

# ATTESTATION PAPER

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

No. 44123  
Folio. ant H-648

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

MILITIA & DEFENCE  
NOV -7 1917

1. What is your name? Archie Hughes
2. In what Town, Township, or Parish, and in what Country were you born? Markham Ont.
3. What is the name of your next-of-kin? Mary Hughes (Mother)
4. What is the address of your next-of-kin? 31 Golden Ave Toronto.
5. What is the date of your birth? 26 Aug 1894
6. What is your trade or calling? Shipper
7. Are you married? no
8. Are you willing to be vaccinated or re-vaccinated? 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. 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

649-H-8705

A Hughes (Signature of Man.)  
W. Ridge (Signature of Witness.)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Archie Hughes, do solemnly declare that the above answers made by me to the above questions 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 April 8<sup>th</sup> 1915 A Hughes (Signature of Recruit.)  
J. M. M. M. (Signature of Witness.)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Archie Hughes, 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 April 8<sup>th</sup> 1915 A Hughes (Signature of Recruit.)  
J. M. M. M. (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 Toronto this 8<sup>th</sup> day of April 1915.

M. M. M. M. (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Reg. Bellato (Approving Officer.)



DESCRIPTION OF Archie Hughes ON ENLISTMENT.

Apparent Age 20 years 0 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. 6 1/2 ins.

Chest measurement { Girth when fully expanded 34 ins.  
Range of expansion 1 1/2 ins.

Complexion Dark

Eyes Brown

Hair Brown

Religious Denominations { Church of England  
Presbyterian  
Wesleyan  
Baptist or Congregationalist ☒  
Other Protestants (Denomination to be stated.)  
Roman Catholic  
Jewish

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 April 1st 1915

Place Toronto St. Mac 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

Archie Hughes 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.

Date April 8th 1915 Hellward (Signature of Officer.)



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.....

# DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name *Hughes Archie*

Regt. No *A-4123* Rank *Pte*

Corps *35th Bn*

*Med: Unfit*



*Received 14-5-11  
649-H-8705*

*226*

*B P G  
13-4-20  
Spec - 4089*

*29/4/20*

*A. F. B 178 11-25-18*  
*122 1*  
*M. F. W 390 1*

*AW*







MC  
Number

44723

Rank

pte

Surname

HUGHES

Christian Name

Archie

Units

3 Bn Can Inf

Theatre of War

France

Date of Service

17-7-15

Remarks

Latest Address

319 Golden Ave  
Toronto Ont

Roll No

B. Page 13989

200m-2-21.M.



DESP JUN 13 1922

REGN. NO.

HC 20767



No. 44123 RANK *Pte*NAME *Hughes A.*

T. O. S. Transf. from UNIT # 2 Special Service Coy.  
 12th Res. Bn. 4-10-17.  
 DO232 - 4-10-17.

M. D. *2 -*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917</i>	<i>1917</i>			
<i>Oct</i>	<i>no ac</i>	<i>n.</i>	<i>no L.P.C.</i>	
<i>Oct. 10.</i>	<i>nov. 30.</i>	<i>v.</i>		
<i>Dec.</i>		<i>v.</i>		
<i>1918</i>				
<i>Jan.</i>		<i>v.</i>		
<i>Feb.</i>		<i>v.</i>		
<i>mar.</i>		<i>v.</i>	<i>Fined \$2.00</i>	<i>SO 79 of 10.3.18.</i>
<i>April</i>		<i>v.</i>		
<i>May.</i>		<i>v.</i>		
<i>June.</i>		<i>v.</i>		







V  
SURNAME.

Hughes

649-H-8705

CARD NO.

S.O.S. Div 15-8-18

CHRISTIAN NAMES

Archie

REGL. NO.

A. 4123

RANK

Pte

UNIT

~~3rd 35th (1st Hq) No 2 Spec. Ser C. 2nd Coy 1st Div 3rd Bn.~~  
nil

FORMER CORPS

NEXT OF KIN.

NAMES IN FULL

Hughes Mrs. M.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

31 Golden Ave  
Toronto, Can

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada

DATE

PLACE OF ATTESTATION

Toronto

DATE

Apr. 8, 1915

sailed from Montreal

Puss. Metagam 9/3

L. L. 94504. M. &amp; D. 6512

4-6-15. From 3rd to 2nd Coy. 1st Div 3rd Bn. M. F. W. 22. 250M. 2-16. H. Q. 1772-39332  
letter M.D. 2. 6-9-17



Returned to Canada on Furlough per H m I.S. "Justicia" Aug 1<sup>st</sup> 1917. (Auth Dis Depart leaves to 10-10-17 to 10-10-17)

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

Trans from #2 Sp. S. Co. to 2nd COR. at Dpt. B. 11/10/17 auth. H. Q. 10/1/25 in D. 2 15/10/17.



ORIGINAL.

MEDICAL HISTORY SHEET.

Surname *Hughes* Christian Name *Archie*

Examined { on *1st* day of *April* 191*5*  
at *Cormouries*  
Birthplace { City or Town *Toronto*  
County *York*  
Apparent age *20*  
Trade or occupation *Slipper*  
Height *5* Feet *6 1/2* Inches.  
Weight *135* Lbs.  
Chest measurement { Minimum *34* inches.  
Maximum expansion *16* inches.  
Physical development *Good*  
Small-Pox Marks

Approved by *L. O. Palmer*  
Rank *H. A. A. C.* M.O.

EXAMINED FOR RE-ENGAGEMENT.  
*22 JUN. 1917.*  
M.O.  
M.O.  
M.O.  
M.O.  
M.O.  
M.O.  
M.O.

Vaccination Marks { Arm Right ☒ Left.  
Number *1*  
When Vaccinated last *Child*  
(a) Marks indicating congenital peculiarities or previous disease

VACCINATIONS.  
M.O.  
M.O.  
M.O.

(b) Slight defects but not sufficient to cause rejection  
*Pulmonary*  
*tuberculosis.*

ANTI-TYPHOID INOCULATIONS, ETC.  
M.O.  
M.O.  
M.O.

Enlisted on *1st* day of *April* 191*5* at *Cormouries*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>L. C. R.</i>	<i>35<sup>th</sup> Bn.</i>	<i>A. Co.</i>	<i>1st April.</i>
Transferred to.....	<i>3rd Bn.</i>	<i>44123.</i>		
	<i>No 2 S S Co</i>	<i>404123.</i>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>E &amp; Camp</i>	<i>3/27/18</i>	<i>D. A. H. Arthritis L. Ankle.</i>	<i>E. Offler</i> <i>Cap. Armc</i> <i>Pus S. M. B.</i>

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.



Hughes

Christian Name.

Archib.

[illegible]







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				
16.6.17	INCORP	Adt CDO/Benton & Sandling	16.6.17	Pr I DO 99	
25.7.17	"	Proved in Furlough Claims - do	18.7.17 10.10.17	Pr II DO 138	
3.10.17	"	S.O.D. to Canada	- do - 10-9-17	Pr. II DO. 208	W Halton Lieut at Adjt. 121 COT. 10
14-8-17	A2 <sup>nd</sup> CGR	Discharged unfit for further service overseas and not needed for duty in Canada	Toronto	AUG 15 1918	Part #2 DO 45
		<del>Certified no further entries to date</del>			



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 44123 (Rank) Private

Name (in full) Hughes, Archie enlisted in  
the 35th Battalion C.E.F.

CANADIAN EXPEDITIONARY FORCE at Toronto on the 8th  
day of April 1915

HE served in Canada England & France  
and is now discharged from the service by reason of being unfit for further  
service overseas & not needed for duty in Canada

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

Age 23 years 4 months

Height 5 ft 6 1/2 inch

Complexion dark

Eyes Brown

Hair Brown

A. Hughes  
Signature of Soldier

Marks or Scars

None

Issuing Officer

Lt.-Col.

O. C. 2nd Bn. Canadian Garrison Regt.

Rank

Date of Discharge AUG 15 1918

Appointment

Signed at TORONTO this 15th day of August 1918

in Military District No. 2

File Reference No. 34 Hn-159

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. 44123 (Rank) Private Name Hughes Archie

Unit 2nd BN. CANADIAN GARRISON REGIMENT

Address on Discharge 31 Golden Ave Toronto Ont

Character and Conduct Indifferent

Former Occupation Shipper

Special Qualifications of Value in Civil Life do.

Medals and Decorations

Remarks

Signed at TORONTO this 15 day of August 1918

R. B. [Signature]  
Name of Officer

It. - Col.  
O. C. 2nd Bn. Canadian Garrison Regt.  
Rank

Appointment



Rank

Name **HUGHES Archie**Reg'l No. **A4123**Unit **23 Bn - Reinforcements** If in perm. Corps,  
What Unit?Married or Single **Single**Place and Date of Enlistment **Toronto, 8 April 1915**Place of Birth **Canada**Name and Address, Next-of-Kin **Mary Hughes****31 Golden Ave, Toronto**Relationship **Mother**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

✓ Character

N/E. R.B. No. **8669**

File R.L.

Category **Can O R**

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				
20.6.15	O.B. 23 <sup>rd</sup>	Taken on str. from 35 <sup>th</sup> Shorncliffe		14.6.15	Part II D.O. 143.
17-7-15	O.C. 23 <sup>rd</sup>	Embarked for France		16-7-15	Part II no 166
26.7.15	O.B. 3 <sup>rd</sup>	Arrived & joining unit	Boulogne	17.7.15	D.C.S. 146 Lt. W.D. 23.
21.4.16	3 <sup>rd</sup> Bn	Granted 9 days Leave of Abs. In the field from 1.5.16. report from France. Sundry		3.4.16	Part II 17.
15.6.17	1st C.O.D.	On com. 1st C.O.D. Burton pending		14.6.17	98. & 3 marks
16.6.17	1st C.O.D.	Embarkation to Canada Furlough.		16.6.17	99. & 3 marks
25.7.17	1st C.O.D.	Proceeded to Can. on Furlough. Sundry		18.7.17	Part II 138.
		12 weeks from 18.7.17 to 10.10.17.			
3.10.17	1st C.O.D.	Leaves to be shown on fur. to Pte. " Canada, & having been retained for duty in S.O.S.		10.9.17	" " 208.



[illegible]



Rank

Name

Reg'l No. **424123**Unit **23 Bn - Reinforcements****HUGHES Archie**If in perm. Corps,  
What Unit?Married or Single **Single**

Place and Date of Enlistment

**Toronto, 8 April 1915**

Place of Birth

**Canada**

Name and Address, Next-of-Kin

**Mary Hughes**

Relationship

**Mother****31 Golden Ave, Toronto**Assigned Pay Monthly \$ **15**

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

**Canada**

Reason

Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1915																	
June 14	30	17	1	17	17	10	1 70	18 70			15	15			30	11 30	
July 1	31	31	1	31	31	10	3 10	34 10	287		7 50	15	11 30	33 80	30	to 3rd Ball	
								60							90	Exchange 60	
1/8	31	31		31	31		2 10	34 10			2 92	15			17 92	14 08	
1/9	30/9	30		30	30		3	33			8 13	15			23 13	26 95	
1/10	30/10	31		31	31		2 10	34 10			5 30	15			30 30	40 75	
1/11	30/11	30		30	30		3	33			5 35	15			30 35	53 40	
1/12	31/12	31		31	31		3 10	34 10			13 95	15			38 95	58 55	
1/1	31	31		31	31		3 10	34 10			5 24	15			20 24	72 41	
1/2	29/2	29		29	29		2 90	31 90			5 24	15			30 24	84 07	
1/3	31/3	31		31	31		3 10	34 10			5 23	15			20 23	97 94	
Carried forward to Large Ledger sheet																	
150																	
292 29 20 60 321 80 73 86 150 223 86 97 94 67 86																	

Carried forward to  
Large Ledger sheet



[illegible]



# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

8822/175

sn

Emd VIK

Name **Hughes A.**

Surname

Christian Name

Regimental Number **44123**

Rank

Pte.

Address (in full) **31 Golden Ave.**

Unit

**2nd Bn C.G.R.**

**Toronto Ont.**

Original Unit

District where paid

**M.D. 2**

Date of Discharge

P. D. P. Filing Number

**5-700-2**

Rates:—Regimental pay \$

per diem: Field Allowance \$

per diem. Separation Allowance \$

per month.

L. L. 46088—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	11463	14-9-18	33 00	10791	14-10-18	34 10				33 00	67 10
	<del>930 1819/3197</del>	<del>25/2/19</del>	<del>70 00</del>								
	<del>514 a 2 938870</del>	<del>14/3/19</del>	<del>70 00</del>								

Remarks:

**Debit P.D.P. C.G.R.**

M. F. W. 127.  
25M.—8-18.  
1772-33-1140.



31 Golden Ave

Toronto

Dec'n No 8822/175 W. S. G. File No 9121-A-12

Award ..... days at \$ 7.00 per day \$ 420.00

S. A. .... months at \$ ..... per mo. \$ .....  
 Less P, D. P. Credited \$ 100.10  
 \$

Less further debit balance \$ .....  
 Net due paid as below 319.90

TO SOLDIER			TO DEPENDENT			
O	Ag. No	Ch. No	Amount	Ag. No	Ch. No	Amount
1	930	13197	70.00			
2	814A	31820	70.00			
3	745B	418914	70.00			
4	830C	452092	70.00			
5		441326	39.90			
6						
Total				Total		

25.2.19  
 14.3.19  
 9.4.19  
 7-5-19

OPB

GEN'L AUDITOR  
 Posting checked by  
 J. M. Mellock  
 Date 2/10/19



Name

Phi Hughes A

M. F. W. 41  
1 OM-7-40  
1772-39 889.

L. P. C. No.

24.2174

Regimental No. 404123

Unit 12<sup>th</sup> Res. Bn.

Name and address of next-of-kin

31 Golden Ave.

Toronto

Date of enlistment

Place of

See other side re ad.

Leave 18-7-17 to 10-10-17.

Married (yes or no)

S.A. Nil

Date and place discharged

Amount of pay assigned monthly \$

15<sup>00</sup>

closed 30/9/17

Reason for discharge

Trans to No 2 S.S. Co, 10/10/17

To whom payable

Dated 18/7

Character on discharge

Own Expense

S. S. Justice 1-8-17.

649 H. 8705

Job 5351-M. &amp; D. 6880.

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount		No.	Date					
14-7-17	18-7-17	5	82 100	82 00	82	10	830	17990							Eng. L.P.C. Buxton
															D.D. left 1-8-17
															P.M.M. 208-530-14/17
															2-661-19/17
															Subs. 187-9/17 @ 60
								5040							
								32160							27516
								32160							Cr Bal 4644 LPC rend on 30/10/17
								4644							32160 showing acct
															adj. to 9/10 and trans to P.M.M. 2
															Supply A.A. 187 3rd 187
															124 1/2 1st T.B. Depot.
															235 1/2 3rd 187
															5 M. D. 2. 3-2-18

Cr. Bal. down

Cr. Bal.



Name and address of next-of-kin

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$15 hr 16-30 9-11 Reason for discharge

To whom payable *Mrs. Mary Hughes* Character on discharge

Mrs Mary Hughes. Character on  
21 Golden Ave. Toronto

[illegible]



## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 89002.-Req. 6213.

## PAYMENTS.

Name of Soldier.

Hughes A.  
35<sup>th</sup> Battal. 15<sup>th</sup> Reinforce.

Month.	Year.	Cheque No.	Am.	Remarks.
			\$15 <sup>00</sup>	
April	1916	W276	15	
May		X 4008	15	
June		Y72515	15	
July		O 10243	15	
Aug.		V 13521	15	
Sept.		S 17592	15	
Oct.		S 22727	15	
Nov.		326095	15	
Dec.		O 32242	15	
Jan.	1917	L 39852	15	
Feb.		L 44934	15	
March		I 50868	15	
April		E 3459	15	
May		O 9287	15	
June		B 4792	15	
July		F 22684	15	
Aug.		N 28923	15	
Sept.		Z 38400	15	
Oct.		<del>M 43784</del>	<del>15</del>	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Cancelled Dec closed 30/9/17  
 Auth 1824 649-H-8705-  
 on file 9/21-a-12 Jr C. 10  
 & 420 7X 11/10/17  
 JWL



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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.				



MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12.  
20m.—5-15.  
H. Q. 1772-59-819

To Whom *Miss Mary Hughes*  
Address *31 Golden Ave*  
*Toronto*  
*Ont*

By Whom Assigned *Hughes a*  
Regtl. No. *404123*  
Rank *Ple*  
Corps *35th Batt<sup>1st</sup> Reinforcements*

Rate *15<sup>00</sup>*

JUN 1 1915

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June		<i>87719</i>	<i>15 00</i>	
July				
Aug.		<i>25718</i>	<i>30 -</i>	
Sept.		<i>34292</i>	<i>15 -</i>	
Oct.		<i>45221</i>	<i>15 -</i>	
Nov.		<i>45378</i>	<i>15 -</i>	
Dec.		<i>45569</i>	<i>15 -</i>	
Jan.	1916	<i>19055</i>	<i>15</i>	
Feb.		<i>21237</i>	<i>15</i>	
March		<i>215627</i>	<i>15</i>	



*Acc Closed.*

*Per Cable Ctd. Ward 8-7-15*



21

17



RELATIONSHIP OF DEPENDANT

AUTHOR

ADMISSIONS TO HOSPITAL, &amp;c.

NAME OF HOSPITAL \_\_\_\_\_

[illegible]



MARRIED OR SINGLE

*S*

PLACE OF BIRTH

*Canada*

NAME AND ADDRESS OF NEXT OF KIN

*Mary Hughes*  
*31 Golden Ave. Toronto*

RELATIONSHIP OF NEXT OF KIN

*Mother*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDIT
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		
			\$	C.			\$	C.			\$	C.	
				292				2920					
April 1	30	1.	30		30	10	3						
May 1	31	1.	31		31	10	3	10					
June 1	30	1.	30		30	10	3						
July 1	31	1.	31		31	10	3	10					
Aug 1	31	1.	31		31	10	3	10					
1909	30		30		30		300						
Oct	31		31		31		310						
Nov	30		30		30		300						
Dec 31	31	1.	31		31	10	3	10					
1917			56	70			56	70					
Jan	31	1.10	34	10									
Feb 1/28	28	1.10	30	80									
			688	60									



MOTIONS, &c.

EFFECTIVE DATE	AUTHORITY

HOSPITAL, &c.

NAME OF HOSPITAL

REG'L. No. 404123 RANK *Pte*

NAME

*Hughes Archie*

IF IN PERMT. CORPS  
WHAT UNIT

UNIT

*3<sup>rd</sup> Batt*

TRANSFERRED TO

*Dept L*

DATE

*22/17*

AUTHORITY

*2. 12. 68*

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

*P2 K Shulo*

DATE

*do*

AUTHORITY

*do*

PLACE OF ATTESTATION

*Toronto*

TRANSFERRED TO

*2 L Enchs.*

DATE

*19.7.17*

AUTHORITY

*H. G. Gable 19/17*

DATE OF ATTESTATION

*8<sup>th</sup> April 1915*

TRANSFERRED TO

*WS Branch*

DATE

*✓*

AUTHORITY

*✓*

ASSIGNED PAY MONTHLY \$

*15<sup>00</sup>*

DATE EFFECTIVE

*June 14<sup>th</sup> 1915*

PAYABLE TO

*Mary Hughes 31 Golden Ave. Toronto*

RELATIONSHIP

*Mother*

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

*Stopped*

EFFECTIVE

*1. 10. 17*

REASON

*Discharged*

DISCHARGE DATE AND PLACE

*Canada 18.7.17*

REASON AND AUTHORITY

*Retained H. G. Gable 19/17*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ACQUITTANCE ROLLS

CASH PAYMENTS

ASSIGNED PAY

OTHER CHARGES

TOTAL DEBITS

BALANCE

PAY WITHHELD OR DEFERRED

PAY AVAILABLE FOR ISSUE

REMARKS

2 3 4  
No. DATE No. DATE No. DATE

1

2

3

4

0

CREDIT

DEBIT

PAY WITHHELD OR DEFERRED

PAY AVAILABLE FOR ISSUE

REMARKS

2 3 4  
No. DATE No. DATE No. DATE

5 23.

15

223 86 97 94

20 23 110 71

5 11

68 14

15

88 25 56 56

2 56

15

- 30

20 53 69 03

2 53

15

- 12

20 53 69 03

2 61

15

20 23 82 90

2 62

15

17 62 99 38

2 62

15

21 11 111 27

249 26

15

268

21 11 111 27

261 4 26

15

009

24 74 120 63

3 49 2 61

15

21 10 132 53

697

487

15

26 84 139 79

960 2 61

15

27 21 146 68

262

15

17 62 159 86

1474 22 54 73 01 73 86 315

209

529 34

Small  
Ledger Sheet



Oct. 15.

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	SEP. ALLOE. PAY ENG.
1914										
Oct.	Balance FORWARD		189 63						189 63	
				AR 337 26/14 C.D. Buerton	2 44					
				AR 3255 26/14 Dis Dep Buerton	9 73					
				20 70 75/17 3 Bu.	3 54					
				AR 335 26/17 3 Bu	2 68					
				" 124 14/17 1 1/2 T.B. Dayo	4 46				166 75	
					22 88					
Nov				AR 4868 16 2/17 6 DDBux	73 -				93 75	
					73 -					
1918										
Jan				DR AR 30 15/17 1000	9 74				84 01	
					9 74					

Balance transferred to N. E. Branch. Nil



Ch. \$15.00

H. PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4					CREDIT	DEBIT			
547301	7386	315 00	369			52934	15986				
62		15 00				2546	16850				
		15				15	18650				
68		15				2377	19683				
		15				15	20493				
45	501	7386	375	319		60859	21483				
		15				15	23393				
		15				15	21893				
		15		1430		2930	18963				

Mans to Dept. L  
Request 227  
Paybook not on file. Original.  
Credit Balance \$195.20  
\$ in long to leave 2/17.  
4436-2-4-608 11/6/17.

Checked *Graham Furber*  
Dr. 14.30 p.m. 10/10/17  
to 31.7.17/13 days @ 1.10/17  
Trph. to 2 L Discharges 11.9.17  
Off 19.7.17 Auth. HQ Bal 16.9.17.

A3M. FORM REND	Slapp	EFFECT	1.10.17
DISCHARGED TO	Canada	DATE	18.7.17
PAYBOOK VERIFIED	12.9.17		
Credit BAL	17.9.17	L.P.C. REND	12.9
AUTHY.	HQ Bal	10/9/17	

Retained  
Checked *Graham L.P.C.*  
Sup L.C.C. 16/1/17 Cr 94.73  
" " " Cr 86.70  
" 4/12/17 Cr 82.02



Post

Hirsch.







# MEDICAL HISTORY OF AN INVALID

## INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

Late

STATION.....**Toronto**.....DATE.....**21st. October 1918**

1. 1 (a) Unit.....**No. 2. S.S.C.**..... (b) Regimental No.....**44123**..... (c) Rank.....**Private**.....

(d) Surname.....**HUGHES**..... (e) Christian name.....**Archie**.....

2. Age last birthday.....**27**..... Date of birth.....**26th. August 1891**.....

3. Enlisted at.....**6000. 60th. Toronto**..... on.....**8th. April 1915**.....

4. Personal description:—

(a) Height.....**5 ft. 6½ ins.**..... (b) Weight.....**132 lbs.**..... (c) Complexion.....**Ruddy**.....

(d) Colour of hair.....**Brown**..... (e) Colour of eyes.....**Brown**..... (f) Identification marks.....**G.s.w. left leg; scar right hand**.....

5. Address after discharge (for the use of the Board of Pension Commissioners).....

**31 Golden Avenue, Toronto**

6. Former trade or occupation.....**Bricklayer**.....

7. (a) Service

Years  
**3**  
Days  
**129**

**35th., 3rd., No. 2. Casualties & 2 S.S. Co.**

PERIODS	
From	To
<b>8th. April 1915</b>	<b>15th. August 1918</b>

(b) Has he been overseas?.....**Yes**..... 8. Original disease or disability.....**1. D.A.H. 2. Arthritis, left ankle**.....

(a) Date of origin.....**1. 1913. 2. Aug. 1917**..... (b) Place of origin.....**Both, Toronto**.....

(c) Cause\*.....**1. Unknown. 2. Exposure to dampness**.....

(d) Present disease or disability.....**1. Neurasthenia. 2. Impaired function left ankle**.....

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

**1. Subjective:— Has palpitation on excitement and irregular heart action**

**Objective:— Pulse sitting 84; after 50 yard jog trot 120. Heart sounds and size normal. Pulse returns to 100 after two minutes. No irregularity.**

**Coarse tremor of fingers; knee jerks much exaggerated; dizzy spells two or three times a day, lasting ten or fifteen minutes; short of breath, requiring**



9. Present condition.—(Continued.)

two pillows under head at night; moderate dyspnoea on walking one mile.

2. Subjective:— Pain and stiffness in left ankle in damp weather.

Objective:— Tenderness over inner malleolus; no limitation of movement; slight pain on complete flexion

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous as above Digestive normal Respiratory normal Cardiac as above

Genito-Urinary Yes Skin, Middle Ear, Eye or any other part. Yes

10. History: (a) of Condition referred to in "a" section 9.

None available

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Healed scar of g.s.w. outer aspect of left thigh.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Not applicable

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?

1. Six months. 2. Uncertain

14. Treatment (Case reports, general or special, should be secured and attached where possible).

Two months hospital in France



## OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? **No**  
 (If the answer is "yes" state nature of treatment required and probable duration.)

16. Can the former trade or occupation be resumed? **Not fully**  
 (If not, briefly state why.)

17. Recommendations **fit for home service Category CIII**

*W. C. ... Col.*

Medical Officer by whom the case is brought forward.

## STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

*G. H.*

*A. Hughes*

Signature of soldier examined.

## OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

**We concur**

19. Is the soldier fit for

- |   |                                |
|---|--------------------------------|
| (a) General service,                            | (Category A) (Yes or No).      |
| (b) Service abroad, not general service,        | ( " B) (Yes or No).            |
| (c) Home service, (Canada only),                | ( " C) (Yes or No). <b>Yes</b> |
| (d) Temporarily unfit,                          | ( " D) (Yes or No).            |
| (e) Unfit for service in Categories A, B and C, | ( " E) (Yes or No).            |

20. It is certified that the soldier

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).

(b) Does not require treatment.

(c) ~~Should pass under his own control.~~

(d) Should not pass under his own control.

(Strike out condition not applicable).



# OPINION OF THE MEDICAL BOARD—(Continued).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

is fit for home service Category CIII but as he has already been discharged these proceedings are for the information of the Board of Pension Commissioners.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE.....

Toronto

DATE.....

22nd. October 1918

*Geo. C. H. ...* President.  
*S. C. S. ...* Members.

APPROVED BY

APPROVED BY

*D. J. ...*  
 Assistant Director of Medical Services.

Director-General of Medical Services.

DATE.....

24/10/18

DATE.....

## TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned,..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness.....

Signed.....

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE.....

DATE.....

President.

Members.



H.C.K./Mother--Mrs M. Hughes, 31 Golden Ave., Toronto.  
Medical Address--None.

Mrs. Exam.-Lieut. L.C. Palmer, Toronto.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

## MEDICAL HISTORY OF AN INVALID

STATION Exhibition Camp. DATE March 9th. 1918.

1. (a) Unit No. 1. S.S. Co. (b) Regimental No. 44183. (c) Rank Private.

(d) Surname HUGHES (e) Christian name Archib

2. Age last birthday 26 Date of birth August 26th 1891.

3. Enlisted at Toronto. on April 8th. 1916.

### 4. Personal description:—

(a) Height 5ft 6in (b) Weight 126 (c) Complexion uddy

(stripped)

(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks

G.S.W. left leg. Scar right hand. 3 Vaccens.

5. Address after discharge (for the use of the Board of Pension Commissioners.)

31 Golden Ave., Toronto.

6. Former trade or occupation Bricklayer.

7. (a) Service

Years

2

Days

384

### PERIODS

From

To

35th. Battn.  
3rd. Battn.  
2 Casualties.  
2 S.S. Co.

Apr. 8th. 1915. July 16th. 1915.  
July 16th. 1915. Aug. 6th. 1917.  
Aug. 6th. 1917. Oct. 10th. 1917.  
Oct. 10th. 1917. DATE.

(b) Has he been Overseas? Yes. France. 1. Disordered Action of

8. Present disease or disability (use authorized nomenclature if possible). Heart. 2. Arthritis L. Ankle.

(a) Date of origin 1. 1913. 2. August. 1917. (b) Place of origin 1 and 2. Toronto.

(c) Cause\* 1. Unknown. 2. Dampness.

(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

1. Subjective Symptoms:—Man complains of shortness of breath on slight exertion. Cannot carry any weight without difficulty in breathing. Can walk three or four miles without difficulty. Going up stairs causes no trouble. Cannot take a quick march and cannot carry a rifle on the left side.

Objective Signs:—The heart is regular and rapid 100 per minute when standing. There is a marked systolic murmur at pulmonary valve. There is no intermittence or irregularity. Pulse rate when sitting is 92, increasing to 104 on touching hands to floor and up four times. Returns to 92 in one minute.

2. Subjective Symptoms:—Man complains of pain in his left ankle and left shoulder. Pain is more severe in damp weather than in dry. At times the left ankle becomes red and swollen. The shoulder does not swell or become inflamed.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]



## 10. History;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Healed scar of flesh gun-shot wound on outside of left leg.

Causes no discomfort.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

11/100%.

10000/100%.

11/100%

12. Did the disability arise on or off duty? 1. Before enlistment. 2. On duty.

13. Was a Court of Inquiry held? 1. Does not apply. 2. No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

2. Does not apply.

Yes. No. 1. No.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 1 and 2. No.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. Permanent. 2. At least 6 months.

17. Treatment (Case reports, general or special, should be secured and attached where possible).

1 and 2. None.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

1 and 2. No.

19. Can the former trade or occupation be resumed? No.

20. Recommendations

That he be Discharged as Physically Unfit for service.

10000/100% - 10000/100% - 10000/100% -

*A. V. Bastide Capt.*

Medical Officer by whom the case is brought forward.

## STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned **A. HUGHES,** have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

*A. Hughes*

Signature of soldier examined.



# OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

We concur

22. Is the soldier fit for

- |   |                           |            |
|---|---------------------------|------------|
| (a) General service,                            | (Category A) (Yes or No). | <u>No</u>  |
| (b) Service abroad, not general service,        | ( " B) (Yes or No).       | <u>No</u>  |
| (c) Home service, (Canada only),                | ( " C) (Yes or No).       | <u>Yes</u> |
| (d) Temporarily unfit,                          | ( " D) (Yes or No).       | <u>No</u>  |
| (e) Unfit for service in Categories A, B and C, | ( " E) (Yes or No).       | <u>Yes</u> |

23. It is certified that the soldier

- (a) ~~Does require treatment~~  
 (b) Does not require treatment.  
 (c) ~~Should pass under his own control~~  
 (d) ~~Should not pass under his own control~~ Should not pass under his own control.  
 (Strike out condition not applicable).

24. It is recommended that the soldier be discharged (When not for discharge add special recommendation).

~~placed in Category E and be discharged~~

~~as physically unfit~~

placed in category C.3

TO BE COMPLETED WHEN TREATMENT IS REFUSED

O. J. Flannery Capt. AMC President.  
W. J. Post Capt. AMC }  
J. P. Brown Capt. AMC } Members.

STATION Exhibition Camp, Toronto

DATE March 25th. 1918

APPROVED BY

DATE 30/8/18

APPROVED BY

DATE

Wm. H. Hulse Capt.  
 Assistant Director of Medical Services.

Director-General of Medical Services.



**Objective Signs:**—The left ankle is swollen and red. Is tender to touch and painful when moved. Man walks with a limp on left foot. The left shoulder does not present any abnormality at present.

All other organs normal.

1. Incapacity is due to the loss of compensation of the diseased heart.
2. Incapacity is due to the partial loss of function of the left ankle and left shoulder.

### TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, ..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness.....

Signed.....

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

### INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.



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.	441 23
Rank	Private
Surname	Hughes
Christian Name	Archie
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	AUG 15 1918
Place of Discharge	Toronto
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age	23 years 4 months.
Height	5 feet 6 1/2 inches.
Complexion	Dark
Eyes	Brown
Hair	Brown
Trade	Shipper
Intended place of residence	31 Golden Ave Toronto
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of Unfit for further service overseas and not needed for duty in Canada. a.c.g. letter Aug 8. '18 No. 34/H-159	
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.	
3. Conduct and character while in the service have been, according to the records, etc. Indifferent.	
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.) Shipper	

M. F. B. 218.

100M.—1-17.  
H. Q. 1772-39-113.

W. S. G. Comp.  
31-1-19. m.s.

(OVER)



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).....TORONTO

(Date).....AUG 15 1918

*M. J. Barber*  
Lt.-Col.  
Commanding Q. C. 2nd Bn. Canadian Garrison Regt.

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).....TORONTO *R. Hughes* (Signature of Soldier.)

(Date).....AUG 15 1918 *A. J. Smith* (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) 3 years 122 days.

Total 3 years 122 days.

11. Confirmation of Discharge.

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

(Place).....TORONTO

(Date).....AUG 15 1918

(Signature).....

*M. J. Barber*

Lt.-Col.

Q. 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.)

A Hughes  
none



85  
199  
18

## List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron } Battery } Company }	Conduct Sheet, " B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.	<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 (in the event of such having been prepared.)</p>	
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		
*Only if discharged "Medically unfit."			

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



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

June 1, 1915.

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

No. 404123  
 Rank Pte Promoted Reverted Discharge  
 Soldier's Name A. Hughes,  
 Battalion 35th Battrn. 1st Reinf.  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name Mrs. Mary Hughes,  
 Address 31 Golden Ave.,  
 Change of Address Toronto, Ont  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31	—		410 <del>470</del>	410 <del>470</del>	Lost CHK. Dp. 1917. Gcs. closed 30-9-17 by H. & L 649- H-8715 as file 9121-a-12 fm C.T. 420 FX 11-10-17



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

No.			
Rank	Promoted	Reverted	Discharge
Soldier's Name			
Battalion			
Beneficiary			
Relationship			
Address			

## PARTICULARS OF ASSIGNMENT

Name	
Address	
Change of Address	
1	
2	
3	
4	

Date

Cheque  
No.Amount  
S/AAmount  
A/P

Total

REMARKS