ATTESTATION PAPER.

No. 232470

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	Raymond
1a. What are your Christian names?	Joseph
1b. What is your present address?	Moosejaw Saskatchewan
2. In what Town, Township or Parish, and in what Country were you born?	Pembroke Renfrew Co Ontario
3. What is the name of your next-of kin?	Richard Clancy
4. What is the address of your next-of-kin?	Gen P.O. Moosejaw Saskatchewan
4a. What is the relationship of your next-of-kin?	friend
5. What is the date of your birth?	2 August 1869
6. What is your Trade or Calling?	Shoemaker
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 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?	
14. If so, what was the nature of the disability?	
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	
16. If so, what was the reason?	

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Raymond, 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.

(Sgd) Joseph his X mark Raymond (Signature of Recruit)

Date 26 April 1916. B.S. Burchell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Raymond, 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.

(Sgd) Joseph his X mark Raymond (Signature of Recruit)

Date 26 April 1916. B.S. Burchell (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 Kamloops this 26 day of April 1916.

(Sgd) D.W. Rowlands 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.

True Copy

Director of Records

Description of Joseph Raymond on Enlistment.

Apparent Age 47 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 7 ins.

Chest measurement.
- Girth when fully expanded ..... 36 ins.
- Range of expansion ..... ins.

Complexion ..... Dark

Eyes ..... Brown

Hair ..... Brown

Religious denominations.
- Church of England .....
- Presbyterian .....
- Methodist .....
- Baptist or Congregationalist .....
- Roman Catholic ..... yes
- Jewish .....
- Other denominations ..... (Denomination to be stated.)

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).

vision R 20/40
" L 20/40

hearing much modified both ears

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 26 April 1917. M G Archibald

Place Kamloops BC .....

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.

Joseph Raymond 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.

F O Inspt (Signature of Officer)

Date 26th April 1917.

Can'd 32. 11 Forestry Draft C.E.F.
Attached to 40 2nd Regt R.M.R.

DUPLICATE

ATTESTATION PAPER.

No. 2323470

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Raymond
1a. What are your Christian names? — Joseph
1b. What is your present address? — Moosejaw Saskatchewan
2. In what Town, Township or Parish, and in what Country were you born? — Pembroke, Renfrew Co, Ontario
3. What is the name of your next-of kin? — Richard Dary
4. What is the address of your next-of-kin? — Genl PO Moosejaw Saskatchewan
4a. What is the relationship of your next-of-kin? — Friend
5. What is the date of your birth? — 2nd August 1869
6. What is your Trade or Calling? — Blacksmiths
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 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 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? —
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? —

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph. Raymond, 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.

Joseph his mark Raymond (Signature of Recruit)

Date 26 April 1917. B S Burchell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Raymond, 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.

Joseph his mark Raymond (Signature of Recruit)

Date 26 April 1917. B S Burchell (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 Kamloops this 26 day of April 1917.

D. McLean 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.

The oath and declaration, Questions and answers were first read over and explained and Joseph Raymond appeared to thoroughly understand the same
B. S. Burchell.

Description of Joseph Raymond on Enlistment.

Apparent Age 17 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 7 ins.

Chest measurement.
- Girth when fully expanded ..... 36 ins.
- Range of expansion ..... 1 ins.

Complexion Dark

Eyes Brown

Hair Brown

Religious denominations.
- Church of England .....
- Presbyterian .....
- Methodist .....
- Baptist or Congregationalist .....
- Roman Catholic Yes
- Jewish .....
- Other denominations ..... (Denomination to be stated.)

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).

Vision R 20/40 L 20/40

Hearing much modified both ears

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 26 April 1917.

Place Kamloops BC

MOBILIZATION BOARD
KAMLOOPS CENTRE

M C Archibald
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:—

Fit for Trenches

CERTIFICATE OF OFFICER COMMANDING UNIT.

Joseph Raymond 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.

J Mortland (Signature of Officer)

Date 26th April 1917.

FORESTRY DRAFT, C.E.F.
ATTACHED TO 102nd REGIMENT, R.M.R.

RAYMOND, JOSEPH 2023470 102 BN 03607

MED. UN.

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

PR

SURNAME. Raymond

CHRISTIAN NAMES Joseph

REGL. No. 232340. RANK Pte.

UNIT Forestry Coy C M.D. 11 (1st. R.D.)

FORMER CORPS Nil

CARD No. 4

S.A.Dis 16-2-18 11

NEXT OF KIN.

NAMES IN FULL Mary Richard

RELATIONSHIP TO SOLDIER Friend

ADDRESS Gen. P.O., Moose Jaw, Sask.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Pembroke, Ont. DATE Aug 2nd. 1869.

PLACE OF ATTESTATION Kamloops, B.C. DATE April 26th, 1917.

O/S 2-6-17 Emb. B/C 7-12-17 II

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

Sailed from Halifax Per SS "Olympic" 2-6-17

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Shoemaker. RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 47. YEARS — MONTHS

HEIGHT 5'. FEET 7. INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 1 INCHES

COMPLEXION Dark. EYES Brown. HAIR Brown.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Kamloops, B. C. DATE April 26th, 1917.

Present Address, Moose Jaw. Sask.

E. McW

Number 232470 Rank Pte. B

Surname RAYMOND

Christian Name Joseph

Units C. F. C. Theatre of War England

Date of Service 9/6/17

Remarks

Latest Address Commercial Hotel
Vancouver B.C

Roll No a Page 1635

Next of kin

Address on leave

Address on discharge

Transportation issued Yes No Date

Character on discharge

Previous occupation

Date and place of enlistment

Diagnosis

Date of Medical Boards

Date	Remarks

*—Name will be given in full; surname first.

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. ~~232470~~ 2323470 Rank Pte. Name Raymond Jos.

Corps 11th Cas Unit (C.F.C. Eng.) who was* Discharged

On 16th Feb/18 191..., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Nov 2nd. 191..., to 16-2-18 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month Advances Jan	85	50	Bal. Cr. from prev. month	86	83
Advances by Cheques No. 1341	79	43	Regt'l Pay 87 days at $ 1 00	87	
No. "A" Post Discharge Pay	33	00	Field Allow. 87 days at $ d0	8	70
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges R.C.		25	Other Allowances*		
Payment on transfer or discharge No.	30	35	Other Credits* Clothing All.	13	00
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	33	00
Total	228	53	Total	228	53

*Give particulars.

A monthly stoppage of $.....(†) has.....(‡) been paid on account of Assigned Pay for the month of.....191.... and Sep'n Allce. for month of .....191.... (to) Assignee.....

(Address) NIL.

(†) 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 .....

(2) if married and if a Separation Allowance Card has been submitted No.

(3) cause of discharge Medically unfit under authority K.R. & O for C.M. 1910. (9)

(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 16th Feb/18

Place New Westminster, B.C. R. J. Leslie Captain 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.

100M.—12-17.
H. Q. 1772-39-903.

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. Forestry Draft C.E.F. Attached to 102 Regt. R.M.R.

(2) Regimental Number 2323470

(3) Full Name of Soldier. Joseph Raymond.

(4) Place of Birth. Pembroke. Co. Renfrew. Ontario

(5) Are you married, or not? no.

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

(b) Present Postal Address. ~~Moosejaw~~ Saskatchewan.

(7) Are you a widower? no.

(8) Have you any children? no.

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? No

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

(10) Is your Mother alive? No

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

.....

(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.

Richard Davy. (Friend).

Moosejaw.

Saskatchewan

(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? .....

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.

The same having been read over and thoroughly explained to him and he appearing to understand the same.

his
Joseph X Raymond. Witness B.S.Benedict
mark

.....
Officer Commanding.

Date 27 April 1917

Army Form B. 103

Regimental Number 2323470

Casualty Form—Active Service.

Regiment or Corps C.F.C.

Rank Pte Surname Raymond Christian Name Joseph

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) 26/4/17 Terms of Service (a) ..... Service reckons from (a) 26/4/17

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....

or Corps Trade and Rate .....

Occupation Shoemaker ..... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...	Halifax	28.5.17	
		Disembarked...	L'Pool	10.6.17	
22.6.17	OC C.F.C.	T.O.1. Base Depôt C.F.C.	Sunningdale	10.6.17	Pt II P.O. No 48
NOV 23 1917		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 1	ORDER No. 278		Blue Lt Lieut.-Col. Commanding Canadian Discharge Depôt.
	DEC 7 1917	EMBARKED FOR CANADA FROM LIVERPOOL			Blue Lt Lieut.-Col. Commanding Canadian Discharge Depôt.

(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) Signaller, Shoeing-Smith, &c.

(8228) W.13863/M1477 2,400,000 1/17 MoA & W Ltd Forms B./103/4 (E. 858)

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
	Quebec	T. ON S. No. 11 CASUALTY UNIT PART II. ORDER No. 50	Vancouver	28/12/17	T. A. Elliott Capt. for O.C. No. XI. CASUALTY UNIT
		S. OFF S. No. 11 CASUALTY UNIT	New Westminster	16/2/18	PART II. ORDER No. 47 Auth XI MD 34-R. 239 of 4/2/18 T. A. Elliott Capt. For O. C. No. 11 Casualty Unit.

Form R 122.
2353—100M—9-1-16

DL

Rank Name RAYMOND Joseph Reg'l No. 2323470.

Unit Dft to Base Depot Forestry Corps Sunningdale. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Kamloops. Apr. 26th. 1917. Place of Birth Pembroke.Ont.

Name and Address, Next-of-Kin Richard Davy.

Genl.P.O. Moosejaw. Sasketchewan. Canada Relationship Friend.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/L 1101
File R.L.
Category Okan

Discharge, Date and Place Reason Character

2 Pte.

H. W. & V., Ld.—9546-16.

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 8-6-17 S/S OLYMPIC⇐			
		22.6.17. C.F.C BD TOS, SUN'DALE IO 6,17 Ptllo 48			
22-11-17	BDCFC	Proc on Comm to CDD Buston Pte Rend Emb for Canada	Sdale	22-11-17	—179
14-12-17	—"—	SD Son Emb to Canada "	—"—	7-12-17	—"—198
	Dft depot	Class Duty	Dft depot Victoria	19/12/17	R R 418. Kamloops.

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.				

C.A.D.C.5009-10M.
3494-30-8-17.

212347 ?
Pte. Raymond J.

DENTAL CERTIFICATE.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

C 7 C

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
23/11/11	F			

Ellerbeck
Capt.

A 2.

Ncard 2323470

MEDICAL HISTORY SHEET

Surname Raymond Christian Name Joseph

Examined { on 26 day of April 1917 / at KAMLOOPS, B.C.

Approved by MOBILIZATION BOARD KAMLOOPS CENTRE
J.S. Archibald Lt-Colonel
Rank J.S. Burris Phrmk M.O.

Birthplace { City or Town Pembroke / County Ont

Apparent age 47

Trade or occupation Shoemaker

Height 5 feet 7 Inches

Weight 155 lbs.

Chest measurement { Minimum 35 inches / Maximum expansion 36 inches

Physical development good

Small-pox Marks yes

Vaccination Marks { Arm Right Left / Number none

When Vaccinated last

(a) Marks indicating congential peculiarities or previous disease
Has had Smallpox

(b) Slight defects but not sufficient to cause rejection
none

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
1/5/17	good	JSB M.O.
5/5/17	good	M.O.
		M.O.

Enlisted on 26th day of April 1917 at KAMLOOPS, B.C.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	Forestry Draft C.E.F.	2323470	1	26th April 1917
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Kamloops. B.C.	1/5/17.		Category altered from C to B. (Under new system of Categorization) R.O. 2799 2it. P.M.H. O.C. C.D.D. Buxton.
Swimming Tak	27/10/17.	Bronchitis Chronic Rheumatism	Lt-Colonel J.S. Archibald Capt. Burris P Hrmk to be invalided to Canada with Hospital Attendant A.D. Wade

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, cn the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Raymond Christian Name Joseph

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				

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

015-086-J-3

Name Raymond, Joseph
(Surname, Christian Name)

Regimental Number 2323470 Rank Pte.

Unit 11 Cas. Unit.

Original Unit

District where paid M.D.11.

Date of Discharge 16-2-18.

P. D. P. Filing Number 13-145-11.

Address (in full) Commercial Hotel, Vancouver, B.C.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8000.

Total Credits 91 days	FIRST PAYMENT Cheque No. A	Date	Amount 30 days	SECOND PAYMENT Cheque No. B	Date	Amount 30 days	FINAL PAYMENT Cheque No. C	Date	Amount 31 days	Balance Over-payments to be Recovered	Total Amount Paid
100 10	1779	18-3-18	33 00	1745	18-4-18	24 37				9 73 33 00	57 37

M. F. W. 127.
50M—6 17.
1772 33-1140.

Remarks: $9.73 deducted A.R. 15295. Buxton. Advance payment by Casualty Unit # 11.

Passed to Inv 11-10-19

File No. 15086/27

WAR SERVICE GRATUITY.

W 82

Register No. R 1363

Dec'n No ..... W.S.G. File No .....
Award ..... days at $ ..... per day $
S. A. ..... months at $ ..... per month $
Less P. D. P. Credited

Reg. No. 232470 Name Raymond Joseph

Address Kamloops BC

Less further debit balance
Allowance paid as below

SOLDIER TO DEPENDENT

	Ag. No	Ch No	Amount	Ag. No	Ch No	Amount
1						
2						
3	109.90					
4	Thome					
5	Eunice					
6	Theodore					
Total				Total		

Pay Soldier $

Clerk

Dependent

Address

$

$

$

Pay Dependent $

Days 92 Rate 70.00 Due 210.00

Less P.D.P. credited 100.10

Less further Dr. Bal. or overpayment.

Net 109.90

R.W104
25 10/19

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
19/10/19	37967	532791	109 90		1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
M. D.
Date 15-10-19

P. 559

MARRIED OR SINGLE . S.

PLACE OF BIRTH Pembroke, Ont.

NAME AND ADDRESS OF NEXT OF KIN Davy, Richard
GD Moose Jaw, Sask.

RELATIONSHIP OF NEXT OF KIN Friend

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

Date of Payment.
~~15-10-17~~
~~29-10~~
~~15-11-17~~

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 2323470 RANK Pte NAME Raymond, Joseph. 91

IF IN PERMT. CORPS WHAT UNIT } C.P.C. UNIT

TRANSFERRED TO 6th Eng DATE 1-11-17 AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO Bay II P DATE 21-11-17 AUTHORITY Discharge to Canada

PLACE OF ATTESTATION Kamloops.

TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 26/4/17.

TRANSFERRED TO DATE AUTHORITY

FEB 10

ASSIGNED PAY MONTHLY $ Nil DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

Entered on N.E. Card Index C4

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

Checked by T. Hallam

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE 21/11/17 Barr REASON AND AUTHORITY Disp Prac. ag 2-1-19

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														2890	2890																2890				C.D.
June	30	11⁹	33-												33-																61 90				Bal. from Canada
July	31		34 10												34 10																96 00				
Aug	31		34 10												34 10		2670 26/6							973							973 120 37			
Sept	30		33												33		3210 29-8							487							1947 133 90			
																	3002 27-7							1460										
			13420											2890	16310									2920							2920				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED SEPARATION ALLOWANCE, PAY, ENT.

2323470 Pte Raymond J. April

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER ALLCE ENG.																							
		~~13340~~							12390	60																								
Oct.	1st Pay	31 10		4/34785 29/9/17 B.D.	973																													
				AR3350 15/9/17 BD	- 973																													
				on AR.3147 22-8-17 B.D.C.F.C.	29 20				119 84	75 00																									
		34 10			48 66																													
Nov	D21	2910		AR B214 29 10/17 B.D.	973																													
	Defend pay to 30/9/17	62		AR-B-89 a/cay B.D 18/10/17	7 30				14306																									
				" .330 13 " " 14-11-17	17 03 9 73				11630																									
		23 72			26 76																													
				" 15295 - Boston 28/11/17	9 73				10657																									
					9 73																													
Jany.				Balance transferred to N.E. Branch.					NIL																									

A3M. FORM REND'D ✓ EFFEC
DISCHARGED TO Canada 21-11-14
PAYBOOK VERIFIED 21-1-14
for BAL. 1169 1 P.C. AND 21-11-14 O.K. Kelf
AUTHY AG 2-1-19 and Receipt
O.K. Cheshire Lee

Supp. 286. Issued 24/1/18
Ch. 15295 - 28/11/17 - $9.73
Balance 2/1/18 = Credit $ 10656

This space to be for numbers. M

Proceedings on Discharge.

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

No.	3333470
Rank	Pte
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	Raymond, Joseph
Corps (Squadron, Battery or Company)	No. XI. CASUALTY UNIT
Date of Discharge	16th February 1918
Place of Discharge	NEW WESTMINSTER B.C.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	61 years 10 months.
Height	5 feet 8 inches.
Complexion	Light
Eyes	Brown
Hair	Brown
Trade	Shoemaker
Intended place of residence (To be given as fully as practicable.)	Commercial Hotel Vancouver

Descriptive Marks

1st finger Rt Hand twisted

2. The above-named man is discharged in consequence of under K.R.O.O. for the C. in C. 1910, para 553, (4) Medically Unfit for Service

Authority M.D. 34-R-339

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.

Very good

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

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

Shoemaker

M. F. B. 218.

160m.—6-16.
H. Q. 1772-39-113

(OVER)

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

Nil

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

6. Medals and Decorations..... Local

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) NEW WESTMINSTER, B. C.

(Date) 16th Feby 1918

L. a. Elliott Capt.

Commanding For O. C. No. 11 Casualty Unit.

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) NEW WESTMINSTER, B. C. Joseph Raymond (*Signature of Soldier.*)

his mark

(Date) 16th Feby 1918 J. J. Durkin (*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)....years....247 days.

Total.....years....247 days.

11. **Confirmation of Discharge.**

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

(Place) NEW WESTMINSTER, B. C.

(Date) 16th Feby 1918

L. a. Elliott Capt.

(*Signature*) For O. C. No. 11 Casualty Unit.

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.)

"no Reservations
Joseph Raymond"
(his mark) +
Witness: J. G. Durkin Orderly Room Clerk
La Chute, Can.
"

(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.

Cousin, Richard Davey.
Moosejaw, Sask.

No card 34 R 239

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

BPS

Original

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

MEDICAL HISTORY OF AN INVALID

No.XI C/C. STATION Vancouver, B.C. DATE Jan.19th.1918

1. (a) Unit Can.Forestry Corps. C.E.F. (b) Regimental No. 2323470 (c) Rank Pte.

(d) Surname Raymond (e) Christian name Joseph.

2. Age last birthday 61 Date of birth Mar.2nd. 1856

3. Enlisted at Kamloops, B.C. on Apr. 26th. 1917

4. Personal description :—

(a) Height 5ft. 8 in. (b) Weight 155 lbs. (stripped) (c) Complexion Dark

(d) Colour of hair Brown. (e) Colour of eyes Brown (f) Identification marks 1st finger R. hand twisted.

5. Address after discharge (for the use of the Board of Pension Commissioners.) c/o Commercial Hotel Vancouver.B.C.

6. Former trade or occupation Shoemaker.

7. (a) Service

	Years	Days
	8/12	24

	Periods	
	From	To
Canada	Apr. 1917	May 1917
England	May 1917	Dec 1917
Canada	Dec. 1917	Present.

(b) Has he been Overseas ? Yes. to England

8. Present disease or disability (use authorized nomenclature if possible). 1. Rheumatism Chr. 2. Overage.

(a) Date of origin 1. 5yrs ago. 2. --- (b) Place of origin 1. Saskatchewan. 2.----

(c) Cause* 1. unknown. 2. ---

*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Has pain and stiffness in knee, hip and shoulder joints, frequently, which becomes worse in wet weather, but causes him discomfort most of the time. Has never had rheumatic fever. Is over age being 61 years old.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

150M.-6-17.
1772-39-117.

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Heart not enlarged. Sounds normal.

No general debility.

Eats and sleeps well.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced ? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

1. 10% not due to service.

2. Not at all.

12. Did the disability arise on or off duty ? 1. Prior to enlistment. 2. ---

13. Was a Court of Inquiry held ? no

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ?

Yes..... No.... 1. no 2. n.a.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? no

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapaci ated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? 1. permanent 2. permanent.

17. Treatment (Case reports, general or special, should be secured and attached where possible).

none.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

no

19. Can the former trade or occupation be resumed ? Yes.

20. Recommendations

Class "E" for discharge.

By the Medical Board.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned..... have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

J Raymond

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes.

22. Is the soldier fit for

(a) General service,	(Category A)	(Yes or No). No
(b) Service abroad, not general service,	(" B)	(Yes or No). No
(c) Home service, (Canada only),	(" C)	(Yes or No). No
(d) Temporarily unfit,	(" D)	(Yes or No). No
(e) Unfit for service in Categories A, B and C,	(" E)	(Yes or No). Yes.

23. It is certified that the soldier

(a) ~~Does require treatment.~~ a.
(b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control.~~ d.

(Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Yes. Class "E" for discharge.

J. Chetham Capt. — *President.*

} *Members.*

STATION Vancouver B.C.

DATE Jan. 19th. 1918.

APPROVED BY

DATE JAN 29 1918

Lieut. Colonel
Assistant Director of Medical Services. M. D. 11

APPROVED BY

DATE

Director-General of Medical Services.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned,.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.

2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.

3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.

4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.

5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

Form R. & O. 6045.
1239-130M-29/11/16.

No card ck 478

PROCEEDINGS OF A MEDICAL BOARD.

232344 Yo

Dated at Oct 27 1916.

No. 2323470 Rank PTE Name RAYMOND J. 61

Local Unit GFG Overseas Unit — Age

Examination held at Summerdale

DISABILITY.
Overseas—Local.
(scratch one out)

Neuralgia
Arm Scleroses

PRESENT CONDITION.

Shell shock 61 apparently
65 — Arm Scleroses
Complains of pain in arm weather.
In wrist. Does colds cause
1
not like the arm in
Cold weather

BOARD RECOMMENDS:—

1. Fit for Duty
2. Fit for duty after weeks' physical training.
3. Fit for Temporary Base Duty C III weeks.
4. Fit for Permanent Base Duty
5. Discharge

Signatures:—

A.B. Campbell Capt
President.

Members { L.H.R. Roberts Capt. C.A.M.C.

Captain, C.A.M.C.
for A.D.M.S. Canadians, London Area.

APPROVED

Dated at 27/11/16 1916. A.B. Campbell

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 1915

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Overseas — Local.
(certificate to be sent)

PRESENT CONDITION.

BOARD RECOMMENDS:—

1. Fit for Duty .....

2. Fit for duty after ..... weeks' physical training.

3. Fit for Temporary Base Duty ..... weeks.

4. Fit for Permanent Base Duty .....

5. Discharge .....

Signatures:—

President .....

Members .....

.....

.....

APPROVED

Dated at 1915

.....

For A.D.M.S.

CONFIDENTIAL INFORMATION

Report No.	Category	No. of M. H. C. File	No. of Local File	No. of H. Q. File
20710.	C2	No card	434	

Raymond Joseph
Soldiers Club
Vancouver B.C.

No. 2323470 Rank Private Original Unit Forestry Present Unit Forestry
Age 61 Height 5 ft. 7 ins. Complexion Dark Eyes Brown Hair Brown Character
Date of enlistment April 26/17 Where enlisted Kamloops Where seen service England
Ship returned by Justicia Date of arrival Dec 20th 17 Port of arrival New York
Birthplace Pembroke Renfrew Co. Ont Religion R.C.
Name and address next of kin Earl Raymond (son) Seattle Wash.
Notification of return to be sent to
Cause of disability over age
Condition in detail which prevents the soldier from earning a full livelihood

over-age

E. 1. Discharge, no pensionable disability.
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.

Degree of incapacity (Please state in fractions) Eng. Board None Canadian Board None
Probable duration of incapacity None
Does it render him permanently unfit for Military Service? no
Would operation, Special treatment, or use of appliances etc., lessen incapacity? no
Destination to which transportation issued
Members of Board W R Macculloch Capt Alton Hurd Capt B R Lang Capt

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

C. Service in Canada.
D. Treatment.

Occupation prior to enlistment Shoemaker
Regular trade or profession "
Average earnings previous to enlistment $3.50 per day Any other income?
Name and address of last employer Self
Rent per month — If purchasing property amount due and annual payment, $ — $
Taxes — If Homestead, when is patent due? —
If carrying life or accident insurance, annual premium —
If in receipt of sick benefits or other insurance—name of society — Amt. per mo. $
If unable to follow previous occupation, name preference follow Previous Employment
At what age soldier left school? — What grade, standard, &c., was he in? —
Has he taken any Technical or Continuation Classes, if so what? —
Whether given Vocational Training while in Hospital in England. If so, what subjects? —
References
Witness A Patterson I declare that the above statement is correct.
Date Dec 29/17 Signature R J Moore

A. General Service.
B. Service abroad, not general.

Recommendation by Interviewer as to classes likely to be of use, and general remarks:
Going back to trade

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.Q., $ L. P. C. leaving Depot, $
Amount forwarded to H. Q. Unit, $ Credit Clothing allowances, $

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date
PENSION—Class..... Amount per year, $..... Period granted for..... Dating from.....
First payment date.....

Form No. 5c.

CONFIDENTIAL INFORMATION

Report No. _____ Category _____

No. of M. R. O. File	No. of Local File	No. of U. C. File

No. _____ Name _____ Original Unit _____ Present Unit _____

Age _____ Height _____ lbs. Complexion _____ Eyes _____ Hair _____ Character _____

Date of enlistment _____ Where enlisted _____ Where sent service _____

Ship returned by _____ Date of arrival _____ Port of arrival _____

Birthplace _____ Religion _____

Name and address next of kin _____

Notification of return to be sent to _____

Cause of disability _____

Condition in detail which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Pen. Board _____ Canadian Board _____

Probable duration of incapacity _____

Does it render him permanently unfit for Military Service? _____

Would operation, Special treatment, or use of appliances etc., lessen incapacity? _____

Destination to which transportation issued _____

Members of Board _____

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children:					
2					
3					
4					
5					

Occupation prior to enlistment _____

Regular trade or profession _____

Average earnings previous to enlistment _____ Any other income? _____

Name and address of last employer _____

Rent per month _____ If purchasing property amount due and annual payment $ _____ $

Taxes _____ If Homestead, when is patent due? _____

If carrying life or accident insurance, annual premium _____

If in receipt of sick benefits or other insurance—name of society _____ Amt. per mo.$

If unable to follow previous occupation, name preference _____

At what age soldier left school? _____ What grade, standard, &c., was he in?

Has he taken any Technical or Continuation Classes? If so what?

Whether given Vocational Training while in Hospital in England. If so what subjects?

References _____

Witness _____ I declare that the above statement is correct

Date _____

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr. $ Dr. $ Amount paid at Depot R. O. $ T. P. C. leaving Depot $

Amount Forwarded to R. O. Unit $ Extra Clothing allowances $

Trans'd to Unit—Date Trans'd Class 1—Date Trans'd Class 3—Date

PENSION—Class _____ Amount per year $ _____ Period granted for _____ Date _____

Third payment due _____