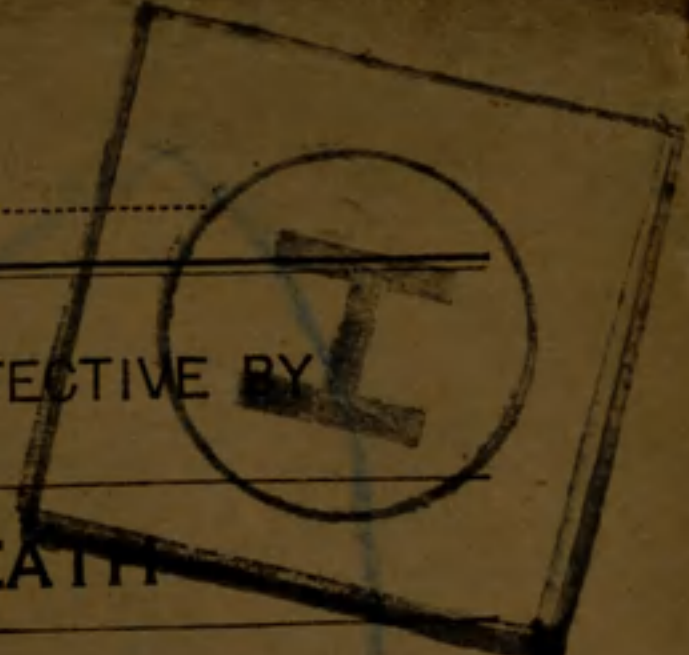


REGIMENTAL DOCUMENTS

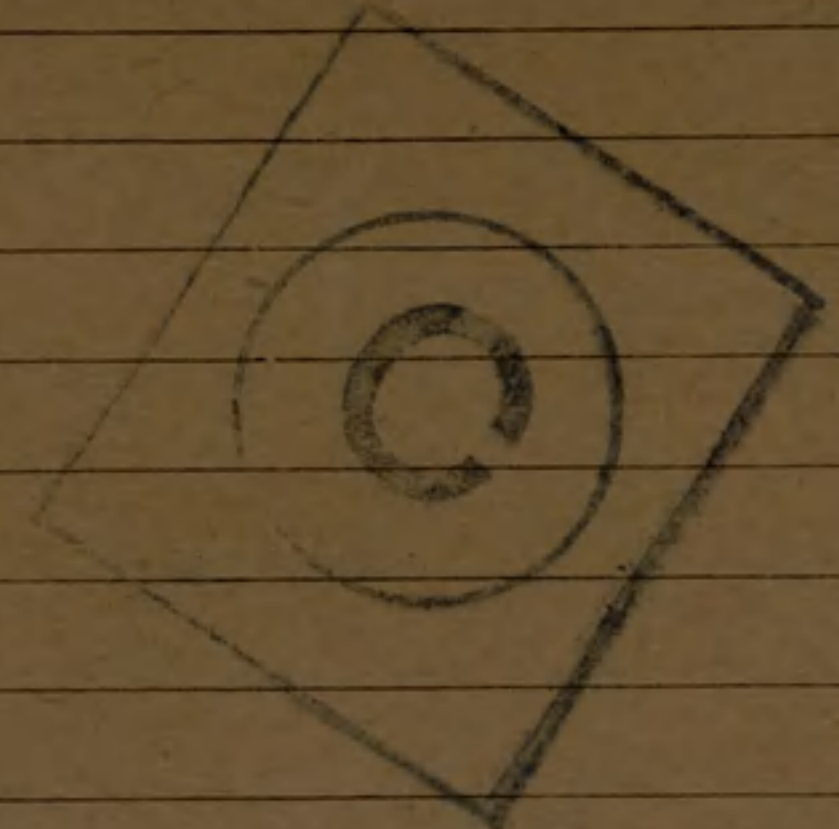
NAME CASWELL JOHN THOMAS

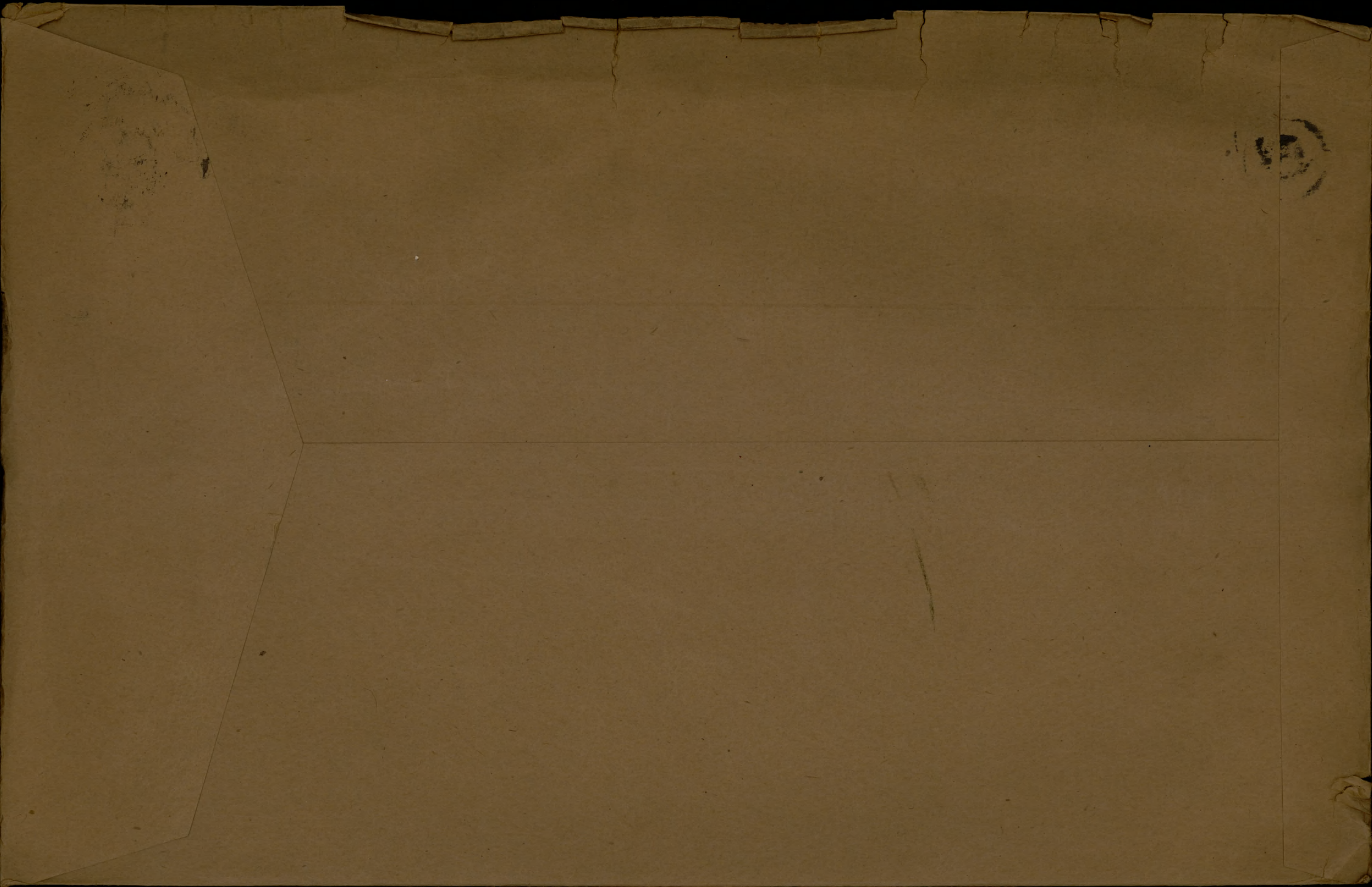
Pte. REGT. NO. 3210948

UNIT 1st. D. B. A. R. H. Q. FILE NO.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)	<u>1/4/19. M.J.</u>				DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				12016	
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category <u>Demob.</u>
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1 LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 <u>M.F.W. 160</u>					





DUPLICATE

25/9/18
M.T.W.

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname..... **Sr Caswell** ✓
 2. Christian name..... **John Thomas** ✓
 3. Present address..... **Cornucopia, Alberta** ✓
 4. Military Service Act letter and number.....
 5. Date of birth..... **June 21st., 1885** ✓
 6. Place of birth..... **Muskoka, Ontario.** ✓
(town, township or county and country)
 7. Married, widower or single..... **single** ✓
 8. Religion..... **methodist** ✓
 9. Trade or calling..... **farmer** ✓
 10. Name of next-of-kin..... **Susanne Caswell** ✓
 11. Relationship of next-of-kin..... **Mother** ✓
 12. Address of next-of-kin..... **Cornucopia, Alberta** ✓
 13. Whether at present a member of the Active Militia..... **No** ✓
 14. Particulars of previous military or naval service, if any..... **No** ✓
 15. Medical Examination under Military Service Act:—
 (a) Place..... **Calgary, Alta.,** (b) Date..... **16-5-18** (c) Category..... **E** ✓

DECLARATION OF RECRUIT

I, **John Thomas Caswell**, do solemnly declare that the above particulars refer to me, and are true.

John Thomas Caswell (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... **32** yrs..... **11** mths. } Distinctive marks, and marks indicating congenital peculiarities or previous disease.
 Height..... **4** ft..... **6** ins. }
 Chest measurement } fully expanded..... **33** ins. }
 } range of expansion..... **4** ins. }
 Complexion..... **med.** }
 Eyes..... **Blue** }
 Hair..... **Brown** }

[Signature] Lt. Col.
 O. C. Commanding 1st Depot Batt'n. Alta. Reg't
 Depot Btl.

Place..... **Calgary-Alberta** ✓ Date..... **16-5-18**

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 Caswell Christian name John Thomas
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
3. Consecutive number on schedule of men reporting for service (if he appears on it).....
4. Address (including street and number, if any)..... Cornucopia Alta.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 16th day of May 1918, 1917, by the undersigned medical board sitting at CALGARY

5. Age as stated 32 Years 11 Months. 6. Apparent age 33 Years _____ Months

7. Height 4 Feet 9 Inches. 8. Weight 80 Pounds.

9. Chest measurement { Minimum 28 Ins. Maximum 31 Ins. 10. Complexion Med. { Eyes Brown Hair Black

11. Physical development. Poor { Good Fair Poor 12. Smallpox marks nil

13. Number of vaccination marks { Right arm nil Left arm nil 14. When vaccinated last nil

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Mole on neck

16. Slight defects but not sufficient to cause rejection Addisons disease

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (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

E

Vision L.D. RT. LFT. Hearing

[Signature] President. [Signature] Member. [Signature] Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined _____ day of _____ 1918 at _____

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
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.

Signature of Man John Thomas Caswell

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. 3210948 Rank Pt Name Cashwell J.T.

Corps 1st Depot Bn. Alta Regt who was S.O.S.

On 16.5.18. 191...., to.....
 *Insert "discharged" or "transferred."

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

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....	Nil		Balance Cr. from prev. month.....	Nil	
Advances by Cheques } No.			Regt'l. Pay.....days at \$.....c.....		
Assigned Pay and Sep'n Allee. No.....			Field Allow.....days at \$.....c.....		
Other charges.....			Separation Allowance* (Monthly).....		
Payment on transfer or discharge No.....			Other Allowances*.....		
Bal. Cr. (to be paid by the new unit).....			Other Credits*.....		
Total.....	Nil		Bal. Dr. (to be deducted by new unit).....		
			Total.....	Nil	

*Give particulars.

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

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

On Transfer of an Officer.

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

REMARKS:—

- State (1) date of enlistment... 16.5.18.
- (2) if married and if a Separation Allowance Card has been submitted..... No
- (3) cause of discharge... C.L.A. until Class authority D.O. 137
E is called
- (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 16.5.18.
 Place Calgary, Alta.

Cashwell J.T. Capt
 Paymaster.
 1st Depot Bn. Alta Regt.

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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

The form to be used for all ranks (Vide Articles 122, 123 and 141, Financial Instructions, 1914, O.C. 1, 1914)

Regimental No. _____ Name _____ Rank _____
 Corps _____ who was _____
 On _____ to _____
 "last" "discharged" or "retired"

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

	Dr.	Cr.		
Balance Brought Forward				
Assigned Pay and Sep's Allow. Nov. 1914				
Other charges				
Payment on transfer or discharge No. _____				
Balance Brought Forward				
Balance Cr. (to be paid by the new unit)				
Other Credits				
Other Allowances				
Separation Allowance (Monthly)				
Field Allowance				
Regt. Pay				
Balance Cr. from over month				
Total				

*Give particulars

1 month's stoppage of \$ _____ has _____
 Pay for the month of _____
 and Sep's Allow. for month of _____
 (to) Assignee _____

(1) Insert "yes" if amount has not been paid for period of account
 (2) Insert amount to be assigned, whether it has been paid or not

On Transfer of an Officer
 Out Allowance of \$ _____ has been paid by _____ 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.F. W. 71) etc. 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 _____

W.E.—For purpose of transfer this form is to be made out in quadruplicate. Original copy to be retained by new unit and to be retained by old unit at the end of the month. A quadruplicate for retention as a record.
 The purpose of discharge 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 to accompany pay list as a record.
 If a man is discharged in addition to three months' pay, his pay certificate will be made out in quadruplicate. The original and two copies will be forwarded with some papers to the appropriate Post Office for pay and will also with the discharge documents.

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 **First Depot Battn AR**

Regimental No. **3210948** Rank **Pte.** Name **Caswell, John Thomas**

C. E. F.

Enlisted (a) **16-5-18** Terms of Service (a) **duration of war** Service reckons from (a) **16-5-18**

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				
14-8-18	<i>Alta Regt.</i>	Struck off strength on return to Registrars records. <i>Auth PC 30 51 of 11-12 18</i>	Calgary.	14-8-18	Part 2. D.O.226.

A. D. [Signature]

Lieut. & Adjt.

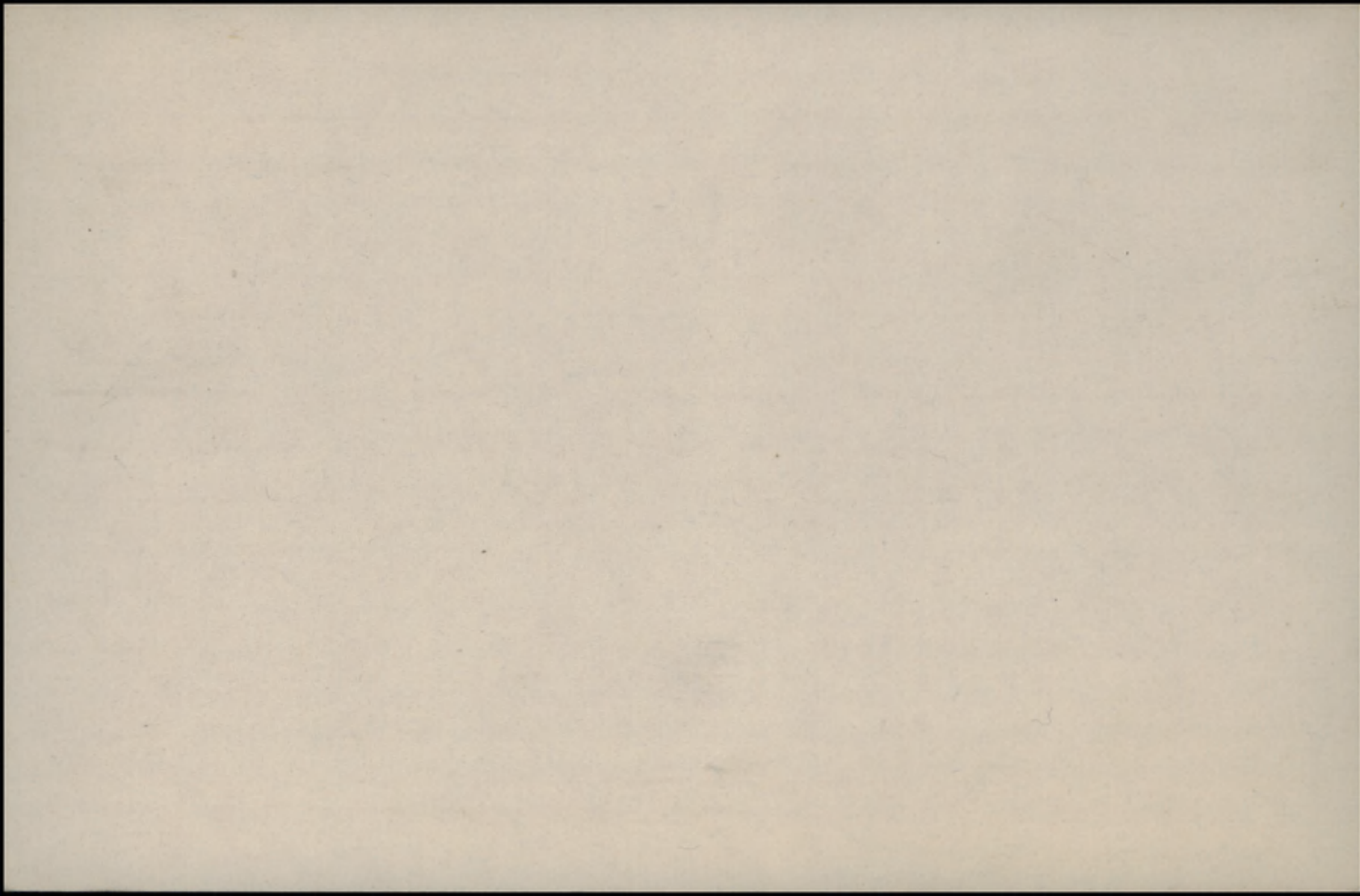
1st Depot Battn. Alta. Reg.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Surname *Caswell* H. Q.
Christian names *John Thomas* M. D. No. *13*
Regtl. No. *3210948* Rank *Pte* T. O. S. *May 16th 1918*
Unit *Alta Regt 1st Depo Bn* D. O. Pt. II *1304* of
S. O. S. *14-9 1918 13*
Reason *R. to R*
Authd. *0.226 of 14-8-18 - W.A.*

Next of kin *Caswell Mrs Susanna* Relationship *Mother*
Address *Cornucopia, Alta*
Also notify:

BORN—Place *Canada Muskoka* Date *June 21st 1885*
ATTESTED—Place *Calgary, Alta* Date *May 16th 1918*
O/S R/C



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, <i>1</i> ✓	Militia form B. 313
Casualty Form <i>1</i> ✓	" W. 54
Medical Report for Invalid§	" B. 227
Dental History Sheet	" B. 465
Last Pay Certificate <i>1</i> ✓	" W. 44
Duplicate Discharge Certificate	" W. 39A
‡Form of Will <i>1</i> ✓	" W. 82

Attestation Paper	Militia Form W. 23
or	
Particulars of Recruit <i>2</i> ✓	" W. 133
Proceedings on Discharge <i>2</i> ✓	" 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.

§Only if discharged "Medically unfit."
‡Only if man has not been overseas.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.


C.L.A. Certificate. *1* ✓ Militia Form M.F.W. 160
Training History Sheet. Militia Form M.F.W. 113.

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.	3210948	
Rank	Private,	
Surname	Caswell,	
Christian name	John Thomas.	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	1st Depot Batt'n, A.R.	
Date of discharge	14. 9. 18. <i>JK</i>	
Place of discharge	Calgary, Alta.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....years.....months.	Descriptive marks 	
Height.....feet.....inches.		
Complexion		
Eyes		
Hair		
Trade		
Intended place of residence		
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of Demobilization, Struck off strength on return to Registrars records. 14-9-18. Daily Order 226 14-8-18.		
Authority for discharge.....P.C. 3051 of 11-12-18.....		
<small>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.</small>		
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.	
<small>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.</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

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

8. Certificate to be signed by the Soldier on Discharge

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

(Place)..... (Signature of Soldier.)

(Date)..... (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

Total.....years.....days.

11. Confirmation of Discharge.

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

C. E. Rain

Capt. M.S.A.D.O.

(Place).....Calgary, Alta.....

(Signature).....

(Date).....Feb. 24, 1919.....

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.)

Table with multiple columns and rows, containing faint text and possibly a signature. The text is mostly illegible due to fading and bleed-through from the reverse side of the page.