

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.....

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Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

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Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

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Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

The Lt. W.P. 671

DISCHARGE DOCUMENTS

Name *Chippewa, Frank*

Regt. No. *43336* Rank *Private*

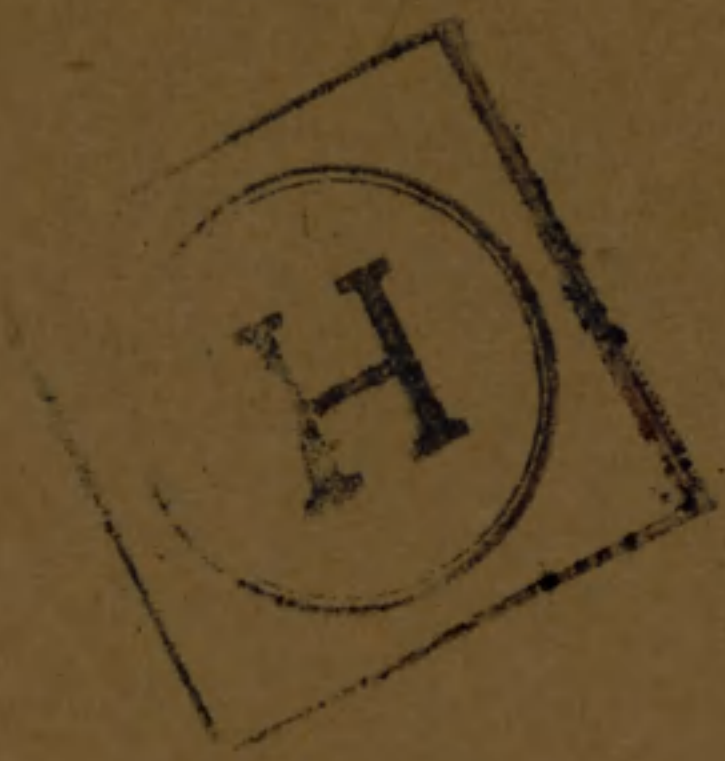
Corps *Reg. Con. + For Dep.*

18646

R. O. No.....

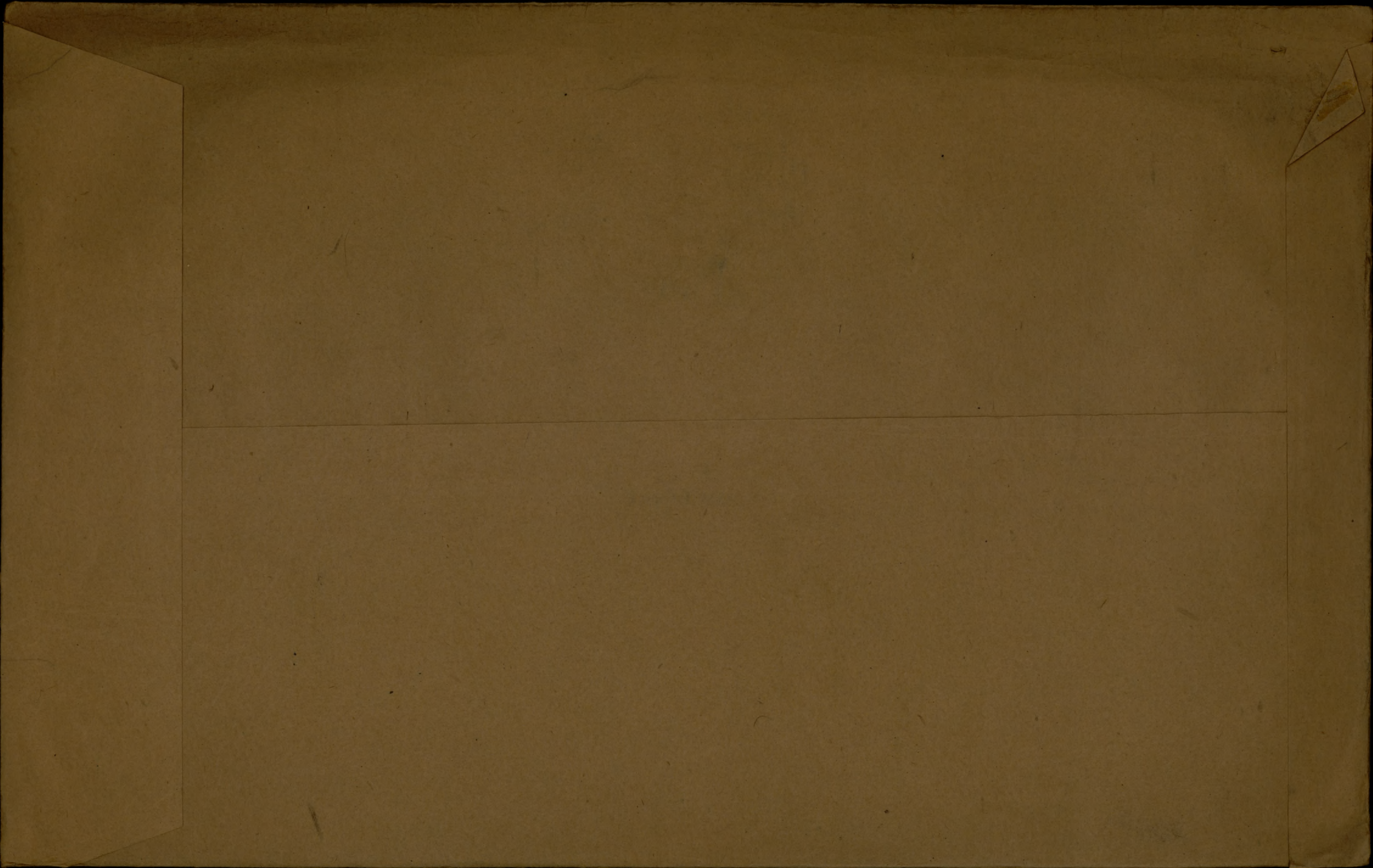
H. Q. No.....

Disability - pre-existing enlistment not due to war or aggression - dated by surgeon



W.P. 671

M.M.
H.P.



CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- | | |
|---|-----------------------------------|
| 1. What is your surname?..... | CHIPPEWA |
| 1a. What are your Christian names?..... | Frank |
| 1b. What is your present address?..... | Rodney, Ont. |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | Kent County. |
| 3. What is the name of your next-of-kin?..... | John Chippewa |
| 4. What is the address of your next-of-kin?..... | Rodney, Ontario. |
| 4a. What is the relationship of your next-of-kin?..... | Father. |
| 5. What is the date of your birth?..... | December 24, 1907 1897 |
| 6. What is your Trade or Calling?..... | Laborer. |
| 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?..
<small>If so, state particulars of former Service.</small> | No. |
| 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? .. | No. |
| 14. If so, what was the nature of the disability? .. | Not applicable. |
| 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?..... | Not applicable. |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Frank Chippewa, 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.

Frank Chippewa (Signature of Recruit)

Date May 22nd, 191 7 *W. E. Wilson* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Frank Chippewa, 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.

Frank Chippewa (Signature of Recruit)

Date May 22nd, 191 7 *W. E. Wilson* (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 London, Ont. this 22nd day of May, 191 7.

W. H. Chittick (Signature of Justice)

Done
 14.9.17
 J. G.

Description of Frank Chippewa on Enlistment.

Apparent Age 19 years 4 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 ins.

Chest measurement { Girth when fully expanded 33 ins.
 Range of expansion 29 ins.

Complexion Dark

Eyes Brown

Hair Black

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

RIGHT EYE $D \frac{20}{20}$ LEFT EYE $D \frac{20}{20}$
 HEARING R Normal L Normal

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 22nd May 1917.

Place London, Eng

H. Kingmill
Major C.F.M.C.
 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.

Frank Chippewa 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.

[Signature] Major (Signature of Officer)
 O. C. No. 1 Forestry Draft Company, M. D. I.

Date May 22nd 1917

MEDICAL HISTORY SHEET

Surname CHIPPEWA. Christian Name Frank

Examined on 22nd day of May, 1917
at London, Ont.

Approved by H.A. Kingsmill
Rank Major, C.M.C.

Birthplace { City or Town _____
County Kent, Ont.

Apparent age 19 1/4

Trade or occupation Laborer

Height 5 feet 4 inches

Weight 108 lbs.

Chest measurement { Minimum 29 inches

{ Maximum expansion 33 inches

Physical development Fair

Small-pox Marks nil.

Vaccination Marks { Arm Right Left 1
Number 1

When Vaccinated last 1907

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

RIGHT EYE D 20 / 20 LEFT EYE D 20 / 20

HEARING R Normal L Normal

Date	Ft or Unft	EXAMINED FOR RE-ENGAGEMENT
<u>24/7/17</u>	<u>BH</u>	<u>Sgt. M. Gally Capt. M.C.</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<u>14-8-17</u>		<u>W. Ballentyne</u>
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>28-7-17</u>		<u>L. J. Herbert</u>
<u>4-8-17</u>		<u>L. J. Herbert</u>
<u>17-8-17</u>		<u>W. Ballentyne</u>
		M.O.
		M.O.
		M.O.

Enlisted on 23rd day of May, 1917 at London, Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>No. 1 Forestry Draft Coy</u>	<u>2433361</u>		<u>22-5-17</u>
Transferred to	<u>Ottawa</u>	<u>2433361</u>		<u>26-8-17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>London, Ont.</u>	<u>MAY 22 1917</u>	<u>On Attestation considered</u>	<u>fit</u>
<u>London, Ont.</u>	<u>24/7/17</u>	<u>Nil.</u>	<u>Category "B" II.</u>
<u>Procurement</u>	<u>27-10-17</u>	<u>E. myeloidis</u>	<u>Cap. A. M. C. Pres.</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.

FORM OF WILL

I, Frank Chippewa.....(Name in full)

Regimental Number 2433561.....serving in No. 1 Forestry Draft Coy. C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

nil

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

absolutely, and my personal estate I bequeath to

John Chippewa
Rodney Ont

Name and Address of person or persons to receive personal estate* (See note).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 23 day of May A.D. 1917

Frank Chippewa Signature of Soldier.

*N.B. Personal estate includes p.p.y, 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.

Signature of First Witness C. Bendel

Address of Witness London Ont

THE TWO WITNESSES

Occupation of Witness Laborer

MUST SIGN HERE

Signature of Second Witness E. J. Renan

Address of Witness London Ont

Occupation of Witness Clerk

Duplicate

No. 2 Forestry Draft Co. M. D. No. 1.

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.

(1) Name of Overseas Unit which Soldier joins No 1 Forestry Draft Co.
RAILWAY CONSTRUCTION & FORESTRY UNIT.

(2) Regimental Number 2433361

(3) Full Name of Soldier Frank, Shippewa

(4) Place of Birth Kent County Ont

(5) Are you married, or not? No

(6) If married, state,
 (a) Full name of your wife _____

 (b) Present Postal Address _____

(7) Are you a widower? No

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

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

If so, state name and address..... *John Shippewa Rodney Ont*

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

If so, state name and address..... *Susan Shippewa Rodney Ont*

(11) If your Mother is a widow..... *No*

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.

Mrs S. Shippewa
as above

(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.

[Signature]
..... Major
O. C. No. 1 Forestry Draft Company, N. D. I.
Officer Commanding.

Date..... *May 23 1917*

3-2-80
EYLER C.F.

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. 2433361 Rank Private Name Chippewa F.
 Corps R. C. & F Depot who was* Discharged
 On 28-11-17 1917, to _____

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Nov 1st 1917,
 to Nov 28 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	6	77
Advances by Cheques } No.			Reg'tl Pay <u>28</u> days at \$ <u>1</u> c	28	00
Assigned Pay No. <u>3952</u>	20	00	Field Allow. <u>28</u> days at \$ <u>10</u> c	28	80
Other Charges* <u>banteen m. 7.65/2</u>	8		Other Allowances*		
Payment on transfer or discharge No. <u>4280</u>	4	13	Other Credits*		
Balance Cr. (to be paid by the new unit)	5	44	Bal. Dr. (to be deducted by new unit)		
Total	37	57	Total	37	57

*Give Particulars.

A monthly stoppage of \$ 20.⁰⁰/₁₀₀ (†) has _____ (‡) been paid on account of Assigned Pay for the month of Nov 1917 to (Assignee) John Chippewa
 (Address) Rodney Ontario

(†) 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.

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

REMARKS:—

State (1) date of enlistment 22-5-17
 (2) if married and if a Separation Allowance Card has been submitted _____
 (3) cause of discharge and authority Disability pre existed enlistment
3 m. D. 44. 6-365

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date _____

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

Date 27-11-17

Place Brockville Ont

R. H. Deady
 Capt.
 Paymaster

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

M. F. W. 44.

1941
12 11 1941
12 11 1941

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12 11 1941

12 11 1941
12 11 1941

12 11 1941
12 11 1941

12 11 1941
12 11 1941

REMARKS

Exam of Lupin Base Herb Ottawa 6:10:17

Drug Neuritis

Recd 14:10:17

REG. No. 2433361. NAME Shippewa G.
(SURNAME FIRST)

RANK Pte. CORPS Forestry

AGE 19 SERVICE

NAME OF HOSPITAL Military PLACE London

DATE OF ADMISSION 30, 5, 17.

DISEASE Infected Leg. (2) Neuritis

DISCHARGE 25, 7, 17.

OPERATION

DISCHARGED TO DUTY yes.

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD. *Wes*

No. *243336* RANK *Pfc*

NAME *Chippewa, J.*

T. O. S.

UNIT

*Trans. fr. #1 Dep. 6-7-17.
(0031-7-7-17)* *Central Training Depot -
(No. 1 Special Service Co)* M. D. *1.*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1917</i>	<i>1917</i>	<i>m.</i>		
<i>July 7.</i>	<i>July 31.</i>	<i>m.</i>		
<i>Aug.</i>				



No 2433361 RANK *Pvt*

NAME *Chappelle J.*

T. O. S. *22-5-17*
00. 26-22-5-17

UNIT *No 1 Doushy Draft-Dep, C. E. D.*
(No 1. Special Service Co) M. D. 1.

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1917</i>	<i>1917</i>			
<i>May 22</i>	<i>May 31</i>	<i>✓</i>		
<i>June</i>		<i>m</i>		
<i>July 4</i>	<i>July 6</i>	<i>m</i>	<i>Trans to #2. Pers. Dep Co.</i>	<i>July 1917.</i>



No. 2 Forestry Draft Co. M. D. No. 7

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

M. F. W. 54. (A. F. B. 10)

500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *No. 1 Forestry Draft Co.*
RAILWAY CONSTRUCTION & FORESTRY DEPOT

Regimental No. *2433361* Rank *Private* Name *Chippewa, Frank*

Enlisted (a) *22/5/17* Terms of Service (a) *C. E. F. Duration of War* Service reckons from (a) *22/5/17*

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				
		<i>Embarked</i>	<i>CANADA</i>		<i>H. M. T</i>
		<i>Disembarked</i>	<i>ENGLAND</i>		<i>H. M. T</i>

(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.]

288
4-1-18

R.C.

JAN 1 1918

21-1-18
10th

MEDICAL HISTORY OF AN INVALID.

(At Station or Hospital where finally disposed of.)
Station and Hospital } Arrived from }
Date

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Date of final Medical Board or decision. }
Administrative Medical Officer.

Militia Form B. 227.
150 M-5-16.
H. Q. 1772-89-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station	Corps	Regimental No.	Rank	Name	Disability	Date
Hospital or Station transferred to for final disposal.						
Date of final disposal						
How finally disposed of						

The original Report is invariably to accompany the discharge documents of Invalids.

1. Station. *Brockville Ont.* 8. General remarks on his:—
 2. Regiment or Corps. *R. C. & Depot* (a) Conduct. *Good*
 3. Regimental No. and Rank. (b) Habits. *Good*
N 2433361 Private
 4. Name. *Chippewa Frank.* (c) Temperance. *Temperate*
 5. Age last Birthday. *19 years* (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
 6. Enlisted on *22nd day of May 1917*
 at *London Ont.*
 7. Former Trade or Occupation. Date. *Nov 7/1917*
Lived at home

DEPT. OF MILITIA DEFENCE
JAN - 1 1918
677427
CANADA

Service.	Years. <i>169</i> Days.	
	PERIODS.	
	FROM.	TO.
	<i>May 22/1917</i>	<i>Nov 7/1917</i>

10. (a) Disease or disability. *Osteo Myelitis*
 (b) Date of origin. *About 1910*
 (c) Place of origin. *Rodney Ontario*
 (d) Cause. *Not known*

11. Present Condition. (Most Important)
 (To include full description of present disabling condition or conditions.)
This man has several large abscess scars on left thigh and leg. He complains of pain in left hip and thigh and walks with a considerable limp.

12. (a) Is the disability the result of service or climate? *No*
 (b) Has it been aggravated by intemperance, vice or misconduct? *No*

*Recd Sec
14. 11. 17
M. B.*

OPINION OF THE MEDICAL BOARD.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Several large scars on left thigh & leg

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not attributed to exposure on duty

14. Treatment

Left leg lanced several times previous to enlistment

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

No aggravation from service

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Life

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

Not more than before enlistment 25%

18. State if for discharge on account of unfitness for Service.

For discharge

*J. W. Williams
Capt. A.M.C.*

Medical Officer by whom the case is brought forward.

Does the Board concur with the preceding report? If not, give differing opinion.

10.

yes

11.

yes

12.

yes

15.

yes

16.

yes

17.

yes

18. Is he unfit for Military Service.

yes

Recommendations :

that he be discharged owing to osseous myelitis left leg able to assume his own control. Category E

Signatures :—

C. A. B. ... President.

R. N. ... Major

C. J. ... Capt

Station. *Proctorville*

Date. *12-11-17*

Date. **NOV 17 1917**

Approved.

Date.

J. E. ... Major, A.M.C.
D. Asst. Director of Medical Services No. 3
For A.D.M.S. Mil. District No. 3

Director-General of Medical Services.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron Battery } Company }	Conduct Sheet, " B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P. in MS.		In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)	
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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

This space to be for numbers
RCF 3-C-80

Proceedings on Discharge.



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

No.	2433361,	
Rank	Private,	
Surname.....	Chippewa,	
Christian Name.....	Frank	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	Railway Construction & Forestry Depot,	
Date of Discharge	November 28th, 1917.	
Place of Discharge	Brockville, Ontario,	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	19 years..... 11 months.	Descriptive Marks
Height.....	5 feet..... 4 inches.	
Complexion	Dark	
Eyes	Brown	N-I-L.
Hair	Black	
Trade	Labourer	
Intended place of residence	Rodney, Ont.	
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of		
"disability pre-existing enlistment, not due to, nor aggravated by service" Para. 322, (9)K.R.&O., C.M., 1910; DAA & QMG 3MD 44-C-365 of 22-11-17.		
<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>		
3. Conduct and character while in the service have been, according to the records, etc.		
Good. <i>Jain</i>		
<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.)		
Labourer.		

M. F. B. 218.

100M.-1-17.
H. Q. 1772-39-113.

(OVER)

See See
14. 10. 17
9. 11. 17

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) Brockville, Ontario.

W. Sawhdy Major
Officer Commanding R. C. and F. Depot

(Date) November 28th, 1917.

Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Brockville, Ontario. F. Chippewa (Signature of Soldier.)

(Date) November 28th, 1917. A. M. Acee (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 190 days.

Total.....years 190 days.

11. Confirmation of Discharge.

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

(Place) Brockville, Ontario,

(Signature) W. Sawhdy Major
Officer Commanding R. C. and F. Depot

(Date) November 28th, 1917.

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.)

me
F. Chippewa