..1st DEPOT BN. N. B. REGT.

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

Regtl. No. 3260164

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

DUPLICATE.

Card MB 31/10/18.

(Class .....)

1. Surname ..... McKnight
2. Christian name ..... Francis Samuel
3. Present address ..... Lower Nappan, North Co NB
4. Military Service Act letter and number ..... 661657 FC
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension. or surrender)
5. Date of birth ..... Dec. 12, 1894
6. Place of birth ..... Lower Nappan, NB
   (town, township or county and country)
7. Married, widower or single ..... Single
8. Religion ..... Presbyterian
9. Trade or calling ..... Farmer
10. Name of next-of-kin ..... Mrs. Samuel J. McKnight
11. Relationship of next-of-kin ..... Mother
12. Address of next-of-kin ..... Lower Nappan, North Co NB ~~NorthxCoxNorthxCoxNB~~
13. Whether at present a member of the Active Militia ..... No
14. Particulars of previous military or naval service, if any ..... Nil
15. Medical Examination under Military Service Act :— —
    (a) Place St. John NB (b) Date 15-6-18 (c) Category C2

DECLARATION OF RECRUIT

I, Francis ~~Xxxx~~ Samuel McKnight, do solemnly declare that the above particulars refer to me, and are true.

Francis Samuel McKnight (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	23 yrs. 6 mths.	Distinctive marks, and marks indicating congential peculiarities or previous disease.
Height	5 ft. 7 ins.	
Chest measurement — fully expanded	33½ ins.	
Chest measurement — range of expansion	4 ins.	
Complexion	Medium	Nil
Eyes	Blue	
Hair	Dark	

D. D. McArthur Major

for O. C. 1st Depot Btln.

New Brunswick Regt.

Place St. John NB Date June 15, 1918.

M. F. W. 133.
500M.—5-18.
1772—39—1158.

REGIMENTAL DOCUMENTS

8.5.19 Pte

NAME McKNIGHT FRANCIS SAMUEL REGT. NO. 3260164 UNIT 1/4 B. Regt. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	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)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	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)				24237	
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
3	Misc					

W 2589
100M-11-18
1772-89-1377

H. Q. .....

M. D. No. 7

Surname McKnight

T. O. S. June 14th 1918

Christian names Francis Samuel

D. O. Pt. II 168 of 17/6/18

Regtl. No. 3260164 Rank Pte

S. O. S. 20-9 1918

Unit A B Regt 1st Dpo Bn

Reason Rt. R.

Auth. D.O. 232 of 20-8-18 1/NBR

Next of kin Mc Knight Mrs. Samuel J. Relationship Mother

Address Lower Nappan.
Northumberland, Co. N.B.

Also notify:

BORN—Place Canada Lower Nappan N.B. Date Dec. 12th 1894

ATTESTED—Place St John. N.B. Date June 15th 1918

O/S .....

R/C .....

W. 22—75M-5-18. 1772-39 839

M. F. W. 71—500M.—5 18.
1772.—39—96L.

NAME McKnight F. S.

REGIMENTAL No. 3260164 RANK Pte.

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

DATE 15/6/18

IF SERVED PREVIOUSLY, STATE UNIT, &c. Nil

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Mrs S. L. McKnight RELATIONSHIP Mother

ADDRESS OF Lower Nappan North Co. N.B.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O. No.	 DATE	REMARKS IF IN HOSPITAL, NOTE NAME, &c.
Demobilization SOS, On Return to Registers Records Auth 1438 PC 3051	232	20-8-18	

1st DEPOT BN. N. B. REG'T

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

M. F. W. 54. (A. F. B. 1us.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BN. N. B. REG'T

Regimental No. 3260164 Rank Pte. Name McKnight, Francis Samuel

Enlisted (a) 6/15/18 Terms of Service (a) C. E. F. Duration of war Service reckons from (a) 6/15/18

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

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				
20-8-18	OC 1st Dep Battalion NBR	Demobilization SOS, on Return to Registrars Records Auth 1438 PC 2057	St John NB	20-8-18	DO 232-20-8-18 Part II

G E Sheil Lieut.
Adjutant, 1st. Depot Battalion
New Brunswick Regiment.

(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				

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 McKnight Christian name Frances Samuel
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) Lower Kapuskasing Northld. NB

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 15 day of June 1917, by the undersigned medical board sitting at St John NB

5. Age as stated 23 Years 6 Months. 6. Apparent age 24 Years — Months
7. Height 5 Feet 7 Inches. 8. Weight 139 Pounds.
9. Chest measurement { Minimum 33½ Ins. Maximum 37½ Ins. } 10. Complexion Med { Eyes Blue Hair Dark
11. Physical development Good { Good Fair Poor } 12. Smallpox marks Nil
13. Number of vaccination marks { Right arm — Left arm 1 } 14. When vaccinated last 1912
15. Distinctive marks and marks indicating congenital peculiarities or previous disease
D.a.H B.P 150
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 C2 (C II)

17. (a) Vision R. D 20/15 L. D 20/15
(b) Hearing. R. Normal L. Normal

C E Fairclough President.
J. Vaulfly Member. ..... Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
15/9/18		T.A.B. 1st ... M.O.	15/9/18		T.A.B. 1st ... M.O.
		... M.O.			... M.O.
		... M.O.			... M.O.

Joined ..... *day of* ..... *191* ..... *at* .....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to				

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.

By Military Authority

Signature of Man

3260164

Surname ..... Christian Name .....

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				

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 3260164

2. Rank Private.

3. Name MCKNIGHT Francis S.

4. Unit 1st Depot Battalion N.B. Regt.

5. Date of Discharge 20-9-18 Place St. John N.B.

6. Reason for Discharge Demobilization

Struck off strength on return to Registrar's Records 20-9-18

D.O.232 20-8-18

7. Authority R.O.1438 P.C. 3051

8. Proposed Residence after Discharge LOWER NAPPAN NORTH CO. N.B.

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. ?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place St. John N.B.

Date March 15 th/19

Signature F. F. May Major

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

(O. C. Discharging Unit.)

M.F.B. 218a—50M.-12-18—1772-39-113.

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