TRIPLICATE

42 M. D. 2nd Depot Battalion 1st. C.O.R. Regiment

Regtl. No. D-3285351

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

M.S.A.

(Class CMB)

1. Surname: PLUMMER
2. Christian name: Albert Neil.
3. Present address: Mount Albert Ont.
4. Military Service Act letter and number: 709677
5. Date of birth: May 22nd., 1897
6. Place of birth (town, township or county and country): Rainy River, Ont.
7. Married, widower or single: Single
8. Religion: Methodist
9. Trade or calling: Farmer
10. Name of next-of-kin: William Plummer
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Mount Albert Ont.
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 Toronto Ont. (b) Date MAY 23 1918 (c) Category A1

DECLARATION OF RECRUIT

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

Albert Neil Plummer (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs. 1 mths.

Height 5 ft. 8 ins.

Chest measurement: fully expanded 35 ins.; range of expansion 3 ins.

Complexion Fair.

Eyes Blue.

Hair Fair.

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

Stammering speech.

R. W. Hunt Capt.

for O. C. Second Depot Btln.

1st. C.O.R. Regt.

Place Toronto Ont. Date May 25rd., 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 or township or 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	mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Height		ft.	ins.	
Chest measurement	fully expanded		ins.	
	range of expansion		ins.	
Complexion				
Eyes				
Hair				

O. C. ..... Depot Btln.

..... Regt.

Place ..... Date .....

M. F. W. 133.

C.L. 28-3-19.

PLUMMER, ALBERT, NEIL. Pte. 3235351. 2nd Bn. Can. Inf. Regt.

O. H. M. S.

Demobilization.

CONTENTS

2 ATTESTATION PAPER (M. F. W. 23, 133 OR 51)
1 CASUALTY FORM (M. F. W. 54 OR A. F. B. 103)
TRAINING HISTORY SHEET (M. F. W. 113)
FIELD CONDUCT SHEET (M.F.W. 178 OR A.F.B. 122)
REGT. CONDUCT SHEET (M.F.B. 263 OR A.F.B. 121)
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)
DENTAL HISTORY SHEET (M. F. B. 465)
MEDICAL REPORT (M. F. B. 227 OR A. F. B. 179)
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. 3 OR A. F. A. 2)
DECLARATION, COURT OF INQUIRY (M. F. B. 259 OR A. F. B. 115)
LAST PAY CERTIFICATE (M. F. W. 44)
2 PROCEEDINGS ON DISCHARGE (M. F. W. 218 OR A. F. B. 268)
PARTICULARS OF CHARACTER (A. F. W. 3226)
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M. F. W. 39A)
DENTAL CERTIFICATE ON DISCHARGE (C. A. D. C. 5009)
UNIT INDEX CARD (M. F. W. 71 OR 192)
1 M. F. W. 82.
1 Miscellaneous
1 Pkard

1031

M. F. B. 279.
850M-5-18
H. Q. 1772-39-67

H. Q. ✓ on

M. D. No. 2.

Surname Plummer, T. O. S. May 23rd 1918

Christian names Albert Neil D. O. Pt. II 144 of 24-5-18

Regtl. No. 3235351 Rank Pte S. O. S. 19

Unit 1st Cen Ont Regt 2nd Dpo. Bn Reason

Auth.

Next of kin Plummer, William Relationship Father

Address Mount Albert Ont. Also notify:

BORN—Place Canada, Rainy River Ont. Date May 22nd. 1897

ATTESTED—Place Toronto Ont. Date May 23rd. 1918

O/S. R/C.

W. 22—75M-5-18. 1772-39 839.

No. 323535 Rank Pte Name Plummer A. N.

T. O. S. 23-5-18 Unit 2nd Depot Battalion 1st C.O.R.

DO 144. 24-5-18

M. D. 2

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1918 May 23	1918 May 31	n		
June		n	To N. Co 21-6-18	DO 175. 24-6-18

FORM OF WILL

I, Plummer, Albert Neil (Name in full)

Regimental Number D3235351 serving in 2nd Depot Bn. 1st C.O.R

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

U.S.A.

I devise all my real estate unto

	Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to my father, William Ralph Plummer, mount Albert, Ont.

	Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 25th day of May A.D. 1918

Albert Neil Plummer Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness F. Sherwood Cpl

Address of Witness 2nd Depot Bn. 1st COR

Occupation of Witness soldier

Signature of Second Witness John Slater

Address of Witness 2nd Depot Bn 1st. COR

Occupation of Witness Soldier

M. F. W. 82.
300M.-12-16.
1772-39-983.

M.S.A. 15.

ORIGINAL

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.

M.S.A.

1. Surname Plummer Christian name Albert Neil

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) Mount Albert Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 23rd day of May 1918 1917, by the undersigned medical board sitting at Exhibition Camp Toronto Ont.

5. Age as stated 21 Years 1 Months. 6. Apparent age 21 Years 1 Months

7. Height 5 Feet 8 Inches. 8. Weight 140 Pounds.

9. Chest measurement { Minimum 32 Ins. / Maximum 35 Ins. 10. Complexion Fair { Eyes Blue / Hair Fair

11. Physical development Good { Good / Fair / Poor 12. Smallpox marks Nil.

13. Number of vaccination marks { Right arm / Left arm 14. When vaccinated last Nil.

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

Stammering Speech

16. Slight defects but not sufficient to cause rejection Light inguinal hernia

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 C.1.

R.V. 20-20
L.V. 20-20
Hearing Normal

W. J. Post Capt. President.

J. H. Porter Capt. Member. W. H. Lippett Capt. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 23rd day of May 1918 at Toronto

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	Fred. Depot. Battn 1st C.O.R.	D 3235351		23-5-18
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.

Signature of Man A. B. Plummer

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				

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 2ND. DEPOT BN. 1ST. C.O.R.

Regimental No. D-3235351 Rank Pte. Name PLUMMER, Albert Neil.

Enlisted (a) 23-5-18 Terms of Service (a) C. E. F. D. of. W. 6 Months Service reckons from (a) 23-5-18

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				
12.7.18	2nd Bn CGR	S O S Erroneously ordered to report. (Auth Ont. Regt. Form. B4)	TORONTO	MAY 23 1918	Pt 2. Do 12

Clyde S. Scott.

for DOR

(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				

104

This space to be for numbers

M.S.A.

Proceedings on Discharge.

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

No. D 3235351

Rank Private

Surname Plummer

Christian Name Albert Neil

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

Corps (Squadron, Battery or Company) 2nd BN. CANADIAN GARRISON REGIMENT

Date of Discharge MAY 23 1918

Place of Discharge TORONTO

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 21 years 0 months.

Height 5 feet 8 inches.

Complexion Fair

Eyes Blue

Hair Fair

Trade Farmer

Intended place of residence (To be given as fully as practicable.)

Descriptive Marks

Stammering Speech

2. The above-named man is discharged in consequence of Being Erroneously ordered to report Auth Ont Registrar Form Bat

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.

Vil Hey

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.) Farmer

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:

none

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

6. Medals and Decorations ..... none

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) TORONTO

(Date) MAY 23 1918

H. L. Good Major for
Lt.-Col.
O. C. 2nd Bn. Canadian Garrison Regt.
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) TORONTO ..... *(Signature of Soldier.)*

(Date) MAY 23 1918 ..... *(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.

..... *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) 0 years 0 days.

Total 0 years 0 days.

11. **Confirmation of Discharge.**

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

(Place) TORONTO

(Date) MAY 23 1918

(*Signature*) H. L. Good Major for
Lt.-Col.
O. C. 2nd Bn. Canadian Garrison Regt.

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.)

None

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263.
Squadron / Battery / Company Conduct Sheet,	"	B. 263a.
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia Form	B. 313
Medical Report for Invalid*	"	B. 227.
Statement of Man's Account on Transfer and Last Pay Certificate,	"	D. 877.

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form	B. 235.
Proceedings on Discharge	"	B. 218.

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 (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.