

M. D.

Depot Battalion

Regiment

Regtl. No. 3056847

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1st)

1. Surname Froste, Charles Herbert
2. Christian name Charles Herbert,
3. Present address Deseronton, Ont. Box 485.
4. Military Service Act letter and number PC 918418
5. Date of birth August 14th, 1894.
6. Place of birth Belleville, Ont.
(town, township or county and country)
7. Married, widower or single Single.
8. Religion Presbyterian
9. Trade or calling Storekeeper
10. Name of next-of-kin Mrs. Nancy Maude Froste,
11. Relationship of next-of-kin Mother
12. Address of next-of-kin Deseronton, Ont. Box 485.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any No.
15. Medical Examination under Military Service Act:—
(a) Place Belleville, Ont. (b) Date Oct. 24th, 1917. (c) Category A2

DECLARATION OF RECRUIT

I, Charles Herbert Froste,, do solemnly declare that the above particulars refer to me, and are true.

Charles H. Froste (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	<u>23</u>	yrs <u>2</u>	mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease. <u>Nil.</u> <u>Weight 185 Lbs.</u>
Height	<u>5</u>	ft <u>9½</u>	ins.	
Chest measurement	}	fully expanded	<u>41</u> ins.	
		range of expansion	<u>4</u> ins.	
Complexion	<u>dark</u>			
Eyes	<u>blue</u>			
Hair	<u>brown</u>			

R. W. Smith Lt. Col.
O. C. 1st Depot Bn., E. O. Regt., C. E. F.
Depot Bn.

Regt.

Place Kingston, Ontario. Date Feby. 26th, 1918.

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Name of recruit	2. Christian name
3. Present address	4. Military service number and number
5. Place of birth	6. Date of birth
7. Married (write name of wife)	8. Religion
9. Trade or calling	10. Name of employer (if any)
11. Reason for enlistment	12. Address of next of kin
13. Whether he is a member of the Active Militia	14. Particulars of previous military or naval service (if any)
15. Medical Examination under Military Service Act	
(Signature of Recruit) Date	

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars are true and correct.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Height	Weight	Build	Complexion	Hair
Color	Size of feet	Color of eyes	Color of skin	Color of hair
Color of hair	Color of hair	Color of hair	Color of hair	Color of hair
Color of hair	Color of hair	Color of hair	Color of hair	Color of hair
Color of hair	Color of hair	Color of hair	Color of hair	Color of hair
Color of hair	Color of hair	Color of hair	Color of hair	Color of hair
Color of hair	Color of hair	Color of hair	Color of hair	Color of hair
Color of hair	Color of hair	Color of hair	Color of hair	Color of hair
Color of hair	Color of hair	Color of hair	Color of hair	Color of hair
Color of hair	Color of hair	Color of hair	Color of hair	Color of hair

(Signature of Recruit)

Regt.

Detachment

No. 1

BD 17-2-19.

Proceedings of Court of Inquiry or on men
reported Missing on Active Service.....
Attestation Papers.....
Declaration of change of name.....
Authority for special enlistments.....
Documents of re-enlisted men.....
Regimental Conduct Sheet.....
Compulsory Stoppages.....
Casualty Forms.....
Proceedings on discharge.....
Corps History Sheet.....
Date and No. of Deposit Receipt for
Purchase Money and Amount.....
Parchment Certificate.....
Medical Report for Invalids.....
Medical History Sheet.....
Proceedings of Regt. Court Martial
Copies of Convictions by Civil Power.....
Company Conduct Sheet.....
Clothing Transfer Certificate.....
Inventory of Kit.....
Last Pay Certificate.....

M. F. W. 76-1
M. F. W. 39a-1
M. F. W. 12a-1
M. F. B. 465-2
M. F. W. 178-1
M. F. W. 113-1

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

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name FROST, CHARLES HERBERT

Regt. No. 3056847 Rank Plé

Corps 2nd Bn. C.G.R.

20967

DEMO B'N.



Box H
3320

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

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

330M-5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

1st Depot Bn., E.O. Regt., C.E.F.

Unit, Regiment or Corps

Regimental No.

3056847

Rank

Pte

Name

Frost, Charles Herbert

Enlisted (a)

Feb 26-18

Terms of Service (a)

C. E. F.

C. E. F.

Service reckons from (a)

Feb 26-18

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)

Storekeeper

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				
		Transferred to 3 Bn. E.O. Regt. 23/9/18 J. D. H. Durrant, Capt. & Adjt. 1st Depot Bn., E.O. Regt., C.E.F.			
2/18		Transferred to M. D. No 2. and struck off strength. D.O. #158 29/9/18			No. 3 Bn., Canadian Garrison Regt., C. E. F.
2-19	2nd. Bn. C.G.R.	S.O.S. on discharge R. O. #1328 "Demobilization"	Toronto.	4-2-19	Pt. 2. D.O. #34 Q. I. C. Records, 2nd Bn. Canadian Garrison Regiment

(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.

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				

2nd. BATTALION

CANADIAN EXPEDITIONARY FORCE

FEB 4 1919

Discharge Certificate

Canadian Garrison Regt.

M.S.A.

This is to Certify that No. 3056847 (Rank) Private

Name (in full) FROSTE, Charles Herbert enlisted in
the 1st. Depot Battalion, Eastern Ontario Regiment.

CANADIAN EXPEDITIONARY FORCE at Kingston, Ont. on the 26th.
day of February 19 18

HE served inCANADA.....

and is now discharged from the service by reason of

"DEMOBILIZATION"

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

Age 24 years 5 months.

Height 5 feet 9 1/2 inches.

Complexion Dark

Eyes Blue

Hair Brown

Marks or Scars

None

Charles Froste

Signature of Soldier

O. G. Blackey

O. G. 2nd Bn, Canadian Garrison Regt.

Issuing Officer

Major

Rank

Date of Discharge February 4th. 1919.

Appointment

Signed at TORONTO this 4th. day of February 19 19

in Military District No. -2-

File Reference No.

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

CASE HISTORY SHEET.

General Hospital. Kingston, Ont. Station.
 No. 3056847 Rank Pte. Name Frost Chas. Age 23
 Unit 1st Depot Co. Completed years of service Where and how long 2 weeks
 Date of admission March 11th Date of discharge April 11-18
 Diagnosis Eustachian Stenosis Place of origin Kingston, Ontario

CONDITION ON ADMISSION AND PROGRESS OF CASE

Patient says he had scarlet fever at age of five and since then has been troubled with his ears whenever he caught a little cold. But at any time his hearing was impaired but worse than ever at present.

Patient on admission was hardly able to hear and complains of a ringing sensation in left ear, but not in right ear. Both ears give the patient the sensation of being full all the time. Patient complains of nothing else.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Father dead (Bright's Disease)
 Otherwise negative

TREATMENT

(Especially any specific or special form)

Given Politization daily

CONDITION ON DISCHARGE

(and disposal made of case.)

Improved

Date April 11/18

Medical Officer i/c case

M. F. B. 313a.

50M.-3-18.
 1772-39-439.

J. Sparks
 Captaine
 24499

1. Name of Patient: _____
2. Date of Birth: _____
3. Sex: _____
4. Address: _____
5. City: _____ State: _____ Zip: _____
6. Telephone: _____
7. Referring Physician: _____
8. Date of Admission: _____
9. Date of Discharge: _____
10. Length of Stay: _____

11. Chief Complaint: _____
12. History of Present Illness: _____
13. Past Medical History: _____
14. Past Surgical History: _____
15. Family History: _____
16. Social History: _____
17. Review of Systems: _____
18. Physical Examination: _____
19. Laboratory Studies: _____
20. Radiology Studies: _____

21. Diagnosis: _____
22. Treatment Plan: _____
23. Progress Notes: _____
24. Discharge Summary: _____
25. Follow-up: _____
26. Patient Education: _____
27. Referral: _____
28. Consultation: _____
29. Other: _____
30. Signature: _____

31. Date: _____
32. Time: _____
33. Location: _____
34. Initials: _____
35. Signature: _____
36. Title: _____
37. Department: _____
38. Hospital: _____
39. City: _____ State: _____ Zip: _____
40. Telephone: _____

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT:

NAME OF SOLDIER.

REGIMENT.

RANK. *Pl.*

From C. 47

RANK.

9

No.

No. 50364



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.

[illegible]

INSTRUCTIONS

1. The name of the person to whom the property is to be delivered.

2. The name of the person to whom the property is to be delivered.

3. The name of the person to whom the property is to be delivered.

4. The name of the person to whom the property is to be delivered.

5. The name of the person to whom the property is to be delivered.

6. The name of the person to whom the property is to be delivered.

7. The name of the person to whom the property is to be delivered.

REMARKS

PROPERTY OF THE U.S. DEPARTMENT OF AGRICULTURE
DEPARTMENT OF AGRICULTURE

MILITARY SERVICE ACT, 1917. #3056847
MEDICAL HISTORY SHEET.

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

1. Surname FROSTE Christian name Charles Herbert

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)..... Deseronto Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 31 day of January 1917, by the undersigned medical board sitting at ed Camp Toronto

5. Age as stated 24 Years 5 Months. 6. Apparent age 24 Years 5 Months

7. Height 5 Feet 9 Inches. 8. Weight 173 Pounds.

9. Chest measurement { Minimum 36 Ins. 10. Complexion medium { Eyes Blue.
Maximum 39 Ins. Hair Brown

11. Physical development. Good { Good Fair Poor 12. Smallpox marks. None

13. Number of vaccination marks { Right arm..... Left arm one 14. When vaccinated last 1918

15. Distinctive marks and marks indicating congenital peculiarities or previous disease none

16. Slight defects but not sufficient to cause rejection 2nd 7th 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st 32nd 33rd 34th 35th 36th 37th 38th 39th 40th 41st 42nd 43rd 44th 45th 46th 47th 48th 49th 50th 51st 52nd 53rd 54th 55th 56th 57th 58th 59th 60th 61st 62nd 63rd 64th 65th 66th 67th 68th 69th 70th 71st 72nd 73rd 74th 75th 76th 77th 78th 79th 80th 81st 82nd 83rd 84th 85th 86th 87th 88th 89th 90th 91st 92nd 93rd 94th 95th 96th 97th 98th 99th 100th
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category C2

W. J. McLean President.
W. J. McLean Member.

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

Joined..... day of..... 191..... at.....

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>3056847</u>		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>ed Camp Toronto</u>	<u>Jan 31/19</u>	<u>2nd 7th 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st 32nd 33rd 34th 35th 36th 37th 38th 39th 40th 41st 42nd 43rd 44th 45th 46th 47th 48th 49th 50th 51st 52nd 53rd 54th 55th 56th 57th 58th 59th 60th 61st 62nd 63rd 64th 65th 66th 67th 68th 69th 70th 71st 72nd 73rd 74th 75th 76th 77th 78th 79th 80th 81st 82nd 83rd 84th 85th 86th 87th 88th 89th 90th 91st 92nd 93rd 94th 95th 96th 97th 98th 99th 100th</u>	<u>C2</u>

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.

Surname Frost

Christian Name Charles Herbert

[illegible]

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. 3056847. Rank Pte Surname Froste.
(Given name in full)
Charles H
Unit or Corps 2nd Coy R. Birthplace Bellville Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 173 lbs. Height 5 9 ft. in. Colour of Eyes Blue
Nutrition Good
Pulse 78
Condition of arteries Good
Vision Rt. D20 Left D30
Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

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

None

Opinion as to general health and physical condition Fit for Cr

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 See #3 Integumentary System No Respiratory System No
Disturbance of mentality No Muscular System No Digestive System No
Osseous and Joint System See #3 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.

"Has stenosis Eustachian tube. no disability at present." Report by specialist Kingston dated Sept 11th 1918
Prior to enlistment not aggravated by service.
Has moderate degree of rigid flat
Can march 5 miles. Prior to enlistment not aggravated by service.

(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 *Edmonton* (Canada)

Date *Jan 31st/19*

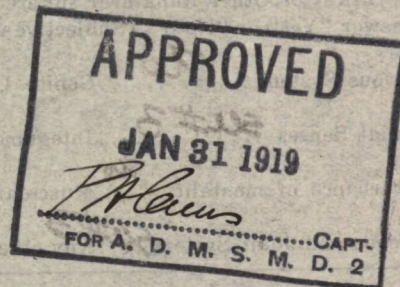
Signed *W.T. McKean* M.O.

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 *Chas H. Froste*

(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.)



REG. NO. 3056847 NAME Froese Chas
(SURNAME FIRST)

RANK Plt CORPS 1st A.Bn.

AGE 23 SERVICE 2/52

NAME OF HOSPITAL General PLACE Kingston

DATE OF ADMISSION 11-3-18

DISEASE Eustachian Stenosis

DISCHARGE 11-4-18

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS

This image shows a single sheet of cream-colored paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no markings, text, or illustrations on the paper.

No.

847 RANK *Cte.*

NAME

*Froste. C. 36*T. O. S. *26-2-18*

UNIT

*N. V. 56. 25-2-18**1st. Depot. Battalion Co. Regt.*M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1918</i>	<i>1918.</i>			
<i>Feb 26</i>	<i>Mar 31</i>	<i>n.</i>		
<i>Apr 1.</i>	<i>Apr 15</i>	<i>n</i>		
<i>Apr. 16</i>	<i>Apr. 30</i>	<i>n</i>		
<i>May.</i>		<i>n</i>	<i>L/cpl 6-V-18.</i>	<i>Dec. 126.6-V-18</i>
<i>June</i>		<i>n</i>		



M.S.A.
SURNAME.

Froste

CHRISTIAN NAMES

Charles Herbert.

REGL. NO.

30568-47

RANK

Pte.

UNIT

East Ont. Regt. 1st Dpo. Bn.

FORMER CORPS

nil

CARD NO.

2 15-9-18. X
DO 131. 8-11-18

2/C 8. P.

FOLL.

8s demob. 4-2-19.

DOB 2/2/19. 2/C 8 P.

T. O. S. Feb. 25. 19. 18

D.O. Part II No 56

NEXT OF KIN.

NAMES IN FULL

Froste, Mrs. Nancy Maude

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Box 485. Deseronto, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada Belleville, Ont. Aug. 14th 894.

PLACE OF ATTESTATION

Kingston, Ont.

DATE

DATE

Feb. 26th 1918.

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

NAME

Frost, B. H.

REGIMENTAL NO.

3056847

RANK

Plé

ENLISTED AT

Kingston Ont.

PROMOTIONS, &C.
AND DATE

DATE

26-2-18

IF SERVED PREVIOUSLY. STATE UNIT, &C.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

Nancy Maud Frost

RELATIONSHIP

mother

ADDRESS OF

Sheppard St. Ont.

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
L. O. S. 15-9-18	131	8-11-18	
Disc. Demob. 4-2-19	34.	3-2-19	

3056847
I.D. number
No. d'identification

FROSTE
Surname
Nom de famille

CHARLES HERBERT
Given names
Prénoms

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

3320

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»



AUDITOR	PAYMASTER
<i>[Signature]</i>	<i>[Signature]</i>

NAME (IN FULL) Froste C. H.

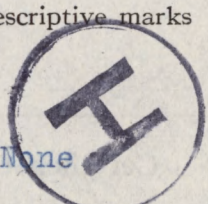
NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?		(BLOCK LETTERS, SURNAME FIRST)	
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO		DATE	AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO		DATE	AUTHORITY
IS SEPARATION ALLOWANCE PAID ?	DATE EFFECTIVE				ASSIGNED PAY, \$	DATE EFFECTIVE			
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS		
ADDRESS					ADDRESS				
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE			
					DISCHARGED	PLACE	DATE	REASON	AUTHORITY
									IF ENTITLED TO POST DISCHARGE

MONTH	PAY AND F. A.			OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS				
	NO. OF DAYS	RATE	AMOUNT		CREDITS		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1		COL. NO. 2		COL. NO. 3		PAY		CHARGES		CHARGES		DEBIT	CREDIT					
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.					\$	C.	\$	C.
			NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.					\$	C.	\$	C.
Balance from previous account	1-31	31	10	34	10	10	10	44	10	1500	3377	5	29	10									34	10	10					
Feb 1/4	4	1	10	44	10	32	10	49	40		3456		49	40									49	40		Dec 4/2/1906				
				38	50	32	20	93	50				83	50									83	50	10 -					

JP

Proceedings on Discharge.

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

No.	3056847	
Rank	Private	
Surname	FROST	
Christian name	Charles Herbert	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	2nd BN. CANADIAN GARRISON REGIMENT	
Date of discharge	February 4th. 1919.	
Place of discharge	TORONTO	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age 24 years 5 months.	Descriptive marks  None	
Height 5 feet 9 1/2 inches.		
Complexion Dark		
Eyes Blue		
Hair Brown		
Trade Storekeeper		
Intended place of residence Box #85 (To be given as fully as practicable.) Deseronto Ont.		
2. The above-named man is discharged in consequence of "DEMOBILIZATION" Authority for discharge Routine Order #1328		
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.	
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

200M.—5-18.

H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding.....

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) **TORONTO** *Chap Hroste* (Signature of Soldier.)

(Date) **February 4th. 1919.** *Geo Miller Leuit* (Signature of Witness.)

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

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

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

.....(Signature of Soldier.)

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) **TORONTO**.....

(Signature).....

(Date) **February 4th. 1919.**.....

Blackby Major
O. C. 2nd Bn., Canadian Garrison Regt.

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

Chas H Froste.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet, “ B. 263a	or Particulars of Recruit	“ W. 133
or Field Conduct Sheet	“ W. 178	Proceedings on Discharge	“ B. 218
Copies of Convictions, by C. P.	in MS.	<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet.</p>	
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	“ W. 54		
Medical Report for Invalid§	“ B. 227		
Dental History Sheet	“ B. 465		
Last Pay Certificate	“ W. 44		
Duplicate Discharge Certificate	“ W. 39A		
‡Form of Will	“ W. 82		
§Only if discharged “Medically unfit.”			
‡Only if man has not been overseas.			

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

*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.*

7-29

8

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

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

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

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

1. Reg. No. 3056847 2. Rank Pte 3. Original C.E.F. Unit 1st Depot Bn. E.O.P.
4. Christian Names Charles Herbert 5. Surname Frost
6. Address, in full, to which future payments of gratuity are to be forwarded Box 485, Deseronto, Ontario

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

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
		CANADIAN SERVICE.	
1st Enl.	<u>3056847</u>	<u>Private</u>	<u>1st Depot Bn. E.O.P.</u>
2nd Enl.	<u>Not applicable</u>		
3rd Enl.	<u>Not applicable</u>		
4th Enl.	<u>Not applicable</u>		
		IMPERIAL SERVICE.	
Imp. Enl.	<u>Not applicable</u>		

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
				CANADIAN SERVICE.		
1st Enl.	<u>26/2/18</u>	<u>4/2/19</u>	<u>Private</u>	<u>2nd C.E.P.</u>	<u>Toronto</u>	<u>Demobilisation</u>
2nd Enl.	<u>Not applicable</u>					
3rd Enl.	<u>Not applicable</u>					
4th Enl.	<u>Not applicable</u>					
				IMPERIAL SERVICE.		
Imp. Enl.	<u>Not applicable</u>					

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? No. (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency Not Applicable
9. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit: Not Applicable
10. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? No.
11. Have you been issued with a War Service Badge? If so, give number and class No.
12. Are you at present a member of and in receipt of pay and allowances from any Canadian Naval or Land Forces? If so, give unit Not Applicable
13. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received, from where paid, and on what dates Have received none.
14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled Not Applicable
15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service Not Applicable
16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? No.
(b) If so, are you in receipt of full pay and allowances from that Department? No.
17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not Applicable
18. Relationship of such dependent Not Applicable
19. Present address, in full, of such dependent Not Applicable
20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name Not Applicable

REMARKS

Transferred in Sept. 1918 from C.E.F.
to 3rd C.S.R. Transferred to 2nd C.G.R
from 3rd C.S.R., & discharged from
2nd C.G.R. on demobilisation.

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

Signature of applicant:

Chas H Froste

Place of Residence:

Deseronto

Declared before me at:

Deseronto

This

thirtieth

day of

August

1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

James Dryden
Commissioner

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

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

POST DISCHARGE PAY.

Dates paid.

Amounts paid soldier.

Amount paid dependent.

July 1919

less than one year

nil.

Captain
Paymaster, 2nd Det. Canadian Garrison Reg't

REMARKS

Certified correct

Assistant Director Pay Services, Mil. Dist. No.

Date

