R C Robinson.....M.O.
CAPTAIN C. A. M. C.

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 Cassie W.....

(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]

M.F.W. 129.
1088 (D.P.) 500M-11-18.
1772-89-1142.

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

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

(2)

Casualty Form—Active Service.

Unit, Regiment or Corps ....First Depot Battalion Alta Regt

Regimental No. 3214421 Rank Pte C. E. F. Name Cassie William.

Enlisted (a) Calgary Terms of Service (a) Duration of War. Service reckons from (a) 12-7-18

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) Farmer.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
Certified no entry to date			AUG 19 1918		David Kennedy Captain O. C. No. 2 Co'y, 1st Depot Batt'n, Alta. Reg't
15 2 19		Discharged account demobilization		14 2 19	R.O.1357 D.O.45

CALGARY. ALTA.

David Kennedy Capt.
Officer i/c Records 1st Depot Batt'n, Alberta Reg'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				

H. Q. .....

M. D. No. 13

Surname Cassie

T. O. S. July 12th 1918

Christian names William

D. O. Pt. II 193 of 12-7-18

Regtl. No. 3214421 Rank Pte.

S. O. S. Dis 14-2-19

Unit Alta. Regt., 1st. Dpo. Bn.

Reason Demob.

Auth. D.O. 45 of 14-2-19 1/Alta Rgt.

Next of kin Cassie, Miss Barbara

Relationship Sister

Address R. R. 3. Elora. Ont.

Also notify:

BORN—Place Canada, Fergus, Ont.

Date Dec 16th 1883

ATTESTED—Place Calgary, Alta.

Date July 12th 1918

O/S

R/C

W. 22—75M-5-18. 1772-39 839.

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME CASSIE William

REGIMENTAL No. 3214421 RANK Pte.

ENLISTED AT Calgary. Alta. PROMOTIONS, &c. AND DATE

DATE 12-7-18.

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

MARRIED, WIDOWER, OR SINGLE Single.

NEXT OF KIN Miss Barbara Cassie. RELATIONSHIP Sister.

ADDRESS OF Elora. P. O. R.R. 3. Ont.

ASSIGNMENT OF PAY $ c. TO None.

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT 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	
Taken O.S.	193	12-7-18.	
Discharged	45	13-2-19	

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

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

H

1. No. 3214421

2 Rank. Private

3. Name. Cassie, William

4. Unit. First Depot Battalion, A.R

5 Date of Discharge 14.2.19. Place Calgary, Alta.

6 Reason for Discharge Demobilization

7. Authority. R.O. 1357

8. Proposed Residence after Discharge Spirit River, Alta

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? 39

Calgary, Alta.

14.2.19. Wm Cassie

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Calgary, Alta.

Date 14.2.19.

R B Gatowlley

Commanding 1st Depot Batt'n. Alta. Reg't

Signature (O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

18