1st DEPOT BATTALION, N. B. R.

47 M. D. First Depot Battalion New Brunswick Regiment

Regtl. No. 3,255,359

DUPLICATE

Triplicate

# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

1. Surname: McCavour
2. Christian name: Stephen Percy
3. Present address: Lorneville, St. John Co., N. B.
4. Military Service Act letter and number: 661,745 FC 3,255,359
5. Date of birth: August 20th., 1895
6. Place of birth (town, township or county and country): Lorneville, St. John Co., N. B.
7. Married, widower or single: Married
8. Religion: Presbyterian
9. Trade or calling: Fisherman
10. Name of next-of-kin: John McCavour
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Lorneville, St. John Co., N. B.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: None
15. Medical Examination under Military Service Act:—

(a) Place: St. John, N. B. (b) Date: Oct. 24/17 (c) Category: A 2

## DECLARATION OF RECRUIT

I, Stephen Percy McCavour, do solemnly declare that the above particulars refer to me, and are true.

Stephen P McCavour (Signature of Recruit)

## DESCRIPTION ON CALLING UP

Apparent age: 22 yrs. 2 mths.

Height: 5 ft. 10½ ins.

Chest measurement: fully expanded 37½ ins.; range of expansion 3 ins.

Complexion: Dark

Eyes: Brown

Hair: Black

Distinctive marks, and marks indicating congential peculiarities or previous disease.

D D McArthur Major

for O.C. 1st Depot Battalion New Brunswick Regiment

O.C. Depot Btln.

Regt.

Place: St. John, N. B. Date: January 11th., 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

M. D. ..... Depot Battalion ..... Regiment

Regtl. No. .....

# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class .....)

1. Surname .....
2. Christian name .....
3. Present address .....
4. Military Service Act letter and number .....
5. Date of birth .....
6. Place of birth (town, county and country) .....
7. Married, widower or single .....
8. Religion .....
9. Trade or calling .....
10. Name of next-of-kin .....
11. Relationship of next-of-kin .....
12. Address of next-of-kin .....
13. Whether at present a member of the Active Militia .....
14. Particulars of previous military or naval service, if any .....
15. Medical Examination under Military Service Act—

(a) Place ..... (b) Date ..... (c) Category .....

## DECLARATION OF RECRUIT

I, ..... do solemnly declare that the above particulars refer to me, and are true.

..... (Signature of Recruit)

## DESCRIPTION ON CALLING UP

Apparent age ..... yrs.

Height ..... ft. ..... ins.

Chest measurement { Fully expanded ..... ins. Range of expansion ..... ins.

Complexion .....

Eyes .....

Hair .....

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

.....

Place ..... Date ..... Depot Bdn.

Regt.

M.F.W. (B).
Not to exceed
1000 words.

6P. 4-1-19

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....2 3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....1

Proceedings on discharge.....1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....Rusch 1

Medical Report for Invalids.....

Medical History Sheet.....1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....1

a.D.B122-1
m.D.W21-1
m.D.B465-1
m.D.W129-1

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39—935.

# DISCHARGE DOCUMENTS

Name Mc CAVOUR STEPHEN. PERCY

Regt. No. 3,255,359 Rank Spr.

Corps #7 Eng. Dep.

Demobilization

R. O. No.....

H. Q. No.....

C3766

7

CARD NO. 1

Demob

S.O.S Dis 16-12-18

FOLIO

D.O.S 9 of 17-12-18

SURNAME. McLavour

CHRISTIAN NAMES Stephen Percy

REGL. No. 3, 255 359 RANK Pte.

UNIT ~~N.B. Regt~~ Dpo Bn

FORMER CORPS Nil #7 Eng. Dpo

T. O. S. Jan 10 1918

D.O. Part II No 10/1/18

NEXT OF KIN.

NAMES IN FULL McLavour, John.

RELATIONSHIP TO SOLDIER Father.

ADDRESS Lorneville, St. John Co, NB.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Lorneville St John NB DATE Aug 20th 1895

PLACE OF ATTESTATION St. John NB DATE Jan 1st 1918.

L. L. 26989 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

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME Mc Couver Stephen Percy

REGIMENTAL NO. 325-5-369 RANK Spr

ENLISTED AT St John NB PROMOTIONS, &c. AND DATE

DATE Jan 11 - 1918

IF SERVED PREVIOUSLY. STATE UNIT. &c. Nil

MARRIED, WIDOWER, OR SINGLE Married

NEXT OF KIN Mrs Bessie McCouver RELATIONSHIP Wife

ADDRESS OF Lorneville St John NB

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

Fisherman

Presby

# CASUALTIES, &c.

| NATURE<br>E.G. ABSENCE, PROMOTION, &c. | PART II. D. O. | | REMARKS<br>IF IN HOSPITAL, NOTE NAME, &c. |
|---|---|---|---|
| | No. | DATE | |
| T O S 19-9-18 Commandd | | | |
| ST-John | 107 | 26-9-18 | |
| W P Cancelled | 62 | 20-11-18 | |
| S O S with Effect - 16-12-18 | 89 | 17-12-18 | |
| ~~S O S with Effect~~ | ~~89~~ | 1. | |

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-20.

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

# Casualty Form—Active Service.

Unit, Regiment or Corps 1st. Depot Bn. N. B. Regt.,

Regimental No. 3,255,359 Rank Pte. Name McCavour Stephen Percy

Enlisted (a) 11-1-18 Terms of Service (a) Duration of War Service reckons from (a) 11-1-18

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) Fisherman

| 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 | | | | |
| | | S O S. Demobilization Auth Routine Order 1328 dated 18-11-18 Daily Orders Part II dated 17-12-18 | | | |

H. Jones Capt.
Engineer Depot No. 7

(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 | | | | |

COPY. 3255359

# 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 McCavour Christian name Stephen Perry

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 661745

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

4. Address (including street and number, if any) Lornville, St. John Co., N.B.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 24th, day of October 1917, by the undersigned medical board sitting at St. John, N.B.

5. Age as stated 22 Years 2 Months. 6. Apparent age 22 Years 2 Months

7. Height 5 Feet 10½ Inches. 8. Weight 160 Pounds.

9. Chest measurement { Minimum 34½ Ins. Maximum 37½ Ins. } 10. Complexion Dark { Eyes Brown Hair Balck }

11. Physical development Good { Good Fair Poor } 12. Smallpox marks –

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 Nil

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 **A 2**

17. (a) Vision. R. L.

(b) Hearing. R. L.

L. M. Currin, Maj. *President.*

H. S. Calrke. *Member.* J. A. McIntyre *Member.*

(Signed) Stephen Perry McCavour

*Signature of Man*

| Date | Result | Vaccinations | | Date | Result | Anti-Typhoid Inoculations, Etc. | |
|---|---|---|---|---|---|---|---|
| 9/1/18 | | O.C. | M.O. | 9/1/18 | | O.C. | M.O. |
| 21/1/18 | Good | O'Donnell | M.O. | 21/1/18 | | O.C. | M.O. |
| | | | M.O. | 17/7/18 | | O'Donnell | M.O. |

*Joined* 11th, *day of* January 1918 *at* St. John, N.B

| | Corps | Reg'tl Number | Habits | Date |
|---|---|---|---|---|
| Joined on enlistment | 1st. Depot Bn. | 3255359 | | 11/1/18. |
| Transferred to | No. 7 ENGINEER DEPOT. | | | |

## 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 McCavour Christian Name Stephen Perry

| STATION. | Date of Arrival at the Station. | Date | | | | | | 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. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Admission into Hospital | | | Discharge from Hospital. | | | | | | |
| | | Day | Month | Year | Day | Month | Year | | | | |

# 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. 3255359 Rank Spr Surname McCauley Stephen P.
(Given name in full)

Unit or Corps 7th Eng Birthplace Lorenville

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

1. GENERAL DESCRIPTION:

Physique good Weight 165 lbs. Height 5 ft. 10½ in. Colour of Eyes brown

Nutrition good

Pulse 70

Condition of arteries good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 8 ft.

Left 8 ft.

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

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 nil Genito Urinary Sytem nil Cardio-Vascular System nil

Special Senses nil Integumentary System nil Respiratory System nil

Disturbance of mentality nil Muscular System nil Digestive System nil

Osseous and Joint System nil Any other general condition nil

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

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

[OVER]

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

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

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

Signature .....

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

## THIS SECTION FOR USE IN CANADA—

Examined at Whitby (Canada)

Date Dec 17th Signed J Lomeau M.O. 7 Ty

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 Stephen P McCarvour

(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]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-89-1142.

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

**This is to Certify** that No. 3255359 (Rank) Sapper.

Name (in full) Stephen Percy McCavour. enlisted in the 1st Depot Battalion N.B. Regt.

CANADIAN EXPEDITIONARY FORCE at St.John,N.B. on the Eleventh day of January 19 18.

HE served in Canada.

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

(Auth. Routine Order 1328 dated 18-11-18.)

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

Age 23 years 4 months.

Height 5' 10½"

Complexion Dark.

Eyes Brown.

Hair Black.

Marks or Scars

( N I L )

Signature of Soldier

Stephen P McCavour

Issuing Officer

Rank

Appointment

Date of Discharge 16-12-18.

Signed at St.John,N.B. this Sixteenth day of December 19 18.

in Military District No. Seven.

File Reference No. C.E.7-Mc-1.

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. W. 39a
200m.—2-18.
H.Q. 1772-39-882

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

No. 3255359 (Rank) Sapper. Name Stephen Percy McCavour.

Unit Engineer Depot No. 7..

Address on Discharge Lorneville, St.John,Co. N.B.

Character and Conduct

Former Occupation Fisherman.

Special Qualifications of Value in Civil Life NIL

Medals and Decorations

Remarks

Signed at St.John,N.B. this Sixteenth day of December 19 18.

Paul Theriault
Name of Officer

Rank

O/C No 7 Engineer Depot
Appointment

No. 7 Engineer Depot
DEC 17 1918
ORDERLY ROOM

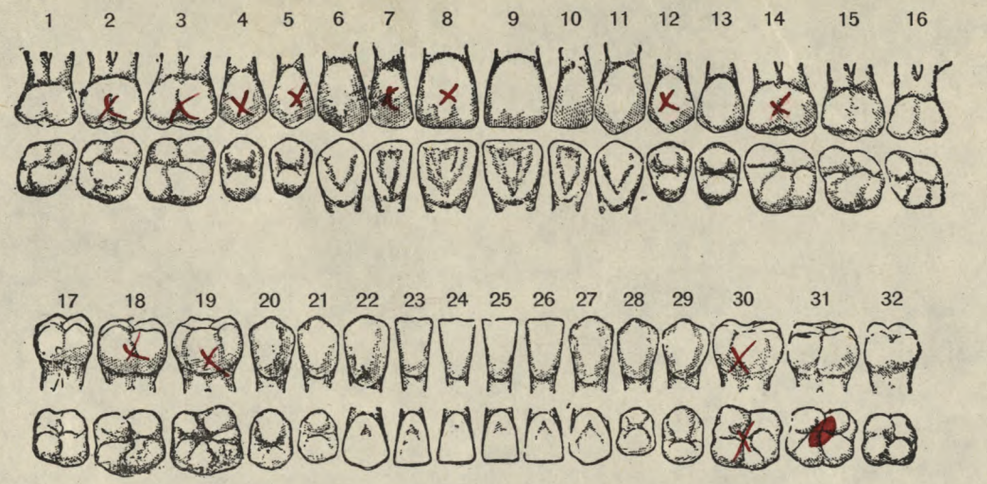
# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 1

NAME OF SOLDIER Wm Blair S.P.

REGIMENT 4 Lg Cny. RANK Pte No. 3255359




## 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 District | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Condition on first Examination | 1918 Oct 29 | 1/31 | | | | | | | | | 29 30 | | | 1u | | | | | | | | 6 fur 15.10. |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |

F.B. 465.
DM.—1-18.
177-39-950.

# 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. 3255359 Rank Sapper Name Le Cavour S.P.

Corps No 7 Engineer Depot who was* Discharged

On 16.12.18 191...., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1.12.18 191.... to 16.12.18 191...., the inclusive date of transfer or discharge.

| Dr. | $ | c. | Cr. | $ | c. |
|---|---|---|---|---|---|
| Bal. Dr. from prev. month | | | Balance Cr. from prev. month | | 10 |
| Advances by Cheques No. | | | Regt'l. Pay 16 days at $1.00 c. | 16 | 00 |
| Advances by Cheques No. | | | Field Allow. 16 days at $ 10 c. | 1 | 60 |
| Assigned Pay and Sep'n Allce. No. | | | Separation Allowance* (Monthly) | 31 | 00 |
| Other charges | 31 | 00 | Other Allowances* | | |
| Payment on transfer or discharge No. | | | Other Credits* Clothing Engineer Pay 4th rate 30 | 35 | 00 |
| Bal. Cr. (to be paid by the new unit) | 79 | 40 | Bal. Dr. (to be deducted by new unit) | 26 | 70 |
| Total | 110 | 40 | Total | 110 | 40 |

*Give particulars.

A monthly stoppage of $..... (†) has been (‡) been paid paid on account of Assigned ~~xxxxxx~~

Pay for the month of December 8 191...
~~And Sep'n Allce. for month of ..... 191...~~

(to) Assignee Mrs B.M.Mc Cavour

(Address) Lorneville St John County N.B.

(†) 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.

Out Allowance of $..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment Note Arrears of Separation Allowance $35.00 for Sep Oct Nov has been paid 10.1.18

(2) if married and if a Separation Allowance Card has been submitted yes

(3) cause of discharge DEMOBILIXATION authority R.O.1328 D/18.11.18

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date December 19th 1918

Place St John N.B.

H. T. Fuwoodhe
Paymaster.

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

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

If a man on discharge is entitled to three months Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

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. 3255359

Rank Sapper

Surname McCavour

Christian name Stephen Percy

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

Corps (Squadron, Battery or Company) No. 7 Engineer Depot.

Date of discharge 17-12-18.

Place of discharge St. John, N.B.

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

| | | Descriptive marks |
|---|---|---|
| Age | 23 years 4 months. | |
| Height | 5 feet 10½ inches. | |
| Complexion | Dark | |
| Eyes | Brown | |
| Hair | Black | |
| Trade | Fisherman | |
| Intended place of residence (To be given as fully as practicable.) | Lorneville, St. John Co., N.B. | ( N I L ) |

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

Authority for discharge H.Q. Telegram 7102, 16-11-18, R.O. 1328 18-11-18.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

**3.** Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

**4.** Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

( N I L )

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations (NIL)

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) St. John, N.B.

(Date) December 17th, 1918.

Paul Strand Lt

*Commanding* No. 7 Engineer Depot.

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) St. John, N.B. Stephen P McCarron *(Signature of Soldier.)*

(Date) December 17th, 1918. A B Batson *(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.

(NIL)

*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to 17-12-18. (the date to which the Record of Service is completed) 341 years ..... days.

Total 341 years ..... days.

11. **Confirmation of Discharge.**

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

(Place) St. John, N.B.

*(Signature)* H A Van Wart

(Date) December 17th, 1918.

**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.)

Nil

Stephen P McCavour

RECORD OF SERVICE.

Enlisted under M.S.A. 1st, Depot Bn., N.B.R. - 11-1-18.

Transferred to No. 7 Engineer Depot. - - 19-9-18.

Struck off Strength, Demobilization. - - 17-12-18.

# List of Discharge Documents.

| | | |
|---|---|---|
| ~~Reg. Conduct Sheet,~~ | ~~Militia form B. 263~~ | |
| Squadron / ~~Battery~~ / Company ~~Conduct Sheet,~~ | " | ~~B. 263a~~ |
| or | | |
| Field Conduct Sheet 1 | " | W. 178 |
| ~~Copies of Convictions, by C. P.~~ | ~~in MS,~~ | |
| Med. Hist. Sheet, 1 | Militia form | B. 313 |
| Casualty Form 1 | " | W. 54 |
| ~~Medical Report for Invalid§~~ | ~~"~~ | ~~B. 227~~ |
| Dental History Sheet 1 | " | B. 465 |
| Last Pay Certificate 1 | " | W. 44 |
| Duplicate Discharge Certificate 1 | " | W. 39A |
| ~~‡Form of Will~~ | ~~"~~ | ~~W. 82~~ |

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

| | | |
|---|---|---|
| ~~Attestation Paper~~ | ~~Militia Form~~ | ~~W. 23~~ |
| or | | |
| Particulars of Recruit 2 | " | W. 133 |
| Proceedings on Discharge 2 | " | B. 218 |
| 1 W71 | 1 | W129 |

In the case of recruits who are rejected on final approval, the discharge documents will consist of

*(a)* Proceedings on Discharge

*(b)* Attestation.

*(c)* Medical History Sheet.

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

Paul Sheard Lt

*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.*