

ATTESTATION PAPER.

No. 931563

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

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Jamerson
- 1a. What are your Christian names?..... Robert
- 1b. What is your present address?..... Athabasca Landing P.O. Alta
- 2. In what Town, Township or Parish, and in what Country were you born?..... Youngstown Colony Texas USA
- 3. What is the name of your next-of-kin?..... Edward Jamerson
- 4. What is the address of your next-of-kin?..... Athabasca Landing P.O. Alta
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... Feb 25 1894
- 6. What is your Trade or Calling?..... Railway Laborer
- 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 Jamerson, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date Sept 21 1916. Robert Jamerson (Signature of Recruit) E. Emerson McNeil (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Jamerson, 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 Sept 21st 1916. Robert Jamerson (Signature of Recruit) E. Emerson McNeil (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 Youngstown Alta this 21st day of Sept 1916.

(Signature of Justice)

Description of Jamerson Robert on Enlistment.

Apparent Age 22 years 7 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. 8 ins.

Chest measurement { Girth when fully expanded 35 ins.
 Range of expansion 2 ins.

Complexion Colored
 Eyes Brown
 Hair Black

Religious denominations.
 Church of England
 Presbyterian
 Methodist
 Baptist or Congregationalist yes
 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 Sept 23 1916.

Place Edmonton

H. Collins

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 Jamerson 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.

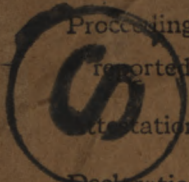
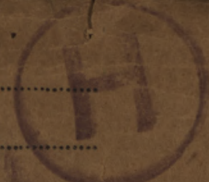
C. W. Reis Capt (Signature of Officer)

Date Oct 20 1916.

DISCHARGE DOCUMENTS

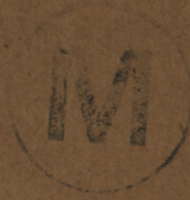
R. O. No.

H. Q. No.



Name JAMERSON, ROBERT
Regt. No. 931563 Rank Pte.
Corps *2 Const'n. Bn.
Remob'n.

02023



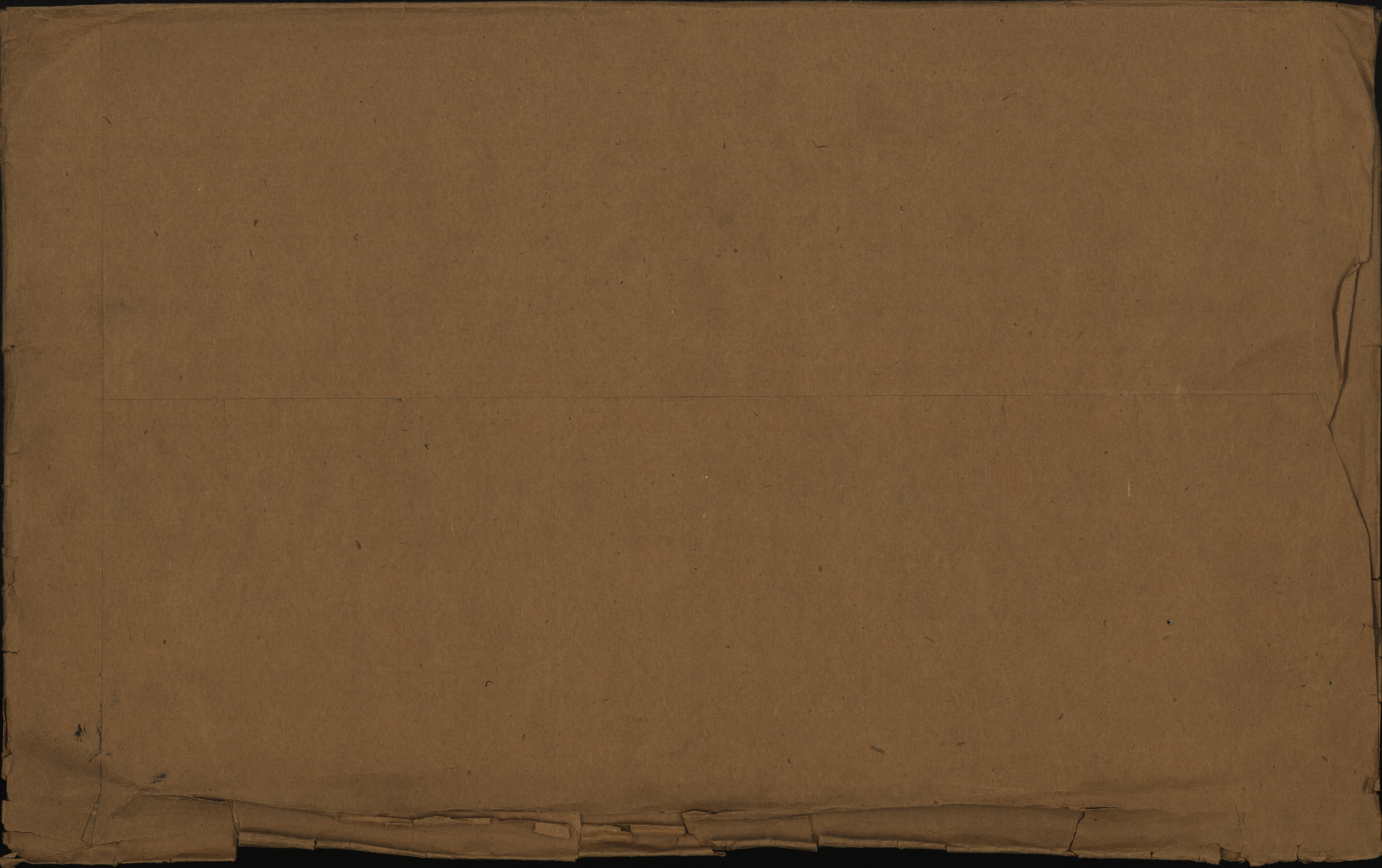
- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Notification Papers..... +2
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 2
- Proceedings on discharge..... 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Disc.
Parent Certificate..... 1
- Medical Report for Invalids.....
- Medical History Sheet..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 1
- A.F.B. 122 - 1
- Dental Certif - 1
- S.M.S. 1375 - 1
- M.F.W. 129 - 1
- M.F.W. 192 - 1

7922-1
1-a-w
18 cent

1-9
1-9

Wesland
M.F.W. 67-1
Boyd





J.P. Rank

Name

^RJAMESON, Robert

Reg'l No.

931563.

Unit No2. Const Bn.

If in perm. Corps
What Unit? }

Married or Single

Single.

Place and Date of Enlistment Youngstown, Alta. 21st. Sept. 1916

Place of Birth Tenn

Colony.
TEXAS. U.S.A.

Name and Address, Next-of-Kin Edward Jameson.

Athabasca Landing. P.O. Alta.

Relationship

Father.

Assigned Pay Monthly \$

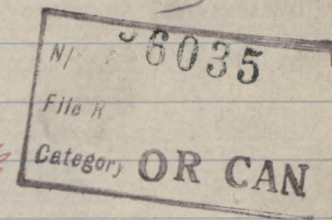
Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



Discharge, Date and Place

Reason

Character

H. W. V., Ld.-9346-16.

NS

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.				
		Arrived in England ss "Southland"		7-4-17	
26.5.17	2. Const Bn	Arm Coon Mil Hksh'	Eastbourne	19.5.17	82.14. PVO.
6.5.17	"	Lodge do do	do	2.6.17	82.18. (Pyrexia) (Measles fatal)
17.6.17	"	Now Diagnosed as Measles from		18.5.17	82.19
29.8.17	"	S.O.S. to N.A. R.D.	Apr Field	17.5.17	PX #125
10.7.17	N.S.A.D.	T.O.S. from 2nd Const Bn.	Pte. B. Shott	19.5.17	PX #123.
14.7.17	7th Res. Bn	Attached to 7th Res. Bn	Seaford	17.5.17	PX #168.
15.10.17	"	Ceases to be attached	"	15.10.17	PX #240
15.10.17	17th Res	Taken on Strength	Pte B. Shott	15.10.17	PX #245
16.10.17	N.A. R.D.	Ceases on command 7th Res	"	15.10.17	PX #216
		& S. O. S. to 17th Res Bn.			

C7C

931563 Jamerson 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.				
25-3-18	17 th Res Bn.	SOS to 6 th Forestry Corps	Pvt Bshott	25-3-18	Prn O 71. BDC 46. TOS. FEB 73 1918
2. 4. 18.	BDC 46	SOS. to 2 nd Construction Coy. France (Coloured)	" S'dale	2. 4. 18	✓ 79. 12. 18
4. 10. 18	2 nd Coy	Awarded 1 st Class Badge	Pvt Sibley	21. 9. 18	Pass
16. 12. 18	NSRD.	TOS from 2 nd COC	Pvt Bshott	14. 12. 18	NO 305 471 / 2 COC. 19. 12. 18
27-12-18	N.S.R.D	O/C to C.D.D Rhye	-	27-12-18	- 313.
9 JAN. 1919	NSRD	SOS to CEF in CANADA	Pvt Bshott	9 JAN. 1919	PT 2 DO 16

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. 931563 Rank Pte Surname Jameon
(Give name in full)
Robert
Unit or Corps Casualty Co Birthplace Texas, USA

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

1. GENERAL DESCRIPTION:

Physique good Weight 145 lbs. Height 5 ft. 8 in. Colour of Eyes Brown
Nutrition good
Pulse 78 good
Condition of arteries normal
Vision Rt. 20/20 Left 20/20
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 good A II

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System no
Disturbance of mentality no Muscular System no Digestive System no
Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

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

Atabosca, Alta

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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.....(Canada)

Date SignedM.O.

CAPTAIN C.A.M.C.

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

[OVER]

DUPLICATE

931563

To be made out in duplicate.

H.Q. 51-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... No. 2 CONSTRUCTION, B'n. C.E.F.

(2) Regimental Number..... 931563

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

(4) Place of Birth..... Tennessee Colony Texas

(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.....

(9) Is your Father alive? *yes Ed. D. Johnson*
If so, state name and address *Athabaska Alta.*

(10) Is your Mother alive? *yes Pease Johnson*
If so, state name and address *Athabaska Alta. P.O.*

(11) If your Mother is a widow *No*
Are you her sole support, or not? *No*

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

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

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

(15) Are you insured? *No*
If so, in what Company?
Have you made arrangements for payment of your Insurance premium?
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

D. H. Sutherland LT. COL.
- O. Comd'g No. 2 Construction Battalion, C. E. F.
Officer Commanding.

Date *Nov 15* 1916

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

MR 18.

NAME OF SOLDIER (Block Letters)

JAMISON, R.

REGIMENT

2 Coy

RANK

Pte.

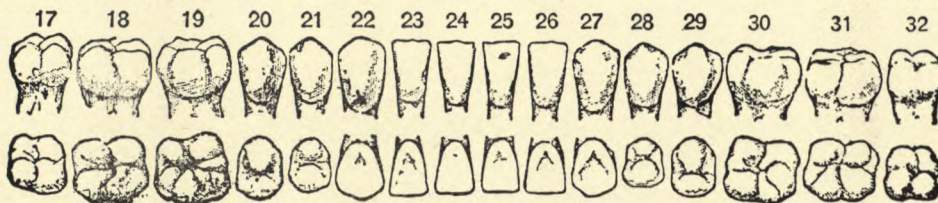
No.

951519.

Date of Examination in England

25-12-15.

Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

17. 18.

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(a) In Canada

(b) In England

no

(c) In France

Signature of Dental Officer

W. Kennedy
Lieut

KINMEL PARK,
NORTH WALES.

1875

Wm. R. ...

...

...

...

Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Pte. Name Jamison Surname R.
 Unit or Corps 2nd Con. (If a soldier) Regtl. No. 931563
 Born at Palistone on, date 1894 Feb. 7
 Signature (for identification) J Jamison

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight 156 lbs.
 Height 5 ft. 8 ins.

no

2. **NUTRITION AND DIATHESIS?**

Good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?**

normal.

4. **RESPIRATORY SYSTEM.**

normal

5. **HEART?**

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 74

Intermittence or irregularity?

none

6. **ARTERIES.**—Any hardening?

no

7. **DIGESTIVE SYSTEM?**

normal

8. **GENITO-URINARY SYSTEM?**

normal

Urinalysis—s.g.? 1018 Reaction? acid Albumen? no Sugar? no

9. **SKIN, MIDDLE EAR, EYE**
or any other part?

normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

no

11. Opinion as to the health and physical condition of the one examined?

Good.

Examined at Kimnel Park Signed Swilton Capt. M.O.

Date Jan. 2-19. Signed Sw 2nd Capt. M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Name of Patient: [Faint text]

PHYSICIAN

[Handwritten initials]

[Handwritten initials]

A. PATIENT'S HISTORY

2. PATIENT'S PRESENT ILLNESS

3. PHYSICAL EXAMINATION

4. HEART

5. LUNGS

6. ABDOMEN

7. URINARY SYSTEM

8. BLOOD

9. URINE

10. MICROSCOPIC EXAMINATION

11. OTHER

12. SUMMARY

13. RECOMMENDATIONS

14. SIGNATURE

15. DATE

16. PLACE

17. [Faint text]

[Large handwritten signature and notes at the bottom of the page]

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931563 (Rank) --- Private ----

Name (in full) ----- Robert JAMERSON ----- enlisted in

the The No. 2 Construction Battalion (0)

CANADIAN EXPEDITIONARY FORCE at Youngstown, Alta. on the Twenty-first

day of September 19 16.

HE served in FRANCE

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

R.O. 1420 12-12-18

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

Age 25 Years.

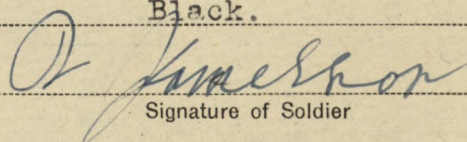
Height 5 Feet 8 Inches.

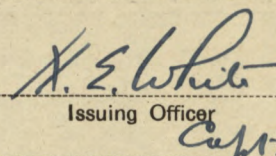
Complexion Colored.

Eyes Brown.


Hair Black.

Marks or Scars


Signature of Soldier


Issuing Officer
Rank Capt.

Date of Discharge February 18th, 1919


Officer in Charge Discharge Section District Depot M. D. 13
Appointment

Signed at Calgary, Alta. this Eighteenth day of February 19 19

in Military District No. 13

File Reference No. 13 J 140

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 certificate will not be completed.

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103-I.
Part I.

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

Nothing to be written in this margin.

W1889 - P2 1150 IM 5/18 G.W.P.Co.(3490)

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

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

Initials and Rank of an Officer.

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

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

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

Pte Jamerson R. (No construction B.L. 1/2) 931563.

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

17.12.18 N.S.R.D. 305 J.O.S. attached to 966.10 B'shott 17.12.18
for Qm & Rations

N.S.R.D.

ON COMMAND TO L.O. Kimmell **BRAMSHOTT**
Phyl

PART II D.O. N.S.R.D. 313 27/12/18

ba. Knight
OFFICER i/c RECORDS,
NOVA SCOTIA REGTL. DEPOT.

27.12.18 Oc Div coing T.O.S. from 2nd CC) KPCamp 27.12.18 Pt II Do. 20.

9.1.19 " " Trans to C.E.F. Canada " " 9.1.19 " II Do 7.

10/1/19 TAKEN ON STRENGTH OF DISTRICT DEPOT 13, PART 2 ORDER NO. 24

W. W. W. W. W. Lieut. Col.
Officer Commanding District Depot No. 13

A. G. M. Keenan
for OC C.C.C.

18/2/19 DISCHARGED FROM THE SERVICE BY DISTRICT DEPOT NO. 13, PART 2 ORDER NO. 49

AUTHORITY P.O. 1420

Dated Ottawa 12/2/18 W. W. W. W. W. Lieut. Col.
Officer Commanding District Depot No. 13

Nothing to be written in this margin.

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

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Unit, Regiment or Corps

Regimental No. 931563

Rank Pte

Name Robert Jamerson

C. E. F.

Enlisted (a) 21-9-16

Terms of Service (a) duration of war, ~~6 m. aft.~~

Service reckons from (a) 21-9-16

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) Railway Laborer

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				
		Embarked, Canada	Holifax	23/3/17	
		Disembarked, England	Liverpool	7/4/17	
97/5/17	O.C. 2nd Const Bn. Balm.	Proceeded Overseas	Seaford	17/4/17	RT 2. D.O. # Jamieson Adjutant, No. 2 Construction Bn., C.E.F.
MAY 23 1917	D.O. 7th RESERVE BATTALION	attached from 2nd const. Coy.	Seaford.	17-5-17	B.O. Pt II — 123 168 ✓
15/10/17	O.C. 9th Res Bn	Cases to be attached from 26th Res Bn.	Seaford	15/10/17	Pt 11 Order 248 ✓ J. M. Douglas for LIEUT. & ASST. ADJT. 7th RESERVE BATTALION.
15-10-17	O.C. 17th.	TOS on posting from 2nd. Con. Co. Details, 7th. Reserve Bn.	Bramshott	15-10-17	Part 11 Order 245. ✓
25-3-18.	O.C. 17th.	S.O.S. on transfer to Can. For. Corps.	Bramshott.	25-3-18.	Pt. 11. Order 71. ✓ wainwright Lieut., Asst. Adjt., 17th Canadian Res. Bn.
26-3-18	O.C. C.F.C.	T.O.S. Base Depot, C.F.C. Sunningdale		25-3-18	Pt. 11. D.O. 73 ✓

(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.]

CERTIFIED CORRECT.
 12 APR 1918
 CAN. RECORDS DIVISION

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				
24-18	O.C. B. 26.	S.O.S. BASE DEPOT C.F.C. on transfer to France	SUNNINGDALE	14-18	PT. II. DO. NO. 11 Majfr of C.F.C.
10-7-17	M.S.R.O.	I.O.S. from 2 nd C.C. Bn.	B'shott	19-5-17	PC-1234125 of 2 nd C.C. Bn.
16-10-17		ceases on Com to 7 th Res Bn + S.O.S. to 17 th Res Bn.	"	15-10-17	" 216
3/4/18	W.B.D.	I.O.S. on ar. in France.		3.4.18	N.R. 612 D/3/4/18.
5/4/18	"	left for unit.		5.4.18	N.R. 1141 D/5/4/18.
13.4.18	O.C.	Ar. at unit.	Hd.	8.4.18	B 213.
23.4.18		Date I.O.S. 2 C.C. by chpt. to.		2.4.18	cert. B. 153. D/23.4.18.
21.9.18	H	Wounded am S.C. Badly	Zued	21.9.18	B 213 nr 55 of Oct 1918
19.10.18	O.C.	Granted 10 days special leave to Paris		15/10/18	B 213 nr 59 of Oct 1918
26/10/18	H	Report from Leave	Zued	25-10-18	B 213
11 th /18	H	Trans to Eng & posted to n.s. Reg depot	Braybrook	14/12/18	BR 344.

H. H. Moody LIEUT.
 FOR LT: COL: I/C RECORDS, C.O.M.F.

A. A. G.
 Lieut. for Lt.-Col., A. A. G.
 Canadian Section, G. H. O. 3rd Echelon, B. E. F.

DEMOBILIZATION PAY DIVISION, M. D. No. 13

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-89-908.

LAST PAY CERTIFICATE

Regimental No. 931563 Rank Pte. Name Jamerson, R.
(Surname first)

Unit 2.C.C. who was* discharged

On Feb. 17, 1919, to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to 18-2- 1919
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month	9 79	
Regimental Pay <u>49</u> days at \$ <u>1.00</u> c.		49 00
Field Allowance <u>49</u> days at \$ <u>.10</u> c.		4 90
Separation Allowance <u>Feb. 1 to 18</u>		18 00
Clothing Allowance		35 00
Post Discharge Pay		
*Other Credits <u>D.O. 24 Subs. 15 days 23-1 to 6-2-19</u>		12 00
Advances <u>A.R. 298</u>	15 00	
Separation Allowance and Assigned Pay Cheque No. <u>C. 2386</u>	18 00	
*Other Charges <u>A.P. pd. by Ottawa</u>	20 00	
Balance on transfer or on discharge, cheque No. <u>C. 2387</u>	56 11	
Total	118 90	118 90

*Give particulars.

A monthly stoppage of \$ 20.00 (†) has..... (‡) been ~~paid~~ ^{chgd.} on account of
Assigned Pay for the month of Jan. 1919 }
and Separation Allce. for month of Feb 1-18 1919 } (to) Assignee Mrs. Jamerson

(Address) A. Nevasca Landing, A. 1 ta.

(†) 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 married or single Married
- (2) Separation Allowance, entitled or not Yes (3) Reason for discharge.....
- (4) Authority for discharge or transfer D.D. 13

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 17-2-19

Place Calgary.

S. L. Seddau
LIEUT.
PAYMASTER—DEMOBILIZATION PAY DIVISION, M. D. 13
Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1807, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

MS.

MEDICAL HISTORY SHEET.

931563

Surname Jamerson Christian Name Robert

Examined { on 23rd day of Sept 1916
 at Edmonton

Approved by H. Collins

Birthplace { City or Town Tennessee
 County Texas U.S.A.

Rank Capt. M.O.

Apparent age 22 yrs 11 mos

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
<u>26/3/18</u>	<u>A.</u>	<u>Det Robert Capt. M.O.</u>

Trade or occupation Railway Laborer

Height 5 Feet 8 Inches.

Weight _____ Lbs.

Chest measurement { Minimum _____ inches.
 Maximum expansion _____ inches.

Physical development _____

Small-Pox Marks _____

Vaccination Marks { Arm _____ Right _____ Left _____
 Number _____

Date.	Result.	VACCINATIONS.
<u>17/2/17</u>	<u>Good</u>	<u>SS Shepley</u>

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or previous disease _____

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>24/2/17</u>	<u>Good</u>	<u>SS Shepley</u>
<u>23/3/17</u>	<u>Good</u>	<u>Don Murray</u>
<u>5/4/17</u>	<u>Good</u>	<u>Don Murray</u>

(b) Slight defects but not sufficient to cause rejection _____

listed on 2/24 day of September 1916 at Youngstown, Ohio

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>#2 Cavalry</u>	<u>931563</u>		<u>2/19/16</u>
Transferred to	<u>BEF</u>			<u>15-10-17</u>
	<u>17th Regt</u>			
	<u>2 Col Lab Bns</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Windsor, Ont.</u>	<u>JAN 31 1917</u>	<u>on enlistment</u>	<u>Fit</u>
<u>[Signature]</u>	<u>Major, A. M. C.</u>	<u>[Signature]</u>	<u>[Signature]</u>
		<u>Capt., A. M. C.</u>	

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

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom *Mrs. Texamer Jamerson* By Whom Assigned *Jamerson, Robt.*
Address *Athabasca Landing* Regtl. No. *931563*
Alberta. Rank *Pte.*
Corps *2 Constr Bn.*
Rate *\$20.⁰⁰* APR 1917

PAYMENTS

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





ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2.
(Assignee)

Mrs. Texaner Jamerson.

Name of Soldier

*Jamerson Robt.
Pte - 2 Constr Btm -*

L. L. Job 5470—Req. 6888.

*9315637
\$20.00*

APR 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>24892</i>	<i>20</i>	
May		<i>h. 9402</i>	<i>40</i>	<i>20 W.</i>
June		<i>M 16843</i>	<i>20</i>	<i>W</i>
July		<i>L 23190</i>	<i>20</i>	<i>W</i>
Aug.		<i>U 28484</i>	<i>20</i>	
Sept.		<i>J 27320</i>	<i>20</i>	<i>J</i>
Oct.		<i>T 42952</i>	<i>20</i>	
Nov.		<i>Q 48775</i>	<i>20</i>	
Dec.		<i>A 56278</i>	<i>20</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

180

MILITIA AND DEFENCE
ASSIGNED PAY
 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.				

*Name. **JAMERSON. Robert.** Rank. **Pte** Regtl. No. **931563**
LOCAL CARD
 Fyle Depot. **13.D. J-140**
 Original unit **2nd. Con.** Present unit **2nd. Com.** M. or S. **S** Age **24** Religion **Bapt.** Ref. H.Q. **1**

Port, ship, and date of arrival. **"alifax. Olympic. 17-1-19.**

Next of kin. **T. Jamerson. Mother. Aths-abasca. Alta.**

Address on leave. **Same.**

Address on discharge. **as above**

Transportation issued Yes No Date. Character on discharge.

Previous occupation. **Farmer.** Date and place of enlistment. **21-9-16 Edmonton.**

Diagnosis. **Fit A 2** Date of Medical Boards. **7-2-19**

Date. T.O.S.	Remarks	Pt. 2 Order No.
10-1-19.	Posted to Cas Co Calgary. 23-1-19.	24
	Granted leave with subsistence. to 6-2-19.	24
18-2-19	Discharged from H.M. service	49

*—Name will be given in full; surname first.

Date.

Remarks.

Pt. 2 Ord. No.

M.F.W. 192
150M-6-18.
1772-39-1243.

Surname **Jamerson** Christian Name or Names **R.** Reg. No. **931563**
Rank _____ Unit _____ Co. _____ Troop _____ Batty. _____

Pte Hospital **2nd.C.C.Bn(Col.)** Date of Admission
Eastbourne Mill Can 19-5-17

Transferred _____ Hosp.
_____ Hosp.
_____ Hosp.
_____ Hosp.

Diagnosis P.U.O. *Rv. Measles.*
(1)
Later Diagnosis (if changed)
(2)
(3)

Additional Diagnosis: if more than one state present

DISPOSITION

C.I. 26-5-17 #14
6.6.17 #18
u 12.6.17. 19

July 2-6.17

Date

REMARKS

A.M.D. 2 DEPT.

Sch. of D.O.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

SURNAME.

Jamerson

¹³ CARD NO.
64992491
S. U. S. *Wic 18. 2. 19*
FOLL.
Remob. 13 *audt*
Doc.
Br

CHRISTIAN NAMES

Robert.

REGL. NO.

931543.

RANK

Pvt.

UNIT

No. 2. Construction

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Jamerson, Edward.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

*Athabasca Landing B.C.
Alta.*

COUNTRY OF BIRTH

U.S.A. Tennessee Colony, Tex.

DATE

Feb. 7th, 1894.

PLACE OF ATTESTATION

Youngstown, Alta.

DATE

Sept. 21st, 1916.

9828-3-17.

P/C. 17-1-19 $\frac{2.54}{178}$ *P.C.*

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

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Railway Labourer.

RELIGION

Baptist.

DESCRIPTION.

APPARENT AGE

22.

YEARS

7.

MONTHS

HEIGHT

5.

FEET

8.

INCHES

CHEST MEASUREMENT

33.

INCHES

EXPANSION

2.

INCHES

COMPLEXION

Coloured.

EYES

Brown.

HAIR

Black.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Edmonton Alta.

DATE

Sept. 23rd 1916

Present Address

Athabasca Landing.
P.O. Alta.

com.

Number 931563

Rank

~~pte~~ Spr.

Surname JAMERSON

Christian Name Robert

Units ~~C. 7 C.~~ CORCC Theatre of War France

Date of Service 3. 4. 18.

Remarks

Latest Address ~~PO~~

Attalasca

Roll No. B. Page 13696 Landing PO.

200m-2-21.M.

alta

DESP. MAY 27 1922

REGN. NO.

A 35410

UK

ADMITTING CARD.

Regt. No. 931563 A. & D. No. 1395
 Rank Pvt
 Name J. Ferguson
 Corps Infantry
 Religion Bapt Age 23
 M. H. Rec'd. Pyrexia M. H. Requested Supervising M. H. Ret'd 18/5/17
 Disease measles
 Admitted 8 MAY 1917
 Discharged 2 - JUN 1917
 Place in Hospital Infantry (7th Reserve)
 Transferred J. Ferguson
 Results

10

REMARKS:

MEDICAL HISTORY SHEET.

Requested

From

Date

Reply

Date

1

2

3

4

~~Unindicated~~

Orig. Dup. Recd. from

*2 cyd. Cow
Bn**18/5/1917*

Orig. Dup. Sent to

/ /19

Recd. from Repr. this Orig. Dup.

/ /19

Ward

*4/6/17**Unindicated Recd**D. J. Wesley*

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

14

Law. Mil. Eastbourne 19-5-17 P. M. O

18

Discharged

2-6-17

~~Pipercya Measles~~
as per H. L. # 19

NAME

Jamesson

RANK AND CORPS

Pte

R.
2nd Cav. Co. 1st Bn. Coloured.

REGT'L No.

931563.

H. Q. FILE No. 649.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS



No. 931 563. RANK

Pte

NAME

Jamerson Robert.

T. O. S.

21-9-16

UNIT

No 2. Construction Battalion.

D. O. 51. 14-10-16.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Sept 21.	1916 Oct. 31.	n.		
	Nov.	✓		
	Dec.	✓		
1917 Jan	1917 Feb.	✓		
	Mar.	n		

H. Q. Reference

No. 931563

Rank

pt

Unit

2 Constra

Surname

ROBERT

Christian names

JAMERSON

Kindly forward Medals, to which I am entitled by reason of my service in france

(Theatre of War)

with

2 construction Batt

(Unit with which served in Theatre of War)

No.

931563

Street

Town

Chalasca

County

APR 24 1922

ROBERT JAMERSON

(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

931563

O. H. M. S.



POSTAGE
FREE



SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: JAMERSON Robert
EFFECTIVE DATE: 1st April 1917		EFFECTIVE DATE: -		NUMBER: 931563
AMOUNT: 20.⁰⁰		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Mrs Texaner Jamerson (Mother) Athabasca Landing Alta				Plt
Sept 1. 19.				

UNIT AND TRANSFERS			
ORIGINAL UNIT: 2nd Const Bn			
DATE ACCOUNT FIRST OPENED: 1-4-17			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			MSRD
20	1-4-18	1-4-18	2nd Const Bn
			Canada.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK			
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
600	9/12	CFC	4.66				
3599	19/11	SRD	9.93				
			14.39				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1.00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: **auth. no 167 17/12/18** **Jan 1. 19.** **the Bal 30.09**

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar	Balance fwd								18.51		
Apl	P. Pay	33		b.a.p.				20			
				AR 267 27/4 CFC Jura	3.57				27.94		
		33			3.57			20			
May	P. Pay	34	10	b.a.p.				20			
				AR 109 7/5 CFC Jura	3.57						
				423 23/5 - 11	3.57						
				AR R. Dio. 3/4 CFC BD.	4.87				30.03		
		34	10		12.01			20			
June	P. Pay	33		assigned				20			
				AR 710 7/6 CFC 5	3.57						
		33		N 872 27/6	3.57				35.89		
					7.14			20			
July	P. Pay	34	10	Can. a.p.				20			
				AR 950 10/7 CFC 5	3.57						
				AR 1094 25/7	3.57				42.85		
		34	10		7.14			20			
Aug	P. Pay	34	10	Can. a.p.				20			
				AR 1257 10/8 CFC 5	3.57						
				AR 1472 25/8	3.57				49.81		
		34	10		7.14			20			
Sep	P. Pay	33		Can. a.p.				20			
				AR 1673 5/9 CFC 5	3.57				59.24		
		33			3.57			20			
Oct	P. Pay	34	10	b.a.p.				20			
				AR 2078 12/10 C.F.C. 605	7.46						
				11691 15/10 C. Det. Paris	18.66						
				2253 12/10 C.F.C. 705	3.73						
				191 21/10 Ottawa	18.66				24.83		
		34	10		48.51			20			

AUDITOR *[Signature]* PAYMASTER *[Signature]*

M. OR S. *Married*

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

REGT. No. *93563* RANK *Pte.* NAME (IN FULL) *Jamerson, R.*

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
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE	
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS		
					STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE	REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS																																		
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT	CREDIT																																			
<i>31</i> ^{<i>12</i>} / <i>18</i>					<i>30 08</i>																		<i>Cr. 29.05 English SRC</i>																																		
<i>1</i> ^{<i>19</i>} / <i>19</i>						<i>30 08</i>	<i>Charge</i>	<i>Boat</i>	<i>Train</i>	<i>30 00</i>	<i>4 87</i>	<i>5 00</i>								<i>29 87</i>	<i>9 79</i>																																				
<i>18</i> ^{<i>19</i>} / <i>19</i>	<i>49</i>	<i>110</i>	<i>53 90</i>	<i>12 35</i>	<i>18</i>	<i>118 90</i>	<i>298</i>	<i>6 2</i>	<i>354</i>	<i>17 2</i>	<i>354</i>	<i>17 2</i>	<i>15</i>		<i>56 11</i>	<i>18</i>	<i>20 00</i>	<i>(9 79)</i>	<i>(118 90)</i>				<i>By 20.00 A.P. Jan Pd G. Ottawa</i> <i>Subsistence from 23.00 Feb - 27.15.80</i> <i>Clothing Allowance \$ 33.20</i> <i>418. S. of Feb</i> <i>DISCHARGED 18.5.19</i>																																		
			<i>53 90</i>	<i>47</i>	<i>48 08</i>	<i>148 98</i>				<i>45 00</i>	<i>4 87</i>	<i>61 11</i>	<i>18</i>		<i>20</i>		<i>148 98</i>						<i>[Signature]</i>																																		
<p>Certified opening entries on this Ledger Sheet have been audited by <i>[Signature]</i> Date <i>21.5.19</i></p>																																																									
<p>War Service Gratuity</p> <table border="1"> <tr> <td>W.S.G.</td> <td>S.A.</td> <td></td> <td>W.S.G.</td> <td>S.A. Charges</td> <td>Balance Soldier</td> <td>Dependant</td> </tr> <tr> <td><i>350 00</i></td> <td><i>150 00</i></td> <td><i>500 00</i></td> <td><i>140 00</i></td> <td><i>60 00</i></td> <td><i>200 - 210 00</i></td> <td><i>90 00</i></td> </tr> <tr> <td></td> <td></td> <td></td> <td><i>140 00</i></td> <td><i>60 00</i></td> <td><i>200 - 70 00</i></td> <td><i>30 00</i></td> </tr> <tr> <td></td> <td></td> <td></td> <td><i>70 00</i></td> <td><i>30 00</i></td> <td><i>100 - xx x</i></td> <td><i>xx x</i></td> </tr> <tr> <td><i>350 00</i></td> <td><i>150 00</i></td> <td><i>500 00</i></td> <td><i>350 00</i></td> <td><i>150 00</i></td> <td><i>500 -</i></td> <td></td> </tr> </table>																							W.S.G.	S.A.		W.S.G.	S.A. Charges	Balance Soldier	Dependant	<i>350 00</i>	<i>150 00</i>	<i>500 00</i>	<i>140 00</i>	<i>60 00</i>	<i>200 - 210 00</i>	<i>90 00</i>				<i>140 00</i>	<i>60 00</i>	<i>200 - 70 00</i>	<i>30 00</i>				<i>70 00</i>	<i>30 00</i>	<i>100 - xx x</i>	<i>xx x</i>	<i>350 00</i>	<i>150 00</i>	<i>500 00</i>	<i>350 00</i>	<i>150 00</i>	<i>500 -</i>	
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<p><i>46062779278 7-5-19</i> <i>46131977198 17-5-19</i> <i>8743194320 17.6.19</i></p> <p><i>Payments on This Account have been completed</i></p> <p><i>[Signature]</i> Paymaster War Service Gratuity M. D. 19</p>																																																									

This space to be for numbers.

LC

Proceedings on Discharge.

M

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

No.	931563
Rank	Private
Surname	JAMERSON
Christian name	Robert
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	No2 Construction Battalion
Date of discharge	February 18th, 1919
Place of discharge	Calgary, Alberta.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age	25 years.....months.
Height	5 feet.....8 inches.
Complexion	Colored.
Eyes	Brown.
Hair	Black.
Trade	Railway Laborer.
Intended place of residence	C-o P.O.
(To be given as fully as practicable.)	Athabasca Landing,
2. The above-named man is discharged in consequence of	
Demobilization.	
Authority for discharge..... R.O. 1420 12-12-18	
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.	
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.)	

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

AC

(OVER)

noted D.
Jan. 16.3.19.

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) Calgary..... (Signature of Soldier.) D. J. Anderson

(Date) 12. 2. 19..... (Signature of Witness.) Geo. Beau

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) Calgary, Alberta,.....

(Signature) X. S. White Capt.

(Date) 18-2-19.....

for Officer i/c Discharge Section District Depot M. D. 13

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.)

James D. James
 Discharge Documents

Attention Paper or Particulars of Reason W. 133 B. 212	Military Form B. 266 B. 368a W. 178	Reg. Conduct Sheet Squadon Battery Company or Field Conduct Sheet
Proceedings on Discharge B. 212	Copies of Conditions by C. F. in MS Military Form B. 318 W. 24	Medical History Sheet Casualty Form Medical Report for Invalids B. 217 B. 462
(a) Medical History Sheet (b) Attention (c) Proceedings on Discharge	Last Pay Certificate Duplicate Discharge Certificate W. 394 W. 21	Dental History Sheet Last Pay Certificate Duplicate Discharge Certificate Form of Will \$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.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263

Squadron }
 Battery } Conduct Sheet, " B. 263a
 Company }

or
 Field Conduct Sheet " W. 178

Copies of Convictions, by C. P. in MS.

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.

Attestation Paper Militia Form W. 23

or
 Particulars of Recruit " W. 133

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.

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.

Date of Enlistment

Effective

MILITIA AND DEFENCE

Date of Assignment

1-12-17

OK SA Board

Separation and Assigned Pay Branch

J

610

Apr 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

<i>20</i>	<i>25</i>	<i>30</i>	
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RATE OF ASSIGNMENT

<i>20</i>			
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*1/21/17 22/17 1/18
PC 2753
MO 25295*

PARTICULARS OF SEPARATION ALLOWANCE

No. *931563*

Rank *Pte.* Promoted Reverted Discharge

Soldier's Name *Robt Jamerson*

Battalion *2 Const. Battr.*

Beneficiary

Relationship *MFW 2554-2978*

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Texaner Jamerson*

Address *Athabasca Landing Alta.*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	✓	REMARKS
<i>Dec 31</i>			<i>180</i>	<i>180</i>		<i>9458-R-16</i>
<i>Jan</i>	<i>T 68034</i>		<i>20</i>	<i>20</i>	<i>P ✓</i>	<i>SA to mother from 1-12-19 OK by SA Board folio 13 on file base 1-4-18</i>
<i>Feb</i>	<i>E 65489</i>		<i>20</i>	<i>20</i>	<i>C</i>	
<i>Mar</i>	<i>J 98190</i>		<i>20</i>	<i>20</i>		
<i>Apr</i>	<i>G 754</i>	<i>100</i>		<i>100</i>	<i>trans</i>	<i>mailed 24 to adjust base 6/4/18</i>
<i>Apr</i>	<i>J 12560</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>	
<i>May</i>	<i>F 8395</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>	
<i>June</i>	<i>C 18469</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>	
<i>July</i>	<i>R 28156</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>	
<i>Aug.</i>	<i>F 33828</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>	
<i>Sept.</i>	<i>I 42437</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>	
<i>Oct</i>	<i>J 54782</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>	
<i>Nov</i>	<i>E 51332</i>	<i>25</i>	<i>20</i>	<i>45</i>		
<i>Dec</i>	<i>F 67012</i>	<i>45</i>	<i>20</i>	<i>065</i>		
<i>Jan</i>	<i>F 74929</i>	<i>30</i>	<i>20</i>	<i>50</i>	<i>✓</i>	

M. F. W. 128
400M-6-17-1772-39-104
L. L. 2320-M. & D. #883.

A/c Closed *31-1-19*

Ret'd per *Olympic*

Date *17/19* M.F.W. 187 *22/19*

Closed *S.B.S.*

CANADIAN
ASSIGNED PAY AUDITED

[Signature]

AUDIT CLERK

DATE *31-5-19*

M.R.O. 55199

HAS BEEN MADE
FOR THIS ACCOUNT

M R O 55199 Destroy 22/19

