Triplicate

ATTESTATION PAPER.

No. 266782

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Moore
1a. What are your Christian names?	Robert
1b. What is your present address?	Stranraer, Sask.
2. In what Town, Township or Parish, and in what Country were you born?	Manchester, England.
3. What is the name of your next-of kin?	Robt. Moore (Sr.)
4. What is the address of your next-of-kin?	Stranraer, Sask.
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	22nd. Oct. 1899.
6. What is your Trade or Calling?	Farmer
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 or naval Force? If so, state particulars of former Service.	No.
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14. If so, what was the nature of the disability?	Nil.
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No.
16. If so, what was the reason?	Nil

R. M.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Moore, (Jr.), 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.

Robert Moore (Signature of Recruit)

Date January 7th, 191 8. J. E. Smith (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Moore, 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.

Robert Moore (Signature of Recruit)

Date January 7th, 191 8. J. E. Smith (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 Regina, Sask. this 7th day of January 191 8.

D. A. Cameron J.P. (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Robert Moore on Enlistment.

Apparent Age 19 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height	5 ft 8 ins.
Chest measurement. Girth when fully expanded	36 ins.
Chest measurement. Range of expansion	5 ins.
Complexion	Fair
Eyes	Gray
Hair	Brown
Religious denominations. Church of England	Yes
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 Jan 7th 1918.

Place Regina Sask

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:—

wounded in
Flanders
Seymour Ross Capt

CERTIFICATE OF OFFICER COMMANDING UNIT.

Robert Moore Jr 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.

G. L. Bennie Major (Signature of Officer)

Date Jan 7th 1918.

6-10-19

REGIMENTAL DOCUMENTS

NAME MOORE Robert. REGT. NO. 256782 UNIT S.R.D. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	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)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129)					Demob.
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				30004	
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
3	Miscl					
1	Bkg					
1	Cover					
1	Cos					
1	Pension					
1	Pass.				480064	

W 2589
100M-11-18
17.2 38 1377

12 CARD NO.

S.O.S Dis 20-9-19

FOLL

O.S. 263 20-9-19

Demob #12 DD

SURNAME. Moore

CHRISTIAN NAMES Robert (Jr.)

REGL. No. 256782 RANK Pte.

UNIT Sask. Regt. 1st " Dpo Bn

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Moore, Robert (Sr.)

RELATIONSHIP TO SOLDIER Father.

ADDRESS Stranraer, Sask.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England, Manchester, DATE Oct. 22nd " 1899.

PLACE OF ATTESTATION Regina. Ont. DATE Jan 7th " 1918.

O/S-25-3-18-1123/7

R/C 14/9/19 407/45 Pte

L. L. 25989. M & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

hs

Number. 256782 Rank. Pte

Surname. MOORE

Christian Name. Robert

Units S.R. Theatre of War England

Date of Service. 3-4-18

Remarks.

Latest Address. G.P.O. Stranraer, Sask.

Roll No. a Page 1443

No. Rank Name

T. O. S. Unit

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY

DESP. APR 20 1922
REGN. NO. 4527583

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. First Sask Depot Bn C.E.F.

Regimental No. 256782 Rank Pte Name Moore Robert

C. E. F.

Enlisted (a) 6/1/18 Terms of Service (a) DURATION OF WAR Service reckons from (a) 6/1/18.

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) Farmer Military Fair Farmer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked	Canada	24.3.18.	H.M.T. Missanabie
		Arrived	England	3.4.18.	
APR 9 1918		Taken on the Strength of the 15th Can Res Battn. BRAMSHOTT.		4 APR 1918	PART II. DAILY ORDERS No. 99
	D.C. 15th RES. BN.	STRUCK OFF STRENGTH TO	RIPON.		PART II. DAILY ORDERS No. ADJUTANT 15th RESERVE BATTALION

(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.

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				

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103—I. Part I.

(1) *Substantive rank	(2) Regiment or Corps	(3) Regtl. No.
Private	3rd Dft., 1st Bn. Sask.	256782
*Acting rank		
*(To be entered in pencil to facilitate alteration.)		
(4) Surname: MOORE.		
(5) Christian Names: Robert		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin (*vide* A.C.I. 578 of 1918)		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*) Jany. 7th. 1918 (11) Engagement (*c*)

(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

(Authority) (*date*)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single: Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin: Father: Mr. Robert Moore, Stranraer, Sask.

(18) Demobilizer (*f*) (Place)

(19) Pivotal-man (*f*) (Date) Signature of Posting Officer

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(22) Extended (23) Re-engaged

(24) Miscellaneous entries:—

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

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

Nothing to be written in this margin.

(6 28 19) W10416—P2151 100,000 3/19 HWV(R1460) Forms/B. 103/8

Copy Original not available

(A) Report: Date	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
9 4/18	15th Res.	D.O. 99	T.O.S. from Canada	Ripon	4 4/18	
12.6.19	"	" 163	A.W.L. 11 days 8½ hrs. awd. 28 days F.P. No. 2 Forfeits 12 days pay	"	4 6/19	
13.6.19	"	" 164	S.O.S. to S.R.D. and on Command 17th. Res.	"	13 6/19	
27.6.19	S.R.D.	" 139	T.O.S. from 15th. Res.	"	17 6/19	
"	"	" 148	Ceases on Command to 17th. Res. & on Command to Area Pool, Ripon	Witley	23 6/19	

Certified Correct.

F. J. Bruce LIEUT

FOR LT: COL: I/C RECORDS. C.O.M.F

24.8.19 Rejoined D.O. 111 T.O.S. WITLEY

S.O.S. O.M.F.C. TO CEF CANADA 1/9/19

REGINA DISPERSAL AREA "O"

T.O.S. R.O. ..... (D.D.O. 263 Para. 3236)

S.O.S. R.O. 1429 (D.D.O. 263 Para. 3239)

MEDICALLY UNFIT, DEMOBILIZATION.

Embarked — Tilbury 6/9/19

E. T. Telling Lieut.

A. Marshall Capt

OFFICER i/c RECORDS. R. WING C.C.C., WITLEY.

Nothing to be written in this margin.

Form R 122.
10287—65M—28-7-17.

TLH

Rank Name MOORE, Robert, Reg'l No. 256782

Unit 3rd Dft. 1st Bn SASK If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Regina, Sask. Jany.7th.1918 Place of Birth Manchester, Eng

Name and Address, Next-of-Kin Robt. Moore (Sr.)

Stranraer, Sask. Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

SASK. REGT.

N/E. R.B. No 16025
File R.L.
Cate Of. Bl. Con

X084

Report. Date.	Report. 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.
		Arrived in England		8-4-18	S/S MISSANABIE
9.4.18	15 Res	T.O.S. FROM Canada		4.4.18	Pt II O 69
12.6.19	-	Awd. 11 days F.F.S. Awd. 28 days F.F.S. Forfeits 12 days pay Pte.	Ripon	4.6.19	Pte. 163.
13.6.19	"	S.O.S. to S.R. D'Arcy Command 17 Res.	"	13.6.19	" 164 S.R. D.O. 139 d 17-6-19
27.6.19	S.R.D.	Leave on command to 17 Res On command to Area Pool, Ripon	Witley	23.6.19	" 148
12.8.19	R.W.Reg	T.O.S. from S.R.D.	"	11.8.19	" 106
		103. O		6.9.19	
12.9.19	R.W.Reg.	666 - S.O.S. to Canada	Witley	6.9.19	D.O. 133

256782 Moore R.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.	
Date.	From whom received.					

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 12

NAME OF SOLDIER [illegible]

REGIMENT [illegible] RANK [illegible] No. 2176782

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	1918 Feb 28.										3/1.16 3+									Capt Robertson	12	Cud-3.14.18.19.20.30.31 E+

M.F.B. 465
2/40M-1-17
1772-89 950

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

INSTRUCTIONS

O R

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. 256782 Rank Pte Surname MOORE (Given name in full) Robert

Unit or Corps 15th A.I.R.D. Birthplace Lancaster Eng

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

1. GENERAL DESCRIPTION:

Physique Good Weight 140 lbs. Height 5 ft. 8 in. Colour of Eyes Grey

Nutrition fair

Pulse 72 Regular

Condition of arteries Elastic

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

4 bacc. L. arm
Scar below chin

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 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.

No Particulars

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ...Witley... (Overseas)

Date ...13.8.19... Signed ...[signature]... 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. R. Moore...

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

THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

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

Auth D.A.S. 14.1.48 & 13.6.49

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

C.A.D.C. 5009A

D Ruving

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MOORE R.

REGIMENT S.R.D RANK Pte. No. 256783.

Date of Examination in England 20/5/19 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 3-20-21-30-31
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

Signature of Dental Officer R. Gow Wm

256482

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—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 Moore Christian name Robert

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Shamrock Sask

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 5 day of Jan 1917, by the undersigned medical board sitting at Regina Sask.

5. Age as stated 19 Years 3 Months. 6. Apparent age 19 Years 3 Months

7. Height 5 Feet 8 Inches. 8. Weight 125 Pounds.

9. Chest measurement { Minimum 31 Ins. / Maximum 36 Ins. } 10. Complexion fair { Eyes Grey / Hair Brown }

11. Physical development. fair { Good / Fair / Poor } 12. Smallpox marks nil

13. Number of vaccination marks { Right arm / Left arm 3 } 14. When vaccinated last childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category **A2**

17. Certified a true copy. J.R.P. Capt

(a) Vision R. 20/20 L. 20/30

(b) Hearing. R. nor L. nor

Signature of Man

Sgd J. W. Vickers Capt President.

Sgd Lindsay Major Member. Sgd Ross Capt Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.	8/1/18	+	M.O.
8/1/18	+	J Romeo Pare Capt M.O.	17/1/18	+	J Romeo Pare Capt M.O.
		M.O.	11/2/18	+	M.O.

Joined 7th day of Jan 1918 at Regina

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Batt			
Transferred to	Sask Regt 18th Canadian Res. Battn	256783		7/1/18 4 APR 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

N. B.—This sheet is 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.

M. F. B. 313.
300M.—10-17.
1772-39-439.

Surname Munro Christian Name Robert

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks 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.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

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 1st Depot Battn Sask. Rgt.

(2) Regimental Number 256782

(3) Full Name of Soldier Moore Robert

(4) Place of Birth Manchester England

(5) Are you married, or not? Single

(6) If married, state,
(a) Full name of your wife —

(b) Present Postal Address —

(7) Are you a widower? No

(8) Have you any children? —

If so, give number of boys and girls —

Also their names and ages

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... Yes.

If so, state name and address ..... Robert Moore Sr

(10) Is your Mother alive ?..... Yes.

If so, state name and address..... Mellie Moore

..... Stanrad Sask

(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.

W. J. Bennie Major

..... Lt Col.

Officer Commanding.

Date..... Jan 7 - 1918 First Sask Depot Bn C.E.F.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 251782 (Rank) Pte

Name (in full) MOORE Robert enlisted in

the 1st Depot Batt Sask Regt.

CANADIAN EXPEDITIONARY FORCE at Regina on the 7th

day of January 1918.

HE served in England with S.M.D.

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

~~Medical Unfitness~~.

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

Age 19 yrs 10 mos.

Height 5 feet 8 ins.

Complexion Fair.

Eyes Grey.

Hair Brown

Marks or Scars 4 vacc left arm

R. Moore.

Signature of Soldier.

G. K. Gadsworth

Issuing Officer.

Lieut

Rank

Date of Discharge

Discharge Station "O" SEP 20 1919 ~~AUG 20 1919~~ Military District No. 12

Date 19

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.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	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.

NAME:– Moore Ro

NUMBER:– 256782

PARTICULARS OF RANK OR

AUTHORITY	DATE EFFECTIVE
Can. L.R.C.	

UNIT AND TRAN

ORIGINAL UNIT:– #3 Dft. Sa

DATE ACCOUNT FIRST OPENED:–

AUTHORITY	DATE EFFECTIVE	DATE LE SHEET T

DAILY RATES OF PAY AN

AUTHORITY	PAY
Credit	1

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
10.7		Area Pool	~~24 55~~			Ledger 20758	
						L.P.C. 18325	

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans to Canada 31.7.19 MR 11692 Ripon 7/19 Ripon MD 12

MONTH	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.
1918								
Mar. 18	Bal from Canada							
Apr.	P.P. 19/3 – 30/4.	47 30		AR 223 20/4 1/- Rs	4 87			
				✓ 370 ✓ ✓	9 73			
		47 30			14 60			
May	P.P.	34 10		AR 589 15/5 15 Rs	29 69			
				✓ Legs 31/5 ✓	9 73			
		34 10			39 42			
June	P.P.	33		AR 820 15/6 15 Rs	9 73			
				✓ 939 30/6 ✓	9 73			
		33			19 46			
July	P.P.	34 10		AR 1056 15/7 15 Rs	9 73			
				✓ 1168 31/7 ✓	9 73			
		34 10			19 46			
Aug.	P.P.	34 10		AR 1282 15/8 ✓	9 73			
				AR 1388 31/8 ✓	7 30			
		34 10			17 03			
Sept.	✓	33		✓ ~~1499 686~~ 15/9 ✓	9 73			
				✓ 1663 30/9 ✓	9 73			
		33			19 46			
Oct	✓	34 10		✓ 1789. 31/10/18 ✓	19 47			
		~~34 10~~			19 47			
Nov	✓	33 00		✓ 1913. 15/11/18 ✓	7 30			
Dec	✓	34 10		✓ 2038 30/11/18 ✓	9 73			
Jan	✓	34 10		✓ 3075. 21/12/19 ✓	19 47			
		101 20			36 50			
Feb	✓	30 80		✓ 1312 15/1/19 ✓	9 73			
Mar	✓	34 10		✓ 3496. 31/1/19 ✓	9 73			
				✓ 3780 28.2/19 ✓	7 30			
				✓ 3649. 15/2/19 ✓	7 30			
		149			34 06			

COMPILED BY J. Rumbelow

CHECKED BY Moore

P 820
474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	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.

NAME:– Moore Robt.

NUMBER:– 256782

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Can. L.D.C.		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:– #3 Dft. Sask. Regt.

DATE ACCOUNT FIRST OPENED:– 19-3-18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			15 Res.

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
10.7		Area Pool	24 53			Ledger	20 7 58
						L.D.C.	18 3 25

DAILY RATES OF PAY AND ALLOWANCES

Credit. AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Leave to Canada 31.7.19 WR 11692 Ripon 7/19 Ripon Mtd 12

1918 MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar. 18	Bal from Canada								4 10		
apr.	P.P. 19/3 – 30/4.	47 30		AR 223 30/4 14 Rs	47 87						
				✓ 370 ✓ ✓	9 73						
		47 30			14 60				36 80	21	
May	P.P. pay	34 10		AR 589 15/5 15 Rs	29 69						
				✓ 693 31/5 ✓	9 73				31 48	36	
		34 10			39 42						
June	P.P. pay	33		AR 820 15/6 15 Rs	9 73						
				✓ 939 30/6 ✓	9 73				45 02		
		33			19 46						
July	P.P. pay	34 10		AR 1056 15/7 15 Rs	9 73						
				✓ 1168 31/7 ✓	9 73				59 66	66	
		34 10			19 46						
Aug.	P.P.	34 10		AR 1282 15/8 ✓	9 73						
				AR 1388 31/8 ✓	7 30				76 73		
		34 10			17 03						
Sept.	✓	33		✓ ~~1339 686~~ 15/9 ✓	9 73						
				✓ 1663 30/9 ✓	9 73				90 27	96	agreed
		33			19 46						
Oct	✓	34 10		✓ 1789. 31 "/8 ✓	19 47				104 90		
		34 10			19 47						
Nov	✓	33 00		✓ 1913. 15 "/8 ✓	7 30						
Dec	✓	34 10		✓ 2038 30 "/8 ✓	9 73						
Jan	✓	34 10		✓ 3075. 21 "/8 ✓	19 47				169 60		
		101 20			36 50						
Feb	✓	30 80		✓ 1312. 15 "/19 ✓	9 73						
Mar	✓	34 10		✓ 3496. 31 "/19 ✓	9 73						
				✓ 3780 28. 2/19 ✓	7 30						
				✓ 3649. 15 2/19 ✓	7 30						
		14 90			34 06						

NUMBER 76782 RANK NAME MOORE Robert.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Jan.	Bal. from.								169 60		
Mar.		64 90			34 06					186 60	
				A.R. 3898 15.3.19. 15 Rep	9 73				190 71		
		64 90			43 79						
Apr.	B.P. & A.	33		✓ 4038 31/3 ✓	9 73						
				✓ 111 15/4 ✓	9 73						
				✓ 160 1/4 ✓	49				203 76		
May.	✓ ✓	34 10							237 86	216	
				391 15/5 ✓	26 77				211 09		
		61 10			46 72						
June	✓	33 -		D.O. 163 12-6-19 15 Rep. } AWL. M/R. 23.5.19 To. 08.30. 4.6.19. } = 11 da. 7 Hrs. 4/6/19 Awarded F.P.2 - 28 " } 39 da 7 Hrs		42 90					
July	✓	34 10		AR 1460 - 16/6/19. 17 Rep.	24 33				210 96		
	Balance Def Pay	6 38		✓ 123 - 27/6/19 Ripon	9 73				201 23	225 -	
		73 48			34 06	42 90			207 58		
Aug				✓ 5168 10/7 " 13	24 33						
				✓ 988 15/7 Eval " 21	9 73				173 52	✓	
					34 06						
Sept				AR 1319. Det Ripon - 5/8/19. Ed	9 73				163 79		
				✓ 12661. Rwing. 21.8.19 ✓	9 73				154 06		
					19 46						

L.O.S. 6.9.19 M.D12 S.L.103.

782 RANK NAME MOORE Robert.

ULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
from.								169 60		
	64 90			34 06					186 60	
			A.R. 3898 15.3.19. 15 Res.	9 73				190 71		
	64 90			43 79						
7.	33		✓ 4038 3/3 ✓	9 73						
			✓ 111 15/4 ✓	9 73						
			✓ 160 1/4 ✓	49				203 76		
	34 10							237 86	216	
			397 15/3 ✓	26 71				211 09		
	67 10			46 72						
	33 -		D.O. 163 12.6.19 To 15 Res. } A.W.L. 9/K. 23.5.19 to 4/6/19 } = 11 da. } 7/6s. 0830. 4.6.19. Awarded F.P.2 - 28 " } 39 da. FA		42 90					
	34 10		AR 1460 - 16/6/19. 17 Res.	24 33				210 96		
Def Pay	6 30		✓ 123 - 27/6/19 Ripon	9 73				201 23	225 -	
	73 40			34 06	42 90			207 58		
			✓ 5 Inf 10/7 " 13	24 33						
			✓ 988 25/7 Cmd " 21	9 73				173 52	✓	
				34 06						
			AR 1319. Det Ripon - 5/8/19 Cmd	9 73				163 79		
			✓ 12661a Kwing 21.8.19 ✓	9 73				154 06		
				19 46						

L.O.S. 6.9.19 M.D12 S.L.103.

No. 12 DISTRICT DEPOT

File No. 1358. S.S. Minnekahda. 14-9-19.

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 256782 RANK Pte. NAME (IN FULL) MOORE R. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS P.O. Stanraer, Sask.

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS Nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 1st D.B.S. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 7-1-18 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Nil

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Regina — DATE 20-9-19 — REASON Demob — AUTHORITY P.C. 2653 — IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
31-7-19					183	25			183	25																							183	25			By 183.25 Pro Rata
																	9	72																			
																	9	72																			
																	9	72																			
																	4	87																			
																	5	00																			
1-8-25 9/19	56	1/6	61	60	70	00			166	60							310	79							5	50					355	35	5	50			
			61	60	288	25			349	85							349	85							5	50					355	35	5	50			
	6		Gratuity																																		
	122		280	00					280	00															70	00					75	50	20	50			By 70.00 1st Pay W.S. paid.
																									64	50					140	-	140	-			65406 OCT 20 1919
																									70	-					210	-	70	-			165795 NOV 20 1919
																									70	-					280	-	0	-			166193 DEC 20 1919
			280						280																280						280						

I certify that all payments due on this account have been completed.

N. Watson Supt.
Paymaster War Service Gratuity
Military District No. 12.

N. Watson CAPTAIN
For A.D.S.T. DIRECTOR OF PAY SERVICES
MILITARY DISTRICT No. 12

D.S. As above.
1200.

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

O.G. 1.
S.G. 31.
D.A.O.

H

1. No. 251782.
2. Rank. Pte
3. Name. MOORE Robert.
4. Unit. 1 R D
5. Date of Discharge REGINA, SASK. SEP 20 1919 Place Regina Sask.
6. Reason for Discharge Demobilization.
7. Authority. R.O. 1420 (D.D.O. 263 Para. 5 2 3 9)
8. Proposed Residence after Discharge G.T.P. Stranraer Sask

9 CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.?

R. Moore.

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date 6-9-19

Dispersal Station Dispersal Station No. 1 SEP 20 1919 Military District No. 12

Signature

(O. C. Discharging Unit.)

Ernb. Infantry

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	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (230M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Disposal Certificate (C.D.3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing
12. Last Pay Certificate (P. 351). 4 dups
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group B

Checked by No. 11

Date AUG 30 1919