Regtl. No. 3059667

### PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

	(Class	.)
1. Surname	Kent	
2. Christian name	Malco	olm
3. Present address	Hindo	on Hill, Ont.
4. Military Service Act letter and	number. PC 92	24985
5. Date of birth		et 15, 1895 en, Ont. 24
6. Place of birth(town, township or county	Minde	en, Ont. 27
(town, township or county 7. Married, widower or single	Sing	gle
8. Religion		byterian
	Tio 20m	
10. Name of next-of-kin		
11. Relationship of next-of-kin	Fath	er
12. Address of next-of-kin	Hind	on, Hill, Ont.
		/
15. Medical Examination under M		
		7 A.11
I, Malcolm Ken above particulars refer to me, and a	Acoustic Control of the Control of t	, do solemnly declare that the (Signature of Recruit)
DES	CRIPTION ON CALLING	G UP
	yrs10	mths. Distinctive marks; and marks indicating con-
Height 5		ins. gential peculiarities or
Chest	1. 36½	ins.
	nsion	ins. \ Nil
Complexion Fai	.F	
Eyes. Blu		
HairBro		MumanMajor
	00 C.	ist Jepot Bn., E.O. Regt., C.E.F.
	0 C.E.	st Pepot Bn., E.O. Regt., C.E.F. Depot Btln. Regt.

molecula registre

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

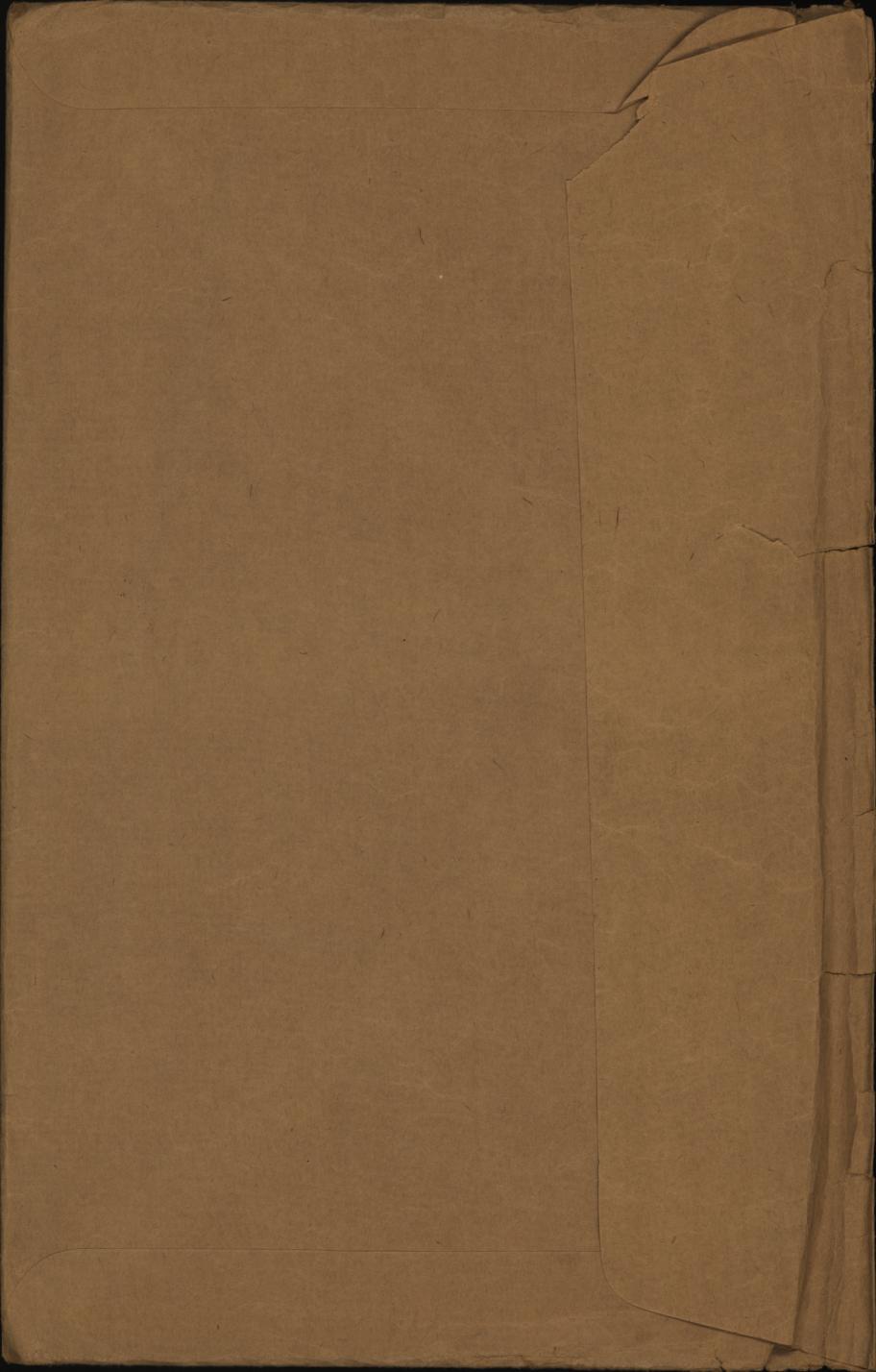
- L. Christing name.
- S. Present address
- - - 12. Address of next-of-kin.

DESCRIPTION ON CALLING UP

Complexion

M. F. W. 111. 000 M. -8 17. 1977-39-1108.

REGIMENTAL DOCUMENTS NAME KENT. Maje of m. (Bt) REGT. NO. 305-966 YUNIT 6: CAN DE AL O. FILE NO. M. F. W. 2505 CONTENTS TO WHOM FORWARDED NON-EFFECTIVE BY DATE RECEIVED DATE FORWARDED REFERENCE DEATH A TESTATION PAPER (M.F.W. 23, 133, or 51) CASUALTY FORM (M.F.W. 54 or A.F.B. 103) Category TRAINING HISTORY SHEET (M.F.W. 113) FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) DISCHARGE MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) Category DENTAL HISTORY SHEET (M.F.B. 465) 06087 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) MEDICAL EXAMINATION (M.F.W. 129) TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) DESERTION DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) LAST PAY CERTIFICATE (M.F.W. 44) PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) PARTICULARS OF CHARACTER (A.F.W. 3226) COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) 407036 W. 2589 180M-11-18 1772-39-1377



# 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.

"Rwab meg to IX. L. d. b. a. org. now		
Unit or Corps k	No305 966 Rank Ote Surna	me KENT
(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)  7. GENERAL DESCRIPTION:  Physique 48.1. Weight 1.6.5	and the same	(Given name in full)
(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)  7. GENERAL DESCRIPTION:  Physique 48.4.  Weight 16.5.  Nutrition 44.  Nutrition 54.  Nutrition 75.  Pulse 75.  Condition of arteries 2.  Condition of arteries 2.  Condition of arteries 2.  Wision Rt. 16.  Hearing (conversational voice) Rt. 2.  Hearing (conversational voice) Rt. 2.  Has Officer or Other Rank ever suffered from, or has be now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)  Nervous System 16.  Special Senses 26.  Integumentary System 16.  Special Senses 27.  Integumentary System 16.  Integu	1 H B.	macoin of
Physique 98.1. Weight 65 lbs. Height 5. it. 9. in. Colour of Eyes Blue.  Nutrition 91.1. Weight 65 lbs. Height 5. it. 9. in. Colour of Eyes Blue.  Nutrition 91.1. It. Identification marks, scars, or deformities. (Give cause and date of origin).  Condition of arteries 2. Identification marks, scars, or deformities. (Give cause and date of origin).  Vision Rt. 1. It. Left 7. It.  Hearing (conversational voice) Rt. 7. It.  Left 7. It.  Opinion as to general health and physical condition  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 7. It. Cardio Vascular System 7. Special Senses 7. It. Left 7. Integumentary System 7. Respiratory System 7. Digestive System 7. It.  Osseous and Joint System 7. Any other general condition 7. It.  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.  Nonvailletts. 7. The C. G. Hoop. 9-5-19 526-5-76  "Had where 16 No. 1. It. 1. It.  "Was where 16 No. 1. It. 1. It.  "Was where 16 No. 1. It. 1. It.  "Was where 16 No. 1. It. 1. It.  "Any where 16 No. 16	Unit or Corps b. Birth	place menden ens, bonada
Physique \$3.4.4. Weight \$\limits \frac{1}{2} \limits \frac{1}{2} \	(Examination of Officer or Other Rank (stripped)	to be made by one Medical Officer.)
Nutrition  Pulse  Condition of arteries  Nision Rt.  While Left  Hearing (conversational voice) Rt.  Wision as to general health and physical condition  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  M.  Special Senses  M.  Integumentary System  Disturbance of Mentality  M.  Muscular System  Osseous and Joint System  M.  Any other general condition  J.  Joint System  Osseous and Joint System  M.  Any other general condition  What where 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.  What where the first the first that the	1. GENERAL DESCRIPTION:	
Identification marks, scars, or deformities.  (Give cause and date of origin).  Vision Rt	Physique	leight. 9in. Colour of Eyes Blue
Condition of arteries (Give cause and date of origin).  Vision Rt. 1966 Left (Sub)  Hearing (conversational voice) Rt. 2.1		
Hearing (conversational voice) Rt. 2.1ft.  Left. 2.1	Pulse	dentification marks, scars, or deformities.  (Give cause and date of origin).
Hearing (conversational voice) Rt. 2.1ft.  Left. 2.1	Condition of arteries	mil.
Definion as to general health and physical condition  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		
Definion as to general health and physical condition  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	Hearing (conversational voice) Rt.24ft.	
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	Left 2-/ft.	
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	Opinion as to seneral health and physical condition	and.
(Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)  Nervous System		
Special Senses	(Answer "Yes" or "No") (Subjective evidence may	be sufficient in certain cases.)
Osseous and Joint System M.Any other general condition	Nervous System	n. 200 Cardio-Vascular System 200
Osseous and Joint System M.D. Any other general condition	Special SensesZuDIntegumentary System	Respiratory System
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.  "Had whereald surface on both briefs."  "Reval veg to K.L. & G. & g. Row. Now.	Disturbance of Mentality MbMuscular System	10Digestive System, Pla
of origin; and also a description of the present condition.  Lonsillitis. #14 C. G. Hoop. 9-5-19 \$26-5-19  "Had whereled surface on boil bonsels."  "Reval veg to IX.L. & G. &rg. now	Osseous and Joint System M.A.Any other general con	adition 200
of origin; and also a description of the present condition.  Lonsillitis. # 14 C. G. Hoop. 9-5-19 \$26-5-19  "Had whereled surface on boil brisils. "Rwab was to IX L. d. b. a. org. now	3. If the answer to any part of Section 2 above is "Yes." I	nere give full particulars, with cause and date
"Rwab meg to IX. L. d. b. a. org. now	of origin; and also a description of the present condit	tion.
"Rwab meg to IX. L. d. b. a. org. now	You n: 00 to #1/1 P.	Q Horp 9-5-10 \$26-5-10
Rwal neg to IX L. & G. a. org. now		
Rwal neg to IX L. & G. a. org. now	" Had whereled so	unface on both lonals.
cours of a 11 h. of our of	"Pure I mes to IN. &	& I. B Are. now
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Prisent cordition, tousils still enlarged.	Present confitie	tousile still enlared
- 0:1.6.1	2 1:1.1.1	Ja.
(If space is insufficient, continue on back of form.)		on back of form)

## **EXAMINATIONS**

THIS SECTION FOR USE OVERSEAS—
Examined at Ceaford (Overseas)  Date 31-4-19 Signed Signed Signed
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.)
The state of the s
THIS SECTION FOR USE IN CANADA—
Examined at(Canada)
Date
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 a Medical Board.)
(T) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

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

Rank Name Kent Maleolm Reg'l No. 3059667.

Unit 100th Dft Ist BnE What Unit? Married or Single Single

Place and Date of Enlistment Barriefield May 16:1918 Place of Birth Minden Ont. Name and Address, Next-of-Kin William Frank Kunt

Hindon, Hill, ont.

Relationship Father

Assigned Pay Monthly \$

Payable to

Separation Allowance \$

Payable to

elationship

Relationship

Discharge, Date and Place

Reason

Character

					URIOSOFY ASSET CONTRACTOR OF THE STATE OF TH
Repor	From whom received.	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.
	0	Arrived in Er	ngland. 15	8 18 8	S BELLEROPHON
4.9.18	6 ct Res.	J.O.S. from Canada	Leaford	15.8.18	PID70.209.
23.6.19.	11	S.O.S to Canada	11 11	23.6.19	. Do.141 S.L. 71.
				2617	
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Repo	aut		The second secon			
Date.	From whom received.	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.	
1						
						Mild to the second

### Casualty Form—Active Service.

	Unit, Regiment or Corps. IST. Del	ot on, to h	egt., G. E.F.	
	CEF	ne / www	M	alcolu
Enlisted (a)./6/	Terms of Service (a)			from (a) /6/5/18
Date of promotion present rank	Date of appointme to lance rank	nt}	Numeric	cal position on of N. C. Os.
	Re-engaged.	Qualification (b		
Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-	A 1 1 1 1		Remarks
Date From whom received	norted on Army Form R 213 Army Form	Place	Date	taken from Army Form B. 213, Army Form A. 36, or other official documents
	Overseas Draft No 100 D. O. No 200 0. 38-7-13	1st Depo	1/000/. t Bn., E.C	Simt Capt. & Adjt.  D. Regt., C.E.F.
	Reberked Ganada	Eontrool.	26- <b>2-1</b> 8 15-6-28	. Hellerophon".
20 0 0 00	desa Zacada oth Rosa Bna	Sonford.	10-0-10-	Pt.11.B.O. no. 209.
6-19 000	Son bransfer to Obt in Banada Il Agnitaria	do -	4-6-19 -3 -3	Bo 134,  lieut. Officer 1/c Records,  8th Can. Res. B.

 <sup>(</sup>a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Report Record of promotions, reductions, transfers,

	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-	Maria Maria	NO. ATOMICS	Remarks
Date	From whom received	ported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	taken from Army Form B. 213, Army Form A. 36, or other official documents
		EMBARIEN LVF F BE GI 23.1. 9. D HALIF X 17 9	EWSER ED	le go grig	for holdentral to the same following the same follo
	ms	LEW SON LAF	. & . DJT.	to be group	A much profit and are deposited from the control of
3 - <b>(</b> 2	-19.5.0.	S3. XX Discharged .47	Kingfton,	Mch	2. Order. 1.8.9  Major rea Station
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	A. 40				

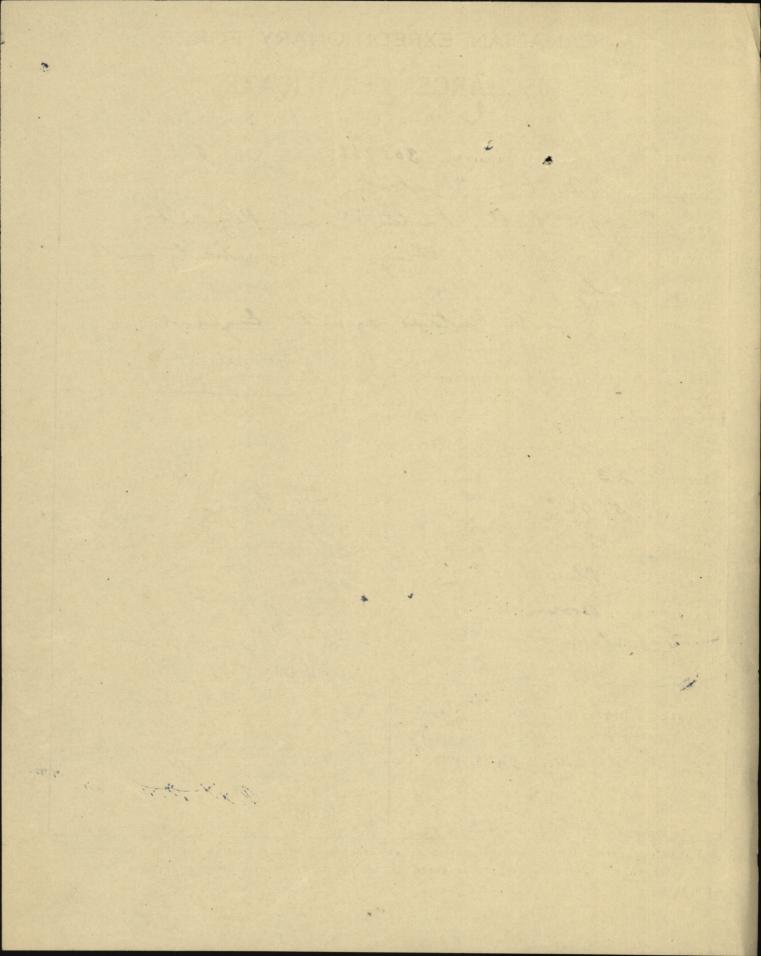
#### CANADIAN EXPEDITIONARY FORCE

# DISCHARGE CERTIFICATE Service Badge Class...C.

THIS IS TO CERTIFY that No. 30	59667 (Rank) Pte
Name (in full) Wet, Male	
the 1th Defot Batt. Easter	n O tario Regiment
CANADIAN EXPEDITIONARY FORCE at Kin	gstom on the westy fourth
day of July 1918	
HE served in Eastern Ontario	Regimet, England
	Demobilization.
and is now discharged from the service b	y reason of Medical Unfitness.
THE DESCRIPTION OF THIS SOLDIER on t	he Date below is as follows:
Age 2-3	Marks or Scars
Height 5'9"3"	hone
Complexion Fair	
Eyes Blue	
Hair Brown	
Maloren / Kent	(Allanda Cantain
Signature of Soldier.	for O. C. Dispersa Area Station H
AREA SA	Issuing Officer.
Date of Discharge KINGSTON ONT.	
S JUL 4 1919 F	Rank
7. 2.	
QISTRICT OF	Date

N B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL OTTAWA, CANADA.

M.F.B. 39A.



#### MEDICAL CASE SHEET.\*

No. in	Regimental No. Rank.	Surname.	Christian Name.
Admission and	3, - 2113 0-	4 4	
Discharge	3059667 Pt.	Kent	M.
Rook.		The state of the s	
8857	Unit.	Age.	Service.
9-5-19.	6 the Caw Res.	73	10
10,7	- · · · · · · · · · · · · · · · · · · ·	23	-12.
		3	
Station	Disease Jonsillitis		
and Date.		Reported sick.	9/5/19
	Taken sick. 8/5/19		/ ~
HO. 14 CHANGER	Enlisted 24/7/18	Previous occupa	tion. Farming
GENERAL HOBPITAD			S. Maria Control of the Control of t
Characutas,	To instand. 15/8/18	Pomity History.	Brother, nephritis.
	To Homes		
	Fo France.	- Sick.	
-7	Ex France.	- Wounded.	** *** *** *** *** *** *** *** *** ***
	Complaints.	The second second	
	Some the	oat.	
	The state of the s		
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	Previous Illness:- Meas  a child  Influenza	On of	by Andrew
	ah. Od Wess	les 4 mil.	my pox when
	a court.	m + 1210	
4-4-2	Influenza	act. 1918.	
	Present Illness:-		
	First notices	I some the	at 8/5-40
		-	7/1
	Reported nes	It mornin	ig and
		to hospita	7
	On arrival	here Dwal	taken from
	tousils, and	ent to Labor	atory for examin
	Physical Examination:-		
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-	Eyes. Bors.	lio so	-Throat. red
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12-5-19	Uringlysis: -3 3 3	1 2000 ×	00 7
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	23 2	1000	33.
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	21000 Gaz dai O.	85/	629
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Station and Date. Throate Twale: "No diptheria or Vincento organismo found" T.P.R. 100-92-20 23-519 Lonsils are quite nom 24/5/19 Discharged Cat.

M.S.A. 15.

# MILITARY SERVICE ACT, 1917.

1043

# MEDICAL HISTORY SHEET.

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

1. Surname	Kent Chris	stian name	Mal colm		1
2. Number of report for ser receipt or schedule	vice or claim for exemption	according to Postm	aster's		
3. Consecutive number on		for service (if he a	ppears		
				The state of the s	
The following are accura	ate particulars with reg	ard to the above r	named man as asce	rtained by the	
	n on the 5				
undersigned medica	l board sitting at	L	INDSAY		
5. Age as stated 22	Years 3 Months.	6. Apparent age	22 Years	3 Months	***
7. Height <u>5</u> Fee	t 9 Inches.	8. Weight	143 Pounds.	i i	•
9. Chest measurement \( \) Mi	nimum 33 1/2ns.	Camalanian	Poir (E	yes Blue	
Ma	ximum 36 1/2ns.		(H	air Brown	
11. Physical development.	good	{ Good Fair Poor 12. Si	mallpox marks	0 %	
13. Number of vaccination m	Right arm 0				
	(Left arm 0		ccinated last	Man	
15. Distinctive marks and ma	rks indicating congenital pecu	iliarities or previous di	sease	nii d	
(Strike out disease adm	Rhenmatism Tuberculosis We find r Syphilis itted or suspected.)	no evidence of past {	Rheumatism	Signature of Man	
We have examine in accordance with the medical examinations, an	ed the above named m. C. E. F. Regulations of the decimal of the control of the c	for A II. V.	n. r.		
Jer	Member.		Im sepa	Member.	
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Joined 16 th	day of may	191 8 at	Dani	ufull a	mp
	Corps	'TL NUMBER	HABITS	DATE	
Joined on enlistment	st Depot Bn. E O.	Regt, C.E.F.		ANSW	HEL
Transferred to					
EXAMIN	ED OR DISCHARO	GED BY A ME	DICAL BOARD	).	
STATION	DATE	DISKASE	RES		2
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84	1.	Date of Arrival				ES OF				Number of	Remarks on natur	e of the disease; how induced; if mild or severe; if com	Signature of
K	STATION.	at the	Into Hospital Hom Hospital.		Romarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.								
109	1 - 1	Station.	Day	Month	Year	Day	Month	Year		Hospital.	appliances supplied.	Particulars of prophylactic inoculations.	Officer.
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M. F B. 465 100m.—7-16. 1772-39-950

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CANADIAN ARMY DENTAL CORPS

DIVISION..

NAME OF SOLDIER....

No 306 9667

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DENTAL HISTORY SHEET The second secon . . . . . .

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

#### DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London KENT N. NAME OF SOLDIER (Bleck Letters) 3059667 6th. RES REGIMENT RANK No. 4/6/19 Date of Examination in England Date of Examination in France 11 12 .13 15 16 23 24 25 26 27 28 32

DIRECTIONS TO DENTAL OFFICERS

- I. This form will be made out for each individual at the time of Demobili zation in England or France.
- 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
- 2. EXTRACTIONS
- 3. CROWNS
- 4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

MO

HAS HE EVER REFUSED DENTAL TREATMENT?

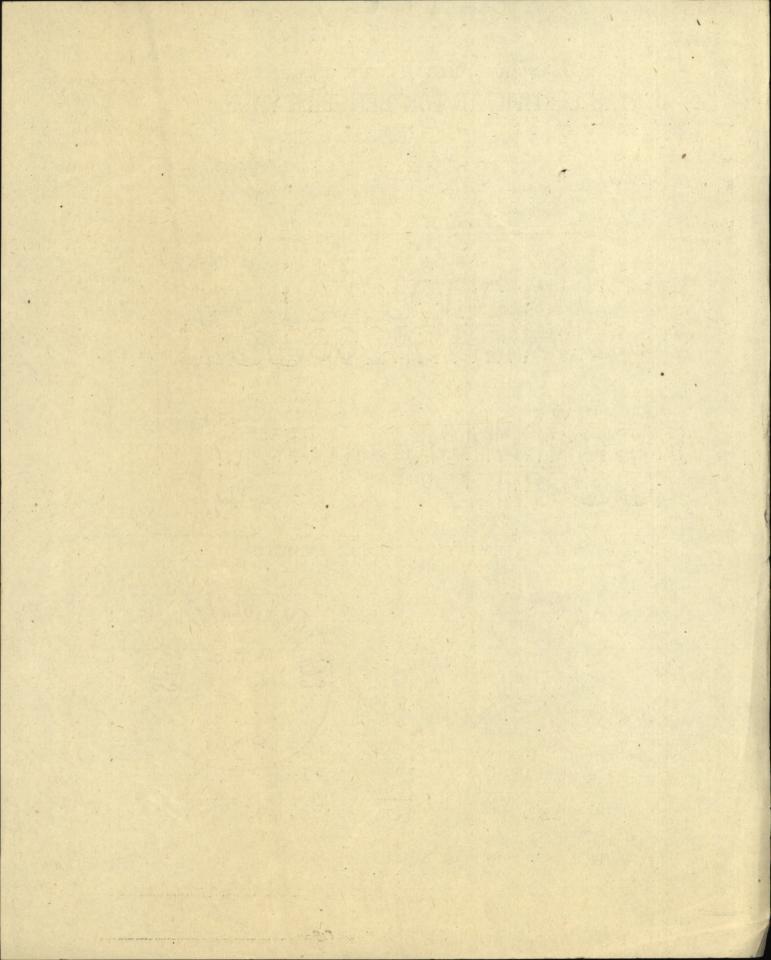
HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England
- (c) In France

1318 Bralon Tapp

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Signature of Dental Officer\_



Diagnosis. 3059667 Ptc Kent 72-81 Officer i/c Laboratory. Please carry out an examination of the accompanying specimen of Urine with special regard to Date. 12 5 \_ 1919 ... Cht. Francisco... LABORATORY REPORT. Color. aules (chaudy) and Reaction. 3.G. 1002 neg Sugar. Post++ Albumen. Caasconal Cucaogle Debus Microscopic. Costs not forget Dpecial. Dete of Exam. May 12 1919 \_ MAY 1919 1 Officer i/c laboratory. The state of the s

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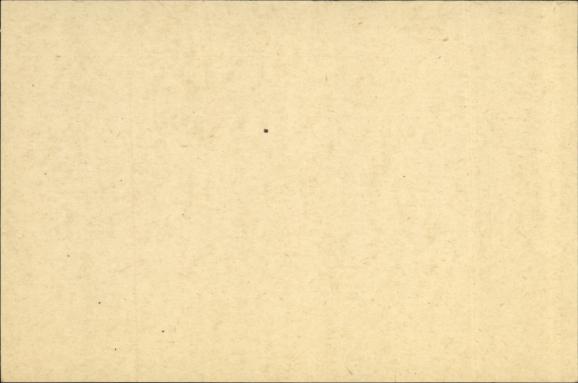
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Reg. No. 3059667

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ENLISTMENT, PLACE Canada. Minden. Onthate. aug. 15th 1895.

REC. FILE. 3

REC. FILE. 3 REASON. D.O. Part II No 34 ADDRESS ON DISCHARGE. DOCUMENTS. ADDRESS Hindon Hill Ont. R/O.1-7-19 356 0/8.28/7/18/346 L. L. 20496-M. & D. 7908-100m.

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> M. F. W. 42—100 M.—8-18. H.Q. 1772 39-893.

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(See Document Card for M.H. Sheet and other Documents.)	IP.T.O.



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Surname KEA	
Christian Name	Malcolm
	Theatre of War Congland
Date of Service	12/8/18
Remarks	minden
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Roll No. a Page	34//
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DESP. JUN 11 1923

REGN. No.

H. Q. Reference
No. 9059667 Rank pte Unit 62 Reserve
Surname / Kent
Christian names Malcohn.
Kindly forward Medals, to which I am entitled by reason of my
service in 6th Commercian reserve Port
with "I commation Reserve Bate
(Unit with which served in Theatre of War)
No
Street Hundan Hill.
County Halaharton Maleahn Hent
Signature)  (Signature)

POSTAGE FREE

## SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

P 820 12474--375M-13-2-18. ENGLAND OR ASSIGNED SEPARATION NAME:-KENT Malcolm. ENGLAND OR \* CANADA. PAY. ALLOWANCE. DATE:- 18 EFFECTIVE NUMBER: - 3059667. DATE :-AMOUNT :- 1500 :: -PARTICULARS OF RANK OR APPOINTMENT AMOUNT: 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 RANK OR APPOINTMENT Kinden Window Hill the UNIT AND TRANSFERS ORIGINAL UNIT 100 DATE ACCOUNT FIRST OPENED: - 1/5/11 DATE DATE LEOGER EFFECTIVE SHEET T'SF'D UNIT TRANSFERRED TO AUTHORITY 6 th Re EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK UNIT PAID BY AMOUNT DATE OF NUMBER UNIT PAID BY AMOUNT 14 69H & Bourns 10 2 / DAILY RATES OF PAY AND ALLOWANCES AUTHORITY P.F.A. PAY PARTICULARS OF RENDERING NON-EFFECTIVE Fransferred & launde 16/14 NRR. 98/3. Deford. 7/5/19. mp. 3. LPG. #3. 73 DR 2. DR. 3. DR. 4. BALANCE DEFERRED PARTICULARS DR. 1 CR. 1 | CR. 2. PARTICULARS MONTH Sal from Can 31/4/18 23 C. a. P. Selv . 1454 Bourley. 3.9.18 26 73 " 4498- 6 Res- 28.9.18. Ver Cala. 38 53 nou 9 73 15.11.18 Dec 34/10 6921 11.12.18 6Res 3410 973 7182.23.12.18 Tele 30 80 75.82. 9.1.19 V 7 30 9 33 8202 231.19 0 Cap. 8578. 13.2.19 Mich bas? 15 34 10 973 9049. 25.2.19. 730 9429 133.19 274 9842. 21.3.19 973 1490 Torward

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dispara 71.

SHORT FORM. War Service
PROCEEDINGS ON DISCHARGE No.
(Demobilization.) Badge 2 cone
1. No. 305-9667
2. Rank. Private
3. Name. Kent, Malcolm
3. Name. Kent, Malcolm 4. Unit. 6th Car. Res. Butta. E.O. R.
5. Date of Discharge 4 - 7. 19 Place Kingston
6. Reason for Discharge Demobilization
7. Authority. R 6 1894
8. Proposed Residence after Discharge
Minder, artario

9 CERTIF	ICATE TO BE SIGNED BY SOLDIER.
I hereby acknowledge that	at the undernoted place and date I received my discharge Certificate
W F W 339	
5 × 3	Mater by Lent
23.44	C O O Di annal Anna Stational L

Signature of Soldier.

10.	1.1.1	CONFIRMATION.	
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25	The	discharge of the above named man is hereby confirmed.	
4			
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	Trace	KINGSTON Q	
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Signature ... C. Disposed Discharging Unit.)

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## LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	
Proceedings of Medical Board	
Dental History Sheet	
Medical Report	
Regimental Conduct Sheet	
Company Conduct Sheet	

Particular of a cruit (36

2. Casual v. Form (x.F.B. 103)

8. Medical History Sheet (M.F.B. 313 or x.F.B. 178).

4. Proceedings of M. d. Board (M.F.B. 22, or M.F.W.129)

5. Double of M. d. Board (M.F.B. 22, or M.F.W.129)

5. Dental terrican (C,A,D,C, 5009a).
6. Field tondact Sheet (A,F,B, 122)
7. Proceedings on Discharge (M,F,B, 218a)
8. Discharge terrificate (M,F,W, 39)

(Enclosed 1) special envelope (260M)), 9. Copy of Di charge Certificate (M.E.W. 39a).

10. Dispersal Cerriscate (C.D.3)

11. Equipment Statement Q,M,G. Form (D.O.S. 2),
and Clothing:

12. Last Pay Certificate (P. 851).

18. Pay Book (V. B. 64).

14. War Service Gratuity (Form M.F.W. 2098),

15, Sundry Documents.

Checked by

Date.

## MILITIA AND DEFENCE

Separation and Assigned Pay Branch 4433

Date of Assignment

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

	RATE OF ASSIGNMENT	
1500		

PARTICULARS OF SEPARATION ALLOWANCE No. 3059667 Discharge Address Soldier's Name Kent Maleon Change of Address Depot-Batter E.O.R. Draft-100 MRS.WM.F.KENT, HINDON HILL, Beneficiary ONT: 15 % 3059667 PTE MALCOLM KENT 15.00 Relationship FIFTEEN DOLLARS Address

	Date 8	Cheque No.	Amount S/A	Amount A/P	Total		9957-m-	7 REMARKS		
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## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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RATE OF	ASSIGNMENT	

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.		Name
Rank Promoted	Reverted Discharge	Address
Soldier's Name		Change of Address
Battalion		1
Beneficiary		2
Relationship		3
Address		4

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M. F. W. 128. 4'0M. G. 7-172-39-1141 L. L. 22320-M. & D. 7993.								
L. F.								

CLINICAL CHART. Rank and Name Pla Reut n Case Sheet.) Military Hospital Corps No. 30 5 9667 Age\_\_\_\_\_Service\_ Date of admission May 9 & \_ Date of discharge\_ Disease. \_\_ Result exof Que Observation Days of Disease Temperature Fahrenheit 107° 106° 105° 104° 103° 102° 101° 100° , 99° 98° 97° Pulse per Minute Respirations per Minute Motions per 24 hours Signature Own Trefry, Capt, In charge of case. (6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Corps					(To be attached to Case Sheet.)																	pital_	Army Form B 181.									
No			Rank and Name  Date of admission									Date of discharge_																				
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Days of Disease																								200				10.50				
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Signature\_

In charge of case.

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES NEXT OF KIN RELATIONSHIP PARTICULARS AUTHORITY TRANSFERRED TO AUTHORITY ADDRESS Malcolm Rent P. O. Minden Out. nil DATE AUTHORITY IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE PAYABLE TO

15 70 1/8/19

ADDRESS Phisodon Hill ATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS RELATIONSHIP TO WHOM PAID mil ADDRESS STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE DATE REASON IF ENTITLED TO POST DISCHARGE PAY DISCHARGED ACQUITTANCE ROLLS REGI-BALANCE CASH PAYMENTS OTHER TOTAL ASSIGNED PAY AND F.A. TOTAL OTHER MENTAL CHARGES DEBITS PAY CREDITS CREDITS COL. NO. 1 COL. NO. 2 COL. NO. 3 COL. NO. 1 COL. NO. 2 COL. NO. 3 PARTICULARS OR REMARKS MONTH NO. OF RATE AMOUNT BALANCE FROM PREVIOUS ACCOUNT 487 500 100 92 30 00 100 4180 35 00 973 15052 440 Overpaid # days on dischar m. 7. W 2595 Rec 259 S. Q 80.89 8a. War Service Gratuity lot Payt & & Gas above 5000 92 days @ Minimum 21000 21000 140 70

M. F. W. 2596.

