Original

ATTESTATION PAPER.

No. 1009005

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

DISCHARGED
Medically Unfit Class "B"
Date 12 MAR 1917
Auth. O.C. Commanding Officer Co. M.D. 12.
Special Service Co.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Emerson
1a. What are your Christian names? ..... Robert
1b. What is your present address? ..... 136 High St. East Moose Jaw Sask.
2. In what Town, Township or Parish, and in what Country were you born? ..... Lenora Ont. Canada.
3. What is the name of your next-of kin? ..... Kate W. Emerson
4. What is the address of your next-of-kin? ..... 136 High St. East Moose Jaw Sask.
4a. What is the relationship of your next-of-kin? ..... Mother
5. What is the date of your birth? ..... Dec 27 - 1886.
6. What is your Trade or Calling? ..... Clerk
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? ..... No
If so, state particulars of former Service.
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, Robert Emerson, 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.

Robert Emerson (Signature of Recruit)

Date Dec 3 191 . A.R. McKenzie (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Emerson, 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.

Robert Emerson (Signature of Recruit)

Date Dec 3 191 . A.R. McKenzie (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 Moose Jaw this 3rd day of Dec 191 .

(Signature of Justice)

Justice of the Peace.

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Robert Emerson on Enlistment.

Apparent Age 29 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. 11 ins.
Chest measurement. Girth when fully expanded	37 ins.
Range of expansion	3 ins.
Complexion	Dark
Eyes	Blue
Hair	Dark.
Religious denominations. Church of England	Yes
Presbyterian	—
Methodist	—
Baptist or Congregationalist	—
Roman Catholic	—
Jewish	—
Other denominations (Denomination to be stated.)	—

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 Dec. 3. 191 5. W. Leask Capt.

Place Moose Jaw 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.

Robert Emerson 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) Lt Col.

Date Dec 3rd 191 5. O. C. "D" Recruiting Area.

ORIGINAL

ATTESTATION PAPER.

No. 1009005

12th Battalion Canadian Garrison Regiment

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	Emerson
1a. What are your Christian names?	Robert
1b. What is your present address?	2135 Hamilton St. Regina
2. In what Town, Township or Parish, and in what Country were you born?	Kenora, ont
3. What is the name of your next-of kin?	Mrs Kate Emerson
4. What is the address of your next-of-kin?	816 Cameron St Fort William, ont.
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	November 27th 1886
6. What is your Trade or Calling?	clerk
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?	yes
10. Have you ever served in any Military Force? If so, state particulars of former Service.	yes From dec 15 to July 17 223rd Batt
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?	yes July 4th 1917
14. If so, what was the nature of the disability?	Heart Murmur
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?	

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Emerson, 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.

R Emerson (Signature of Recruit)

Date Aug 27th 1918. H Blakeley (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Emerson, 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.

R Emerson (Signature of Recruit)

Date Aug 27th 1918. H Blakeley (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 Regina this 27th day of August 1918

A Pentland (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Emerson Robert on Enlistment.

Apparent Age 31 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10 ins.

Chest measurement.
- Girth when fully expanded 35 ins.
- Range of expansion 3 8 ins.

Complexion Fresh

Eyes Blue

Hair Dark

Religious denominations.
- Church of England
- Presbyterian Je
- Methodist
- 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).

Vaccination Marks
one Left arm

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* C1 fit Home Service for the ~~Canadian Over-Seas Expeditionary Force.~~

Date 17-10-18.

Place Regina

A.E. Henry Capt.
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.

Robert Emerson 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.

J. Rutherford Lt Col (Signature of Officer)

Date October 17th 18.

DISCHARGE DOCUMENTS

R. O. No. X

H. Q. No.

Name Emerson, Robert

Regt. No 1009005 Rank Sergeant

Corps 229 - Special Service Co.

Irregularly Enlisted. SCR 29/7/2011

Name6

C6164

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

Attestation Papers..... 4

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit..... 1

Last Pay Certificate..... 1

M. F. W. 62. 2

M.O.W. 125—1

1 M & W 129

M. F. W. 62.
50M.—9-16.
H. Q. 1772—89—935.

CARD No. M.D. #12.

SURNAME. Emerson.

CHRISTIAN NAMES Robert.

REGL. No. 1009005. RANK P/Sgt.

UNIT ~~Can. Gar. Regt.~~ (12th Bn) No date given

FORMER CORPS No 2 Det. C.A.P.C. 0064. 2/3/19 No 2 C.A.P.C.

806 21.6.20 Demob
167 FOLL 16
1/3 2/- 6.20
No 2 C.A.P.C.

T. O. S. July 5th 1915

D.O. Part II No 81 — 177-18

NEXT OF KIN.

NAMES IN FULL Emerson, Mrs. Kate

RELATIONSHIP TO SOLDIER Mother

ADDRESS 816 Cameron St, Fort William Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Kenora, Ont. DATE Nov. 27th 1886.

PLACE OF ATTESTATION Regina, Sask. DATE Aug 27th 1918.

L. L. 25989. M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

No 1009005 RANK Sergt. NAME Emerson R.

T. O. S. 7-12-15
B.O.1 of 11-12-15 UNIT Recruiting Area (D. Unit)

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Dec 7	Dec 31	✓	from Headquarters Staff Pro. Sgt. 7-12-15	Dec paylist B.O.1 of 11-12-15
1916	1916			
Jan		✓		
Feb.		✓		
Mar.		✓	Now shown on 229th Bn. C.E.L.	Mar. paylist
Apr		✓		
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct		✓		
Nov.		✓		

1009005 Ti Emerson R

229th Battalion

12

19 17.			
Jan.	a		
Feb.	"		
Mar.	"		
Cpl	Cpr. 9	m	Trans. to S. S. U. M. D. 12/17. B.O. 84 of Agn. Paylists

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 12

NAME OF SOLDIER S/Sgt. Cameron R. RANK S/Sgt. No. 1009.005

REGIMENT Capc.

W.T.B. 465
6—10-18
2-39-950

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report, record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge from the Service.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS
Condition on first Examination																							Cavities
																							Extractions
Required - Bridge = 1 abutment 1 dummy																							Approved. Teeth lost due to accident. G.R. Cameron Major D.D.S. MD 12

Completed

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. 1009005 Rank S/Sgt Surname Emerson
(Give name in full) Robert

Unit or Corps #2 C.P.C. Birthplace Ontario

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

1. GENERAL DESCRIPTION:

Physique good Weight 170 est. lbs. Height 5 ft. 11 in. Colour of Eyes Blue

Nutrition good

Pulse 72

Condition of arteries Regular & normal.

Vision Rt. 20/30 Left Nil

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

Opinion as to general health and physical condition ~~good~~ Fair and

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... Yes

Special Senses... Yes ... Integumentary System... No ... Respiratory System... No

Disturbance of mentality... No ... Muscular System... No ... Digestive System... Yes

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.

Blind left eye - Childhood -

V. D.N. (aortic) - existed prior to 2nd enlistment - not aggravated by 2nd enlistment - Heart if enlarged is only slightly & pulse is regular & fair tension. On exertion has some dyspnoea.

Typhoid 1919.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Regina (Canada)

Date 29 3 22 Signed [signature] 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 [signature]

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District 12

Name of Soldier Emerson A.

Regiment 3 C.G.

Rank Pay Sergt.

No. 1069225

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1918 Nov. 7th.	1D 1.2.3 14.15 16.17 18.31 32.									5/ 9.10 19.28 30.						3/ 7.11.12 29-28		2/ 9—11 28-29	Capt. Parkin		

M.F. [redacted] 150M 772-

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

1. Surname Emerson Christian name Robert.

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

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

4. Address (including street and number, if any) District. Pay. Office. M.D. 12 Regina Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 17th day of Oct. 1918, by the undersigned medical board sitting at Regina Sask.

5. Age as stated 31 Years 11 Months. 6. Apparent age 31 Years 11 Months

7. Height 5 Feet 10 Inches. 8. Weight 160 Pounds.

9. Chest measurement { Minimum ..... Ins. / Maximum ..... Ins. } 10. Complexion Fresh { Eyes Blue / Hair Dark.

11. Physical development. GOOD. { Good / Fair / Poor } 12. Smallpox marks NIL.

13. Number of vaccination marks { Right arm ..... / Left arm 1 } 14. When vaccinated last Oct. 7th. 1918

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

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

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

(Strike out disease admitted or suspected.)

R.E. 20/30
L.E. NIL.

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

Hearing Normal.

..... *President.*

..... *Member.* ..... *Member.*

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 27 day of August 1918 at Regina Sask

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to.....	C. a P.C.	1009005		1/1/19

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Regina Regina	17-10-18 29 3 20	Defective Vision. 129	C1 A.G. Henry Capt. Assistant Surgeon

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Signature of Man

Surname Roberts Christian Name Thomas

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				

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				

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 12 Batt. Can. Gar. Regt.

Regimental No. 1009005 Rank ~~Pte~~ Pte C. E. F. Name Emerson Robert

Enlisted (a) 27/8/18 Terms of Service (a) Duration Service reckons from (a) 27/8/18

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (b) .....

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				
15/7/18	16th L.H.	T.O.S. 12th.Can. Gar.Regt.	Regina	15/7/18	D.O.81P 382
1.1.19		T.O.S 12 Del. Batt C	Regina	1.1.19	D.O. 2. 2.1.19
1.1.19		Promoted Sergeant.	"	1.1.19	D.O. 84. 25.3.19
7.6.19		" S/Sergeant.		1.6.19	D.O 155. 7.6.19
21.6.20		S.O.S. 12 Del Batt C	Regina	21.6.20	D.O 142. 21.6.20
		R.O. 1420			

ASST. DIRECTOR OF PAY SERVICES
MILITARY DISTRICT No. 12

(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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 1009005 (Rank) Staff Sargeant

Name (in full) Robert Emerson enlisted in

the 16th Light Horse Active Militia

CANADIAN EXPEDITIONARY FORCE at Regina on the Second

day of January 1918

HE served in Canada

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 33 Years 6 Months

Height 5 Feet 11 inches

Complexion Fair

Eyes Blue

Hair Dark

Marks or Scars Nil

R. Ellis Cpl

Signature of Soldier

Date of Discharge

21st June 1920

REGINA, SASK. JUN 21 1920 M.D. No. 12 RECRUITING SERVICES

O.C. Recruiting Depot

Issuing Officer

Officer Commanding

No. 12 DETACHMENT C.A.P.C.

Major

Rank

Date 21st June 1920

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

M. F. W. 39a.
100M-3-19.
H.Q. 1772-39-882.

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. 1009005 Rank Sergt Name Emerson R

Corps Special Service Coy who was* Discharged

On July 4th 1917, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from June 1st 1917 to July 4th 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.	15	00	Regt'l Pay 34 days at $ 1 c 35	45	90
No.			Field Allow. 34 days at $ c 15	5	10
Assigned Pay No.	25	00	Other Allowances* Subs	9	00
Other Charges*			Other Credits* Subs	10	80
Payment on transfer or discharge No.	39	30	Clo Allow	8	50
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	79	30	Total	79	30

*Give Particulars.

A monthly stoppage of $ 25 00 (†) has (‡) been paid on account of Assigned Pay for the month of June 1917 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 3-12-15

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

(3) cause of discharge and authority Med Unfit Authority A.D.M.S. 12

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 June 30th 1917

Place Regina Sask

R Townsend Lt for Capt
Special Service Coy #12
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.

DENTAL HISTORY SHEET

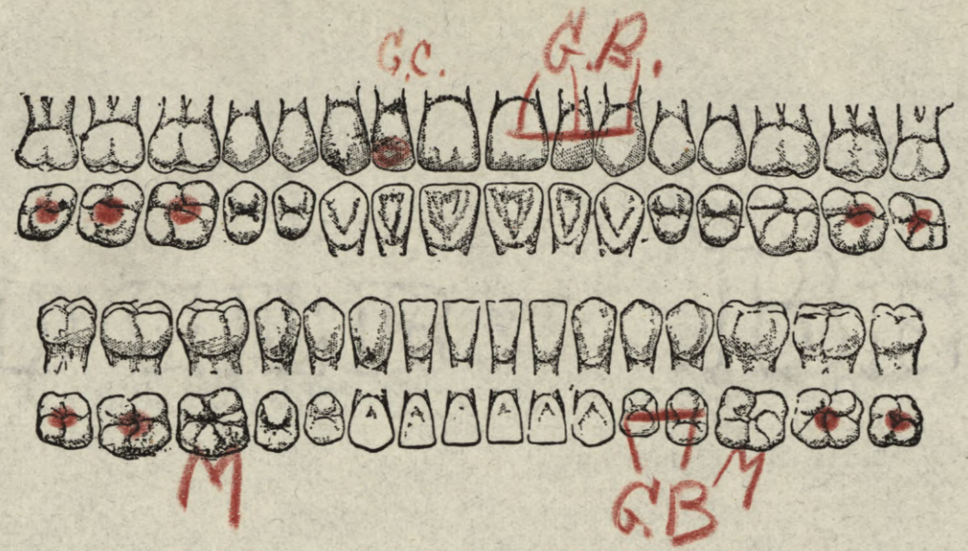
CANADIAN ARMY DENTAL CORPS

Division 2nd D.H.

Name of Soldier Bowman R

Rank Private

No. 1009 0 st



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				Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2nd 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
		Amal.	Phosp.	G. Per.	Cement											
1917 Apr 3															Brecke	Exam

M. F. B. 465
100m.-1-18
1772-39-950

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

FORM OF WILL.

I, Robert Emerson (Name in full)

Regimental Number 1009005 serving in 229th O.S. Battn.

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

Kate W. Emerson
% Mrs. J. T. Wright, 214 Finlayson St
Fort William, Ont.

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

absolutely, and my personal estate I bequeath to

Kate W. Emerson
% Mrs. J. T. Wright, 214 Finlayson St
Fort William, Ont.

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 23rd day of October A. D. 1916

Robert Emerson 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 Charles F. Emerson

Address of Witness Chaplain Cash.

Occupation of Witness Limited Agent

Signature of Second Witness William A. Dunsdale

Address of Witness 618 Steele St. Moose Jaw, Sask

Occupation of Witness Clerk

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

H 2r

MEDICAL HISTORY SHEET.

Surname Emerson Christian Name Robert

Examined { on 3rd day of Dec 191 5
at Moose Jaw

Birthplace { City or Town Geneva
County Ontario

Apparent age 29

Trade or occupation Clerk

Height 5 Feet 11 Inches.

Weight 165 Lbs.

Chest measurement { Minimum 34 inches.
Maximum expansion 3 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. 4
Number

When Vaccinated last a child

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Approved by (Sgd) W. Leask
Rank Capt. A.M.C. 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.
June 3. 16	OK	C.H. Christie M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
May 17. 16	OK	C.H. Christie M.O.
May 27. 16	OK	C.H. Christie M.O.
2/15/16	OK	C.H. Christie M.O.

Enlisted on 3rd day of December 1915 at Moose Jaw Sask.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	29th C.B.	1009005		Dec. 3/15
Transferred to				

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.
200m—11-15.
H. Q. 1772 39-439.

Surname Lawrence Christian Name Robert

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.

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..... 229TH. O.B.C.E.F.

(2) Regimental Number 1009005

(3) Full Name of Soldier..... Robert Emerson

(4) Place of Birth..... Kenora, 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 ? .....

(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.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address ✓

(10) Is your Mother alive? yes.

If so, state name and address Kate Wilson Emerson
% Mrs. J. T. Wright, 214 Finlayson st. Fort William, ont.

(11) If your Mother is a widow yes

Are you her sole support, or not? yes

(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.

$50.00 per month. all other Brothers married except Brother in 46th Battn who does not contribute to her support and other Brother in 229th Battn, who supports her with self.

(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.

Kate W. Emerson.
Mother
% Mrs. J. T. Wright, 214 Finlayson st. Fort William ont.

(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.

Have assigned $30.00 per Mo. and applied for separation allowance.

(15) Are you insured? yes

If so, in what Company? Independent order of Foresters.

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.

A. Lawson Pickell Lt. Col.
Officer Commanding.
Com'd'g 229 Overseas Batt.

Date Oct 23-1916.

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 22nd Bn. C.E.F.

Regimental No. 109005 Rank Pte. Name Robert Emerson

Enlisted (a) 3/12/16 Terms of Service (a) Str. Service reckons from (a) 3/12/16

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) Clerk

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				

File 349

AUDITOR | PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. Single

REGT. No. 1009005 RANK Staff/Sergt. (Lt. Engr.) NAME (IN FULL) EMERSON, ROBERT (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN Mrs. K. Emerson — RELATIONSHIP Mother

ADDRESS 1124 1st Ave. N.W. ~~412 North Brodie Street~~ Moose Jaw Sask. ~~Fort William Ont~~

IS SEPARATION ALLOWANCE PAID? Yes — DATE EFFECTIVE 1-1-19

TO WHOM PAID Mrs K Emerson — RELATIONSHIP Wife

ADDRESS 1124 1st Ave N.W. ~~412 North Brodie Street~~ Moose Jaw Sask. ~~Fort William Ont~~

ADPS mds 2

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Subsistence		DO 13
	1-1-19	dated 13-1-19
Promoted to		DO 84
Sergeant	1-1-19	dated 25-3-19
Marked 6 + 1		
C.G.R. for actions	4/4/19	DO 97
Granted Quarter		
Allowance	4/4/19	DO 97
Promoted S/Sergt	1/6/19	DO 155
Subsistence	1/8/19	DO 313
attached 12 DOR from Rat	1-10-19	DO 274
Subs	16-11-19	DO 322
Reg. Pay ~~Lieut~~	160	Increase rates
Field allce. 2/-	50	effect 1/4/19
Quarters allce. 30 SUBS. 80		GO. 11/1918

ORIGINAL UNIT C.E.F. 21st Bn (12 Bn 6 BR) — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION Regina Sask — TRANSFERRED TO No 13 Det 6 MD 6 — DATE 1-1-19 — AUTHORITY DO 2

DATE OF ATTESTATION 2-1-18 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 55 30 — DATE EFFECTIVE ~~1-1-19~~ 1-7-19

PAYABLE TO Mrs K Emerson — RELATIONSHIP Mother

ADDRESS ~~412 North Brodie Street~~ Fort William Ont

ANY CHANGE IN ASSIGNEE OR ADDRESS: Mrs K. Emerson Mother, 1124 First Avenue N.W., Moose Jaw Sask.

STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE — EFFECTIVE

DISCHARGED 21-6-19 — PLACE Regina — DATE 21-6-20 — REASON Demobilization — AUTHORITY DO 167 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	(or from previous account) $	(or from previous account) C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	Carried Forward $	Carried Forward C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 1-1-19							~~1000~~																														
Jan	31	1.70	52	70	24 80 / 30 00		10 00		117	50	44	15/1/19			35	31/1/19	125	00			27	50	2500 / 3000 aR 34						~~1000~~		107	50			10	00	
Feb	28	1.70	47	60	22 40 / 30 00		~~10 00~~		100	00	30	12/2/19			40	28/2/19	25	00			20	00	5500 aR 50						1000		100	00			10	00	Sick Pa. 9 Jan. 31/1/19 to Pay 22/2/19 Do 149
March	31	1.70	52	70	24 80 / 30 00		~~10 00~~		107	50	46	15/3/19			~~50~~ 60	31/3/19	25	00			27	50	5500						1000		107	50			10	00	" " " 27/2/19 to " 28/3/19 Do 256
					P F	Clear S.A. etc.															(Victory Bonds)						P F	Clear other chgs.								" " " 29/3/19 to " 4/4/19 Do 459
April	30	1.70	51	00	10 50		30 00		91	50	4	15/4/19	110	30/4/19			25	00	11	50			55 00 aR 8								91	50			10	00	" " " 5/4/19 to " 10/4/19 Do 589
May	31	1.70	52	70	9 30		30 00		92	00	4	15/5/19	9	31/5/19			20	00	17	00			55 00 aR 7								92	00			10	00	
June 1/4 to date 31/5/19	61	1.70	63	00	9 00		30 00		111	15	13	14/6/19	18	28/6/19			25	00	31	15			55 00 aR 14								111	15			10	00	
July	31	2.10	65	10	9 30		30 00		104	40	22	15/7/19	26	31/7/19			30	00	14	40			60 00 aR 24								104	40			10	00	
Aug	31	2.10	65	10	24 80		30 00		119	90	29	15/8/19	37	30/8/19			30	00	29	90			60 00 aR 30								119	90			10	00	
Sept	30	2.10	63	00	30 00 / 24 00 / 9 30				117	00	36	13/9/19	41	28/9/19			30	00	25	75			60 00 aR 38				1 25				117	00			10	00	Sick Pa. 1 25
Oct	31	2.10	65	10	30 00 / 16 50				104	40	46	15/10/19	49	29/10/19			30	00	14	40			60 00 aR 47								104	40			10	00	
Nov	30	2.10	63	00	30 00 / 24 80				109	50	51	14/11/19	55	28/11/19			30	00	14	71			60 00 aR 52				4 79				109	50			10	00	Sick Pa. 4 79
Dec	31	2.10	65	10	20 00 / 30 00				120	15	57	12/12/19	61	31/12/19			30	00	29	90			60 00 aR 60								119	90			10	25	
			715	25	419	75	160	00	1295	00							325	00	188	71	75	00	690	00			60	41			1284	75			10	25	

	W.S.G.	Sa	Total	War Service Gratuity Do 12	W.S.G.	Sa	Total	Soldiers	Dependents
92	210 00	90 00	300 00		70 00	30 00	100 00	140 00	60 00
					70 00	30 00	100 00	70 00	30 00
					70 00	30 00	300 00	—	—
	210 00	90 00	300 00		210 00	90 00	300 00		

Nov 1-1919 6 cheques 14/2201/12 21
Dec 1-1919 6 cheques 14/2059/64

Pay and Service Branch, Military District No. 10

30M-11-18.—L.L. 50677-M. & D. 9553.

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
Br. Fwd.					10	25			10	25																											10	25	
Jan.	31	2 10	6	51	24 80 30 00	00			119	90	68	11/1/20	74	29/1/20			30 00	40	15				AR 71 60 00						130	15							10	25
Feb.	29	2 10	6	09	23 20 30 00				114	10	79 77	27/2/20 28/2/20	84	27/2/20			10 00 20 00	34	10				AR 83 60 00						114	10								
Mar.	31	2 19	6	51	24 80 30 00				119	90	88	31/3/20	93	31/3/20			20 00	19	90				AR 92 60 00						119	90								
April	30	2 16	6	48	24 00 24 00	46			121	26	3	14/4/20	8	25/4/20			10 00 30 00	10	00				AR 6 60 00						121	26								
May	31	2 16	6	96	24 80 30 00	00			121	26	11	14/5/20	17	29/5/20			35 00	31	26				AR 15 60 00						121	26								
June	21	2 16	4	36	16 80 21 00	00	35	00	118	16	19	7/6/20					76 16						AR 19 42 00	✓					118	16								
			268	22	322	11	35	00	725	33							231 16	146	69				344 00					548			725	33						
			368	22	322	11	35	00	725	33							231 16	146	69				342 00	✓				548			725	33						

Examined & Passed for Payment
Auditor 3
DEC 1 1920
District Auditor M.D. 12

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.	100900 5
Rank	Sergeant
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	Robert Emerson
Corps (Squadron, Battery or Company)	229 - Special Service Co.
Date of Discharge	July 4 1917
Place of Discharge	Regina Sask

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	30 years 6 months.
Height	5 feet 11 inches.
Complexion	Dark
Eyes	Blue
Hair	Dark
Trade	Clerk
Intended place of residence (To be given as fully as practicable.)	

Descriptive Marks

None

2. The above-named man is discharged in consequence of

Being irregularly enlisted
C.R.R. & O. para 322 - Lic 1
Auth 12 2D 13 - E - 6

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.

Very 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.)

Clerk

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113.

(OVER)

E R 4 Conduct 16-8-17

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

None

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

6. Medals and Decorations..... None

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 Sask ..... H Megan Major

(Date) July 4/1917 ..... *Commanding* .....

OFFICE ROOM Special Service Co. 12 MILITARY DISTRICT NO. 12

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) Regina Sask H Miller A N *(Signature of Soldier.)*

(Date) July 4/1917 J Eswallow *(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....24....days.

Total....1....years....344....days.

11. **Confirmation of Discharge.**

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

(Place) Regina Sask

(Date) July 4/1917 ..... *(Signature)* H Megan Major

OFFICE ROOM Special Service Co. 12 MILITARY DISTRICT NO. 12

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.)

none

N. Mellon

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.		
Squadron / Battery / Company Sheet,	" B. 263a.		
Copies of C[illegible]ictions, 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."			

Attestation Paper,	Militia Form B. 235.
Proceedings on Discharge	" B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (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.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 1009005

2. Rank Staff Sargeant

3. Name Robert Emerson

4. Unit 12th Det. Canadian Army Pay Corps

5. Date of Discharge | 21st June 1920 | Place Regina Sask

6. Reason for Discharge Demobilization

7. Authority Routine Order 1420 - 1894

8. Proposed Residence after Discharge General Delivery
Victoria
BC

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ? 39

R. Emerson

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Regina Saskatchewan

Date Twenty First day of June Nineteen Hundred and Twenty

Signature

Officer (O.C. Discharging Unit.)

No. 12 DETACHMENT C.A.P.C.

M.F.B. 218a—150M-3-19—1772-39-113.

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

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.—6-16.
1772—39—818.

Sheet No. 2. K. W. Emerson W. Mother Name of Soldier Emerson C

PAYMENTS.

L. L. Job 4503.—Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		S21485	34	34
Nov.		923331	25	25
Dec.		928013	25	25
Jan.	1917	H28399	25	25
Feb.		31493	25	25
March		H34630	25	25
April		I933	25	25
May		I 407525		25
June		M7718	25	25
July		L.10946	25	25
Aug.		26333	3	
Sept				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

209

L. 10946. Can Fac

Dis 4/7/17 PWL 3/7/17 Gmo 7/7/17

mailed 9/11/17

3rd ~~dct~~ to close

ACCOUNT CLOSED

DATE..... PER.....

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

L. L. Job 4503.—M. & D. 6832

20/9/16

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1774-39-818.

SEPARATION ALLOWANCE

Name Kate W. Emerson

Address C/o Mrs. J. T. Wright
214 Hinlayson St
Port William
Ont

Relation to Soldier wife, child or mother } Widowed mother

Name of Soldier Emerson R.

Regtl. No. 1009005

Rank Sergt

Corps ~~226~~ 1 Bn

#12 SD 8/4/17 DMW 17/7/17 Gm 24/7/17

To what Corps belonging when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNT CLOSED
DATE..... PER.....

MEDICAL HISTORY OF AN INVALID.

DEPT MILITIA & DEFENCE JUL 1 1917 H.Q. CANADA

Military District No. 12 JUN 21 1917 Regina, Sask. 13-6-6

1. Station. Regina
2. Regiment or Corps. Formerly 229th Batt. Now Special Service
3. Regimental No. and Rank. 1009005.
4. Name. Sergt Emerson. R.
5. Age last Birthday. 30 yrs
6. Enlisted on Dec 3rd 1915
   at Moose Jaw. Sask
7. Former Trade or Occupation. Railway Clerk

8. General remarks on his :—
   (a) Conduct. Good
   (b) Habits. Good
   (c) Temperance. Temperate.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

9. Service. Since Enlistment. Years. Days.

	PERIODS.	
	FROM.	TO.

10. (a) Disease or disability. Valvular disease of Heart
    (b) Date of origin. 4 years ago had Typhoid Fever
    (c) Place of origin. Moose Jaw
    (d) Cause. Probably Typhoid

11. Present Condition. (Most Important) (To include full description of present disabling condition or conditions.) Rough trend sound pulmonary valves marked - accentuation of second sound - Heart enlarged ½ left of nipple line - no oedema. no dyspnoea - no failure of compensation

a0 m S

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

M. F. B. 227.
150 M—5-16.
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 ?

not appl

(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 appl

14. Treatment

none

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 ?

For life

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

none

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

Yes - Category E

A. Gould
Major
Canada

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

Recommendations: Category E. for discharge under K.R+O (Can) Para 392 sec 1

Signatures :—

President.

N C Roberts Lt A.M.C

Members.

Regina Rifles Canadians

Station. Regina

Date. 14/6/17

Date. 14/6/17

A.S. Goodeve Major
Asst. Director of Medical Services.

Approved.

Date. 6/7/17

Director-General of Medical Services.

Militia Form B. 227.

150 m—5-16.
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.

(At Station or Hospital where finally disposed of.)

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

Date .....

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