

ORIGINAL

931834

ATTESTATION PAPER.

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

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... **JONES**
- 1a. What are your Christian names?..... **Charles Manuel**
- 1b. What is your present address?..... **322 S. Scott St., South Bend, Ind., U.S.A**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Tacoma, Washington, U.S.A.**
- 3. What is the name of your next-of-kin?..... **Mrs. Sarah Williams**
- 4. What is the address of your next-of-kin?..... **726 Bane Ave., South Bend, Ind., U.S.A**
- 4a. What is the relationship of your next-of-kin?..... **Aunt**
- 5. What is the date of your birth?..... **4th June, 1888**
- 6. What is your Trade or Calling?..... **Moulder**
- 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?..... **None**  
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 } **Yes**  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Charles Manuel JONES**, 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.

*Charles Manuel Jones* (Signature of Recruit)

Date **5th March** 191**7** *Alamy Bee* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Charles Manuel JONES**, 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.

*Charles Manuel Jones* (Signature of Recruit)

Date **5th March** 191**7** *Alamy Bee* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at **Windsor, Ont.** this **5th** day of **March** 191**7**.

*Alamy Bee* (Signature of Justice)  
Justice of the Peace in and for the County  
of **Prince** Province of Nova Scotia

Description of Charles Manuel JONES on Enlistment.

Apparent Age **28** years **9** 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 1/4** ins.  
 Chest measurement { Girth when fully expanded **35** ins.  
 Range of expansion **38** ins.  
 Complexion **Dark**  
 Eyes **Brown**  
 Hair **Black**

**Tattoo mark on right forearm.**

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

Hearing - - R. E.  $\frac{2}{4}$   
 L. F.  $\frac{2}{4}$   
 Vision - - R. E.  $\frac{20}{20}$   
 L. E.  $\frac{20}{20}$

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\* **Fit** for the Canadian Over-Seas Expeditionary Force.

Date **5th March** 191**7**.

Place **Windsor, Ont.**

*S. S. Slepker*  
*Capt. Brice*  
 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.

Charles Manuel JONES 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.

*Na. 2 Construction Battalion, C. E. F.* (Signature of Officer)

Date **5th March** 191**7**

REGIMENTAL DOCUMENTS

NAME **JONES. CHARLES MA.**

(Pte) REGT. NO. **931834**

UNIT **2 Constn. Bn.**

H. Q. FILE NO.

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON EFFECTIVE BY

**5**

**M**

**DEATH**  
Category

- 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- 1 TRAINING HISTORY SHEET (M.F.W. 113)
- 1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- 1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- 1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- 1 DENTAL HISTORY SHEET (M.F.B. 465)
- 1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- 1 MEDICAL EXAMINATION (M.F.W. 129)
- 1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- 1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- 1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- 1 LAST PAY CERTIFICATE (M.F.W. 44)
- 1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- 1 PARTICULARS OF CHARACTER (A.F.W. 3226)
- 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

**DISCHARGE**

Category

**11093**

*Demob.*

*Head*

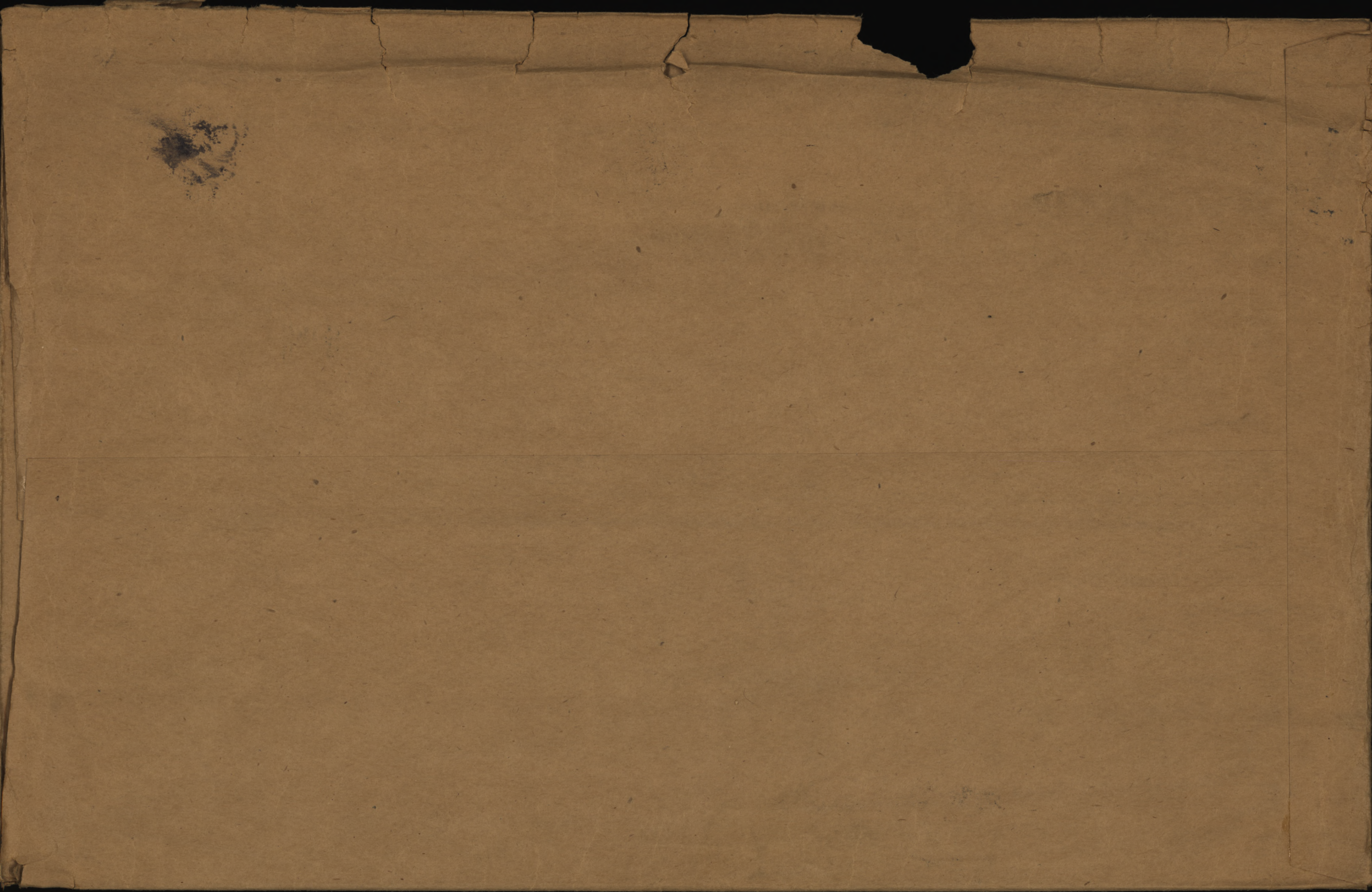
**DESERTION**

1 M.F.W. 192  
1 Cas card  
1 M.F.W. 67  
1 8149  
1 R 122  
1 Pay card

*Box # 40655*

16-2  
24-2  
23-3  
1

**H**



SURNAME.

*Jones.*

1 CARD NO.

CHRISTIAN NAMES

*Charles Manuel*

*308 Des. 21-3-19. I  
0065. FOLL. 21-3-19.  
Demet \*1.P.P.*

REGL. NO.

*931834.*

RANK

*Pte.*

UNIT

*No. 2 const. # 1.P.P.*

*Bn.*

FORMER CORPS

*Nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Williams, Mrs Sarah.*

RELATIONSHIP TO SOLDIER

*Aunt.*

ADDRESS

*726 Blane Ave., South Bend,  
Ind., U.S.A.*

COUNTRY OF BIRTH

*U.S.A. Tacoma Wash.*

DATE

*June. 4<sup>th</sup> 1888*

PLACE OF ATTESTATION

*Windsor, Ont.*

DATE

*Mar. 5<sup>th</sup> 1917.*

*O.S. 2P. 3.17.*

*9/16 1-3-19. 273  
12 Pte.*

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

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Moulder.

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

28 YEARS

9 MONTHS

HEIGHT

5 FEET

6 1/4 INCHES

CHEST MEASUREMENT

35 INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black.

DISTINGUISHING MARKS

Tattoo mark on right forearm.

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Mar. 5<sup>th</sup> 1917.

Present address: 322, S. Scott St., South Bend, Ind., U.S.A.

NAME

*Jones C.*

RANK AND CORPS

*Pte.*

*M.*

*2nd Con. Bn.*

REGT'L No.

*931834*

H. Q. FILE No. 649.

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A 82

Jura. Champagnole Jura 27<sup>11</sup>/<sub>17</sub>

Influenza. etc

A 91<sup>(2)</sup>

Disch. To Detf. 9.12.17.

Influenza







*Order*  
*H.A.M.*

649-J-13805

Number 931834

Rank *1st* *Spr.*

Surname JONES

Christian Name Charles Manuel

Units *C.O.R.C.C.* Theatre of War *France*

Date of Service 17-5-17

Remarks *widow Mrs Marian Jones*  
*9 Secatur St Worcester Mass USA* *165/80*

Latest Address *332 South Scott St*

*South Bend Ind U.S.A*

Roll No. *B. Page 16971.*

200m.-2-21.M.

*B*  
*V*

*(A)*

DESP. , AUG 17 1935

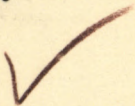
REGN. NO. 8749

JONES, Charles Manuel

931834

Spr. C.O.R.C.C.

649-J-13805



medals widow: - Mrs Marian Jones  
9 Decatur St., Worcester,  
Mass., U.S.A.

(no death report)



No. 931834 RANK

Pte.

NAME

James C.

M.

T. O. S. 5-3-17

UNIT

D.O. 62.13.3.17

Co 2. Construction Battalion.

M. D.

6

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1917 Mar 5	1917. Mar 31	W
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E.V. JONES, Charles Manuel, Pte. Rank. Regtl. No. 931834  
\*Name..... Fyle Depot 1DD-10-J-189

Original unit 2nd Con. Bn Present unit 2nd Con. Bn M or S Single Age 30 Religion Ang. Ref. H.Q.

Port, ship, and date of arrival Halifax N.S.? Lapland, 1-3-19

Next of kin Aunt, Mrs. Sarah Williams, 726 Blane Ave., South Bend, Ind. U.S.A.

Address on leave

Address on discharge 332 South Scott St., South Bend, Ind.

Transportation issued Yes No Date Character on discharge

Previous occupation Moulder. Date and place of enlistment March 5th, 1917, Windsor, Ont.

Diagnosis NA. Date of Medical Boards 4-3-19, London, Ont.

Date. T.O.S.	Remarks	Pt. 2 Order No.
20-2-19	NO. 1. D.D.	
3-3-19	Posted to Cas. Coy.	63

Date.

Remarks.

Pt. 2 Order No.

21-3-19

Discharged from H. M. S. On demobilization. (P.D.P.)

65

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

Jones.

B.M.

931834

RANK

UNIT

Co.

TROOP

BATTY.

Pte

W.S. 2 low.

HOSPITAL

DATE OF ADMISSION

Jura Hosp. Champagnole. Jura. 27.11.17

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Influenza. Slt. p

1.

2.

3.

DISPOSITION

DATE

6l. 7.12.17 A82.  
19. 12. 17 a q. r.

REMARKS

Dis do Duty. 9. 12. 17

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

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

# Casualty Form—Active Service.

Unit, Regiment or Corps. *2 Construction Bn C. E. F.*  
 Regimental No. *931834* Rank *Pte* Name *Charles Manuel Jones*  
 Enlisted (a) *5-3-17* Terms of Service (a) *Period 3 years 6 months* Service reckons from (a) *5-3-17*  
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

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

CERTIFIED CORRECT.  
 6 JUN 1917  
 CAN. RECORDS, LONDON.

Report Date	From whom received	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
<i>17/5/17</i>	<i>O.C. 2nd Constr Bn</i>	<i>Embarked from Canada</i>	<i>Halifax NS</i>	<i>15/3/17</i>	
		<i>Disembarked, England</i>	<i>Liverpool</i>	<i>7/4/17</i>	
		<i>Proceeded Overseas</i>	<i>Seaford</i>	<i>17/4/17</i>	<i>Pt 2 D.O. # Adjutant, No. 2 Construction Bn</i>
		<i>Landed in France 17-5-17 N.R.</i>			
<i>27-11-17</i>	<i>Java Hosp</i>	<i>adm Infla (Stk)</i>		<i>27-11-17</i>	<i>H/3034/6530.</i>
<i>1-12-17</i>	<i>occur</i>	<i>adm to hosp.</i>		<i>27-11-17</i>	<i>B213</i>
<i>9-12-17</i>	<i>oc Java Hosp.</i>	<i>Inflanza discharged to duty.</i>		<i>9-12-17</i>	<i>W3034/61334</i>
<i>15-12-17</i>	<i>occur</i>	<i>Repd Unit from Hosp.</i>		<i>9-12-17</i>	<i>B213</i>
<i>5/1/18</i>	<i>occur</i>	<i>Att to 1 Dist to J.C. Alencon</i>		<i>30/4/17</i>	<i>B213.</i>
<i>20-7-18</i>	<i>42 Coy ca</i>	<i>Wanted 14 days leave to visit Sued.</i>		<i>13-7-18</i>	<i>B213 H/90.457 Aug 1918</i>
<i>3-8-1918</i>	<i>do.</i>	<i>Returned from leave.</i>		<i>31-7-18</i>	<i>H213</i>

Disembarked  
 Embarked  
 Name of Ship  
**LAPLAND**  
 FEB 20 1919

(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.]

Casualty Form A-1

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				
11 <sup>12</sup> / <sub>18</sub>	Malg	Trans to Eng reported to N.S. Reg depot Bramshott	Bramshott	14 <sup>12</sup> / <sub>18</sub>	<p>1st Lt. 3rd Ech.</p> <p>W. A. Hewett</p> <p>Lieut. for Lt.-Col., A. A. G.</p> <p>Canadian Section, G. H. Q. 3rd Echelon, B. E. F</p>
17.12.18.	A. L. R. D.	T.O.S and att'd 2nd Lt. C.D. for Quarter Nations	Bramshott	14.12.18	<p>D.O. 305</p> <p>NSRD ON COMMAND TO C.D.D. Kimmel Rhyf BRAMSHOTT</p> <p>PART II D.O. NSRD 313 27<sup>12</sup>/<sub>18</sub></p> <p>W. A. Wright LIEUT. OFFICER OF RECORDS, NOVA SCOTIA REGTL. DEPOT.</p>
28/12/18	NSRD	T.O.S. M.O.I. Con Camp Rhyf	Rhyf	P.I.D.	<p>J. E. O'Leary Lieut for Oye M.O.I. Wing</p> <p>Embarked for Canada</p> <p>4-2-19 L.O. Pt II # 30 37</p>

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

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

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. **NO. 1 DISTRICT DEPOT**

Regimental No. .... Rank ..... Name .....  
C. E. F.

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
FEB 20 1919	<i>James H</i>	Taken on strength No. 1 District Depot	<i>London, D. O.</i>	<i>63</i>	
			<i>F. G. Herman</i>		
			<i>Inf. C</i>		
			<b>NO. 1 DISTRICT DEPOT</b>		
			<b>LONDON, ONT. DISCHARGED</b>		
			<b>DEMobilIZATION</b>		
			<b>MAR 21 1919</b>		
			<i>R. W. Jackson</i>		
			<b>O. C. Discharge Section, No. 1 D. D.</b>		

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Casualty Form - Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				



# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

S.A.L.

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. 931834 Rank Pte. Surname JONES  
(Given name in full)  
Charles Manuel  
 Unit or Corps I.D.D. Birthplace Tacoma Wash. U.S.A.

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

1. GENERAL DESCRIPTION:

Physique ... good ... Weight. 163 ... lbs. Height. 5 ... ft. 7 ... in. Colour of Eyes. brown  
 Nutrition ..... good .....  
 Pulse ..... 80 .....  
 Condition of arteries..... normal.  
 Vision Rt..... 20/20. Left... 20/20..  
 Hearing (conversational voice) Rt... 21.ft.  
 Left... 21.ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)  
 G.S.W. scar middle and ring finger, left hand.  
 G.S.W. upper arm.  
 G.S.W. Left thigh, small scar  
 Tatoo left forearm.

Opinion as to general health and physical condition... Good .....

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... yes..... Digestive System..... no.....  
 Osseous and Joint System... yes 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.

G.S.W. left hand, between middle and ring finger at the first phalangea chipping the bone of 1st. phalanx of ring finger. Slight callous formation at this point. No limitation of motion. No disability due to service.

G.S.W. entrance scar middle of left upper arm outer aspect passing out about four inches above and posterior. No limitation of motion, of arm. No disability due to service.

Small superficial found middle of left thigh, anterior. No disability. No disability due to service. Cat. A 2

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

[OVER]

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

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

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

Signature .....

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

## THIS SECTION FOR USE IN CANADA—

Examined at *London Ont.*.....(Canada)

Date *4-3-19* ..... Signed *J. H. Swarley Capt*.....M.O.

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

Signature *x L. M. Jones*.....

(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]

# ORIGINAL MEDICAL HISTORY SHEET

931834

Surname **JONES** Christian Name **Charles Manuel**

Examined { on **5th** day of **March** 191**7**  
 at **Windsor, Ont.**

Approved by *Dau Murray*

Birthplace { City or Town **Tacoma**  
 County **Washington, U.S.A.**

Rank **Captain A.M.C.** M.O.

Apparent age **28 Years 9 Months**

Trade or occupation **Moulder**

Height **5** feet **6 1/4** Inches

Weight **153** lbs.

Chest measurement { Minimum **35** inches

{ Maximum expansion **38** inches

Physical development **Good**

Small-pox Marks **None**

Vaccination Marks { Arm **Right** Left **Yes**

{ Number **One**

When Vaccinated last **1916**

(a) Marks indicating congenital peculiarities or previous disease **None**

(b) Slight defects but not sufficient to cause rejection

**Tattoo mark on right forearm.**

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
20/3/17	Left	<i>Dau Murray</i> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
20/3/17	Left	<i>Dau Murray</i> M.O.
2/4/17	Left	<i>Dau Murray</i> M.O.
20/4/17	Left	<i>Dau Murray</i> M.O.

Enlisted on **5th** day of **March** 191**7** at **Windsor, Ont.**

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<b>241st O<sub>2</sub> Battn</b>			
Transferred to	<b>C.E.F.</b>	<b>931834</b>		<b>5th March, 1917</b>
	<b>No. 2 CONSTRUCTION, B'n. C.E.F.</b>			

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<b>Windsor, Ont.</b> <i>C. A. M. E.</i>	<b>MAR. 5 1917</b>	<b>on enlistment</b>	<b>Fit</b> <i>C. A. M. E.</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.





INSTRUCTIONS

On examination the following points must be marked in the margin of the paper  
1. The name of the author of the work  
2. The title of the work  
3. The date of the work  
4. The name of the library to which the work is loaned  
5. The name of the person to whom the work is loaned  
6. The name of the person who examined the work  
7. The name of the person who prepared the report  
8. The name of the person who prepared the abstract  
9. The name of the person who prepared the index  
10. The name of the person who prepared the summary

1. The name of the author of the work  
2. The title of the work  
3. The date of the work  
4. The name of the library to which the work is loaned  
5. The name of the person to whom the work is loaned  
6. The name of the person who examined the work  
7. The name of the person who prepared the report  
8. The name of the person who prepared the abstract  
9. The name of the person who prepared the index  
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7. The name of the person who prepared the report  
8. The name of the person who prepared the abstract  
9. The name of the person who prepared the index  
10. The name of the person who prepared the summary

*Handwritten notes in red ink, possibly a signature or initials.*

*Handwritten notes in red ink: "M. P. Ho King" and "X" with other illegible characters.*

*Vertical handwritten notes in red ink on the right margin.*

STATIONARY AND PRINTING CO. LTD.  
DEPT. OF EDUCATION  
SINGAPORE

# DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

### INSTRUCTIONS.

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

- (1) Name of Overseas Unit which Soldier joins..... *No. 2 CONSTRUCTION, B'n. C.E.F.*
- (2) Regimental Number..... *931834*
- (3) Full Name of Soldier..... *Charles Manuel Jones*
- (4) Place of Birth..... *Tacoma, Washington, U.S.A.*
- (5) Are you married, or not?..... *Single*
- (6) If married, state,  
(a) Full name of your wife..... *X*
- (b) Present Postal Address..... *X*
- (7) Are you a widower?..... *No*
- (8) Have you any children?..... *X*
- If so, give number of boys and girls..... *1*
- Also their names and ages..... *1*

(9) Is your Father alive? No

If so, state name and address X

(10) Is your Mother alive? No

If so, state name and address X

(11) If your Mother is a widow X

Are you her sole support, or not? X

(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.

X

(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.

Aunt  
Mrs Sarah Williams  
726 Blane Ave, South Bend Indiana U.S.A.

(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.

X

(15) Are you insured? No

If so, in what Company? X

Have you made arrangements for payment of your Insurance premium X

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

Starie Cep  
Lieut-Col.  
No. 2 Construction Batt'n. C. E. F.  
Officer Commanding.

Date MAR 19 1917



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 931834 (Rank) PRIVATE

Name (in full) JONES, Charles Manuel enlisted in  
the 2nd CONSTRUCTION BATTALION, C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at WINDSOR, ONT. on the FIFTH  
day of MARCH, 1917.

HE served in FRANCE (With 2nd CONSTRUCTION BATTALION)

and is now discharged from the service by reason of ON DEMOBILIZATION

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

Age 30

Height 5 - 6 1/2

Complexion DARK

Eyes BROWN

Hair BLACK

Marks or Scars

SCAR MIDDLE AND RING FINGER  
, LEFT HAND AND LEFT ARM, ALSO  
LEFT THIGH. TATOO LEFT

FOREARM.

Signature of Soldier

**DISCHARGE SECTION**

**MAR 21 1919**

**No. 1 District Depot**

*R. W. Jackson*

Issuing Officer

*Leut.*

*CAPT.*

Rank

**O. C. Discharge Section, No. 1 D. D.**

Appointment

**MARCH,**

Date of Discharge

Signed at **LONDON, ONT.** this **SEVENTH** day of **MARCH,** 1917

in Military District No. ONE

File Reference No. IDD-10-J-189

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

*[Red stamp: Discharge Section No. 1, U.D.]*

*[Red stamp: Discharge Section No. 1, U.D.]*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom *Mrs. Sarah Williams*  
 Address *808 Rose St*  
*Plymouth*  
*Ind; U.S.A.*

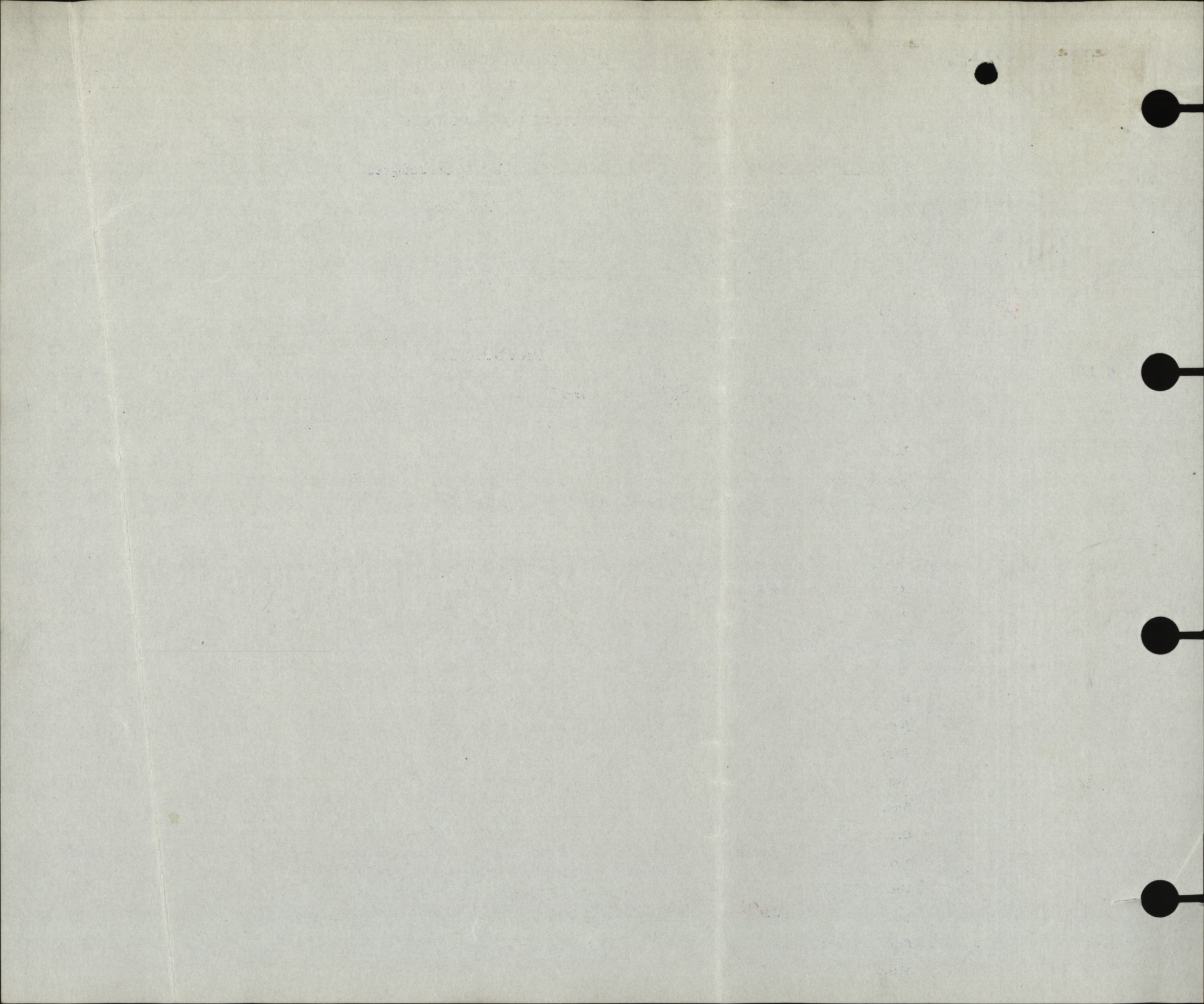
By Whom Assigned *Jones, C W.*  
 Regtl. No. *931834*  
 Rank *Pte.*  
 Corps *217<sup>th</sup> Const. Coy.*

SPECIAL REMITTANCE

Rate \$ *50<sup>00</sup>*

*P5-23 D240 1.2.18.* 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.		<i>U 50452</i>	<i>50 -</i>	
March				



J.P. Rank

Name

JONES, Charles Manuel.

Reg'l No.

931834.

Unit

No2. Const Bn.

If in perm. Corps  
What Unit?

Married or Single

Single.

Place and Date of Enlistment

Windsor. Ont. 5th March. 1917. Place of Birth Tacoma. Wash. U.S.A.

Name and Address, Next-of-Kin Mrs. Sarah Williams.

726 Blane Ave. South Bend. Ind. U.S.A.

Relationship

Aunt.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
"C"		Arrived in England ss "Southland"		7-4-17	
14.6.17	2nd Lt. B. B. C.	Arrived in France	France	17-5-17	St 40. 115.
6.12.17	N.S.P.	Jura Hosp Champagne	Jura	27-11-17	CH <sup>a</sup> 82 (Influenza Str.)
18-12-17	✓	Dischd to Duty		9-12-17	CH <sup>a</sup> 91 (✓)
16.12.18	N.S.R.D	TOS from 2nd C.C. pl. Bishop		24.12.18	10305-477 / 19.12.18 2nd C.C.
27-12-18	N.S.R.D	Tc to C.D.D. Rhye		27-12-18	S.O. # 313 + 44d / 20.2.19 1st M.D.W.
21-3-19	N.S.R.D	ceases ofc + in S.O.S to C. C. F. Canada M.D.1	Repon	28-2-19	-65
		(auth R.L. 23-6 Vol (14-17) RIF 3 17.3.19)	A.L. 17		

N/E. R.B. No. 7374.  
F.I.R.L.  
Category OR GAN

*Pre*

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









\* Strike out whichever inapplicable.

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

NAME: *JONES Charles Mannel*

EFFECTIVE DATE: EFFECTIVE DATE:

NUMBER: *931834*

AMOUNT: 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

*802 22/5/17. 16.5.17. L/Cpl. Pte*

UNIT AND TRANSFERS

ORIGINAL UNIT: *2 Construction Bn*

DATE ACCOUNT FIRST OPENED: *1 APR 1917*

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T 5 F D UNIT TRANSFERRED TO

*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
<i>9/12</i>	<i>6622</i>	<i>626</i>	<i>4.66</i>				
<i>10/12</i>	<i>3072</i>	<i>BRSE.</i>	<i>9.75</i>				
			<i>14.37</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
<i>802 24/5/17</i>	<i>1.05</i>	<i>10</i>		
	<i>1.00</i>			

PARTICULARS OF RENDERING NON-EFFECTIVE: *Purch for 11/19 L/Cpl. Pte. 284.70 to 357.31 19/12 NCR.*

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>MAR</i>	<i>Bal Ford</i>								<i>293 83 180</i>		
<i>apl</i>	<i>C/c Pay</i>	<i>34 50</i>		<i>AR 121 6/4 CFC 291</i>	<i>3 57</i>						
				<i>303 20/4 - " -</i>	<i>3 57</i>				<i>321 19 195</i>		
		<i>34 50</i>			<i>7 14</i>						
<i>May</i>	<i>C/c Pay</i>	<i>35 65</i>		<i>AR 498 7/5. CFC 1</i>	<i>2 68</i>				<i>354 16 210</i>		
		<i>35 65</i>			<i>2 68</i>						
<i>June</i>	<i>C/c Pay</i>	<i>34 50</i>		<i>AR 913 7/6 CFC 1</i>	<i>8 03</i>					<i>225</i>	
				<i>1109 27/6 ✓</i>	<i>3 57</i>				<i>377 06</i>		
		<i>34 50</i>			<i>11 60</i>						
<i>July</i>	<i>C/c Pay</i>	<i>35 65</i>		<i>AR 1333 10/7. CFC 1</i>	<i>3 57</i>						
				<i>CP. 16761 15/7 L/N</i>	<i>63 27</i>						
				<i>AR 1299 6/7 CFC 1</i>	<i>3 57</i>						
				<i>AR 883 10/7. CFC 1</i>	<i>97 33</i>				<i>244 97 240</i>		
		<i>35 65</i>			<i>167 74</i>						
<i>Aug</i>	<i>L/c Pay</i>	<i>35 65</i>		<i>AR. 1703 6/8 CFC 1</i>	<i>3 57</i>						
				<i>AR. 1951 2/8 ✓</i>	<i>3 57</i>					<i>255</i>	
				<i>16/5/17 to 31/8/18 47 days</i>							
				<i>erase instead of Pte</i>					<i>23 65</i>		
		<i>35 65</i>			<i>7 14</i>				<i>249 83</i>		
<i>Sep</i>	<i>PP</i>	<i>37 50</i>		<i>AR 2206 6/9 CFC 1</i>	<i>3 57</i>						
		<i>33</i>		<i>AR 2446 23/9 ✓</i>	<i>3 57</i>				<i>275 69 220</i>		<i>aged</i>
		<i>33</i>			<i>7 14</i>				<i>309 99</i>		
<i>Oct</i>	<i>✓</i>	<i>34 6</i>		<i>1694 7/10 6/10</i>	<i>9 13</i>						
				<i>2936 23/10 ✓</i>	<i>3 13</i>				<i>302 33 285</i>		
		<i>34 6</i>			<i>1 26</i>						
<i>Nov</i>	<i>PP new</i>	<i>67 10</i>		<i>3103 8/11 CFC 1</i>	<i>3 70</i>				<i>317</i>		
	<i>Int Ad Pay @ 15<sup>00</sup> 31/11/18</i>	<i>29 06</i>		<i>3310 23/11 ✓</i>	<i>13 06</i>				<i>369 43 265</i>		
				<i>66m 10/12 68/12</i>	<i>4 66</i>				<i>381 70</i>		
				<i>3278 18/12 BRDY</i>	<i>9 78</i>				<i>367 31 ✓</i>		
					<i>31 15</i>						

*24 25  
14 39  
38 64*



ORIGINAL

10-70-112 LAST PAY CERTIFICATE

Regt. No. 931834 Rank *1st Lieut* Name *Jones Chas Manuel*  
Corps *2 Const* who was *RO*  
on *21-3-19* to

The following is a statement of the account of the above named  
from *1-3-19* to *21-3-19*

from mon. of Bal Dr from L.P.C.		from mon. of Bal, Cr. from L.P.C.	278 25
ASSIGNED PAY:		Regt. Pay 80 dys. @ \$100	80 00
SEPARATION ALLOWANCE:		F'ld. All. 80 dys. @ \$10	8 00
OTHER CHARGES:		SEPARATION ALLOWANCE:	
PAYMENTS:		OTHER CREDITS:	
<i>03184</i>	<i>413 25</i>	Clothing Allowance	35 00
Bal. Credit (to be pd.)		Subsistence, 15 days	12 00
<i>Overseas</i>	<i>413 25</i>	Bal. Dr. (to be deducted)	
		(from soldier \$ )	
		(from Dependent \$ )	
			43 25

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ per month	at \$ per month	Subscribed \$
has been to	has been to	Pd. by other
<i>Nil</i>	<i>Nil</i>	Units \$
		Pd. by this
		Unit \$ <i>Nil</i>

Dependent or Beneficiary:  
Address: *Nil*

REMARKS: *RO 65 Res 21-3-19 Remot*

Date of Enlistment *5-3-17*  
If married and if Separation Allowance card submitted *7070*

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of this Unit.

Date: *7-3-19*  
London, Ontario.

*[Signature]*  
Captain.

Paymaster No. 1 District Depot.

This form must not be used when the Proceedings are for the information of the B.P.C. In such cases, M.F.B.227 is the only form applicable.

FOR ALL RANKS

PROCEEDINGS OF A MEDICAL BOARD (short form).

Place \_\_\_\_\_ Date \_\_\_\_\_  
Number \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_  
Corps \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Religion \_\_\_\_\_ Has he been Overseas \_\_\_\_\_

(1) Disease or Injury \_\_\_\_\_  
(2) Cause \_\_\_\_\_  
Where incurred \_\_\_\_\_ Date \_\_\_\_\_

(3) Disability \_\_\_\_\_  
(4) Present condition (describe fully) \_\_\_\_\_

(5) History \_\_\_\_\_

(6) Probable duration of Disability \_\_\_\_\_  
(7) Is officer or other rank fit for Category, A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_  
(answer yes or no).  
(8) If for treatment, specify nature of \_\_\_\_\_

The following is a statement of the records of the \_\_\_\_\_ President.

Place \_\_\_\_\_ Date \_\_\_\_\_ Member \_\_\_\_\_  
Approved \_\_\_\_\_ A.D.M.S., M.D.

Place \_\_\_\_\_ Date \_\_\_\_\_  
M.F.W.180.

P. 878.

Extract D.O. No. 17  
**SAILING LIST**

Unit.- 2 to 6 D

Date:-

Reg. No.

Rank

Name

931634

PTE

JONES, C.H.

931834

Canada

Struck off Strength of O.M.F. of C.  
on transfer to C.E.F. Canada.

No 21

Acted on

20-2-19

Ledger Ck.



66-35

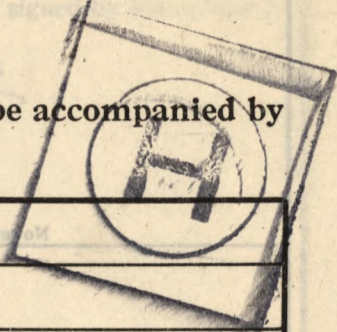
War Service Badge  
Class **A** No. 245404 Issued



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. 931834

Rank PRIVATE

Surname JONES,

Christian Name Charles Manuel

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 2nd CONSTRUCTION BATTALION, C.O.M.F.

Date of Discharge MAR 21 1919 DO 65 6/3/19

Place of Discharge LONDON, ONT.

### 1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	30 years	
Height	5 feet 6 1/2 inches	
Complexion	DARK	SCAR MIDDLE AND RING FINGER
Eyes	BROWN	LEFT HAND, LEFT ARM AND LEFT
Hair	BLACK	THIGH. TATOO LEFT FOREARM
Trade	Moulder	
Intended place of residence <small>(To be given as fully as practicable.)</small>	332 South Scott St., South Bend IND., U.S.A.	

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

**ON DEMOBILIZATION**

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 hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

*Dec 24 3/35*  
*letter d 50 35*  
*m 13805*  
*644*

2

66

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.

(Place)..... **LONDON, ONT.** *G. M. Jones*..... (Signature of Soldier.)

(Date)..... **MAR 21 1919** *[Signature]*..... (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place)..... **LONDON, ONT.**

(Date)..... **MAR 21 1919**

(Signature).....

*R. W. Jackson Lieut.*  
**O. C. Discharge Section, No. 1 D. B.**



**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.)

*[Handwritten signature]*

*B. M. Jones*

<p>Militia Form B. 232 Attestation Paper</p>	<p>Reg. Conduct Sheet Militia form B. 263</p>
<p>(a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared).</p>	<p>Company, Battery, Squadron } Conduct Sheet B. 263a Copies of Convictions, by C. P. in MS. Med. Hist. Sheet Militia Form B. 313 Medical Report for Invalids B. 237 Statement of Man's Account on Transfer and Last Pay Certificate D. 817 *Only if discharged "Medically unfit"</p>

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.

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.)

## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">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>
---	--

**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.**

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

10. Statement of Service.

Service toward Engagement in His Majesty's Service which on Date of Service is completed... years... months... days.  
Total... years... months... days.

11. Confirmation of Discharge.

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

(Place)



