

card  
29/2/17

DUPLICATE

931814

ATTESTATION PAPER.

No.

No. 2 CONSTRUCTION, D'n, C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?.....	Dorris	13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? 14. If so, what was the nature of the disability? 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? 16. If so, what was the reason?
1a. What are your Christian names?.....	Alfred	
1b. What is your present address?.....	Chicago Ill. USA.	
2. In what Town, Township or Parish, and in what Country were you born?.....	Kansas City Miss. USA.	
3. What is the name of your next-of-kin?.....	Mrs. Mattie Dorris	
4. What is the address of your next-of-kin?.....	Kansas City Miss. USA.	
4a. What is the relationship of your next-of-kin?.....	Mother	
5. What is the date of your birth?.....	8th. June 1899	
6. What is your Trade or Calling?.....	Farmeer	
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	

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Alfred Dorris, 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.

Date February 14th 1917. Alfred Dorris (Signature of Recruit)  
J. H. Humphreys (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alfred Dorris, 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.

Date February 14th 1917. Alfred Dorris (Signature of Recruit)  
J. H. Humphreys (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 Windsor, Ont. this 14th day of February 1917

James G. Chynoweth (Signature of Justice)



Description of **Alfred Dorris**

on Enlistment.

Apparent Age **18th 18** years ..... 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 1/2** ins.

Chest measurement { Girth when fully expanded ..... **31 3/4** ins.  
Range of expansion ..... **31 1/2** ins.

Complexion ..... **Colored**

Eyes ..... **Dark**

Hair ..... **Dark**

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

*Training - R.E. normal*  
*R.E. normal*  
*Fision R.E. 20/20*  
*R.E. 20/20*

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\* ..... for the Canadian Over-Seas Expeditionary Force.

Date **February 14th** ..... 191 **7**.

Place **Windsor, Ont.** .....

*Medical Officer*  
*Signature*  
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.

**Alfred Dorris** ..... 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.

*D. S. Sutherland*  
..... Lieut-Col. (Signature of Officer)  
No. 2 Construction Battalion, C. E. F.

Date **February 14th** ..... 191 **7**.



REGIMENTAL DOCUMENTS

NAME DORRIS ALFRED Pte REGT. NO. 931814 UNIT Leon Bn H. Q. FILE NO. \_\_\_\_\_

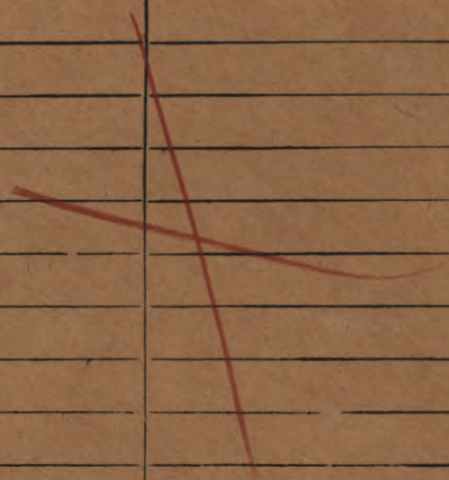
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CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
TESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				81714	DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465) <i>lost</i>					Category <i>Demob</i>
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1 MEDICAL EXAMINATION (M.F.W. 129)					
1 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
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)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 <i>MFW 67</i>					
1 <i>copy lost</i>					
2 <i>pos. cards</i>					
1 <i>copy</i>					

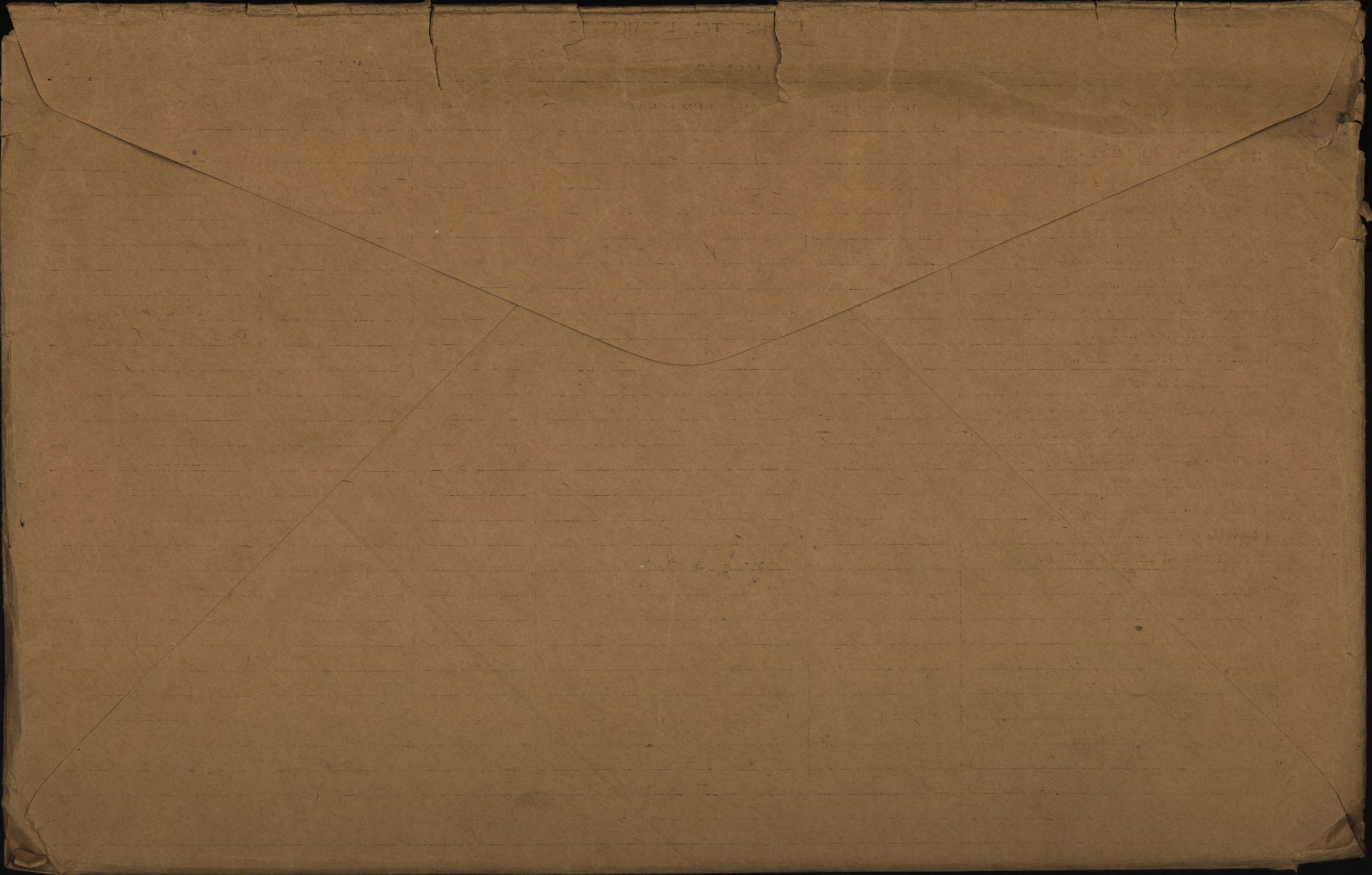
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*M 15-3-22 7/58*

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DEPARTMENT OF MILITIA AND DEFENCE

WAR SERVICE GRATUITY.

Certificates of War Service  
documents

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

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 out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Alfred 2. Surname Davis
3. Rank Pte 4. Original Unit 2nd C.C. Bn 5. Reg. No. 931814
6. Address, in full, to which future payments of gratuity are to be forwarded  
Bank Square  
Swanwick - Cants
7. Date of enlistment in the C.E.F. 14 Feb 1917
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge not applicable
9. Relationship of such dependent not applicable
10. Address, in full, of such dependent not applicable
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? not applicable
12. 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:—  
~~.....~~  
~~.....~~
13. 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?  
~~.....~~
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.  
~~.....~~  
~~.....~~
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 2 yrs - 157 days  
Canada Feb 14 1917 - March 3rd 1917.  
England April 7 1917 - May 17 1917.  
France May 18 1917 - July 21 1919
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department no
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? no



18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.....

*not applicable*

19. 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 and by whom paid.....

*no*

20. Have you been issued with a War Service Badge? If so what class?.....

*no*

21. Have you, during the present war, served in the Imperial Forces?.....

*no*

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

*no*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

*no*

(b) If so, was such reversion in consequence of misconduct or inefficiency?.....

*no*

24. Are you now serving in the C.E.F.?..... If not, give:—(a) Date of discharge..... (b) Reason for discharge.....

*no*  
*Report*  
*Aug 26/1919*

25. 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*

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?.....

(b) If so, are you in receipt of full pay and allowances from that Department?.....

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 in virtue of the Canadian Evidence Act.

Signature of Applicant: *A. Davis*  
Place of Residence: *934 Cherry St Toronto*

Declared before me at: *Willy Camp*

This *July* day of *21* 19*17*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

*A. J. Price* MAJOR,  
For O.C. "P" WING, C.G.C. WITLEY.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

District Paymaster.



G.P.O. Montreal, P.Q.

Dorris

**FORM OF WILL**

MD4

I, Alfred Dorris (Name in full)

Regimental Number 9 31814 serving in No. 2 CONSTRUCTION Bn. 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  
My Mother  
Mrs Mattie Dorris Name and Address  
Kansas City, of person or  
544 Cherry St. Missouri persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to  
My Mother  
Mrs Mattie Dorris Name and Address  
Kansas City, of person or  
544 Cherry St. 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 19th day of March A.D. 1917  
Alfred Dorris 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.

Signature of First Witness E. Lionel Cross  
Address of Witness San Francisco, California

THE TWO WITNESSES MUST SIGN HERE  
Occupation of Witness Journalist  
Signature of Second Witness Ancil Bennett  
Address of Witness Shefferson St  
Occupation of Witness Laborer







DUPLICATE

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 2 Coy*  
*Battalion C.E.F.*

(2) Regimental Number..... *931814*

(3) Full Name of Soldier..... *Alfred*  
*Douglas*

(4) Place of Birth..... *Missouri*  
*U.S.A.*

(5) Are you married, or not?..... *Single*

(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?..... *7*  
 If so, give number of boys and girls.....  
 Also their names and ages..... *7*  
 .....



(9) Is your Father alive? *Yes; Jeff Davis*  
If so, state name and address *San Antonio, Texas*

(10) Is your Mother alive? *yes*  
If so, state name and address *Mrs Mattie Davis*  
*Kansas City, 544 Cherry St, Missouri*

(11) If your Mother is a widow *X*  
Are you her sole support, or not? *T*

(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.  
*T*

(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.  
*T*

(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? *Yes*  
If so, in what Company? *Metropolitan*  
Have you made arrangements for payment of your Insurance premium? *yes*

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

*J. Davis*  
*Capt for*  
*Lieut-Col*  
No. 2 Construc Officer Commanding.

Date *MAR 19 1917*



# 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. 931814 Rank PTE Surname DORRIS  
 (Given name in full)  
ALFRED  
 Unit or Corps 2<sup>ND</sup> C.C.B.M. Birthplace ONTARIO

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

**I. GENERAL DESCRIPTION:**

Physique Good Weight 160<sup>EST</sup> lbs. Height 5 ft. 6 in. Colour of Eyes Brown  
 Nutrition Good  
 Pulse 68  
 Condition of arteries Normal  
 Vision Rt. 6/6 Left 6/6  
 Hearing (conversational voice) Rt. 20 ft.  
 Left 20 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
Scar in left groin.

Opinion as to general health and physical condition fit

**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.**

Had syphilis in Oct 1918 - Had prolonged course of treatment. Has had two negative Wassermanns since then.

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

[OVER]



# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Witley Camp (Overseas)

Date July 22nd 1919

Signed Geo. M. How M.O. Gene Camp

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 Donis A.

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

## THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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 a Medical Board.)

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

[OVER]



T Group "P" Group  
CANADIAN ARMY DENTAL CORPS, O.M.F.C.

# DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

## DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) DORRIS *Alfred*

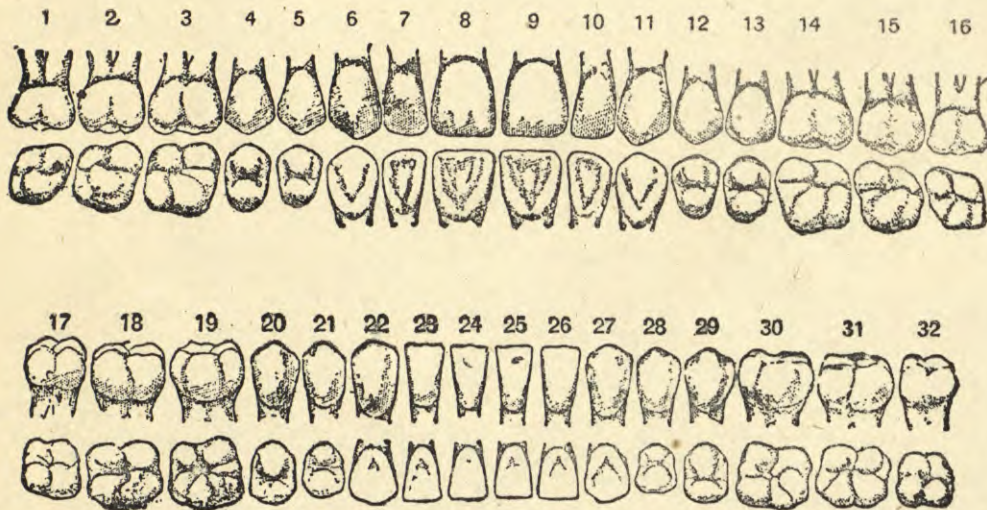
REGIMENT 2<sup>nd</sup> Can. Const. Bde RANK plc No. 931814

Date of Examination in England 21-7-19 Date of Examination in France \_\_\_\_\_

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



### PRESENT DENTAL REQUIREMENTS

1. FILLINGS \_\_\_\_\_
2. EXTRACTIONS \_\_\_\_\_
3. CROWNS \_\_\_\_\_
4. DENTURES \_\_\_\_\_
  - (a) Full Upper \_\_\_\_\_
  - (b) Part Upper \_\_\_\_\_
  - (c) Full Lower \_\_\_\_\_
  - (d) Part Lower \_\_\_\_\_

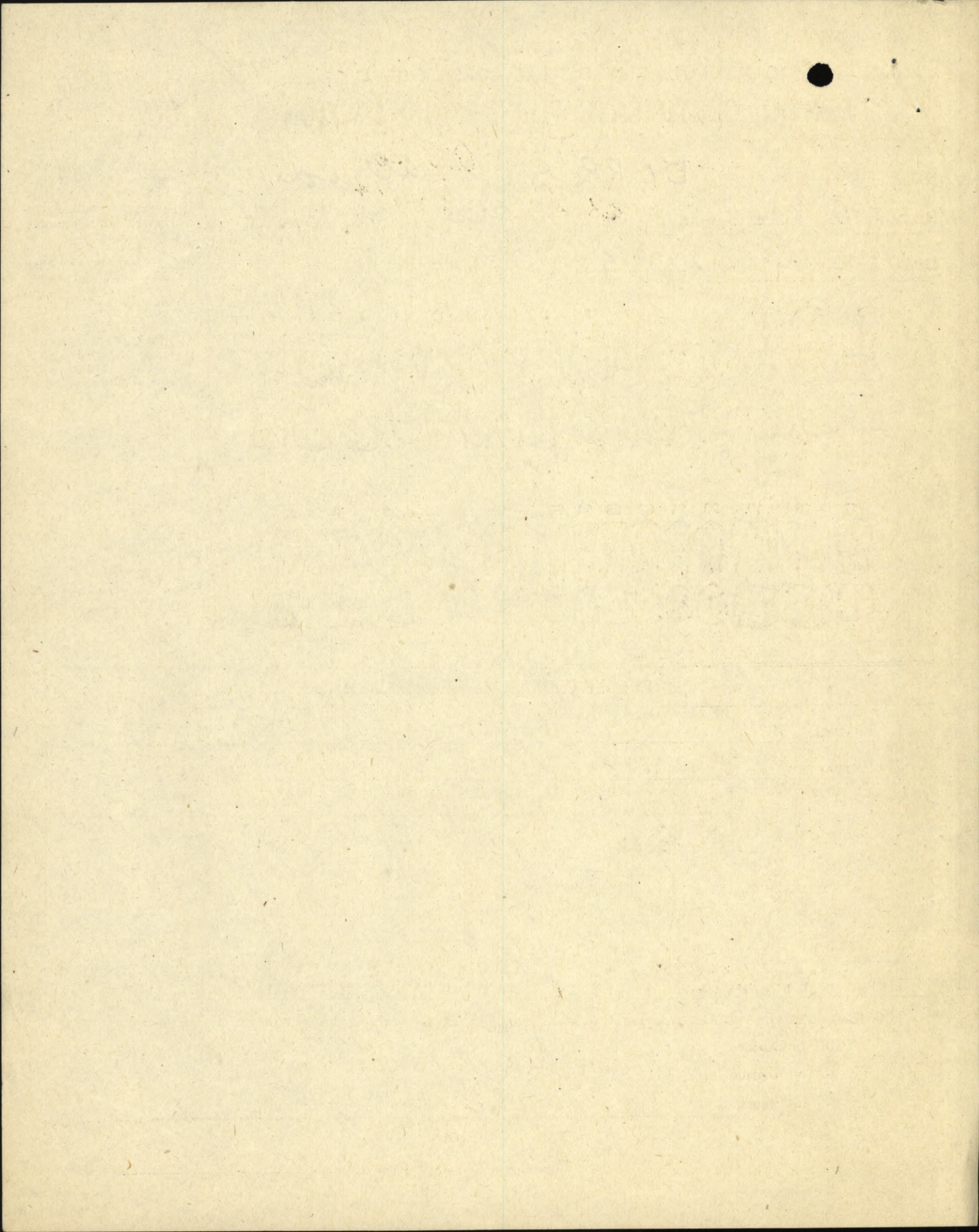
HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada \_\_\_\_\_
- (b) In England \_\_\_\_\_
- (c) In France \_\_\_\_\_

Signature of Dental Officer R. C. Crosby  
*Capt.*







**ORIGINAL ORIGINAL**  
**MEDICAL HISTORY SHEET**

931814

Surname Dorris Christian Name Alfred

Examined { on 14th day of Feb. 1917  
at Windsor, Ont.  
Birthplace { City or Town Kansas City Miss.  
County USA.

Approved by Dau Murray  
Rank Capt. A.M.C.

Apparent age 18  
Trade or occupation Farmer  
Height 5 feet 6 1/2 Inches  
Weight 135 lbs.  
Chest measurement { Minimum 31 1/2 inches  
Maximum expansion 32 inches  
Physical development Good  
Small-pox Marks

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
<u>25-6-19</u>	<u>A.</u>	<u>Successor</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left  
Number  
When Vaccinated last  
(a) Marks indicating congenital peculiarities or previous disease

Date	Result	VACCINATIONS
<u>20/3/17</u>	<u>L.S.H.</u>	<u>Dau Murray</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection  
Both Eyes 20/20

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>26/2/17</u>	<u>L.S.H.</u>	<u>Shepley</u> M.O.
<u>20/3/17</u>	<u>L.S.H.</u>	<u>Dau Murray</u> M.O.
<u>2/4/17</u>	<u>L.S.H.</u>	<u>Dau Murray</u> M.O.

Enlisted on 14th day of February 1917 at Windsor, Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>#2 Const Bn</u>	<u>931814</u>		<u>14/2/17</u>
Transferred to	<u>C.E.H.</u>			

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD**

STATION	DATE	DISEASE	RESULT
<u>Windsor, Ont.</u>	<u>FEB 16 1917</u>	<u>on enlistment</u>	<u>Fit</u>
<u>Shepley</u>		<u>Shepley</u>	<u>Capt. A.M.C.</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.



Surname *Bovie* Christian Name *Alfred*

Princess Patricia Canadian Red Cross Hospital,  
Coolesburg, Bexhill,

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
		16	2	19	30	JUN	1919		14 4 19 Trenton p-on	<i>Blayer</i>	
<i>Weston</i>		15	4	19	30	JUN	1919	<i>Debilty / rel V.D.</i>	77 General condition found heart lungs neg. no evidence of disability for work	<i>Blayer</i>	



W. S. B. Glass "A."

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 #2 Construction Battalion C.E.F.

Regimental No. 931814 Rank Pte. Name Dorris, Alfred  
C. E. F.

Enlisted (a) 14/2/17 Terms of Service (a) Duration of war Service reckons from (a) 14/2/17

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) .....

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				
		Enlisted Canada Disembarked, England Proceeded Overseas	Halifax N.S. Liverpool Seaford	15/3/17 17/4/17 17/5/17	PT 2 D.O.# Amn. h for Capt. W. B. H.
			Landed in France	17-5-17	N.R.
6-7-17	O.C.	Sentenced 7 days P.P. #2 Insolence to an N.C.O. Offering violence to an N.C.O.	Hd	5/7/17	B2obg. P.P. #0 122 7 <sup>th</sup> /17

CERTIFIED CORRECT  
6 JUN 1917  
CAN. RECORDS, LONDON.

D. C. Mor  
Carter  
Beltr

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties. (P.T.O.)



General Form - Active Service

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				
16. 8. 17	O.C.	7 days Lt. to 2 for Refusing obey an order.	U.S.	13. 8. 17	B2069 P.131 d/f 13/10/17
10/1/18	ocmms	10 days SP #1 for Malingering.		9/1/18	B2069 P.195 3 d/f 16/1/18
5/1/18	ocmms	att to #1 dest C 70.		30/12/14	B213
21. 9. 18	43 Co Co	Granted 14 days leave	uk.	21. 9. 18	B213 p. 55 7 Oct 1918
12. 10. 18	do	Repairs from leave	U.S.	9. 10. 18	B203
19. 10. 18	43 1/2 Co	In detention Hospital	Combs.	12/10/18	B213
3. 12. 18.	1st Staty	admitted to "Hosp." "D.S.C."		3/12/18.	M 9165.
7 1/19	1 staty 7th	Forfeits <del>his</del> allowance as placed under stoppage of pay at rate of 50 cents per diem while in Hosp. from 3 <sup>12</sup> / <sub>18</sub> to 14 <sup>2</sup> / <sub>18</sub> (12 days)			ASO 1643/9205 M 9165 31-1-19
23-1-19	7th Stet.	Syphilis	adu	23-1-19	W 8077
23-1-19	51 Gen	VDS	adu	23-1-19	W 8011
23-1-19	51st Inf	Forfeits <del>his</del> allowance as placed under stoppage of pay at 50 cents per diem while in Hosp. from 15.12.18 to 23.1.19 (40 days)			ASO 1643/10758 M 9165 27 1919.
12-2-19	A.A.S	DOD bled (Co) on trans to train & record. List to be sent record dist out		12-2-19	Cdr Sec 9.112 8 <sup>th</sup> Ech O3/d. 122-19 pt II 012 d/11-2-19

11/21/18



# SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I.  
Part I.

(1)*Substantive rank *Acting rank [To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
---	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	(Authority) (date)

Initials and Rank of  
an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test  Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin		
(18) Demobilizer (f)	(Place)	(Signature of Posting Officer)
(19) Pivotal-man (f)	(Date)	
(20) Qualifications (g)	or (21) Corps trade and rate	
(22) Extended {		(23) Re-engaged {
(24) Miscellaneous entries:—		

**NOTES.**—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoem-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP 1150 1M 5/18 G. W. P. Co (3,490)



931814 The Dorris B. Con. Record List (Sheet 2)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I., 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

30-11-18	1 Act G.F.G.	Hospital Stoppage (General) 14-10-18 to 22-11-18 (40 days)				(from non stated) A.S.O. 1642 (8147) PR II O. 29 of 1819
20 Feb 19	off ice Rec	Proc to England Roster to G.S.D.			102-19	KH-0-8 PR II O. 61 of 1919
S.O.S. O.M.F.C. TO O.E.F. PT. II ORDER No. 78		DATED 7/8/19	REC. SECTION OFFICER in CHARGE RECORDS, "P" WING C.C.G. WITLEY.	Lt. Hewitt Officer in Charge Record Office France		

AUG 13 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. 241  
 AUG 26 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II L. 241

*W.C. Robert*  
 Lieut.  
 For O. G. No. 2 District Depot.

Nothing to be written in this margin.



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE WAR SERVICE BADGE

CLASS "A" No. 389335

THIS IS TO CERTIFY that No. 931814 (Rank) Private

Name (in full) Alfred Dorris enlisted in the No 2 Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Windsor on the 14th day of February 1919

HE served in France with 2nd Can. Construction Bn

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

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

Age 20 years Height 5'6" Complexion Coloured Eyes Brown Hair Dark

Marks or Scars Scar on left groin

A. Jones Signature of Soldier.

James Thompson Issuing Officer.

Date of Discharge

No. 2 District Depot Toronto, Ont. AUG 26 1919

Issuing Officer.

FOR O. C. No. 2 D. D.

Rank

Date AUG 26 1919 19

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.





GLASSBORO, N. J.

1911  
The Board of Directors  
of the Glassboro  
Trust Company

Resolved, That the  
Board of Directors  
do hereby authorize  
the President of the  
Company to execute  
any and all papers  
necessary to carry  
out the above  
purpose.

11/11

W. H. [Name]  
President



*Windsor*  
 J.P. Rank \_\_\_\_\_ Name **DORRIS, Alfred** Reg'l No. **931814.**  
 Unit **No2. Const Bn.** If in perm. Corps }  
 What Unit? } Married or Single **Single.**  
 Place and Date of Enlistment **Windsor. Ont. 14th Feb. 1917.** Place of Birth **Kansas City. Mo.**  
 U.S.A.  
 Name and Address, Next-of-Kin **Mrs. Mattie Dorris.**  
**Kansas City. Mo. U.S.A.** Relationship **Mother.**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

H. W. V., Ld.—9:46-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
<i>6</i>					<i>Arrived in England. S. S. Southland 7.4.17</i>
<i>14-6-17</i>	<i>2<sup>nd</sup> C.C.C.</i>		<i>Field</i>	<i>17-5-</i>	<i>115</i>
<i>31. 1. 19</i>	<i>2<sup>nd</sup> C.C.C.</i>	<i>Forfeits field allowance &amp; under stoppages of pay 50 p. per diem while in Hosp. from 3.12.18 to 14.12.18 (12 days)</i>	<i>"</i>		<i>00.1.</i>
<i>11-2-19</i>	<i>2<sup>nd</sup> C.C.C.</i>	<i>placed under stoppage pay rate 50 p. diem while in Hosp from 15.12.18 to 23.1.19 &amp; forfeit field allow</i>	<i>Field</i>		<i>2</i>
<i>12. 2. 19</i>	<i>2<sup>nd</sup> C.C.C.</i>	<i>S.O.S &amp; transferred to 2<sup>nd</sup> Record Coy</i>	<i>"</i>	<i>12. 2. 19</i>	<i>316. R.L. 2012. 142. 19</i>
<i>27. 2. 19</i>	<i>W.R.D.</i>	<i>T.O.S from 2<sup>nd</sup> C.C.C.</i>	<i>Ripon</i>	<i>17. 2. 19</i>	<i>46. 861. 1919</i>
<i>24-6-19</i>	<i>W.S.R.D</i>	<i>W.O.A.S. Gambling. 7 days R.P. No 2.</i>	<i>Witley</i>	<i>10-6-19</i>	<i>145</i>

**A.F.B. 103 CHECKED**  
**29 MAY 1917**  
*A.W.W.*

*Miss Carr*



Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
15-7-19	P. Wing	TOS pending R.t.c	Witley	12-7-19	- 66.
		NOVA SCOTIA REGT 106-I-33.		13-8-19	
14-8-19	P. Wing	S.O.S. to Canada	Witley	13-8-19	D.O. 81



SURNAME.

*Dorris*

*1-2* CARD NO.

*X*

CHRISTIAN NAMES

*Alfred*

S.O.S. *Demob. 26-8-19*  
FOLL.

REGL. NO.

*931814*

RANK

*Pte.*

*Do 241 of 29-8-19*

UNIT

*No. 2 Constr.*

*2. D. D. Bn.*

FORMER CORPS

*Nil*

*Do 188 cancelled by Do 2195-9-19*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Dorris, Mrs. Mattie*

RELATIONSHIP TO SOLDIER

*Mother.*

ADDRESS

*Kansas City, Mo., U.S.A.*

COUNTRY OF BIRTH

*U.S.A. Kansas City, Mo.*

DATE

*June 8<sup>th</sup> 1899*

PLACE OF ATTESTATION

*Windsor, Ont.*

DATE

*Feb. 14<sup>th</sup> 1917*

*R/c. 23-8-19 395/36*



*From Halifax per S.S. "Southland" 28/3/17*

MARRIED

SINGLE *Yes*

WIDOWER

TRADE OR CALLING *Farmer*

RELIGION

*Methodist*

DESCRIPTION.

APPARENT AGE

*18* YEARS

MONTHS

HEIGHT

*5* FEET

*6 1/2* INCHES

CHEST MEASUREMENT

*31 1/2* INCHES

EXPANSION

*1/2* INCHES

COMPLEXION

*Coloured*

EYES

*Dark*

HAIR

*Dark*

DISTINGUISHING MARKS

*Not stated.*

MEDICAL EXAMINATION.

PLACE

*Windsor, Ont.*

DATE

*Feb. 14<sup>th</sup> 1917.*

*Present address: Chicago, Ill., U.S.A.*



No. 931814. RANK Pte.

NAME Dorris. Alfred.

T. O. S. 14-2-17.

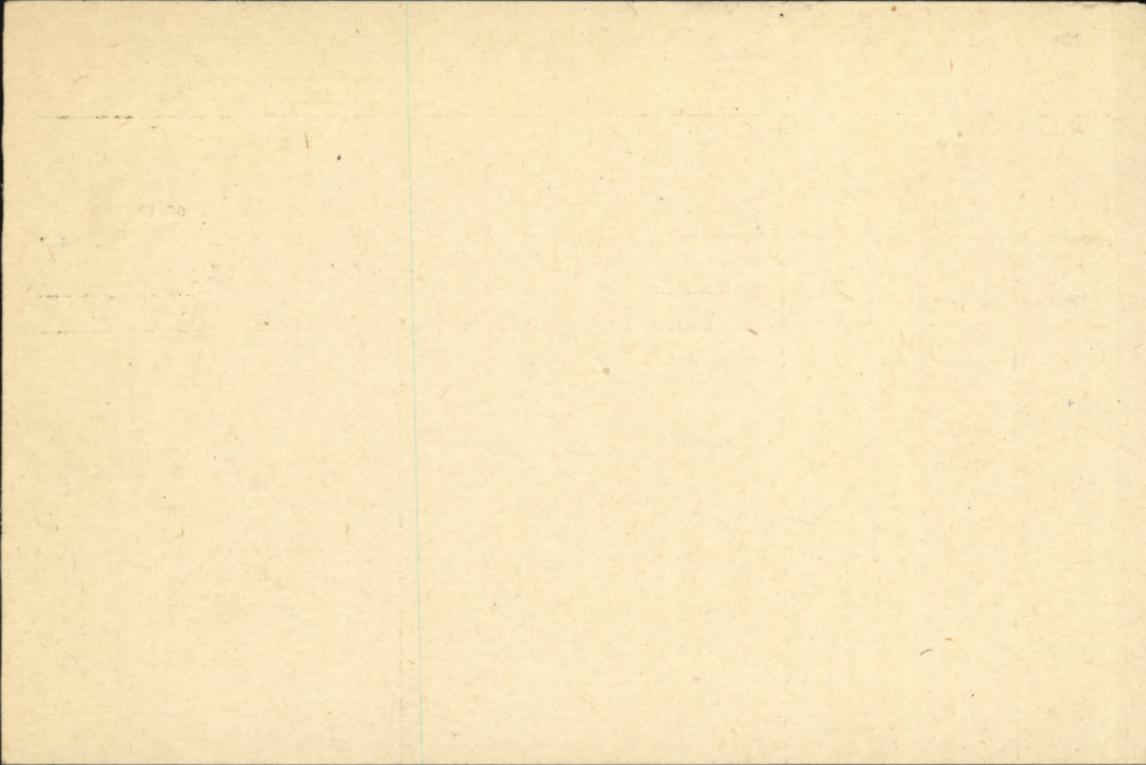
UNIT No 2. Construction Battalion

D.O. 46 22-2-17.

M. D. 6

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1917 Feb. 14.	1917. Feb. 28 Mar.	✓ w		







✓ 14513  
Number

931814

Rank

~~1st~~ Spr. B

Surname

DORRIS

Christian Name

Alfred

Units

60RB6

Theatre of War

France V

Date of Service

17-5-17

Remarks

Latest Address

Gen Ref. Montreal. P.Q.

Roll No.

B. Page 16976.

200m.-2-21.M.







Princess Patricia Canadian Red Cross Hospital HOSPITAL.

A. & D.  
CARD

Regl. *931814* AT *Cooden Camp, Bexhill* PL. OF ACTION *T7052*  
 A. & D. No. *931814* PL. OF ACTION  
 RANK *Pte.* REG. No. UNIT *2nd Can. Const. Coy.* SICK OR WOUNDED  
 NAME *Dorris, A.* AGE *20* RELIGION *Meth.*  
 PLACE IN HOSPITAL *Dr 2*  
 DIAGNOSIS *V. D. S.*  
 ADMITTED *16-2-19* FROM *H.M.A.T. "Jan Breydel"*  
 DISCHARGED TO *Can. Con. Hosp. EPSOM*  
 TRANSFERRED *15 4 1919*  
 SERVICE AT HOME *3 1/2* IN FIELD *19/12*  
 RESULTS

(See Document Card for M.H. Sheet and other Documents.)







NAME

*Dorris, a*

REGT. NO.

*931814*

RANK AND UNIT

*Pfc,*

*2 @ Co. US Reg.*

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE



LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 391 <sup>1</sup>	no 1 stuy Rouen	3-12-18	736
a 402-	51 Ken Staples	15-12-18	8736
a 434	no 7 Can stuy Camiers	23-1-19	42
a 449	no 9 Can stuy Camiers	9-2-19	v
B 452 <sup>1</sup>	P.P.C.R. + Beppell	17-2-19	42
B 499 <sup>2</sup>	Mil Comd. Epsom	16-4-19	42
B 552	Disch	28-6-19	42



ALFRED

Name DORRIS Rank *Plt*

Reg No. 931814

Unit 2nd 66 Coy

Record *Exp.*

Next of Kin USA

N.S.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
3-12-18	1. M. H. Royen		436.	A. 391		6122-12
15-12-18	5. M. H. Royen		"	A. 402		6393-6
23-1-19	9. M. H. Royen		42.	A. 434		7007-4
9-2-19	9. M. H. Royen		"	A. 440		7241-2
14-2-19	10. P. D. R. B. Beschell		"	B. 452		7359
16-4-19	Mil. Gen. G. S. M.		"	B. 499		9850
28-6-19	Discharged.		"	B. 532		4519







Surname

Christian Name or Names

Reg. No.

DORRIS.

A.

931814.

Rank

Unit

Pte.

N.S. 2Con.

Cas. List.

1. Staty. Rouen. 3-12-18.

9-12-18.A391.

V.D.S.C. 4.

11.12.18 a402

51 Gen Staples

15.12.18

3-2-19. a434

7 Can Stat Camiers

23-1-19

N.O.S. 6.

20.2.19 a449

9 Can Sta Camiers

9.2.19

24.2.19 B452

P.P.C.R.C. Berhill

17.2.19

23.4.19 B499<sup>2</sup>

7. Can. H. Epson

16.4.19

7 7 19 B552

Dis

28.6.19

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London



Cas. List.











\* Strike out whichever inapplicable

ASSIGNED PAY. ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME: *DORRIS, Alfred*  
NUMBER: *931814*

EFFECTIVE DATE: EFFECTIVE DATE:

AMOUNT: AMOUNT:

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Pl</i>

*M.D. 2*

UNIT AND TRANSFERS  
ORIGINAL UNIT: *2 Construction Bn*  
DATE ACCOUNT FIRST OPENED: *1st April 1917*

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>13.6.17</i>	<i>7</i>	<i>day 2. A.P. #2</i>	<i>770</i>	<i>4/9/19</i>	<i>5</i>	<i>26 40</i>	
<i>11.7.19</i>	<i>7</i>	<i>" " "</i>	<i>770</i>				
<i>13.7.19</i>	<i>9/23</i>	<i>P.W.ing #2</i>	<i>975</i>				
<i>15.8.19</i>	<i>12</i>	<i>day 1st day @ 60</i>	<i>770</i>				

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL CE
	<i>1</i>	<i>-</i>	<i>-</i>	<i>10</i>

PARTICULARS OF RENDERING NON-EFFECTIVE:-

1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>MAR</i>	<i>Bal. Ford</i>			<i>Led. Bal. Cr. 452.48</i>					<i>298 55 167</i>		
<i>apl</i>	<i>P. Pay</i>	<i>33</i>		<i>L.P.C. " " 420.15</i>							
				<i>AR 268 15/4 CFC 2 Dist</i>	<i>2 68</i>						
				<i>" 289 28/4 " 12 Dist</i>	<i>3 57</i>				<i>325 30 182</i>		
<i>May</i>	<i>P. Pay</i>	<i>33</i>			<i>6 25</i>						
				<i>AR 358 3/5 CFC 2 Dist</i>	<i>3 57</i>						
				<i>AR 573 1/5 " "</i>	<i>3 57</i>						
				<i>" 1097 28/5 " "</i>	<i>2 68</i>				<i>349 58 197</i>		
		<i>34 10</i>			<i>9 82</i>						
<i>June</i>	<i>P. P</i>	<i>33</i>		<i>AR 908 7/6 CFC 1</i>	<i>3 57</i>					<i>2 12</i>	
				<i>" 1104 22/6 "</i>	<i>3 57</i>				<i>375 44</i>		
		<i>33</i>			<i>7 14</i>						
<i>July</i>	<i>PP</i>	<i>34 10</i>		<i>AR 1294 6/7 CFC 1</i>	<i>3 57</i>						
				<i>AR 1503 22/7 "</i>	<i>3 57</i>				<i>402 40 227</i>		
		<i>34 10</i>			<i>7 14</i>						
<i>Aug</i>	<i>PP</i>	<i>34 10</i>		<i>AR 1698 6/8 CFC 1</i>	<i>3 57</i>						
				<i>AR 1946 22/8 "</i>	<i>3 57</i>				<i>429 36 242</i>		
		<i>34 10</i>			<i>7 14</i>						
<i>Sep</i>	<i>PP</i>	<i>33</i>		<i>AR 2201 6/9 CFC 1</i>	<i>3 57</i>						
				<i>CP 36959 23/9 LIN</i>	<i>48 67</i>						
				<i>AR 2351 18/9 CFC 1</i>	<i>3 57</i>						
				<i>AR 4830 20/9 CFC 1</i>	<i>97 33</i>						
				<i>CP 40130 30/9 LIN</i>	<i>48 67</i>				<i>260 55 257</i>		
<i>Oct</i>		<i>33</i>		<i>CP London #2578 1/10/18</i>	<i>201 81</i>				<i>289 78</i>		
		<i>34 10</i>			<i>4 87</i>						
		<i>34 10</i>			<i>4 87</i>						

COMPILED BY *A. V. Shuckleton*  
CHECKED BY *Lagan*



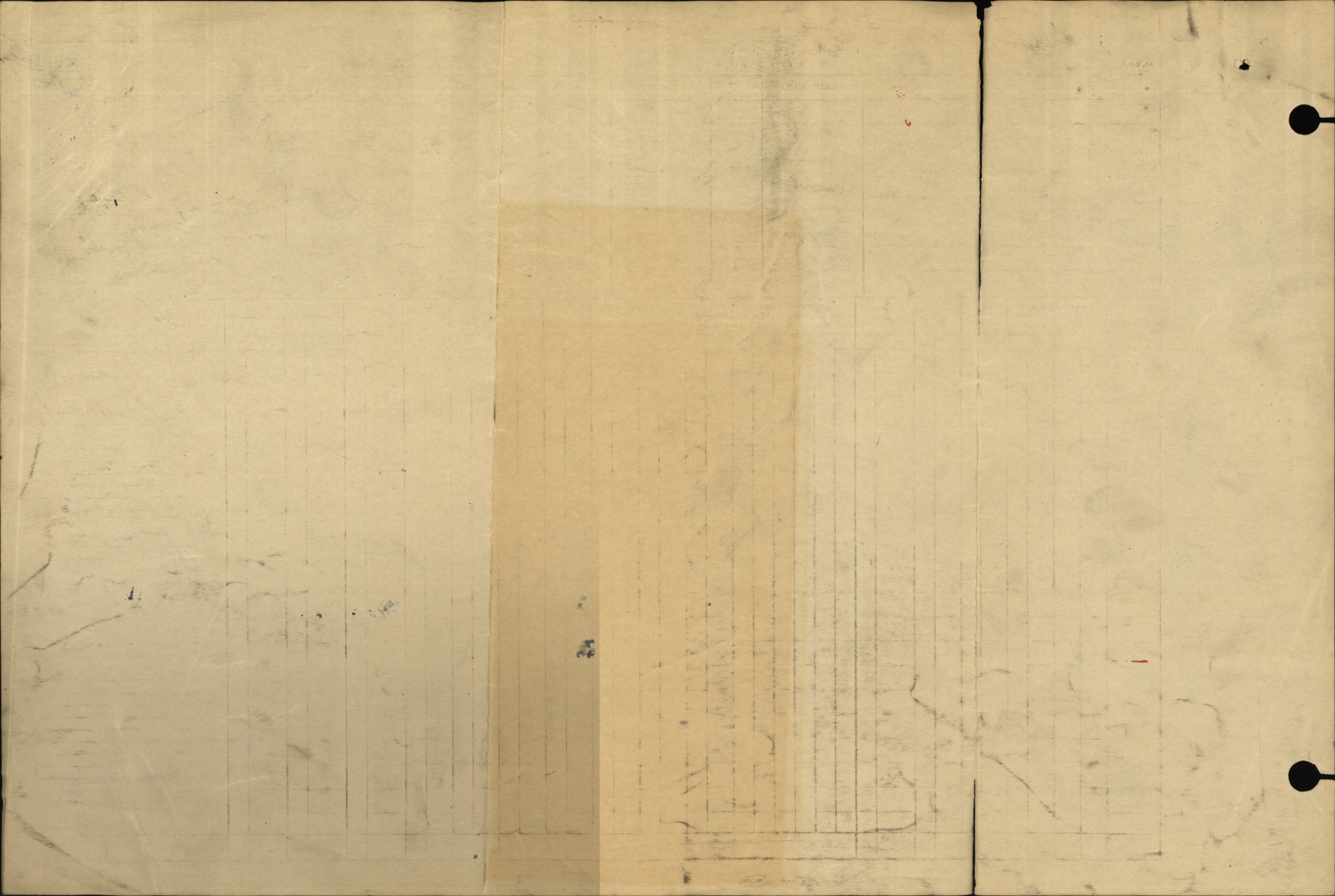
NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Bal For								289.78		
Mar				P.P.	67.10									
Apr					34.10		AR 3343 - C.F.B.(1) 2/12/18	3.73				387.25		
					<del>191.20</del>			3.73						
Feb				P.P.	64.90		Stop Steps 12. 3/1/18 - 14/1/18 12 days		7.20					
							AR 7790 25/1/19 P.P.C.R. + Stop	9.73						
							Cal.							
							AR 9249 13.3.19 Beshill	19.47						
							" 9249 21.3.19 Beshill	4.87						
							Stop Steps 12. 12.18 - 23.1.19 20 11-2-19		24-			386.88		
Apr				P.P.	64.90			34.07	31.20			67.10		
					67.10		AR 9836 25/3 P.P.C.R. + Stop 5x	9.73				453.98		
							" 11 10/4/19	9.73				443.46		
							Stop Steps 14-16-18-22-11-18-11-0-0-29 28/3/19	19.16	24-			410.34		
							Cal.					410.52	362	
					67.10			19.46	24-					
June					33									
July					34.10		AR 1945 Eps 16/4	9.73						
							1270. ✓ 16/5	9.73						
							12325. ✓ 9/6	19.47						
							12787. ✓ 16/6	9.73						
					<del>1710</del>			48.66						
					33.52		Int. on S.F. Pay					452.48		
					9062			48.66						
							AR 145 24/6/19 7 Days P 2					268.48		
							by 10/6/19 7 Days		7.70			452.78		
							9623 15/7 1/2 hrs	9.73						
							10364 22/7 1/2 hrs	9.73						
							AR 67-57819 0.1 hrs Endorsd	1.18				360.87		
							awarded for 18 Days pay	83.91	7.70					
							2/1/19 AWL 12.00 26/7/19 12.00 30/7/19	9.73						
							AWL 08.30 1/7/19 to 13.30 1/8/19							
							78 1/8/19 P.Ming 24 Days pay		26.40					
								9.73	26.40			324.74		
							7 days P.2. 11.7.19		7.70			317.04		

Lo J. 13/8/19 List 106 AWL 2











CANADIAN EXPEDITIONARY FORCE *buq. D 2022*

DISCHARGE CERTIFICATE

WAR SERVICE BADGE

CLASS "A" No. *589335*

THIS IS TO CERTIFY that No. *931814* (Rank) *Private*

Name (in full) *Alfred Dorris* enlisted in

*9102 Construction Battalion*

CANADIAN EXPEDITIONARY FORCE at *Windsor* on the *14<sup>th</sup>*

day of *February* 19*19*

HE served in *France with 2nd Can Construction Bn*

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

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

Age *20 years* Marks or Scars *Scar on left*

Height *5' 6"*

Complexion *Coloured*

Eyes *Brown*

Hair *Dark*

*A Dorris*  
Signature of Soldier

*Luce Thompson*  
Issuing Officer

Date of Discharge *AUG 26 1919*

Date *AUG 26 1919*

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.

*1710617*



Uniform is to be worn  
limited to north iron  
by  
C. D. B.



WAR SERVICE BARGE!  
CLASS "A" No. 589335

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

D. A. 11  
O. G. 4



1. No. 931814

2. Rank Plt.

3. Name Dorris Alfred

4. Unit 2nd Can. Const. Bde.

5. Date of Discharge AUG 26 1919 Place Toronto

6. Reason for Discharge Demobilization

7. Authority No. 2 District Depot, Part II, D.O. No. 241

8. Proposed Residence after Discharge ~~930 Bloor Street~~  
Toronto  
G.P.O. Montreal Ave Ont

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. ?

A. Dorris  
Signature of Soldier.

10. CONFIRMATION.  
The discharge of the above named man is hereby confirmed.

Place No. 2 District Depot Toronto, Ont.

Date AUG 26 1919

Lucas Thompson  
Signature (O.C. Discharging Unit.)

23 11 FOR 24 No. 2 D. D. Capt.



PROCEEDINGS ON DISCHARGE  
(Remobilization)

WAR RECORD OFFICE

D.A.L.  
C.G.N.

1	Name of Soldier	<i>[Faint handwriting]</i>
2	Rank	<i>[Faint handwriting]</i>
3	Service Number	<i>[Faint handwriting]</i>
4	Regiment	<i>[Faint handwriting]</i>
5	Place of Discharge	<i>[Faint handwriting]</i>
6	Reason for Discharge	<i>[Faint handwriting]</i>
7	Authority	<i>[Faint handwriting]</i>
8	Proposed Residence after Discharge	<i>[Faint handwriting]</i>
9	CERTIFICATE TO BE SIGNED BY SOLDIER	<i>[Faint handwriting]</i>
10	CONFIRMATION	<i>[Faint handwriting]</i>

I hereby acknowledge that at the date noted above and date I received my discharge Certificate M. P. W. S.

Signature of Soldier

CONFIRMATION

The discharge of the person named here is hereby confirmed.

Signature (O.C. Discharge Officer)



LIST OF DISCHARGE DOCUMENTS

Medical Report	Miller, John W. 1912
Discharge Certificate	Miller, John W. 1912
Medical History Sheet	Miller, John W. 1912
Physical Examination Report	Miller, John W. 1912
Operative Report	Miller, John W. 1912
Pathology Report	Miller, John W. 1912
Prescription of Medical Board	Miller, John W. 1912
Medical History Sheet	Miller, John W. 1912
Discharge Certificate	Miller, John W. 1912
Medical Report	Miller, John W. 1912
Discharge Certificate	Miller, John W. 1912
Medical History Sheet	Miller, John W. 1912

I hereby certify that the above documents are the property of the United States Government and are to be returned to the War Department, Washington, D.C., upon the request of the War Department.

Very truly yours,  
 \_\_\_\_\_  
 Surgeon General

John W. Miller  
 1912

Checked by \_\_\_\_\_  
 Date \_\_\_\_\_



**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

1. Triplicate Attestation Paper (M.F.W. 23). or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or A.F.W. 129)
5. Dental Certificate (C.A.D.C. 5000a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.B).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2),
12. Last Pay Certificate (P. 851). *sdup*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *B*

Checked by No. *18* *eggs*

Date. = *5* AUG 1919