

ATTESTATION PAPER.

No. 200 9582

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?.....	McEachern
1a. What are your Christian names?.....	Frederick James
1b. What is your present address?.....	Christian Chathan, North'd. Co. N.B.
2. In what Town, Township or Parish, and in what Country were you born?.....	Chathan, North'd. Co. N.B.
3. What is the name of your next-of-kin?.....	Mrs. John McEachern
4. What is the address of your next-of-kin?.....	Chathan, North'd. Co. N.B.
4a. What is the relationship of your next-of-kin?.....	Mother
5. What is the date of your birth?.....	2 May 1891
6. What is your Trade or Calling?.....	Machinist
7. Are you married?.....	Single
8. Are you willing to be vaccinated or re-vaccinated and inoculated?.....	Yes
9. Do you now belong to the Active Militia?.....	No
10. Have you ever served in any Military Force?.. 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Frederick James McEachern, 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.

Frederick James McEachern (Signature of Recruit)

Date 29 April 1918 191 *Boyd Alfred W. Frost* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Frederick James McEachern, 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.

Frederick James McEachern (Signature of Recruit)

Date 29 April 1918 191 *Boyd Alfred W. Frost* (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 *St John* this 29 day of April 1918.

Boyd Alfred W. Frost (Signature of Justice)

Description of Frederick James McLachlan on Enlistment.

Apparent Age.....26 years 10 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 3 1/4 ins.

Chest measurement. { Girth when fully expanded.....37 ins.
Range of expansion.....5 1/2 ins.

Complexion.....Dark

Eyes.....Blue

Hair.....Dark 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* A 2 fit for the Canadian Over-Seas Expeditionary Force.

Date.....29/4/18 191.....W. J. C. M. C. M.

Place.....H. J. M. M. M......
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Frederick James McLachlan 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.

W. J. C. M. C. M......(Signature of Officer)

Date.....MAY 7 1918 191.....

C. C. Engineer Training Depot.

ATTESTATION PAPER.

No. 2009582

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? McEachern

1a. What are your Christian names? Frederick James

1b. What is your present address? Chatham, North'd. Co. N.B.

2. In what Town, Township or Parish, and in what Country were you born? Chatham, North'd. Co. N.B.

3. What is the name of your next-of-kin? Mrs. John McEachern

4. What is the address of your next-of-kin? Chatham, North'd. Co. N.B.

4a. What is the relationship of your next-of-kin? Mother

5. What is the date of your birth? 2 May 1891

6. What is your Trade or Calling? Machineist

7. Are you married? Single

8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes

9. Do you now belong to the Active Militia? No

10. Have you ever served in any Military Force? No
If so, state particulars of former Service.

11. Do you understand the nature and terms of your engagement? Yes

12. Are you willing to be attested to serve in the } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

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

SUFFICIENT ADDRESS

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Frederick James McEachern, 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.

Frederick James McEachern (Signature of Recruit)

Date 29 April 1918 191 Capt. Alfred W. Frost (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Frederick James McEachern, 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.

Frederick James McEachern (Signature of Recruit)

Date 29 April 1918 191 Capt. Alfred W. Frost (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 St. John this 29 day of April 1918.

Edw. Campbell (Signature of Justice)

Description of McEachern Frederick James on Enlistment.

Apparent Age.....26 years10 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 1/4 ins.

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

Complexion.....Oak

Eyes.....Blue

Hair.....Dark 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.....29 / 4 / 18 191 .

Place.....St John 1203

.....W. J. Logan Esq.....
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Frederick James McEachern.....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.

.....W. J. Logan.....
(Signature of Officer)
Lt. Colonel C. R.
C. O. Engineer Training Depot.

Date.....MAY 7 1918 191 .

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Mc. EAECHE R.N. FREDERICK *James*
 Regt. No. 2009562 Rank Sapper
 Corps Can Engineers

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

Attestation Papers..... *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.....

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..... *2*

Last Pay Certificate..... *1*

*Re-enlisting in the
 Naval Service*

Cards -

*Index Removed 11/1/18
 1 Change of address
 1 Part II
 1 Casualty*

12878

*Doc. S. 4/14-1
 240 122-*



SURNAME.

McEachern.

CHRISTIAN NAMES

Frederick James.

REGL. NO. 2009582.

RANK

Spc.

UNIT Can. Eng. Tr. Sps.

FORMER CORPS

Nil.

X H. Huang. 27/4/18.
 CARD NO.
 Pt # 122 of 2/5/18.
 SOS Wm 21-6-18 I
 Enlist in Naval Service P111739
 22
 22

T. O. S. Apr. 29, 1918.

D.O. Part II No 122.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL McEachern, Mrs. John.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Chatham, Northumberland Co., N.B.

HEIGHT

APPEARANCE

COUNTRY OF BIRTH

Canada. Chatham, N.B.

DATE

May 2nd 1891.

PLACE OF ATTESTATION

St. John, N.B.

DATE

Apr. 29th, 1918.

MARRIED

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

no card

**Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.**

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank *Spr* Name *Fred J.* Surname *McEachern*
Unit or Corps *Can Engineers* (If a soldier) Regtl. No. *2009582*
Born at *Charlton T. N.* on, (date) *May 2/91*
Signature (for identification) *F. J. McEachern*

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight *160* lbs. Colour of eyes *Blue*
Height *5 ft. 9 in.* Identification Marks *Nil*

2. NUTRITION AND DIATHESIS?

Good

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

None

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

None

5. HEART?

Abnormal Sounds? *Nil*
Abnormal Size? *Nil*
Pulse Rate? *72* Intermittence or Irregularity? *Nil* Muscular Tone? *Good*

6. ARTERIES.—(a) Any hardening or nodulation?

None
Normal

(b) Blood Pressure.

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

O.K.

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? *1020* Reaction? *Acid* Albumen? *Nil* Sugar? *Nil*

9. SKIN, MIDDLE EAR, EYE
or any other part?

all normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

None

11. Opinion as to the health and physical condition of the one examined?

Class A ii

Examined at *M. J. Jones P.L.* Signed *W. S. Eggle* M. O.

Date *21/6/18* Signed *F. J. McEachern* M. O.

Signature note of soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

1. RESEARCH AND DEVELOPMENT: To develop a better understanding of the

INDEX

Valerius Maximus

Abstract

4-7071 11/15/2016

5/21/1961 10:00 AM/1961

ARTICLE - any heading of notation.

W. G. L. P. 1884.

Figure 1. A schematic diagram of the experimental setup. The subject is seated in a chair and views the screen through a video camera. The screen displays the target and the starting position of the hand. The hand is moved from the starting position to the target position. The video camera records the hand position and the target position. The video camera is connected to a computer, which controls the video camera and the hand movement.

Casualty Form—Active Service.

ENGINEER TRAINING DEPOT

Extended.....	Re-engaged.....	Qualification (b).....
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[P.T.O.]

[illegible]

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. 2009582 Rank Sapper Name MCEACHERN, Frederick James

Corps. Engineer Training Depot who was* struck off strength

On June 21st 1918, to enlist in Naval Service
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st June 1918
to 21st June 1918 the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	10	00
Advances } No..... <u>3217</u>	10	00	Regt'l Pay..... <u>21</u> days at \$..... <u>1</u> 00	21	00
Cheques } No.....			Field Allow. <u>21</u> days at \$..... <u>10</u>	2	10
Assigned Pay and Sep'n Allee. No. <u>3225</u>	12	00	Separation Allowances* (Monthly)		
Other charges <u>Q.M. Stores</u>		85	Other Allowances*		
Payment on transfer or discharge No. <u>3231</u>	10	25	Other Credits*		
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	33	10	Total.....	33	10

* Give particulars.

A monthly stoppage of \$ 20.00 (†) has (†) been paid on account of Assigned
[Pay for the month of June 1st-21st 1918 } (to) Assignee Mrs. John McEachern
[and Sep'n Allee. for month of 191.....]
(Address) Chatham, Northumberland Co. 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

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

REMARKS:—

- State (1) date of enlistment 29-4-18.....
(2) if married and if a Separation Allowance Card has been submitted..... Single Nil
(3) cause of discharge re-enlisting in Naval authority Dist. Orders 180
(4) authority for transfer service D.O. 173

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..... June 22nd 1918.

Place..... St. Johns, P. Q.

Paymaster Captain.
Engineer Training Depot

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.

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 McEachern Christian name Frederick James

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)..... Chatham, North'd, Co. N.B.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 29 day of April, 1917, by the undersigned medical board sitting at St. John, N.B.

5. Age as stated 26 Years 10 Months.

6. Apparent age..... Years..... Months.....

7. Height 5 Feet 3 1/4 Inches.

8. Weight 152 Pounds.

9. Chest measurement { Minimum 33 1/2 Ins. Maximum 37 Ins.

10. Complexion Dark

Eyes Blue

Hair D Brown

11. Physical development. Good.

12. Smallpox marks. Nil

13. Number of vaccination marks { Right arm 0 Left arm 1

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 A 2

17. (a) Vision R. D 30 L. D 60

(b) Hearing. R. Normal

W. H. Morgan President. G. A. Morgan Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>7-6-18</u>		<u>M.O.</u>	<u>7-5-18</u>		<u>M.O.</u>
		<u>M.O.</u>	<u>2-5-18</u>		<u>M.O.</u>
		<u>M.O.</u>	<u>7-6-18</u>		<u>M.O.</u>

Joined 29 day of April 1918 at St. John, N.B.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>Canadian Engineers.</u>	<u>200 9582</u>		<u>29-4-1918.</u>
Joined on enlistment			
Transferred to.....			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>ST. JOHNS, P.Q.</u>	<u>MAY 23 1918</u>		<u>Ar</u> <u>John</u>

President Medical Board
St. John's, P. Q.

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.

800M.—10-17.

1772 3-439.

Surname.

[illegible]

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No.	2009582		
Rank	Sapper		
Surname	McEachern		
Christian Name	Frederick James		
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.			
Corps (Squadron, Battery or Company)	Canadian Engineers		
Date of Discharge	June 21st. 1918.		
Place of Discharge	St. John P. Q.		
1. DESCRIPTION AT THE TIME OF DISCHARGE.			
Age	27	years	months.
Height	5	feet	3 1/4 inches.
Complexion	Dark.		
Eyes	Blue		
Hair	Dark Brown		
Trade	Machinist		
Intended place of residence	Naval Service Ottawa.		
(To be given as fully as practicable.)			
2. The above-named man is discharged in consequence of Re-enlisting in the Naval Service. Routine Order 180. 1918. 40. 22-m-3142.			
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.			
Good.			
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.) Machinist.			

M. F. B. 218.

100M. - 1-17.
H. Q. 1772-39-113.

(OVER)

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) *St. John P.O.*

Mmm-mull Lt. Colonel C. E.
O. C. Engineer Training Depot.

(Date) *June 21st. 1918.*

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) *St. John P.O.* *J. F. M. Lacheron* (Signature of Soldier.)

(Date) *June 21st. 1918.* *J. A. M. Phyzon* (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.

J. F. M. Lacheron (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) *St. John P.O.*

(Signature) *Mmm-mull* Lt. Colonel C. E.
O. C. Engineer Training Depot.

(Date) *June 21st. 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.)

List of Discharge Documents.

L. J. W. Lachern

Reg. Conduct Sheet, Militia form B. 363.	Attestation Paper, Militia form B. 345.
Squadron } Conduct Sheet, " B. 363a. Battery } Company }	Proceedings on Discharge, " B. 318.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia form B. 313.	(a) Proceedings on Discharge.
Medical Report for Invalid* " B. 325.	(b) Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(c) Medical History Sheet (in the event such having been prepared).
*Only if discharged "Medically unfit."	

N. B.—In the case of a man discharged by purchase the date and number of Deposit Receipt with amount of sum is to be noted hereon.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	
Med. Hist. Sheet, Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Medical Report for Invalid* " B. 227.	(a) Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(b) Attestation.
*Only if discharged "Medically unfit."	(c) Medical History Sheet (in the event of such having been prepared.)

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.

Not Applicable

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

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

J. H. Fisher

10. Statement of Service.

Service toward England from (the date on which the term of Service is completed) years

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed

Wm. H. ...

Wm. H. ...