

1720

CLASS A II ATTESTATION PAPER.

original

No. 2.115.540

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... REGELOUS
- 1a. What are your Christian names?..... W. Charles William
- 1b. What is your present address?..... Box 46 Portage La Prairie, ^{Manitoba} Canada.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Sydney, Manitoba, Canada.
- 3. What is the name of your next-of kin?..... Mrs Margaret Regelous
- 4. What is the address of your next-of-kin?..... Box 46 Portage La Prairie, Manitoba, Canada.
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... August 23rd 1898
- 6. What is your Trade or Calling?..... Auto Truck Driver
- 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 ^{NAVAL OR} 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, **CHARLES WILLIAM REGELOUS**....., 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.

C. W. Regelous..... (Signature of Recruit)

Date Sept 15th 191 7 *D. F. Smith*..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **CHARLES WILLIAM REGELOUS**....., 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.

C. W. Regelous..... (Signature of Recruit)

Date Sept 15th 191 7 *D. F. Smith*..... (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 Winnipeg this 15th day of September 191 7.

A. Raper..... (Signature of Justice)



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.

1720

Description of CHARLES WILLIAM REGELOUS on Enlistment.

Apparent Age 19 years 1 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 ins.

Chest measurement: Girth when fully expanded 35 ins. Range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Dark Brown

Religious denominations: Church of England yes, Presbyterian, Methodist, Baptist or Congregationalist, Roman Catholic, Jewish, Other denominations.

Handwritten medical notes: Vision R. Eye 20/20, L. Eye 20/20, Hearing R. Ear normal, L. Ear normal.

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.

FIT

I consider him* for the Canadian Over-Seas Expeditionary Force.

Date Sept 15th 1917

Place Winnipeg Man

Handwritten signatures of J. G. Grant and Capt. Rowe, 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:—

MOBILIZATION MEDICAL BOARD APPROVED FIT

SEP 12 1917

Handwritten signatures of medical board members.

CERTIFICATE OF OFFICER COMMANDING UNIT.

CHARLES WILLIAM REGELOUS

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.

Handwritten signature of the Officer Commanding Unit, with rank Captain and title O. C. No. 1 OVERSEAS C. A. S. C. Training Depot.

Date SEP 15 1917

REGIMENTAL DOCUMENTS

NAME Regelous Charles William NO. 2115541 UNIT C.E.M. 7 H. Q. FILE NO. _____

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

1 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)

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)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 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. 303 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)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

3 Misc

19122
Pay band

DEATH

Category

C5847

DISCHARGE

Category

Demot.

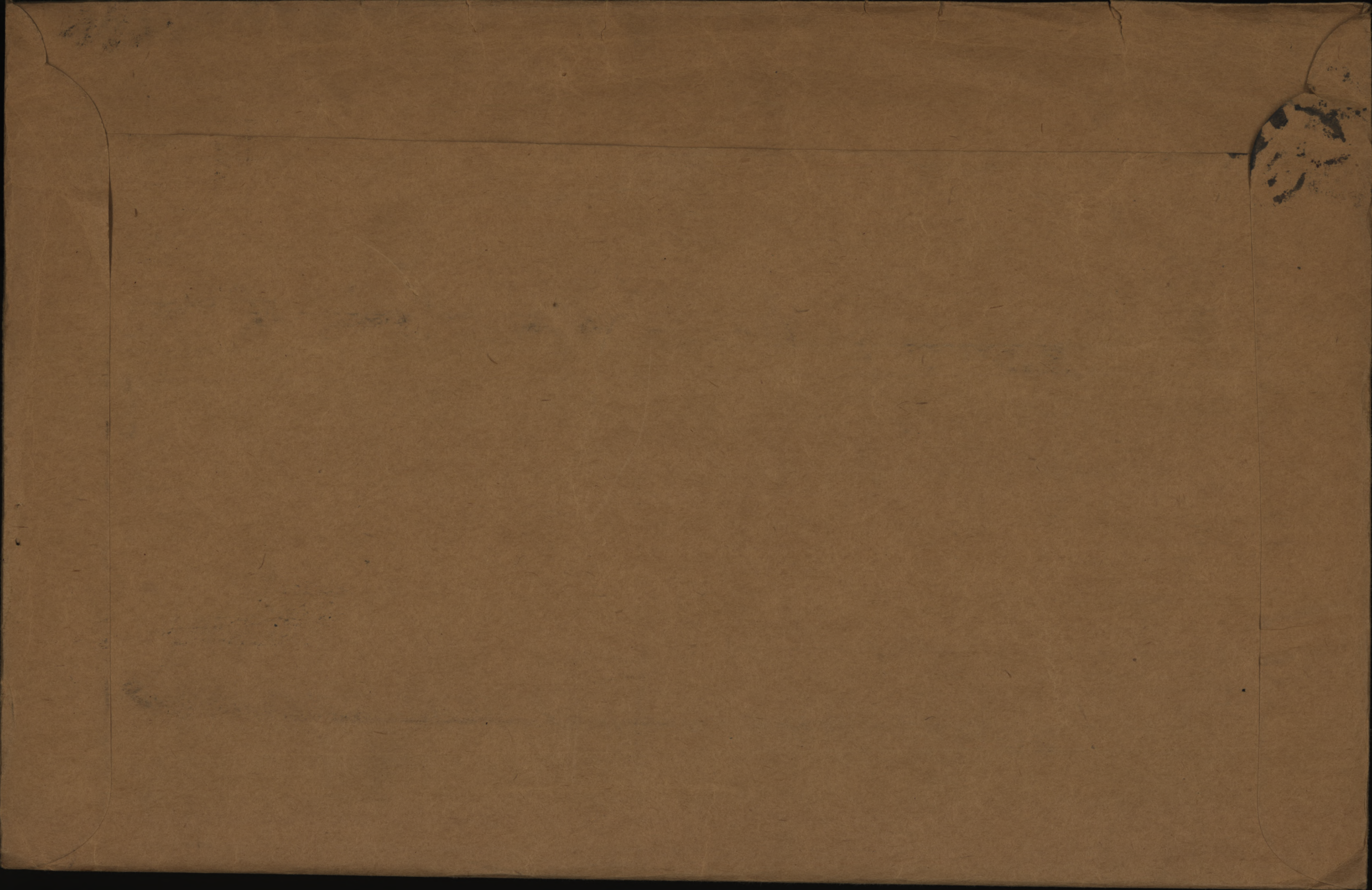
DESERTION

34 — 22
20 — 22
7 — 22

1

M

H



File.
Q

13
X

Number... *2113-541* Rank... *Pte*

Surname *P. F. E. L. O. U. S.*

Chris ian Name... *C. Parker William*

Uni s... *C. A. S. C.* hea re of War... *France*

Da e of Service... *26-6-18*

Remarks.....

93 Lombard, 6/10. Crane St.

La es Address... *414 West St.*

Winnipeg, Man.

Roll No.

B. Page 9413

Next of kin

Address on leave

Address on discharge

Transportation issued

Yes
No

Date

Character on
discharge

Previous occupation

Date and place of
enlistment

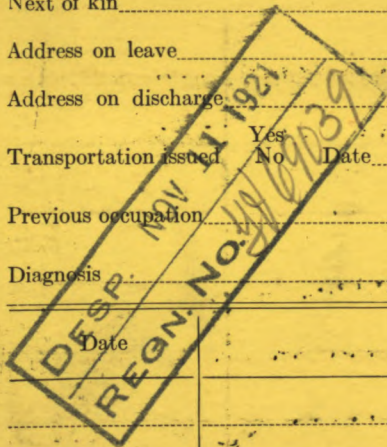
Diagnosis

Date of Medical
Boards

Date

Remarks

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



Area 9 \times 2
CARD NO.

SURNAME. *Regelous,*
CHRISTIAN NAMES *Charles William*
REGL. NO. *2115541* RANK *Pte*
UNIT *Man Regt. 1st Dep Bn.*
FORMER CORPS *Nil.*

10
208 Demob. 20-6-19.
20.172 of 21-6-19.
FOLL *DP #2.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Regelous Mrs Margaret.*
RELATIONSHIP TO SOLDIER *Mother*

ADDRESS *H 14 Victor Ave,
Winnipeg, Man. S. a. a. p.
8-11-18.*

COUNTRY OF BIRTH *Canada Sydney, Man.* DATE *Aug 23rd 1898*

PLACE OF ATTESTATION *Winnipeg, Man.* DATE *Sept. 15th 1917*
0/S. 15/5/18 $\frac{1261}{3}$ *P/c. 13-6-19 $\frac{347}{153}$ Ptes.*

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

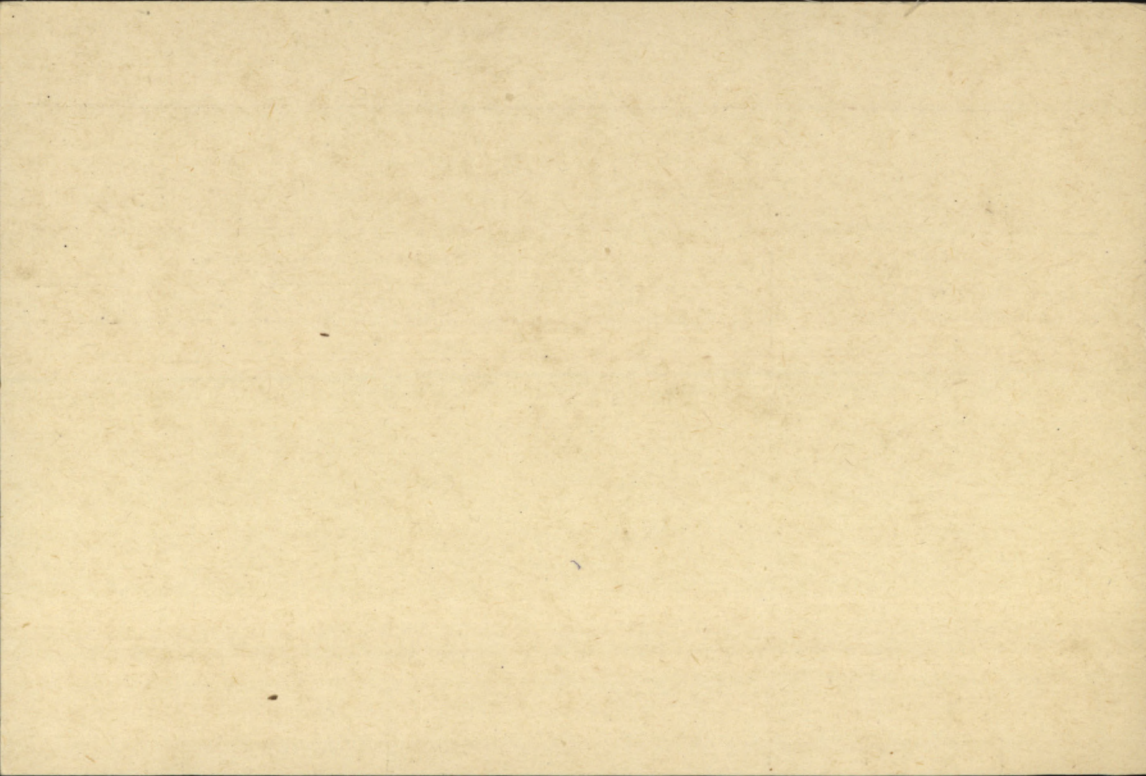
DATE

No. 2115541. RANK Pte.

NAME Regeloas Charles William

T. O. S. 15. 9. 17. UNIT Can. Army Service Corps. #1 Training Depot.
 (DO. 220 of 15. 9. 17.) M. D. 10.

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1917. Sept. 15.	1917. Sept. 30.	✓		
	Oct.	✓		
	Nov.	✓		
1918. Jan.	1918. Jan.	✓	awd. of this detn. forfeit 2 Day Pay.	DO. 21.
	Feb.	✓	Proceedings with 16 Oct.	DO. 49862 of 28. 2. 18.



REG. NO. 2115541. 1720 *Regulous, C. W.* 28488
NAME (SURNAME FIRST)

RANK. *Pte* CORPS *C. A. S. C.* 6

AGE. *19.* SERVICE *5/12.*

NAME OF HOSPITAL. *St. Lukes* PLACE. *Ottawa*

DATE OF ADMISSION. *26. 2. 18.*

DISEASE. *Gonorrhoea.*

DISCHARGE. *2. 3. 18.*

OPERATION

DISCHARGED TO DUTY. *Yes*

TRANSFERRED TO.....

DISCHARGED BY MEDICAL BOARD.....

1720

of cmr

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

THIS SECTION FOR USE OVERSEAS

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. *115541* Rank *Pte.* Surname *RECELOUS*
(Given name in full)

Unit or Corps *66 M/Lay T.Ming* Birthplace *Charles Milham Sydney, N.S.W.*

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

1. GENERAL DESCRIPTION:
Physique *Good* Weight *145* lbs. Height *5 8* ft. Colour of Eyes *Brown*
Nutrition *Good*
Pulse *72 regular*
Condition of arteries *2/3*
Vision Rt. *14* Left *14*
Hearing (conversational voice) Rt. *20* ft. Left *20* ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Scar on shoulder - before joining

Opinion as to general health and physical condition *Good*

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)
Nervous System Genito Urinary System Cardio-Vascular System
Special Senses Integumentary System Respiratory System
Disturbance of Mentality Muscular System Digestive System
Osseous and Joint System Any other general condition

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.
26-2-18 - Gonorrhoea

1720

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Wesley.....(Overseas)
 Date 17-5-19..... Signed Shorola A......M.O.

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

Signature X. L. W. Reynolds.....

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

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)
 Date Signed M.O.

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

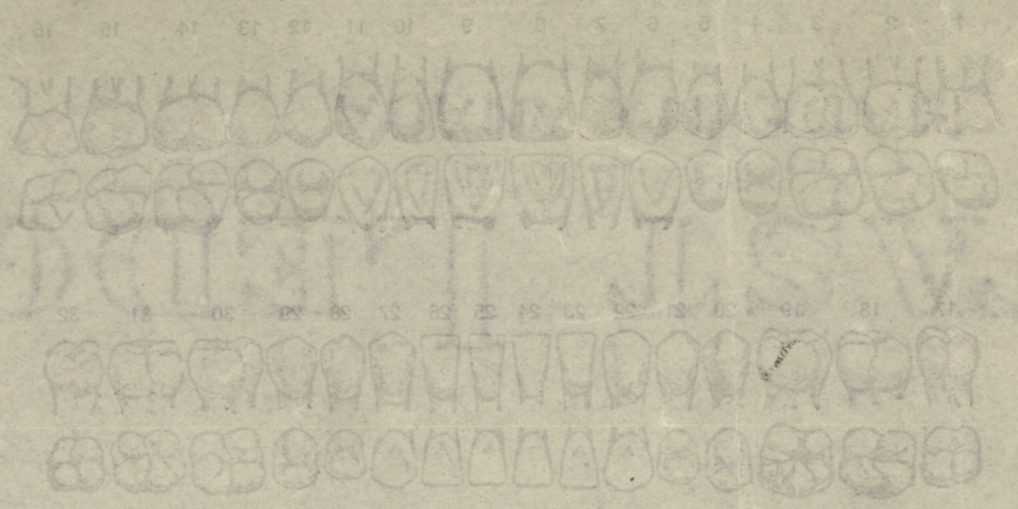
Signature

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

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

INSTRUCTIONS

1. On examining the condition of patient's mouth to be marked in diagram in red ink.
2. On first line of report record of same to be made in red ink.
3. Only such entries to be made on this sheet as will show:
 1. Condition on examination (in red).
 2. Condition on leaving Canada.
 3. Condition on discharge.



REMARKS

DATE

OPERATOR

CLINICAL

Case No.

CLINICAL

CLINICAL

CLINICAL

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1720
MEDICAL HISTORY SHEET *original*

Surname **REGELOUS** Christian Name **Charles William**

Examined { on **12th** day of **Sept** 191 **7**
 at **Winnipeg Man**

Birthplace { City or Town **Sydney**
 County **Manitoba Canada**

Apparent age **19 years**
 Trade or occupation **Motor Truck Driver**

Height **5** feet **8** Inches

Weight **145** lbs.

Chest measurement { Minimum **32** inches
 Maximum expansion **3** inches

Physical development **good**

Small-pox Marks **none**

Vaccination Marks { Arm Right Left **1**
 Number **1**

When Vaccinated last **about 7 years ago**
 (a) Marks indicating congenital peculiarities or previous disease **None**

(b) Slight defects but not sufficient to cause rejection **None**

Approved by

[Signature]
 Rank **Capt** M.O.

Date Fit or Unfit
MEDICAL BOARD
APPROVED FIT
APPL 2101
[Signatures]
 Vision R. Eye **20/20** M.O.
 " L. Eye **20/20** M.O.
 Hearing R. Ear **Normal** M.O.
 " L. Ear **Normal** M.O.

Date	Result	VACCINATIONS
OCT 20 1917		<i>[Signature]</i> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
OCT 6 - 1917		<i>[Signature]</i> M.O.
OCT 13 1917		<i>[Signature]</i> M.O.
OCT 20 1917		<i>[Signature]</i> M.O.
10/6/18		<i>[Signature]</i> M.O.

Enlisted on **15th** day of **September** 191 **7** at **Winnipeg Manitoba Canada**

CORPS	REG'TL NUMBER	HABITS	DATE
No. 1 Overseas C.A.S.C. Training Depot	2115541		SEP 15 1917
OTTAWA o/s DEPOT C.A.S.C.			FEB 18 1918
base o/s			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

N.B.—This sheet 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.

1779

Surname

REGELOUS

Christian Name

Charles William

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
St Luke's Hosp Ottawa		26	2	18	2	3	18	Lonsilitis	4	Made a good Recovery	A. Phaulson Capt. R.M.S.

1720

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

M. F. W. 54. (A. F. B. 10)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *200th base*

Regimental No. *2115541* Rank *Private* Name *REGELOUS, Charles William*

C. E. F.

Enlisted (a) *Sept. 15/17* Terms of Service (a) *C.E.F. Sofw* Service reckons from (a) *Sept. 15, 1917.*

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) *Auto Truck Driver.*

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

Transferred to OTTAWA 1/5 DEPOT C.A.S.C. FEB 18 1918

no record

MAY 14 1918

CERTIFIED CORRECT.
11 JUL 1918
JUN 26 1918
CAN. RECORDS, LONDON.

Proceeded overseas

Disembarked Eag. 5-6-18

Case Jos on arrival from Canada ✓

Schiffa 5-6-18 Part II 133

O.C., C.A.S.C. On draft overseas to C.A.S.C.

Shorncliffe JUN 26 1918

PART II. ORDER No. 148

R. O. S.

W. E. Swinson for O.C., C.A.S.C. W. E. S.

*27-6-18 CGRD
30-6-18 Do
1-7-18 CERC*

Having arrived. Eng as Reinforcement is to be on the strength of C.A.S.C. Arrived

*H.M.T. OLYMPIA 27-6-18
MEMBKD H. OX JUN 18
1-7-18 1018*

(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.]

1720

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				
		Posted to C.E. Mt. Coy		10.7.18	KR 31021 Pl. 11 O. 111, 22.7.18.
13-7-18	C.E. Mt. Coy	2nd of unit on passing from 1st Batt. P.O.		11-7-18	" No. 29541 to 213a P.A. 21d 23-7-18
		Proceeded to England.		14 MAY 1919	
		S.O.S. "J" Wing, Canadian Corps Camp, Witley, on proceeding to Canada June 6 1919, D.O. No.			
		<u>J. G. W. Duckworth</u> for Officer Commanding.			
JUN 6 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919			PART II D. O. 172
JUN 13 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D.			172
					<u>W. C. Roberts</u> For O. C. No. 2 District Depot.

J. G. W. Duckworth

Capt.
L.T.O.O.L.
A.A.G.

W. C. Roberts

1720

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) REGELLOUS, C.W
 REGIMENT CEMT Coy RANK Pte No. 2115541
 Date of Examination in England _____ Date of Examination in France _____

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated



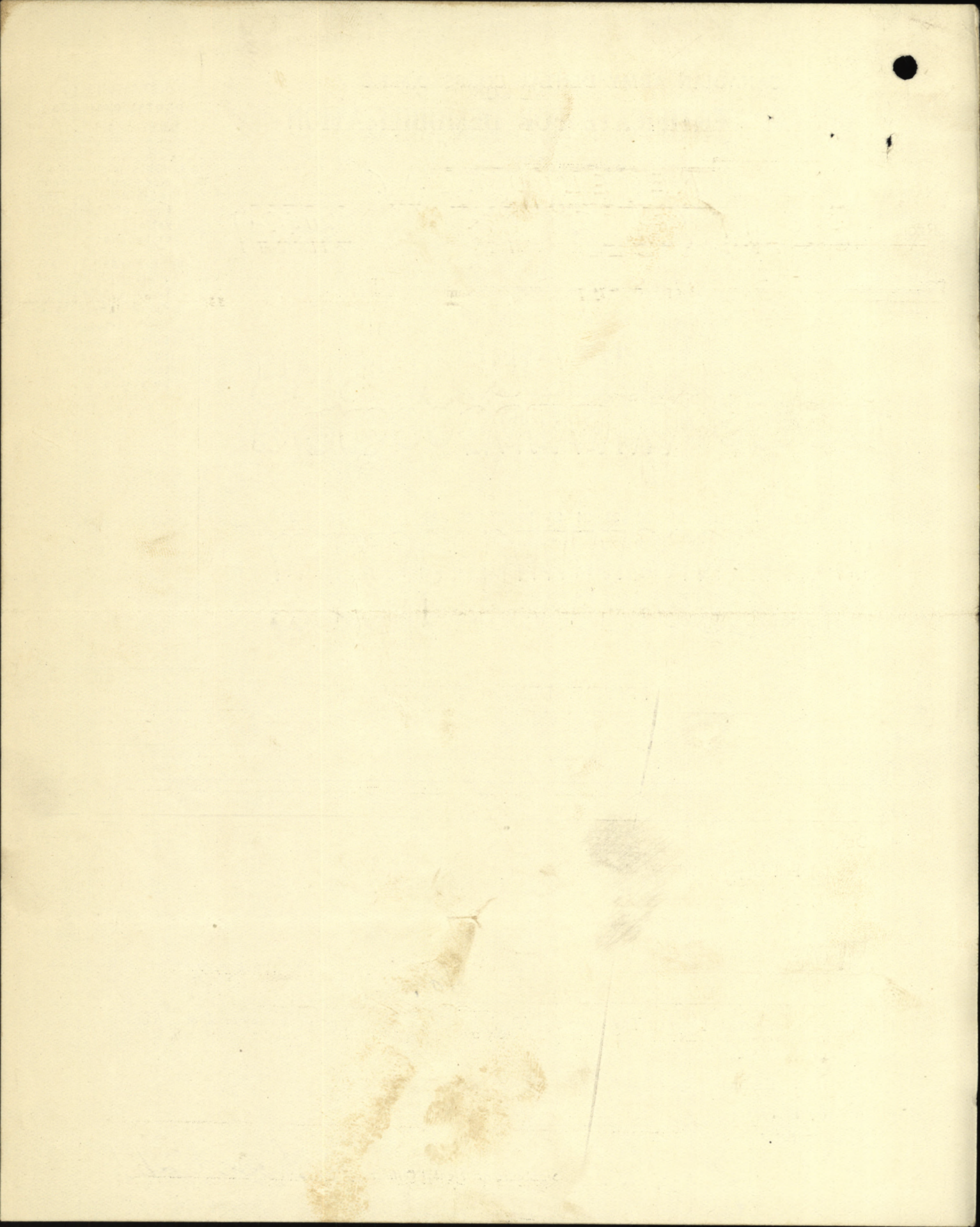
PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No.

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)
 (a) In Canada
 (b) In England
 (c) In France

Signature of Dental Officer J. Ross Capt



1720
War Service Badge

CANADIAN EXPEDITIONARY FORCE

Class A, No. _____

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2115541 (Rank) Plé

Name (in full) REGELOUS Charles William enlisted in
the 190th Battalion

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 15th
day of September 1917

HE served in C. C. M. I. (France)

Demobilization.

and is now discharged from the service by reason of
~~Medical Unfitness.~~

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

Age 20

Height 5 Ft 8 ins

Complexion Dark

Eyes Brown

Hair Dark Brown

W. Regelus
Signature of Soldier.

Marks or Scars

Scar on shoulder

Date of Discharge



Issuing Office

F. J. McNeil
Cofg

For
O.C. No. 2 District Depot.
Rank

Date JUN 18 1919 19.....

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

DISCHARGE CERTIFICATE
CANADIAN EXPEDITIONARY FORCE

1

Name (in full) *W. G. GIBBS*
 the *197th*
 day of *September*
 He served in *2nd Bn. C.I.F.*
 and in *the*
 and in *the*

Age *20*
 Height *5 ft 8 in*
 Complexion *Dark*
 Hair *Black*
 Eyes *Blue*
W. G. Gibbs
 Director of Soldiers

Dist. No. 2 DISTRICT DEPT
 JUN 18 1919
 TORONTO

Date *JUN 18 1919*
 O.C. No. 2 District Dept.
W. G. Gibbs

NOTE: This certificate is to be used only in connection with the discharge of a soldier from the Canadian Expeditionary Force and is not valid for any other purpose.

1720

G.H.

Rank _____ Name REGELOUS, Charles William. ✓ Reg'l No. 2115541. ✓
 Unit 20th Dft C.A.S.C If in perm. Corps, }
 What Unit? } Married or Single Single. ✓
 Place and Date of Enlistment Winnipeg. Sept. 15th 1917. ✓ Place of Birth Sydney Man. ✓
 Name and Address, Next-of-Kin Mrs. Margaret Regelous, ✓
414 VICTOR ST. WINNIPEG, MAN. CANADA (R.L. 29 & d. 23.10.18)
~~Box. 461, Portage la Prairie. Man.~~ Relationship Mother. ✓

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E. R.G. No. 7691
 File R.L. _____
 Category R CANADA

Discharge, Date and Place _____ Reason _____ Character _____
 H. W. & V., Ltd.—9546-16.

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.				
	Arrived in England	5-6-18	S/S CITY of MARVILLE		
8-6-18	Case R 900.	S.O.S. from ^{3rd} 2nd ^{10/18} 19/18 ^{only}	Per. Schiffe	5-6-18	Part 133
26-6-18	" "	S.O.S. Proceeding overseas	" "	26-6-18	" 148 (Case. POOR PRT (96d/- 2-7-18))
23-7-18	C.E.M.T.C.P.	S.O.S. from Case. POOR	" Field	11-7-18	" 1 (Case. POOR PRT (111 d/- 22-7-18))
13. 8. 19	J. Wing	Proceeded to Canada.	" LeHavre	11. 5. 19	" 26
23. 5. 19	CCPT	T.O.S.	" Witley	12. 5. 19	— 19.
6. 6. 19	" "	S.O.S. to C.E.M.T.C.P. Canada	" "	6. 6. 19	— 25
				6/19	83-I-25

ASSIGNED PAY ENGLAND or CANADA SEPARATION ALLOWANCE ENGLAND or CANADA
EFFECTIVE DATE: 1-6-18. EFFECTIVE DATE:
AMOUNT: \$15.00 AMOUNT:

NAME: REGELOUS, CHARLES, WILLIAM.
NUMBER: 2115541.

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Margaret Regelus, ^{Mother}
35 Tupper St. S.
Portage La Prairie
Man
Stopped off 1/16/19

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT
L.P.C. from Canada 5.6.18. *pte*

UNIT AND TRANSFERS
ORIGINAL UNIT: C.A.S.C. 20th Reinforcement Draft
DATE ACCOUNT FIRST OPENED: 1-6-18.

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S'P'D UNIT TRANSFERRED TO
D.O. 133.9.6.18 5.6.18 C.A.S.C. R.D.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
				17/5/19	4957	J. Wing	73.00

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL CE
1 C.A.P. 1/19 20 25 1/4 9 1/2		10	100	
L.S. Cr Bal.	118.97			
L.P.C. "	45.97			

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dis to Canada 21/5/19 L.C. 1121 N.G. 1928 Team 19/5/19 Seam*

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
May 31	Balance from Canada		XXX						1835		
June	P.P.	33		bal				15	3635		
				Quods 35 18/6	1 06				35 29		
July	P.P.	33	34 10		1 06			15	54 39		
				AR 1247. H.P. Mt. 21/7. 7	8 03				46 36		
				AR 1174 based. 13/6. 9	4 87				41 49		
				" 1403 " 24/6. 9	4 87				36 62		
		34 10			17 77			15			
Aug		34 10		cap				15	55 72		
				H/AR 1454 1/8. H/comm ce	3 57				52 15		
				6. 1579 22/8	3 57			15	48 58		
		34 10			7 14						
Sep		33		cap				15	66 58		
				AR 485 27/9. 6 bn 66.	7 14			15	59 44		
		34 10			7 14						
Oct		34 10		cap				15	78 54		
				AR 2532 5/10. 1 Dm 260	3 73				74 81		
				5. 2322 21/10 H/comm ce	3 73				71 08		
		34 10			7 46			15			
Nov		33		cap				15	89 08		
				2486 8/11	5	3 73			85 35		
Dec		34 10						15	104 15		
				2833 20/11	30	13 06			91 39		
				2965 5/12	53	3 73			87 66		
		34 10		cap				15	106 76		
Jan 19		101 20						45			
					20 52						

COMPILED BY *B. MacComb*
CHECKED BY *D. MacComb*

* Strike out whichever inapplicable

NUMBER 2115541

RANK

NAME REGELOUS, Charles W^m

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919	Jan								10676	✓	
Feb	PP	3080		Cap				15	12256		
				3241 2/12 4066MT 4	519				11737		
				4487 1/1 66 Sept 25	503				11234		
				3338 201 4006MT 45	377				10857		
				3551 1/2 ✓	70	373			10484		
				3750 15/2 ✓	92	7866			8618		
Mar		3410		Cap				15	10528		
				4202 4/3 ✓	131	365			10163		
				4505 15/3 ✓	152	548			9615	✓	
		6480			4551			30			
Apr		33		Cap				15	11415		
				59 7/4 4 68 13	730						
				331 15/4 4006MT 26	349						
				553 20/4 ✓	36	349			9987		
May		3410		Cap				15	11897		
				4957 17/5 4006MT 85	73				4597		
		6710			8725			30			
				7098 3.6 Cable Europe (17)	973				3624	✓	
					973						
		15100							18724	✓	
		93							18817	✓	
		15193									
		15193			973						

ICWP 1/19 15 3/4 19 2 0 25 7/6 19 9 King Coo 7868
 Inv on Def W Pay ✓

DOB 6.6.1907 83 Cpl RWR ✓

172^d

CASE HISTORY SHEET.

No. 2115541 Rank Private Name C. W. Regulous Age 19

Unit Ca. S. C. Completed years of service Sept 15th 17 }
Where and how long

Date of admission Feb 26th 18 Date of discharge

Diagnosis Tonsillitis Place of origin Ottawa

CONDITION ON ADMISSION AND PROGRESS OF CASE

Headache from in
back difficulty in swallowing
since 29 July 84
several appts. in hpt trail

FAMILY HISTORY negative

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form)

Throat swabbed with 25%
soln. of argyrol
Aspirin 60

CONDITION ON DISCHARGE

(and disposal made of case.)

condition entirely cleared
up.

Date ~~Feb 26 18~~
Mar 2nd 18

A. F. Whelan
Medical Officer i/c case.

CASE HISTORY SHEET

1770

War Service Badge

SHORT FORM.

Class A, No. 211554

PROCEEDINGS ON DISCHARGE, Occupation Group

(Demobilization.)



H.M.T. 01

EMBKD S.M.

JUN 1919

EMBKD H.FX JUN 1919

1. No. 2115541

2 Rank. Pte.

3. Name. Regelous. Charles William

4. Unit. C. E. M. T.

5 Date of Discharge JUN 18 1919 Place Toronto

6 Reason for Discharge.....

DEMOLIBISATION.

7. Authority. No. 2, D.D., Part II, D.O. No. 172

8. Proposed Residence after Discharge.....

414 Victor St.
Winnipeg Man.

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. ?.....

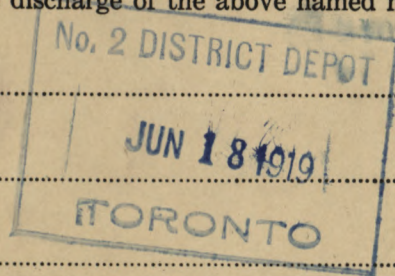
C. W. Regelous
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date.....



Signature.....
O.C. Discharging Unit.

SHORT FORM
PROCEEDINGS ON DISCHARGE
(Remobilization)

1. Name	
2. Rank	
3. Branch	
4. Date of Discharge	
5. Reason for Discharge	
6. Proposed Recourse after Discharge	
GET SIGNATURE TO BE SIGNED BY SOLDIER	
I hereby acknowledge that at the underlined place and date I received my discharge Certificate	
M. M. Wolf	
Signature of Soldier	
CONFIRMATION	
The discharge of the above named man is hereby confirmed.	
Place	
Date	
Signature	
(C. G. Discharge Unit)	

LIST OF DISCHARGE DOCUMENTS

Medical Form W. 28	Attestation Paper, Trainers
Medical Form W. 122	on Particulars of Treatment
Medical Form W. 123 or A.F.M. 123	Field Contact Sheet
Medical Form W. 22 or A.F.M. 22	Casualty Form
Medical Form W. 44	Last Day Certificate
	Certificates that missing documents are unobtainable
Medical Form B. 113 or A.F.M. 113	Medical History Sheet
A.F.M. 222, A.F.M. 113 or A.F.M. 22	Proceedings of Medical Board
Medical Form B. 106	Dental History Sheet
M. K. W. 123 or D. M. 123	Medical Report
Medical Form B. 108	Neurological Contact Sheet
Medical Form B. 109	Company Contact Sheet

Approved: _____
 Date: _____
 The Adjutant General

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

1. Triplicate Attestation Paper (M.F.W. 23) or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... B

Checked by No..... 11

Date..... 14 JUN 1913

Date of Enlistment *Sept. 15-17*

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

1681

1st May 18

OVERSEAS CONTINGENTS

R

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15⁰⁰</i>			
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*9218 R4
KAD*

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion *Ottawa 9/s. Depot. C.A.S.C. Lft. 20.*
 Beneficiary _____
 Relationship _____
 Address _____

Name _____
 Address _____
 Change of Address _____
 1 *MRS. MARGARET REGELOUS,*
35 TUPPER ST. SO.
 2 *PORTAGE LA PRAIRIE, MAN. 15* 15.00
 3 *% 2115541 PTE. CHAS WM. REGELOUS*
FIFTEEN DOLLARS
 4 *414 Victor St, Winnipeg, Man*
July 5-18

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1918</i>					
<i>May</i>	<i>I 1861</i>		<i>15 -</i>	<i>15 -</i>	<i>✓</i>
<i>June</i>	<i>A 26598</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>July</i>	<i>J 22953</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Aug</i>	<i>S 36127</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Sept</i>	<i>O 45316</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Oct</i>	<i>H 50807</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Nov</i>	<i>H 61714</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Dec</i>	<i>J 62246</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Jan 19</i>	<i>E 71507</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Feb</i>	<i>7 79387</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Mar</i>	<i>A 90421</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Apr</i>	<i>B 1835</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>May</i>	<i>M 5363</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>June</i>	<i>L 11629</i>		<i>15</i>	<i>15</i>	<i>✓</i>

157205

Q.60-RP 7114 Recd. 27-5-18 (Raised 2P-5-18) M.R.H.

M. F. W. 128
4004 G. 17-1772-38-1144
L. L. 22820-M. & D. 1963.

AP
 A/c Closed *30-6-19*
 Ret'd per *Demerick*
 Date *12/6/19* F.X. *19/6/19*
 Clerk *Laverdure P 99831 des JUD 19-6-19*

MRO 14067 actn 5-18

AUTHORITY *M. R.*
 FOR *M.L.D. 3-B-4*
 NEW ACCT. *G. Raymond 23/5/18*

Date of Enlistment

MLITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128.
 400M. 6-17-1772-39-1141.
 L. L. 22220-M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

15-9-17

Separation and Assigned Pay Branch

March 15 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15 ⁰⁰			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 2115541

Rank Pte

Promoted

Reverted

Discharge

Soldier's Name

Charles William Regelous

Battalion

No. 1. O/S C.A.S.C. Training Depot

Beneficiary

16th Draft

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Miss Bessie Rolls

Address

Portage La Prairie

Change of Address

Manitoba

1

MISS BESSIE ROLLS,
PORTAGE LA PRAIRIE.,

2

MAN.

15

15.00

3

% 2115541 PTE CHARLES WILLIAM REGELOUS
FIFTEEN DOLLARS

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

Apr 1918	R 8428		15	15	✓ R8428 same 15-4-18 ✓ M.R.C. rendered 12-4-18 effective 1-5-18 12-4-18
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AUTHORITY FOR NEW ACCT. J. A. Hammond 27-3-18
 W. P. M. S. 10. B. 3

M. F. W. 128
 400M. -6-17-1772-39-14
 L. L. 2320-M. & D. 758B.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary _____

Relationship _____

Address _____

Name _____

Address _____

Change of Address _____

1 _____

2 _____

3 _____

4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128.
400M-5-17-1772 89-1141
L. L. 2-2320-M. & D. 7993.

1851

1851