DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Clayton Eastwood

Regt. No 276147 Rank Private

Corps 217th Battalion

23925

Irregularly Enlisted

Proceedings of Court of Inquiry or on men reported Missing on Active Service	
Attestation Papers	2 3
Declaration of change of name	
Authority for special enlistments	
Documents of re-enlisted men	
Regimental Conduct Sheet	1
Compulsory Stoppages	
Casualty Forms	
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	2
Proceedings of Regt. Court Martial	
Copies of Convictions by Civil Power	
Company Conduct Sheet	1
Clothing Transfer Certificate	2
Inventory of Kit	
Last Pay Certificate	1

M. F. W. 67-2

M. F. W. 83-1

M. F. B 465-1

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

403702

217th Overseas Battalion

Copy

ATTESTATION PAPER.

No. 276147

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Clayton
1a. What are your Christian names? ..... Eastwood
1b. What is your present address? ..... Moosomin
2. In what Town, Township or Parish, and in what Country were you born? ..... Hamilton Ontario
3. What is the name of your next-of kin? ..... N/K Eastwood Clayton
4. What is the address of your next-of-kin? ..... Iverton Ont
4a. What is the relationship of your next-of-kin? ..... Father
5. What is the date of your birth? ..... 6th July 1891
6. What is your Trade or Calling? ..... Farming
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? If so, state particulars of former Service. ..... 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

DISCHARGED MED. UNFIT
Date 1/8/17 Auth.
Adjutant "A" Unit, M. H. C. C. Capt. &

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Eastwood Clayton, 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.

(Sgd) Eastwood Clayton (Signature of Recruit)

Date Jan 3rd 1916. (Sgd) Joseph Wark (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Eastwood Clayton, 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.

(Sgd) Eastwood Clayton (Signature of Recruit)

Date Jan 3rd 1916. (Sgd) Joseph Wark (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 Moosomin this 3rd day of January 1916.

(Sgd) W. W. Mohan J.P. (Signature of Justice)

M. F. W. 23.
60M.—2-16.
H. Q. 1772-39-841.

Certified a true copy
E. A. Williams
Capt & Adjt. 217th Battalion

Description of Eastwood Clayton on Enlistment.

Apparent Age 24 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 5 ins.

Chest measurement: Girth when fully expanded ..... 35 ins.
Range of expansion ..... 4 ins.

Complexion Fair

Eyes Light brown

Hair Light Brown

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

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).

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 January 3rd 1916. Sgd. Joseph Mark M.D.

Place Moosomin Sask. R. C. Hall M.O.

Medical Officer.
Capt. M.O. 217th Bn.

*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.

Eastwood Clayton 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 of Officer)

Date January 3rd 1916. W. B. Wood Major
2nd I/C 217th O/S Battalion.

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. 276147 Rank Private Name Clayton, E.

Corps "H" Unit, M.H.C. who was* discharged

On August 1st 1917, to

*Insert "discharged" or "transferred."

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

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No.			Regt'l Pay 1 days at $ 1 c	1	
Advances by Cheques } No.			Field Allow. 1 days at $ 10		10
Assigned Pay No.			Other Allowances*		
Other Charges* July laundry	1	73	Other Credits* C.C. Allowance.	8	50
Payment on transfer or discharge No. 123	8	87			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	9	60	Total	9	60

*Give Particulars.

A monthly stoppage of $ Nil (†) has (‡) been paid on account of Assigned Pay for the 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.

Outfit 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 No

(3) cause of discharge and authority D.O. 200/772

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 August 21st., 1917.

Place Regina, Sask.

Stuart S. Scott

Paymaster, H. Unit. M.H.C.C.

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.

150M.—4-17.
H. Q. 1772 39-903.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks. (Vide Articles 132, 139 and 141, Financial Instructions, 1917b, C.E.F. 1916).

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

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

On ..... 191 ? 19

(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			Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay ..... days at $		
Advances by Cheques No.			Field Allow. ..... days at $		
Assigned Pay No.			Other Allowances*		
Other Charges*			Other Credits*		
Payment on transfer or discharge No.			Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
Total			Total		

A monthly stoppage of $ ..... has been paid on account of Assigned Pay for the month of .....

(Address) .....

(*) Insert amounts 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

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

(3) cause of discharge and authority.

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 .....

Place .....

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. E. W. 44.

Note.—It is a gross offence

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

M.F B. 465
100m.—7-16.
1772-39-950

NAME OF SOLDIER Clayton C

DIVISION

No. 226147

REGIMENT 217

RANK Pte

Red — Condition of mouth at presentation.
Blue — Operations performed by C. A. D. C.
R. F. — Root filling
A. F. — Amalgam filling
C. F. — Cement filling
G. F. — Gold filling
G. B. — Gold bridge
G. C. — Gold crown
P. C. — Porcelain crown
A. A. — Acute abcess
P. — Pyorrhea
X. — Extractions
F. L. — Full Lower
F. U. — Full Upper
P. L. — Partial Lower
P. U. — Partial Upper

DATE	No.	Fillings: Amal.	Phosp.	G. Per.	Cement	Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2° 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
Jan. 15				1											Smith	Arsenic in 30

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Dominion

Form No. 1

Number

Name of Soldier

Regimental No.

Rank

Trade

Unit

DATE | No. | FILLINGS: Mesial, Occlusal, Distal, Incisal | Extracted | Odontectomy | Pulpectomy | Gingivectomy | Crowns | Gold Inlay | Porcelain Inlay | X-Ray | Gingivitis | Operations | Artificial Teeth | Bite Pad | Remarks

MEDICAL HISTORY SHEET.

Surname Clayton *Christian Name* Eastwood

Examined { on 3 day of Jan. 1916
at Moosomin

Birthplace { City or Town Hamilton
County Ont.

Apparent age 24.

Trade or occupation Farming

Height 5 Feet 6 Inches.

Weight 130 Lbs.

Chest measurement { Minimum 31 inches.
Maximum expansion 35 inches.

Physical development fair

Small-Pox Marks absent

Vaccination Marks { Arm Right. 0 Left. 0
Number none none

When Vaccinated last never

(*a*) Marks indicating congenital peculiarities or previous disease none

(*b*) Slight defects but not sufficient to cause rejection none

Approved by D E Hart M.O.
for Capt. M.O. 217th Bn.

Rank Lieut and ~~M.O.~~

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
1916 Apr 6	no	M.O.
" 20	no	M.O.
15 4/16	+	D E Hart M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
1916 Jan 15		D E Hart M.O.
" 26		D E Hart M.O.
Feb 5		D E Hart M.O.

Enlisted on 3rd *day of* January 1916 *at* Moosomin Sask.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	Area "D"			
Transferred to	214th Battn	276147		Mar 1/16.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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.

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Clayton Christian Name Earlwood

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				

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 217th Overseas Battalion

(2) Regimental Number 276147.

(3) Full Name of Soldier Clayton, Eastwood.

(4) Place of Birth Hamilton, Ontario. Canada.

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

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

(b) Present Postal Address

(7) Are you a widower?

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes.

If so, state name and address Eastwood Clayton, Iverton P.O. Ontario

(10) Is your Mother alive? Yes

If so, state name and address Elezabeth Clayton
Iverton P.O. Ont.

(11) If your Mother is a widow

Are you her sole support, or not?

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

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? No.

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

A B Greer LIEUT. COLONEL
COMMANDING 217th, BATTALION
Officer Commanding.

17-10-16

Date Jan. 3. 1916

FORM OF WILL.

I, Eastwood Clayton (Name in full)

Regimental Number 226147 serving in 217th Batt

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

I bequeath all my real estate unto

my mother, Isabelle Clayton, Fiverton, Ontario

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

absolutely, and my personal estate I bequeath to

my said mother Isabelle Clayton and I nominate constitute and appoint my mother to be the sole Executrix of this my last will and Testament

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

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 13th day of December A. D. 191

Eastwood Clayton Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Bright

Address of Witness 217th Batt

Occupation of Witness Soldier

Signature of Second Witness S Styles

Address of Witness 217 Batt

Occupation of Witness Soldier

M. F. W. 82
300M-5-16.
1772-39-983.

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

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

250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 217th Battalion Inf.

Regimental No. 276147 Rank Private Name Clayton Eastwood

Enlisted (a) Jan 3rd/16 Terms of Service (a) C. E. F. Service reckons from (a) Jan 3rd 1916.

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) Army

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				

(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				

NA

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Clayton Eastwood
Surname Christian Name

Regimental Number 276147 Rank Pte

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. P	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks. No record of P.D.P.

M. F. W. 127
300M-1-19
1772-39-1140

File No. 3273-E-56.

WAR SERVICE GRATUITY.

Inv. 12.5.20.

Register No. C 2733

Reg. No. 276147. Pte.

Name Clayton. Eastwood

Address Hythe.

Alta.

Pay Soldier $ 70.00

J B Mowie.

S Bradbury.

Clerk B Wills.

Dependent N/A.

Address

Pay Dependent $

Days 31. Rate 70 Due 70.00

Less P.D.P. credited Nil

Less further Dr. Bal. or overpayment. –

Net 70.00

R W113 27-5-20

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1 18-5-20	57080	21-5-20 1818244	70.00		1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
W. J. Hol.
Date 18/5/20

R. Evans 12 5/20

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Farmer RELIGION Methodist

DESCRIPTION.

APPARENT AGE 24 YEARS MONTHS

HEIGHT 5 FEET 6 INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 4 INCHES

COMPLEXION Fair EYES Lt. Brown HAIR Lt. Brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Moosomin Sask DATE Jan. 3rd. 1916

SURNAME Clayton,

CHRISTIAN NAMES Eastwood

REGL. No. 276147. RANK Pte.

UNIT ~~Area D.~~, 217th. Batt.

FORMER CORPS Nil

CARD NO.

FOLL.

S.O.S. dis. 1/8/17 12

NEXT OF KIN.

NAMES IN FULL Clayton, Eastwood

RELATIONSHIP TO SOLDIER Father

ADDRESS Tiverton. Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Hamilton Ont. DATE July 6th. 1892

PLACE OF ATTESTATION Moosomin Sask. DATE Jan. 3rd. 1916

Auth. 217th. Batt N.R. 16/3/16.

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

No. 276 147. RANK P 6. NAME Clayton, C.

T. O. S. Trans. from D. recruiting area. 1-3-16. Mar. pay list. UNIT 217th Battalion. C. E. F.

M. D. 10._12

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916.	1916.			
Mar. 1.	Mar. 31.	✓		
Apr. 1	Apr. 23	"		
April 24	May 31.	✓		
June		✓		
July.		✓		
Aug.		✓		
Sept.		"		
Oct.		✓		
Nov.		"		
Dec.		✓		
1917 Jan.	1917	✓	Awarded 3 days C. B.	Do 8 of 10-1-17
Feb.		✓		
Mar.		✓	Trans. to Unit M. & O. C. 3-3-17	Do 89 of 12-4-17

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.		
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."

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.)

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. 276147

Rank Private

Name Eastwood (2) Clayton (1)

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

Corps (Squadron, Battery or Company) 217th Battn

Date of Discharge 1/8/17

Place of Discharge Regina

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 26 years — months.
Height 5 feet 5 inches.
Complexion Fair
Eyes Lt Brown
Hair Lt Brown
Trade Farmer
Intended place of residence (To be given as fully as practicable.) Moosomin

Descriptive Marks

2. The above-named man is discharged in consequence of having been Irregularly Enlisted C.K.R.O. 322 Sec I

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 soldier and the Officer Commanding his Squadron, Battery or Company:

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

—

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113.

(OVER)

E.B.
Carded Discharge Section.
2-10-17.
K.G.

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: Local Casualty

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) Regina — E. J. Ashton Major

(Date) 1/5/17 — Commanding "H" Unit M.H.C.C.

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) Moose Jaw — E. Clayton (*Signature of Soldier.*)

(Date) July 27/17 — E. Jolliffe (*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)..1...years 21 days.

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

11. **Confirmation of Discharge.**

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

(Place) Regina

(Date) 1/5/17 — (*Signature*) E. J. Ashton Major

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.)

I hereby certify that there are no reservations.

E. Clayton

(OVER)

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date .....

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

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

Date of final Medical Board or decision. .....

Administrative Medical Officer.

Militia Form B. 227.
200m. 8-16.
H. Q. 1772-39-117.

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.

MEDICAL HISTORY OF AN INVALID.

Military District No. 12
JUN 27 1917
28-C-175
Regina, Sask.

DEPT MILITIA & DEFENCE
JUL 21 1917
H.Q.
CANADA

1. Station. MooseJaw, Sask.
2. Regiment or Corps. 217th Batt'n
3. Regimental No. and Rank. Private #276147
4. Name. E.Clayton
5. Age last Birthday. 26 years
6. Enlisted on Jan.2nd 1916 at Moosomin
7. Former trade or occupation. Farmer

8. General remarks on his:—
(a) Conduct. Good
(b) Habits. Good
(c) Temperance. Temporate
(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. June 25th 1917.

9. Service.

	Years.	Days.
	PERIODS	
	From	To
	Jan.2nd 1916	June 25th 1917.

10. (a) Disease or disability. Rheumatism
(b) Date of origin. First attack 1897, second 1914.
(c) Place of origin. Hamilton Ont., 1st attack. Moosomin 2nd attack.
(d) Cause. Unknown.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Patient well nourished. Complains of some pain left wrist, no swelling of joints. Heart not enlarged no murmur. Into Hospital in February. Ankles, knees, wrists, elbows and shoulders were very sore. Eight weeks in hospital. Rheumatism will likely recur.

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

B. P. C. FOLIO
FALSE DOCKET
2

M. F. B. 227.
200M. 8-16.
1772-39-117.

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

None.

(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?

No wound or injury.

(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.

No.

14. Treatment.

Hospital.

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

No.

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

Well now.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

Nil.

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

For discharge.

[signature]

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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. Rheumatic history.

Recommendations: Further care in hospital will not benefit.

That he be discharged ~~as medically unfit~~

~~for service.~~ Under C. K. R. & O. Par. 322, Sec. 1.

Signatures :—

Robt. Gibson, Major President.

S. W. Radcliffe M.D.

[signature] Members.

Station. MooseJaw, Sask.

Date. June 25th 1917.

Date. 16.7.17

[signature] Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

B. P. C. FOLIO
PAGE DOCKET
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A.P. 3273-E-56

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

P.C. 10-5-20 Ed

C 2733.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 276147 2. Rank Private 3. Original C.E.F. Unit 217 Battn.

4. Christian Names Eastwood 5. Surname C Layton.

6. Address, in full, to which future payments of gratuity are to be forwarded Hythe. Alta.

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
		CANADIAN SERVICE.	
1st Enl.	276147	Private	217 Battn. C.E.F.
2nd Enl.		Not applicable	
3rd Enl.		Not applicable	
4th Enl.		Not applicable	
		IMPERIAL SERVICE.	
Imp. Enl.		Not applicable.	

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
		CANADIAN SERVICE.				
1st Enl.	Jan 3rd 1916	Aug. 1st 1917	Private	217 Battn	Regina. Sask	Medically unfit.
2nd Enl.		Not applicable				
3rd Enl.		Not applicable				
4th Enl.		Not applicable				
		IMPERIAL SERVICE.				
Imp. Enl.		Not applicable.				

M. F. W. 2595 (b)
494-D.P.-100M-6-19.
1772-39-1389.

S.A. & A.P.
MAY 5 1920
F.R.

ACCOUNTS SECTION
MAY 4 1920
PASSED TO F. R.

S.B. 10/5/20

E.S. 10-5-20

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? no. (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency

Not applicable.

9. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit: No

Not applicable.

10. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? No

11. Have you been issued with a War Service Badge? If so, give number and class

No.

12. Are you at present a member of and in receipt of pay and allowances from any Canadian Naval or Land Forces? If so, give unit No

13. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received, from where paid, and on what dates

No.

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

No.

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service

No.

16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? No
(b) If so, are you in receipt of full pay and allowances from that Department? No

17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge

18. Relationship of such dependent

19. Present address, in full, of such dependent

Not applicable

20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name No.,

not applicable.

REMARKS

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

Signature of applicant: Eastwood Clayton

Place of Residence: Hythe Alta

Declared before me at: Goodfare Alta

This 27th day of March 1920

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Adminstration of Oaths. J. G. Mird.

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.
No record of any payments of P.D.P. in this District.		

REMARKS

Certified correct. [illegible]

Assistant Director Pay Services, Mil. Dist. No. 12

Date 1-5-20