

ATTESTATION PAPER.

No. 687295

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

1. What is your surname?..... Mason
- 1a. What are your Christian names?..... Charles Herbert
- 1b. What is your present address?..... 1376 Broadway W. Vancouver B. C.
2. In what Town, Township or Parish, and in what Country were you born?.....
3. What is the name of your next-of kin?..... Chelsea Quebec
Robert Mason
4. What is the address of your next-of-kin?.....
- 4a. What is the relationship of your next-of-kin?..... 1376 Broadway W. Vancouver B C
Father
5. What is the date of your birth?..... June 7 th, 1881
6. What is your Trade or Calling?..... Accountant
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?.....
10. Have you ever served in any Military Force?.. 31 St. B. C. Hors e Vancouver
If so, state particulars of former Service. 6th D. C.O.R. 5 Th. C G. A.
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,....., 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 Herbert Mason (Signature of Recruit)
Date..... 19th January 1916..... *Sgt Adams* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Herbert Mason, 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 Herbert Mason (Signature of Recruit)
Date..... 19th January 1916..... *Sgt Adams* (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... Vancouver this... 19th day of... January 1916.
Chamberlain (Signature of Justice)

Description of Mason, Charles Herbert on Enlistment.

Apparent Age 24 years 6 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.)

1 Vac L

Height 5 ft. 6 ins.

Chest measurement { Girth when fully expanded 37 1/2 ins.
 Range of expansion 3 1/2 ins.

Complexion Dark

Eyes Brown

Hair Brown

Religious denominations { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 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 29th Dec 1915

Place Vancouver B.C. J. Woodley
 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:—

for attention dental corps.

CERTIFICATE OF OFFICER COMMANDING UNIT.

Charles Herbert Mason 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.

J. P. Owens O.C.U. (Signature of Officer)

Date 28/11 1916. Q. B. 172nd C. E. F.

AP
7-3-19

DISCHARGE DOCUMENTS

R. O. No.
H. O. No.

S

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

Name MASON, CHARLES, HERBERT
 Regt. No. 687295 Rank C.S.M. Inst.
 Corps C.O. U.S.
Demobilization

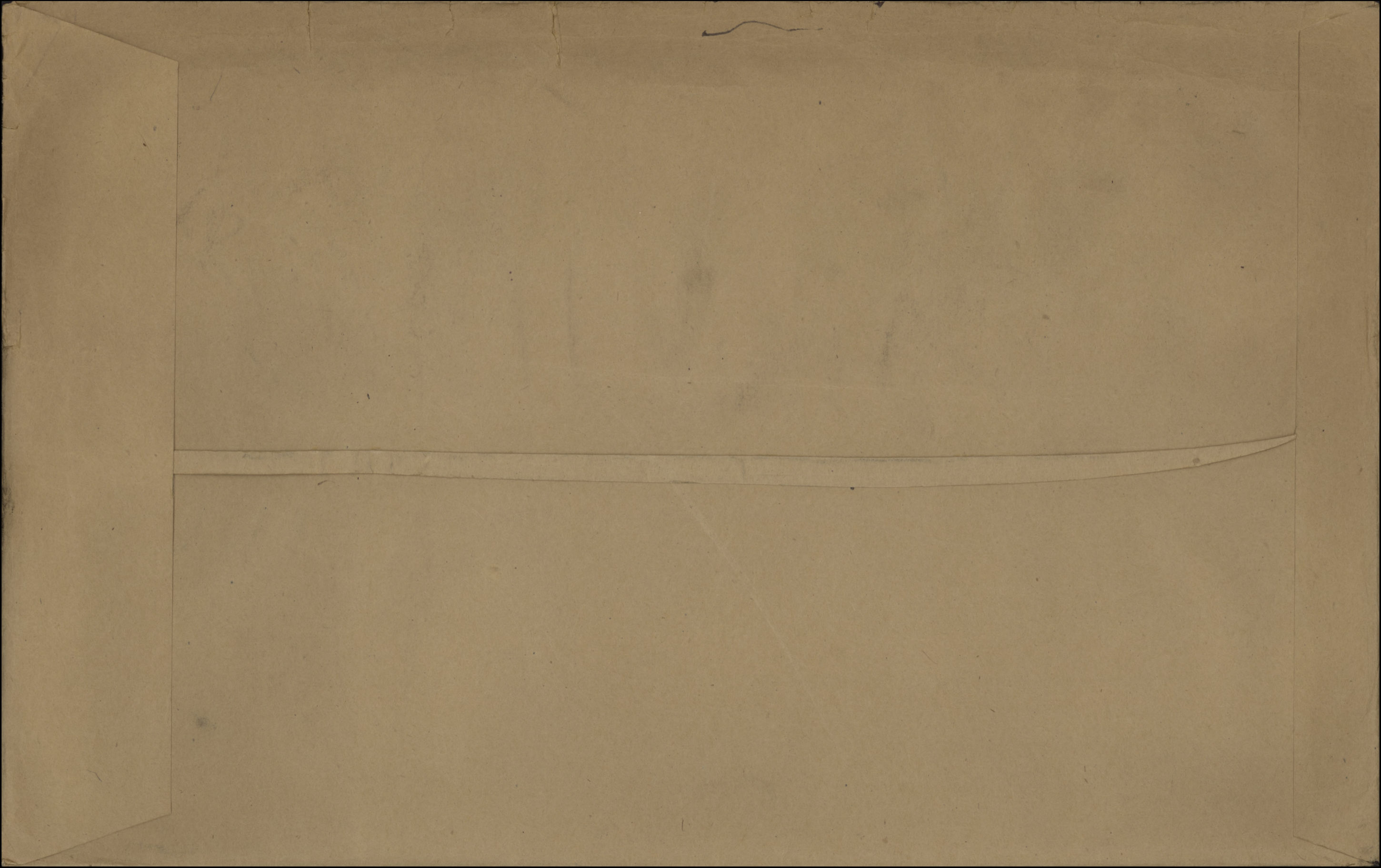
11152

H

Last Pay Certificate.....
 m Lu 129-2
 m fu 67-2
 m fw 178-1

1 Index
 1 Pay Card

40-2
 20-2
 13-2



REG. NO.

687295.

NAME

Mason, G. H. ^{10329.}

(SURNAME FIRST)

RANK

C.S.M. 2.

CORPS

C.A.G.S.

AGE

36.

SERVICE

26/12. Can.

NAME OF HOSPITAL

Isolation

PLACE

Victoria

DATE OF ADMISSION

9.3.18.

DISEASE

Measles.

DISCHARGE

(Date Quitted)

OPERATION

DISCHARGED TO DUTY

Yes.

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

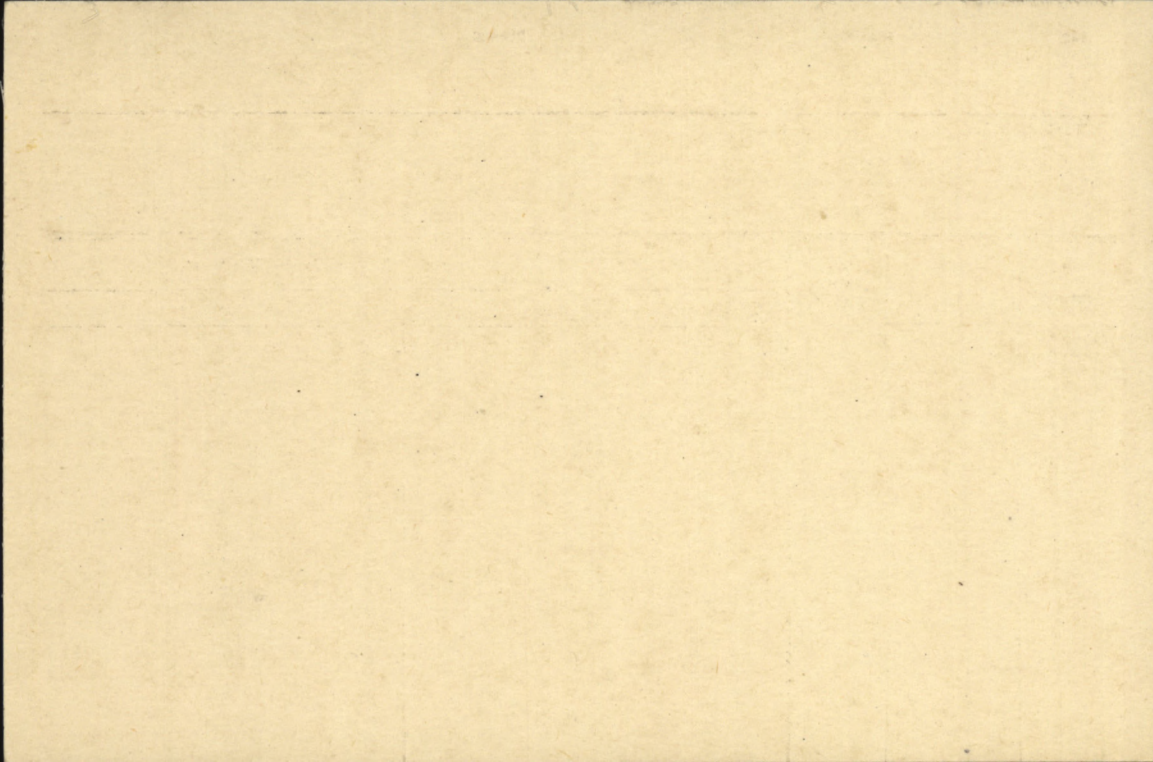
No. 687295 RANK Q M.S. Sgt.,

NAME Mason C #

T.O.S. trans from UNIT 225th Battalion C.E.F.
 172nd Br
 (Co. 216 of 18-10-16)

M. D. 11

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 Oct 17	1916 Oct 31	L		
	Nov	X		
	Dec	X		



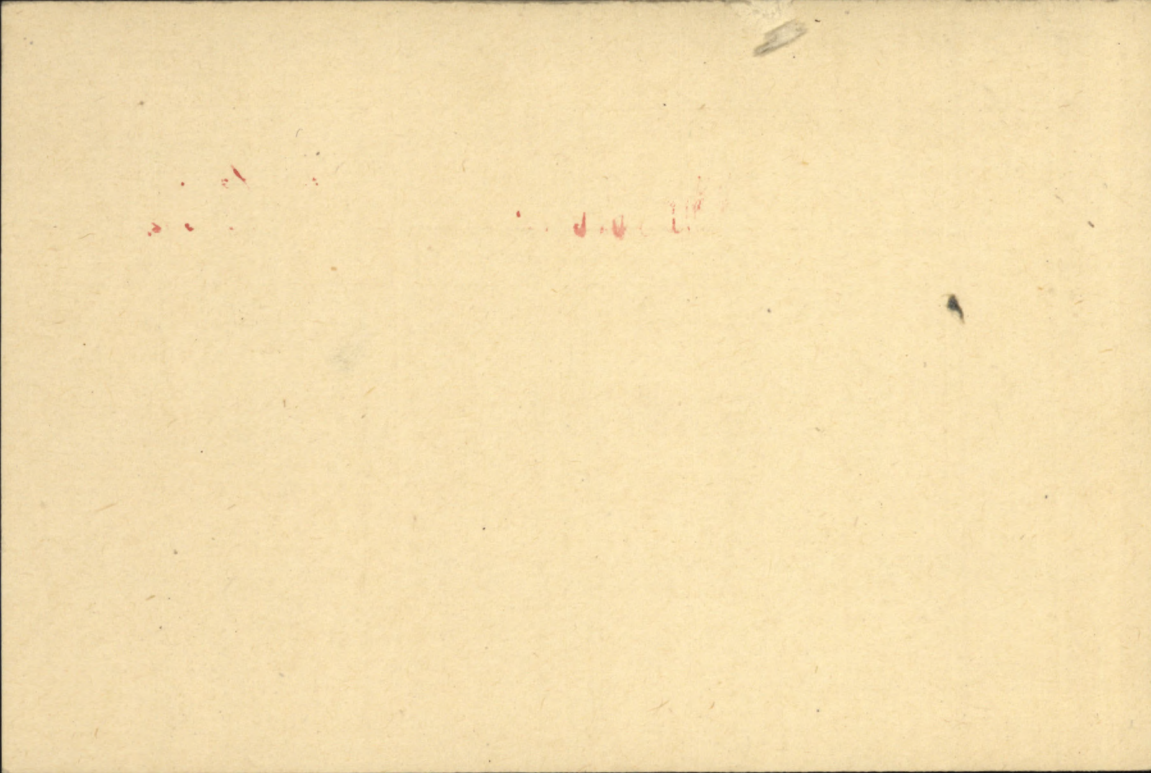
No. 687295 RANK *Plt.*NAME *Mason, C. H.*

T. O. S. 19-1-16 D.O. of UNIT 172nd Battalion, C. E. F.

Jan. 1916.

M. D. 11.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Jan. 19</i>	<i>Jan. 31</i>	<i>✓</i>		
<i>Feb.</i>		<i>✓</i>	<i>Pvt. 2/1st. 1-2-16.</i>	<i>D.O. 5 of 29-2-16.</i>
<i>Mar.</i>		<i>✓</i>	<i>Pvt. 1st. 16-2-16.</i>	<i>D.O. 9 of 29-2-16.</i>
<i>Apr.</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug.</i>		<i>✓</i>		
<i>Sept.</i>		<i>✓</i>		
<i>Oct. 1</i>	<i>Oct. 16</i>	<i>n.</i>	<i>Trans. to 225th Bn. 16/10/16</i>	<i>D.O. 165 of 16/10/16.</i>



No. 687295

RANK

C. O. M. S.
C. S. M. S.

NAME

Mason C. H.

T. O. S.

UNIT

Can. Army Gymnastic Staff

Transferred to C. A. G. S. 16-6-17

D. O. 1839, 1-7-17

M. D. H. B.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID

PAID

SIG.

OR

REC'T

FROM

TO

1917 1917

June 16 July 31 ✓

Aug ✓

Sept ✓

Oct ✓

Nov ✓

Dec ✓

1918 1918

Jan. 1 Jan. 31 ✓

Feb. ✓

Mar. ✓

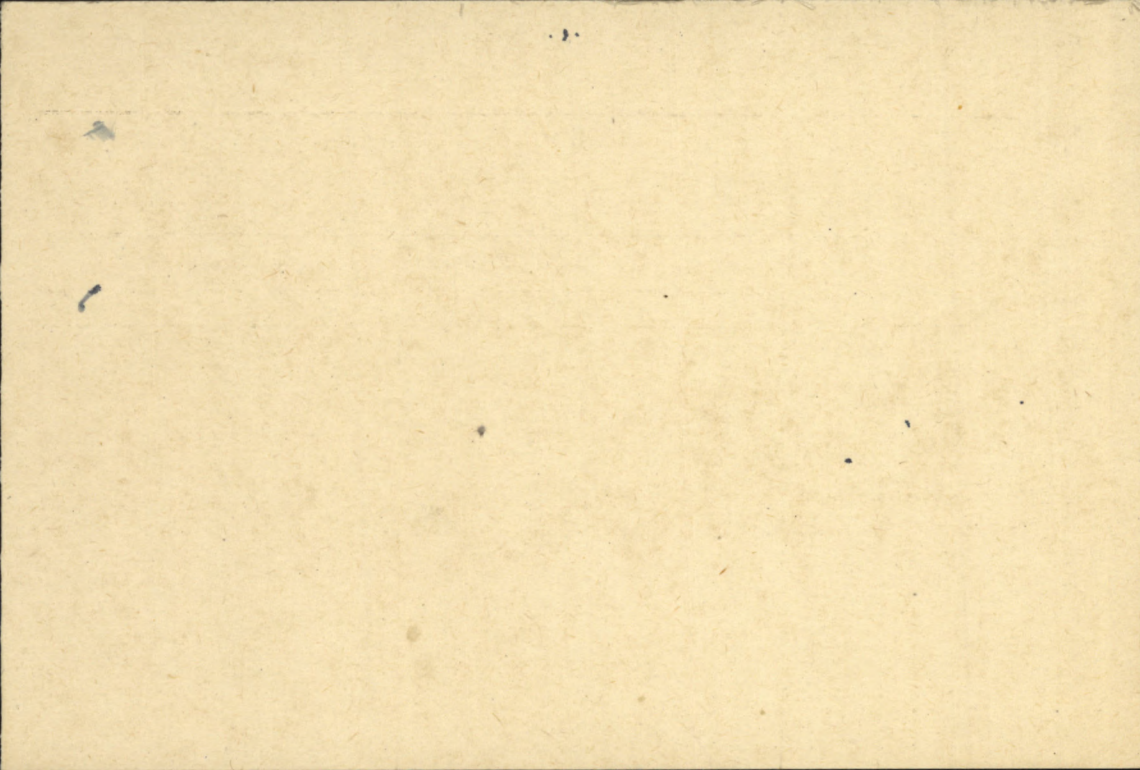
April ✓

May ✓

June ✓

Promoted C. S. M. S. 4-8-17

D. O. 260 of 17-9-17



No. 687295 RANK

Sgt.

NAME

Mason C

A

T. O. S.

Transferred from

UNIT

*88th Regiment Victoria**220 Box 16-1-17**DU132 16-1-17*

M. D. 11

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

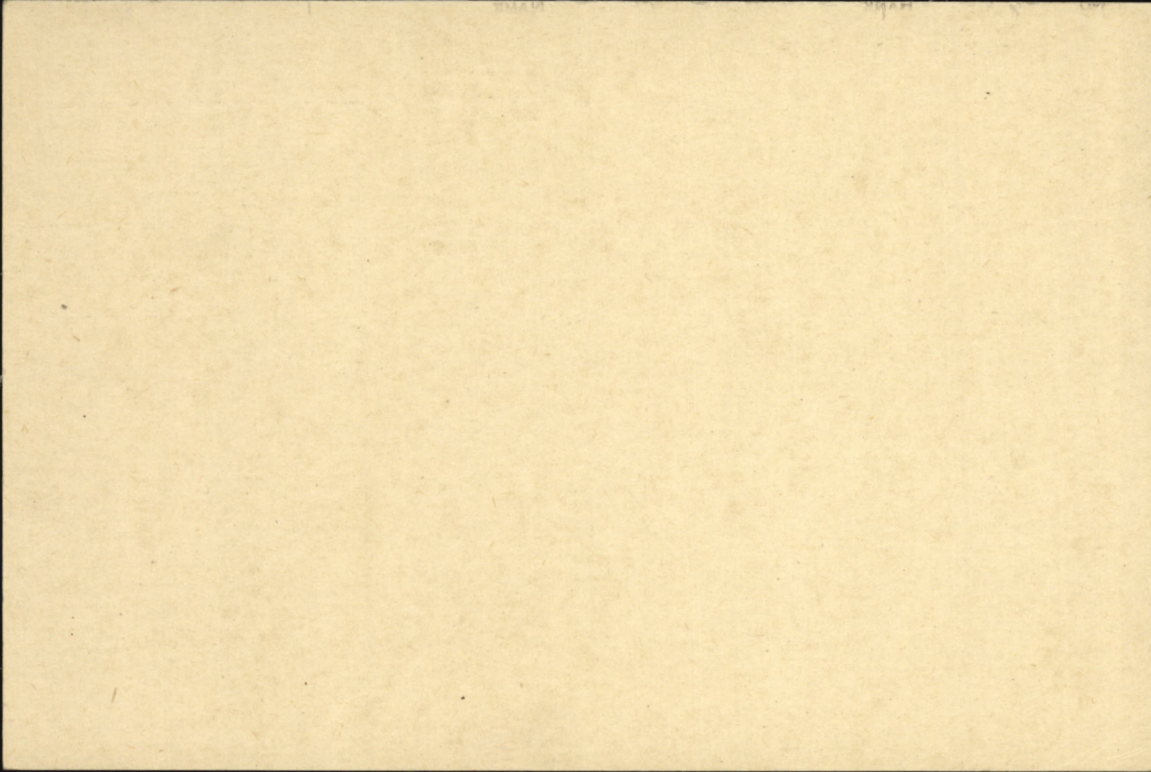
PARTICULARS

AUTHORITY

1917

1917

*Jan 16**Jan 31**n**Feb**✓**Mar**c**Apr**✓**May**c**June 1**June 15**c**Transferred to Army Staff
16.5.17**D 147 23.6.17*



NAME *Mason Charles Herbert*

*802 No 18-219 "Demol"
NO 46 of 15-219 C.A. Staff*

RANK & No. ~~Pvt.~~ *Serjt.*

687295.

CORPS ~~172 nd. 225th~~ *88th Regt. Reinf.*

Batt.

ENLISTMENT, PLACE *Vancouver, B. C.* DATE *Jan. 19, 1916.*

FORMER CORPS *31st. C. I. A. Van. 6th D. C. O. R. + 5th C. I. A.*

COUNTRY OF BIRTH *Canada Chelsea, P. Q.*

NEXT OF KIN *Mason Robert (Father)*

ADDRESS OF NEXT OF KIN *'1376 Broadway St., Vancouver, B. C.*

DISCHARGE, PLACE

DATE

*Trans. from 225th to 88th Regt. Reinf. Auth. 88th Regt. Reinf. U.R. 2/14/17.
Trans. from 172nd to 225th Br. Auth. 225th Br. 2.19.31-10-16.*

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Accountant

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

34 YEARS

6 MONTHS

HEIGHT

5 FEET

6 INCHES

CHEST MEASUREMENT

37 1/2 INCHES

EXPANSION

3 1/2 INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

1 Vac. L.

MEDICAL EXAMINATION.

PLACE

Vancouver, B.C. DATE *Dec. 29, 1915.*

Present Address. 1376 Broadway W. Vancouver.

REMARKS:

B.C.

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 172nd C. E. F.

Regimental No. 687295 Rank Private Name Mason, Chas. Herbert,
C. E. F.

Enlisted (a) 19/1/16 Terms of Service (a) C. E. F. Service reckons from (a) 19/1/16

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

Extended _____ Re-engaged _____ Qualification (b) Spirit-Cont. P.T. & D.F. Cont.

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				
1. Ottawa	16/6/17	transferred from S.S. M.D. to Cals with rank of sergt.		16/6/17	A.O. Cals DO 183 of 1/7/17. Wetton Captain. and Adjutant C. A. G. S.
3. Ottawa	19/4/18	admitted to hospital on		9/3/18	A.O. Cals DO 109 of 19/4/18 Wetton Captain. and Adjutant C. A. G. S.
4. Ottawa	19/4/18	Discharged from hospital		1/4/18	A.O. Cals DO 109 of 19/4/18 Wetton Captain. and Adjutant C. A. G. S.
2. Ottawa	17/9/17	Promoted C.S.M.I. as of		4/8/17	A.O. Cals DO 260 of 17/9/17. Wetton Captain. and Adjutant C. A. G. S.
5. 18/2/19		Discharged on		15/2/19	A.O. Cals DO 46 Ind. Inc. Service. 430 M.D. II Captain. and Adjutant C. A. G. S.

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

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

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..... 172ND BATT. C.E.F.

(2) Regimental Number..... 684 295

(3) Full Name of Soldier..... Charles Herbert Mason

(4) Place of Birth..... Chelsea, Que.

(5) Are you married, or not?..... Not.

(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*
If so, state name and address *Robert Mason 1376 Broadway West Vancouver B.C.*

(10) Is your Mother alive? *Yes*
If so, state name and address *Mary Mason Same Address*

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

(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.

A. R. Owens M.C.
Officer Commanding.

Date *OCT 11 1916*

JAN 2 1917

Joe Mackay
Lt. Col.
Commanding
The 225th Kootenay Battalion, C. E. F.

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. 687295 Rank C.S.M. Surname Mason
(Give name in full)
Charles Herbert
 Unit or Corps C.A.S. C.E.F. Birthplace Chelsea, Quebec, Canada

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

1. GENERAL DESCRIPTION:

Physique Good Weight 142 lbs. Height 5 ft. 6 in. Colour of Eyes Brown
 Nutrition Good
 Pulse 72
 Condition of arteries Normal
 Vision Rt. 20 Left 20
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

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

Scar left side upper lip, cut playing Lacrosse, 9 years ago.

Opinion as to general health and physical condition Both 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 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.

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 **FEB 18 1919** Signed *L. H. ...* 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 *C. H. ...*

(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]

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 687295 (Rank) Company Sergeant Major
Name (in full) Charles Herbert Mason enlisted in
the 172nd Battalion
CANADIAN EXPEDITIONARY FORCE at Vancouver, B.C. on the 19th
day of January 1916
HE served in Canada
and is now discharged from the service by reason of Reduction of Forces in Canada
under Authority Routine Orders 1328 of 18/1/1918.

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

Age 37
Height 5 feet 6 inches
Complexion Dark
Eyes Brown
Hair Brown

Marks or Scars

1 Vaccination - Left
Scars left side - Upper lip

C. H. Mason
Signature of Soldier

J. C. MacE. G. Major
General Staff Officer M. D. No. 11

Issuing Officer

Date of Discharge 18th February 1919

Rank

Signed at Victoria, B.C. this 18th day of February 1919

Appointment

in Military District No. XI.

File Reference No. 34-M-1163

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

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

BC

172nd Batta

MEDICAL HISTORY SHEET.

Surname Mason Christian Name Charles Herbert

Examined { on 29 day of Dec 1915
at Vancouver BC

Approved by J. Woodley
Rank Lt. Col. M.O.

Birthplace { City or Town Chelsea
County Quebec

Apparent age 34 years 6 months

Trade or occupation accountant

Height 5 Feet 6 Inches

Weight 144 Lbs.

Chest measurement { Minimum 34 inches.
Maximum expansion 37 1/4 inches.

Physical development Good

Small-Pox Marks

Vaccination Marks { Arm Right Left
Number 1

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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

Date	Result	VACCINATIONS.
<u>14/10/16</u>	<u>P</u>	<u>Gh Campbell</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>29/9/16</u>		<u>Gh Campbell</u> M.O.
<u>3/10/16</u>		<u>Gh Campbell</u> M.O.
<u>14/10/16</u>		<u>Gh Campbell</u> M.O.

Enlisted on 19th day of January 1916 at Vancouver, BC

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	172ND BATT. C.E.F.	87295		
Transferred to.. ..	<u>18 Oct 1916</u>	225th O/S Battalion C. E. F.		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
OCT 12 1916	VERNON, B. C.		<u>Y. J. H. Branch</u> <u>alleny, McHair Captains</u> <u>R. C. Weldon</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.

Isolation Hospital

CASE HISTORY SHEET.

No. 687295 Rank CSM 2 Name Mason CH Age 36

Unit CAGS Completed years of service 26 1/2 Where and how long British Columbia Alberta 2004

Date of admission March 9/12 Date of discharge

Diagnosis Measles Place of origin Millar Camp Victoria BC

CONDITION ON ADMISSION AND PROGRESS OF CASE TEMP. 100.

Ornithosis
Conjunctivitis
Slight Bronchial affection

Nil

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

No. T.B.

No. Mental or nervous Diseases

TREATMENT

(Especially any specific or special form.)

Expectorants
Antibiotics

CONDITION ON DISCHARGE

(and disposal made of case.)

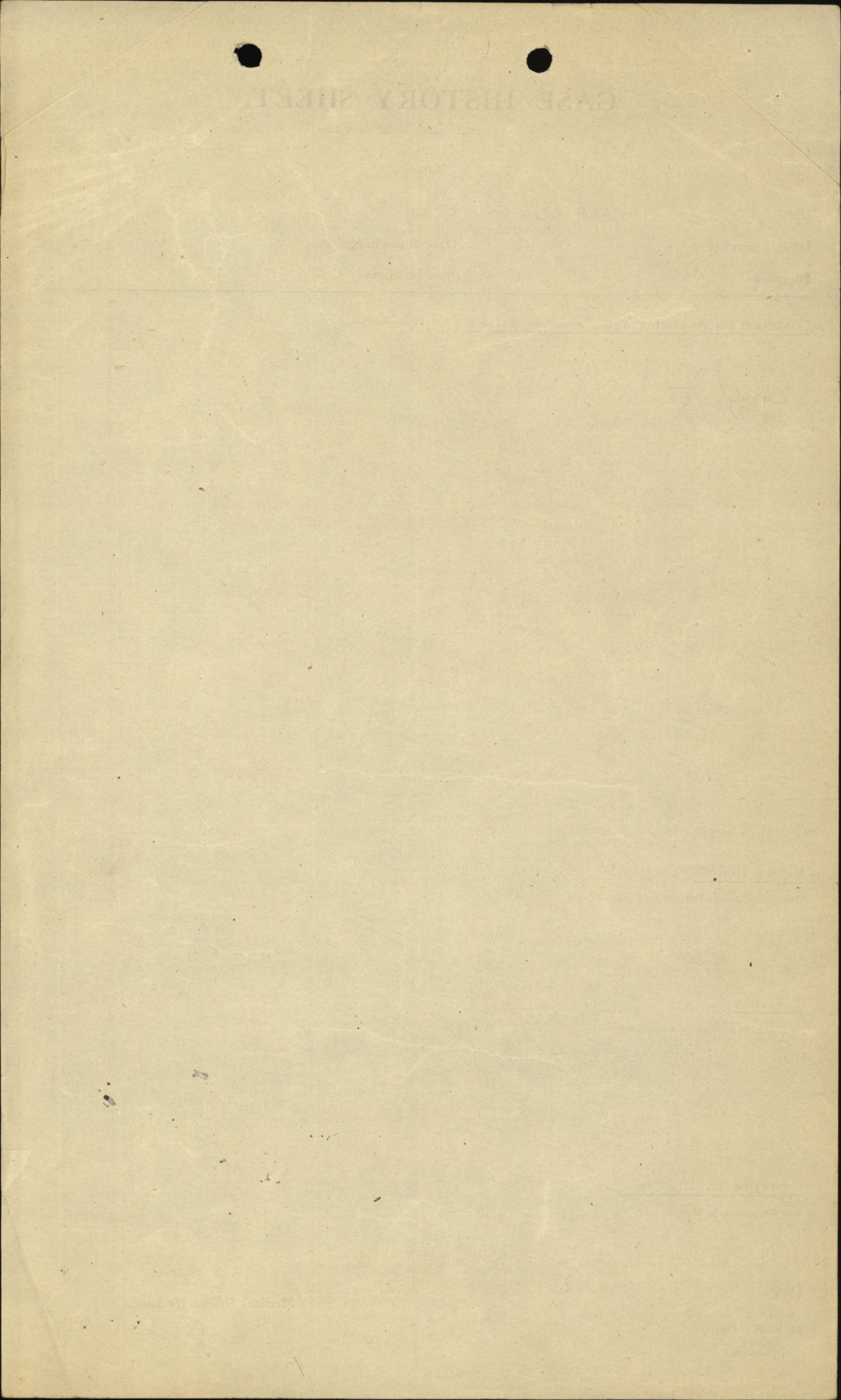
Date

Sheehan
Medical Officer i/c case.

Captaine
10329



CASE HISTORY SHEET



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 687295 Rank C.Q.M.S. Name Mason, Charles Herbert
 Corps 172nd. Battn. C.E.F. who was* Transferred
 (attached to 88th. Regt. V.F.)
 On 15th June 1917 to 1st June 1917, to C.A.C.B. Victoria, B.C.
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st June 1917 to 15th June 1917 the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No. <u>1293</u>		<u>48 00</u>	Regt'l Pay <u>15</u> days at \$ <u>1c 50</u>		<u>22 50</u>
			Field Allow. <u>15</u> days at \$ <u>c 20</u>		<u>3 00</u>
Assigned Pay No.			Other Allowances* <u>Subs</u>		<u>22 50</u>
Other Charges*			Other Credits*		
Payment on transfer or discharge No.			Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
Total		<u>48 00</u>	Total		<u>48 00</u>

*Give Particulars.

A monthly stoppage of \$..... (†) has (‡) been paid on account of Assigned Pay for the month of 191... to (Assignee).....
 (Address).....

(†) 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..... 19-1-16
 (2) if married and if a Separation Allowance Card has been submitted..... Yes
 (3) cause of discharge and authority..... Transferred

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date.....

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date..... 21st June 1917

Place..... W. H. Mason *Paymaster*

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

91-8-31-348

CANADIAN CONTINGENT

LAST PAY CERTIFICATE

The following is a statement of the amount of the award...
On this day of the month of 1911...
I have received the sum of \$101.00...

Particulars	Amount
Basic Pay	\$101.00
Gratuities	
Other	
Total	\$101.00

Amount of award \$101.00
Paid to account of...
On this day of the month of 1911...

On the amount of \$101.00...
I have received the sum of \$101.00...
I have received the sum of \$101.00...

Attest:
I have received the sum of \$101.00...
I have received the sum of \$101.00...

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1188 (D.P. 250M-12-18.
1772-89-903.

LAST PAY CERTIFICATE

DEPT. MILITIA & DEFENCE
AUG 13 1919
H.Q. CANADA

Regimental No. 687295 Rank C.S.M. Name Mason, C.H.
(Surname first)
Unit Can Army Gyn Staff who was* discharged
On 18 Feb 1919, to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st Feb to 18th Feb 1919,
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		
Regimental Pay..... <u>18</u> days at \$ <u>1 c. 60</u>		<u>28 80</u>
Field Allowance..... <u>18</u> days at \$ <u>c. 20</u>		<u>3 60</u>
Separation Allowance.....		<u>18 00</u>
Clothing Allowance.....		<u>35 00</u>
Post Discharge Pay. <u>3 payments of \$100*, 3 yrs service in Canada</u>		<u>300 00</u>
*Other Credits..... <u>Subs allowance @ 1-00 p.d.</u>		<u>18 00</u>
Advances.....		
Separation Allowance and Assigned Pay Cheque No. <u>4939</u>	<u>73 00</u>	
*Other Charges <u>Balance of War Service Gratuity to be paid</u>	<u>200 00</u>	
Balance on transfer or on discharge, cheque No. <u>4931</u>	<u>130 40</u>	
Total.....	<u>403 40</u>	<u>403 40</u>

*Give particulars.

A monthly stoppage of \$ 25^{xx} (†) has..... (‡) been paid on account of
Assigned Pay for the month of Feb 1919..... }
and Separation Allee. for month of 18 Feb 1919..... } (to) Assignee Mrs. E. R. O. Mason
2275 Woodlawn Crescent
Monterey Av. Victoria B.C.
(Address).....
(†) 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..... 19th Jan'y 1916..... married or single Married.
(2) Separation Allowance, entitled or not..... Yes..... (3) Reason for discharge..... Demobilization.....
(4) Authority for discharge or transfer..... R.O. 1328.....

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 18th Feb'y 1919
Place Ottawa, Ont.

[Signature]
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. 1307, 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 purposes 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 Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

15

Dept. of Veterans Affairs
DEPARTMENT OF VETERANS AFFAIRS

Ottawa Ont.

To ● Copy for H.O. file

GEN SUBJ. IA

Date

Feb 5/64

Attention of

Charged to

NAME MASON, Charles Herbert

SERVICE
NUMBER

687295 CEF

C.P.C. No.
W.V.A. No.

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. DVA. January 24th 1964 Vancouver B.C. Tele Memo

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Jan 12/64

Cause of Death

Place of Death Shaughnessy Hospital Vancouver B.C.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~DO.~~
H.O.

Destroy form if advice of death already received.

E.P. Richards
for
Chief, Central Registry

Office of the

Attorney General

Washington, D.C. 20530

Section of

Administrative

Services

Division of

Legal

Administrative Services Division

Memorandum for the Director, Administrative Services Division

Subject: [Illegible]

Reference is made to your memorandum dated [Illegible]

Enclosed for the Director are [Illegible]

Two copies of the [Illegible]

One copy of the [Illegible]

Very truly yours,

[Illegible Signature]

Approved: [Illegible]

Date

34- m-1163
aa/31/19

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.	687295
Rank	Company Sergeant Major Instructor
Surname	Mason
Christian name	Charles Herbert
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	Canadian Army Gymnastic Staff
Date of discharge	February 18 th 1919.
Place of discharge	Victoria, B.C.



1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Age.....	years.....	months.....	Descriptive marks
Age	37			1 Vaccination - Left Scar left side - Upper lip cut playing Lacrosse 9 years ago.
Height	5		6	
Complexion	Dark			
Eyes	Brown			
Hair	Brown			
Trade	Accountant			
Intended place of residence (To be given as fully as practicable.)	1376 - Broadway West Vancouver, B.C.			

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

Reduction of Forces in Canada

Authority for discharge *Routine Orders 1328 of 19/1/1919 Para 7*

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.

Exemplary.

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.)

Mason

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

(OVER)

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

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).....

J. B. Mc Guire Major
General Staff Officer M. D. No. 11

(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) *Victoria, B.C.* *C. H. Masell* (Signature of Soldier.)

(Date) *18th February 1919.* *J. V. Russell* (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.

C. H. Masell (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed) *3* years *30* days.

Total *3* years *30* days.

11. Confirmation of Discharge.

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

(Place) *Victoria, B.C.*

(Signature) *J. B. Mc Guire* Major
General Staff Officer M. D. No. 11

(Date) *18th February*

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.)

Cheque received on discharge being short
the sum of Nineteen and $\frac{28}{100}$ (\$19.28) Dollars
being Separation Allowance or Subsistence
Allowance up to 18th February 1919.

C. H. Masar

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Discharge Certificate.

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List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</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 style="text-align: center;">(a) Proceedings on Discharge</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
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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.