ORIGINAL

1st DEPOT BN. 1st QUEBEC REG'T.

ATTESTATION PAPER.

No. 3080135

BCMR.60 GW

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	ROMA.
1a. What are your Christian names?	Andrew
1b. What is your present address?	8 Wood Street, Portland, Maine, USA.
2. In what Town, Township or Parish, and in what Country were you born?	Halifax, N.S. Canada.
3. What is the name of your next-of kin?	Mr. John Roma.
4. What is the address of your next-of-kin?	West Chezzetcook, Halifax, N.S. Canada.
4a. What is the relationship of your next-of-kin?	Father SUFFICIENT ADDRESS
5. What is the date of your birth?	28th October 1891
6. What is your Trade or Calling?	Potter
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 or naval force? If so, state particulars of former Service.	No. A R
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, Andrew ROMA, 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.

Andrew Roma (Signature of Recruit)

Date 8th October 1917. [signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Andrew Roma, 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.

Andrew Roma (Signature of Recruit)

Date 8th October 1917. [signature] (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 Montreal this 9th day of October 1917.

[signature] (Signature of Justice)

Capt'n. Major

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.

Description of Andrew Roma on Enlistment.

Apparent Age 26 years - months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9 ins.

Chest measurement.
Girth when fully expanded 42 ins.
Range of expansion 4 ins.

Complexion Dark

Eyes Brown

Hair Dark

Religious denominations.
Church of England
Presbyterian
Methodist
Baptist or Congregationalist
Roman Catholic ******
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).

Eyesight R. D.= 20
" L. D.= 20

Hearing R. Ear O.K.
" L. " O.K.

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

MOBILIZATION CENTRE M. D. No. 4 OCT 9 1917 MONTREAL P.Q.

DOMINION MEDICAL BOARD
MOBILIZATION CENTRE, M. D. #4

Date OCT 9 1917 191 .

Place Montreal

F. de M. Martin Lt Col
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:—

"A" Fit for General Service

CERTIFICATE OF OFFICER COMMANDING UNIT.

Andrew Roma 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.

M. A. Riché Lieut.-Col. (Signature of Officer)
Commanding 1st Depot Bn. 1st Quebec Regiment.

Date OCT 9 1917 191 .

REGIMENTAL DOCUMENTS

NAME ROMA ANDREW REGT. NO. 3080135 UNIT 1/12 R 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)	13				DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION 2
2	LAST PAY CERTIFICATE (M.F.W. 44)					28-8
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					19-8
	PARTICULARS OF CHARACTER (A.F.W. 3226)					11-8
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Dental Certificate					
1	Dms 1375					
1	MSW 192					
1	[illegible]					
1	[illegible]					
1	B122					
1	[illegible]					

M

Ref 16-10-19

Deceased 1946

21781

H

No. 308134 Rank Pte Name Roma Andrew

T.O.S. 8-10-17 Unit 1st Depot Bn 1st Inf Regt
(A.O. 34 of 10-10-17)

M.D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Oct 8	Oct 31	[illegible]	Proc. O/S 16-10-17	A.O 44 of 17-10-17

Reg. No. 308 3135 Name Pona. A

Rank Pte Corps ' Age 28 Service 1911

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
S S Baltic	4 2 19	V D G
From Halifax		

P. T. O

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

NAME Roma Andrew

RANK AND CORPS Pte 13th Bn Germ 1st Dpt

REGT'L. No. 3080130

H. Q. FILE No 649

FOLLOWS NO. 1st Bn. 1st Dvn. Regt.

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
	4 of K.	John Roma (Father) West Chezzetcook, Halifax, N.S.
8-7 H398	18-10-18	Adm 14 Gen. H. Wimereux Oct. 12th 1918 gas.

L. L. 31493. M. & D. 8476.

M. F. W. 42 100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A847-2	As. 14. Gen. Wimereux	12-10-18	(W). Gas
B.365-1	3rd. Western Gen.	Cardiff	5-11-18 Wd. Gas.
B 383-3	Mil Conv. Woodcot	Pk. Epsom.	26-11-18 " "
B389	Dise " " " "	4-12-18	" "

CARD NO. 4

SURNAME. Roma.

CHRISTIAN NAMES Andrew

REGL. No. 3080135 RANK Pte.

505 Dio 26 2-19
Demob ROLL.
D 0-38 27-2-19

UNIT ~~1st. Depot. (1st. Que. Regt. N.S.R.O.)~~ #4 Dist Depo Bn,

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Roma, John

RELATIONSHIP TO SOLDIER Father

ADDRESS West Chezzetcook, Halifax, N. S,

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Halifax N. S. DATE Oct. 28th. 1891

PLACE OF ATTESTATION Montreal P. Q, DATE Oct. 9th. 1917

O/S: 22.10.17 947/4

RTD 5-2-19 262/32 Pte

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-18. H. Q. 1772-39-339.

FROM HALIFAX PER

S.S SCANDINAVIAN 22/10/17

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Potter RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 26 YEARS MONTHS

HEIGHT 5 FEET 9 INCHES

CHEST MEASUREMENT 42 INCHES EXPANSION 4 INCHES

COMPLEXION Dark EYES Brown HAIR Dark

DISTINGUISHING MARKS nil.

MEDICAL EXAMINATION. PLACE Montreal P. Q. DATE Oct. 9th. 1917

Present address, 8 Wood St, Portland Me. U.S.A.

Form R. 149.

Name ROMA Andrew Rank Pte Reg. No. 3080135

Unit 13 Bn

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
12-10-18	GSW Wrist (L)	France	Gas	A 347	A 395	48 3/12
5-11-18	GSW Eyes GSW Buttock	Hospital	do	B 369		486
26.11	Mic (Con) Chronic		do	B 383		1960
4.12	Discharged		do	B 389		1071
	14/12/18	20th Res Bn Reading				
	Epc R 2086					

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

A.D.

Number 3080135 Rank Pte - B

Surname ROMA

Christian Name Andrew V

Units 13th Bn Can Inf Theatre of War France

Date of Service 17-3-18

Remarks

Latest Address 8 Wood St
Portland
Maine -

Roll No B

200m.-2-21.M. Page 8923

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

DESP. JUL 18 1929 DEAN. NO. 42764

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

Surname	Christian Name or Names	Reg. No.
Roma	a.	3080135

Rank	Unit
Pte	Que. 13.

Cas. List.	
17.10.18. a347	1st G.P. Womerieux 17.10.18
	"W" Ga Rw.
7-11-18 B365 D	3 W.G. Cardiff — 5-11-18
28.11.18 B383/3	Woodcote Pk Epsom 26.11.18
5.IX.18. B38 3	Dis 4 IX.18

A.M.D. 2 Dept.
Bch of D.G.M.S.O.M.F.C. London

D.M.S.1300. 50M-30-8-18.

Cas. List.

*Name ROMA, Andrew Rank Pte Regtl. No. 3080135

Fyle Depot 19-R-426

Original unit 1st Q.R. Present unit D.D.No.4 M. or S. Age 27 Religion R.C. Ref. H.Q.

Port, ship, and date of arrival Halifax, N.S. "BALTIC" 6-2-19

Next of kin (F) Mr. John Roma, W. Chezzetcook, Halifax, N.S.

Address on leave

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Potter Date and place of enlistment 9-10-17 Montreal, Que.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
11-2-19	T.O.S. from O/S 29-1-19 Posted to Cas. Coy. 8-2-19	
	Fur. w-s to 22-2-19	42.

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

(over)

Date.	Remarks.	Pt. 2 Order No.
28-2-19	SOS Discharged R.O. 1420 para C Demob	~~169~~ 58
	Eff. 2682-19 Cat A	

M.F.W. 192
150M—6-18.
1772-39-1243.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3080135 (Rank) Private

Name (in full) ROMA, Andrew. enlisted in

the 1st Depot Battalion, 1st Quebec Regiment.

CANADIAN EXPEDITIONARY FORCE at MONTREAL, Quebec. on the 8th.

day of October 1917.

HE served in FRANCE.

and is now discharged from the service by reason of DEMOBILIZATION.

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

Age 27 years 4 months.

Height 5 feet 9 inches.

Complexion Dark

Eyes Brown

Hair Dark.

Marks or Scars

NONE.

Andrew Roma

Signature of Soldier

Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

Issuing Officer

Rank

Appointment

Date of Discharge February 26th., 1919.

Signed at MONTREAL, Quebec this 26th. day of February 19 19

in Military District No. 4.

File Reference No. DD4 19-R-426.

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.

JC.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....

Name of Officer

.....

Rank

.....

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BN 1st QUEBEC REG'T

Regimental No. 3080135 Rank Private Name ROMA, Andrew

Enlisted (a) 8.10.17 Terms of Service (a) C. E. F. CEF Service reckons from (a) 8.10.17

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) Pte

Report: Date	Report: From whom received	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
		Embarked	Montreal	16-10-17	HMTS. "Scandinavian"
		Disembarked	Liverpool	1-11-17	
5/11/17	20 Res	2.O.S.	Bramshott	5/11/17	D.O. 302
15/11/17	20 Res	Granted fur transfr	Bramshott	14.11.17	63/40288/88 DO 317
12/3/18	20 Res	Granted fur transfr	B'Shott	12/3/18	D.O. 77. Draft leave
18.3.18	20 Res.	A.O.S. on posting to 13 Bn Overseas	B'Shott	16/3/18	D.O. 77 [signature] LT. & ASST. ADJUTAN 20th CANADIAN RESERVE BN.
19/3/18	16 B D	Can. Base Arty. A.H. France for Depot. 13th Canadian Battn.	16 B D	17/3/18	Th II 031 22/3/18
21/3/18	"	" Left for Unit.	CCRC	21/3/18	RR
	CCRC	Arrived			
27/4/18	13 Bn	do	13 Bn	20/4/18	B213
17/10/18	14 Res	Passed (W)	14 Res	17/10/18	W7921
1/10/18	8 CFA	Rydd as to 3 CFA	—	1/10/18	A704
1/10/18	3 "	do do CCS	FES	"	A698
11/10/18	1 CCCS	do (W) & to	27 AT	"	A.805
19/10/18	13 Bn	To Hosp Ras W	FES	10/10/18	B213

(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.

CERTIFIED TO BE CORRECT. 29th CANADIAN RESERVE BN.

29,1.19 Sailed from Liverpool

W R Sutherland CAPT. ADJUTANT H.M.T. Bak 1/20

3080135 Pte A Roma

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				
4/11/18	14 Gen Hos	Passed (W) To England Invalided to England and	England	4/11/18	W.5160
"	Peterborough	Posted to Quebec Regt. Depot. (Wds Wound)	Bkhott	4/11/18	W 3083/64 20
					H.M.C. 152 16/11/18
		for Lt.-Col., A. A. G., Canadian Section, G. H. Q. 3rd Echelon, B. E. F.			
11-11-18	CRD	Taken on Strength	Bkhott	5-11-18	D.O. 278. LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.F.
9.12.18	2 RD	S.O.S. to 20 Res.	Bkhott	4/12/18	D.O. 298
9.12.18	20 Res	20.S. from 2 RD	Bkhott	4/12/18	D.O. 298
~~30-12-18~~ 3/1/19	20 Res.	On Conv. to Seg Camp Kinmel Park Rhyl	Bkhott	~~30/12/18~~ 3/1/19	D.O. 264 D.O. 8 LT. & ADJUTAN FOR O.C. 20th CANADIAN RESERVE BN. R.H
		Attached C.C.C. Kinmel Park for return to Canada			
10-1-19		Part II Order No.			
29-1-19.		Ceases to be attached C.C.C. Kinmel Park on Embarking for Canada Part II Order No	Henry B. Morris Capt		Officer I/c Records No. 4 M.D. Concentration Camp

DUPLICATE

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.

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(1) Name of Overseas Unit which Soldier joins 1st DEPOT BN. 1st QUEBEC REG'T.

(2) Regimental Number 3080135

(3) Full Name of Soldier Andrew ROMA

(4) Place of Birt Halifax, N.S. Canada.

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

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

(b) Present Postal Address Nil.

(7) Are you a widower? No.

(8) Have you any children? Nil.

If so, give number of boys and girls Nil

Also their names and ages Nil.

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... Yes ..... Mr. John Roma,.....

If so, state name and address ..... West Chezzetcook, Halifax, N.S. Canada.

(10) Is your Mother alive ?..... No. .....

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

.....

(11) If your Mother is a widow..... No. .....

Are you her sole support, or not ?..... Nil. .....

(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.

..... Nil. .....

.....

(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.

..... Nil. .....

.....

.....

(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.

..... Nil. .....

(15) Are you insured ?..... No. .....

If so, in what Company ?..... Nil. .....

Have you made arrangements for payment of your Insurance premium..... Nil.

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

M. A. Piché ..... LIEUT.-COL.

COMMANDING 1ST DEPOT BN. 1ST QUEBEC REGIMENT.

Officer Commanding.

Date..... 9th October 1917.

Form R 122.
8750—15M—25-4-17.

CR. Rank · Name ROMA, Andrew Reg'l No. 3080135.

Unit · If in perm. Corps / What Unit? · Married or Single Single.

2nd Rein, Dft. RHC. to 1st Qne. R. D 20th Res. Bn

Place and Date of Enlistment Montreal, Oct. 8th, 1917. Place of Birth Halifax, N.S.

Name and Address, Next-of-Kin Mr. John Roma.

West Chezzetcook, Halifax, N.S., Canada. Relationship Father.

Assigned Pay Monthly $ · Payable to

Relationship

Separation Allowance $ · Payable to

Relationship

Discharge, Date and Place · Reason · Character

N/E. R.B. No. 18989
File R.L.
Category O. R. CANADA

H. W. V., Ld.—11319-17.

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.
	L	Arrived in England	103 CHECKED 2 MAR 1918		1-11-17	S/S Scandinavian
	O.C.	Taken on strength.	as Pte	Brantford	2.11.17	P. II D. O. 302.
5-11-17	20th Res Bn					
18. 3. 18	— " —	S.O.S to 13 Bde	Pte	Behott	16 3 18	" 77.
21. 3. 18	13th Bde	T. O. S. from 20 Res	"	Guild	17.318	Do 31
14-10-18	Q.R.C.	" Wounded	Guild	Pte	12-10-18	Ld a 347
11-11-18	Q.R.C.	T O S from 13 Bn	B'shott	"	8-11-18	Do 273 C.R.O. 1524 d/16-11-18 12 Bde Do 343
9. 12. 18	"	S.O.S. to 20 Res	"		4.12.18	" 378 d/ 9. 12. 18 20th Res
10. 2. 19	20 Res.	S.O.S to C.B.F. Canada			23/19	" 41

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.				

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

M. F. W. 54. (A. F. B. 103:
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. .....

Regimental No. ..... Rank Pte C. E. F. Name Roma R.

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

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) .. ..

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				
26/2/19	S.O.S. discharged	Cat. A Demob.			D.D. 4/D.O/~~57~~ 58

Officer i/c Discharge Section, District Depot No. 4. Lieutenant,

(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				

8 Wood St. Portland Maine U. S. A.

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

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. 3080136 Rank P.C. Surname Roma Andrews.
(Given name in full)

Unit or Corps 13th Bn. Birthplace Halifax Nova Scotia.

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

1. GENERAL DESCRIPTION:

Physique Good. Weight 170 lbs. Height 5 ft. 9 in. Colour of Eyes Hazel,

Nutrition Good.

Pulse 68

Condition of arteries Good.

Vision Rt. 20 Left 20

Hearing (conversational voice) Rt. O.K. ft.

Left O.K. ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)

Nil

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 No. Genito Urinary System No. Cardio-Vascular System No.

Special Senses No. Integumentary System No. Respiratory System No.

Disturbance of mentality No. Muscular System No. Digestive System No.

Osseous and Joint System No. Any other general condition No.

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.

G.S.P. 5/11/18 complete recovery, no disability, no complaint.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

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 Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at Montreal (Canada)

Date 24/12/15 Signed H C Burstall Capt 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 Andrew Lamb

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

ORIGINAL

MEDICAL HISTORY SHEET

ORIGINAL

3084 lr

Surname ROMA Christian Name Andrew

MOBILIZATION CENTRE M. D. No. 4 OCT 9 1917 MONTREAL, P.Q.

Declared FIT by MEDICAL BOARD MOBILIZATION CENTRE, M. D. #4

Examined { on 9th day of Oct. 191 / at Montreal.

Approved by Lt Col Martin Sg Cal President, S. M. B.

Birthplace { City or Town Halifax, N.S. / County Canada.

Rank M.O.

Apparent age 26 years

Trade or occupation Potter

Height 5 feet 9 Inches

Weight 194 lbs.

Chest measurement { Minimum 38 inches / Maximum expansion 42 inches

Physical development Good

Small-pox Marks Nil

Vaccination Marks { Arm Right Left / Number None

When Vaccinated last Child

(a) Marks indicating congential peculiarities or previous disease

Eyesight R. D. " L. D. " Hearing " "

(b) Slight defects but not sufficient to cause rejection.

T.A.B.

Date	Fit or Unfit	Examined for Re-Engagement
		7 NOV 1918 M.O.
	2	"A" Fit for General Service M.O.
		M.O.
26/4/18	A	Capt Cowie M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
2/11/17		Macdonald Capt. M.O.
		M.O.
1/12/18	TAB 2	Capt Cowie M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
OCT 12 1917		J. A. Laurie, Capt M.O.
27-11-17		M.O.
		M.O.

Enlisted on 8th day of October 191 7 at Montreal.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	20th CANADIAN RES. BTN. R.H.C.			
Transferred to	1st DEPOT BN. 1st QUEBEC REG'T.	3080135		16-3-

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Kinmel Pk	14/1/19	Nil	W. Sgn
Transferred	24/2/19	nil a[illegible]	INSPECTING MEDICAL BOARD FIT Capt RAMC 1919 MONTREAL, P.Q.

CANADIAN

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.

M. F. B. 313.

300M.—1-17.
H. Q. 1772-39-430.

Surname ROMA Christian Name Andrew

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				
3rd WESTERN GENERAL HOSPITAL CARDIFF. L. R.		5	11	18	25	11	18	G.S.P	21.	Pain (Laryngeal) cough hoarse Convalescent 15-11-18 Cavalry Bks Section. 25-11-18 Transferred to Epsom	H Lowde Capt Same
M. C.H. Epsom.		25	11	18	4 - DEC 1918			Do.	10	Lungs clear. Heart normal No pain in chest. Eyes clear No disability. Fit for A.	W Hunter Capt RAMC

C.A.D.C. 5009 A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

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.

NAME OF SOLDIER (Block Letters) ROMA A. MD4

REGIMENT 13 Can. RANK Pte. No. 3080135

Date of Examination in England 13/1/19 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 11
2. EXTRACTIONS
3. CROWNS 10
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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 No

CANADIAN ARMY DENTAL CORPS ORDERLY 8 JAN 1919 ROOM KINMEL PARK RHYL

Signature of Dental Officer A.G. Harvey Capt

10 JAN 1919

D.M.S. 1375.

M.D. H

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

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

Rank Pte. Name Andrew Surname Roma

Unit or Corps 20th Regt. (If a soldier) Regtl. No. 3080135

Born at Halifax on, date 28th Oct. 1891

Signature (for identification) x A Roma

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

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. no

Weight 175 lbs.

Height 5 ft. 10 ins.

2. **NUTRITION AND DIATHESIS?** Good

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

3. **NERVOUS SYSTEM?** no

4. **RESPIRATORY SYSTEM.** no

5. **HEART?**

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening? no

7. **DIGESTIVE SYSTEM?** no

8. **GENITO-URINARY SYSTEM?** no

Urinalysis—s.g.? 1025 Reaction? acid Albumen? no Sugar? no

9. **SKIN, MIDDLE EAR, EYE** or any other part? no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

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

Examined at Kinmel A1

Date 14-1-19

Signed [illegible] M.O.

Signed [illegible] M.O.

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

P. 559.
MARRIED OR SINGLE Single

PLACE OF BIRTH Halifax, N.S. Canada

NAME AND ADDRESS OF NEXT OF KIN Mr. John Rowe, West Chezzencook, Halifax, N.S. Canada

RELATIONSHIP OF NEXT OF KIN Father.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 3080135 RANK Private NAME ROMA - Andrew

IF IN PERMT. CORPS / WHAT UNIT UNIT 1st Depot 17th 1st Public Regt TRANSFERRED TO 25th Reserve Bn DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Montreal, P.Q. Canada TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 8th October 1917. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1917	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
Nov 1.			Balance from Canada.																												27 40			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. SER. -RED. ALLCE. PAY ENG.
Nov.				a R.947 20 Reg.	14-11-17	3 H 07			27 40	
	P.P.	2d 10		" 900 " "	5-11-17	4 87				
Dec		3d 10							22 26 30	
1918		6 7 10				3 8 9 4				
Jan.	P.P.	3d 10		Q.R. 993 30 Reg.	25-11-17	7 30				
				" 1056 " "	18-12-17	17 03			6533 45	
		3d 10				24 33				
Feb.	P.P.	30 80		" 1165 " "	10.1.18	9 73				
				" 412 " "	30 1 18	9 73			76 67 60	
		30 80				19 46				
Mch.				Q.R. 271 20 Reg.	13 3 18	7 30				
	G.C.	3d 10		" 1575 "	27 3 18	9 73				75
						17 03				
				" 1447 "	1 3 18	1 4 60				
				" 154 "	9 3 18	2 4 3			76 71	75
		2d 10				34 06				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. SER. -RED. ALLCE. PAY ENG.

3080135. Pte. Ronna, A.

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. of Days	Rate	Amount $ c.	No. of Days	Rate	Amount $ c.	No. of Days	Rate	Amount $ c.				1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				Credit	Debit			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		AMOUNT:-	

NAME:- RONA, Andrew. P
NUMBER:- 3080135.

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.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1st Depot Bn Strathcona Reg.

DATE ACCOUNT FIRST OPENED:- 1-11-17.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			1st D.R.D.
Transfer Slip 31.	1.4.18	25.4.18.	13th Bn.

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
~~16.12.18~~	~~1823~~	~~Bramshott L.H.~~	~~19 14~~				
9.12.18	17. 4/12/18 - 14.12.18	DO. 343. 6d	~~4 30~~				
							8 8 8

Rendered 4/4/19 to 85th.

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 .	. 10	.	

L.P. & O. Bal $268.98 Ledger Bal $281.15 Def'd $270.09

PARTICULARS OF RENDERING NON-EFFECTIVE: Disc Can 31/12/18 Auth NR 14. 20 Res. 7/1/18

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
3rd 31	Bro Ford.								76 71	75.	
Apl.	P.P.	33.		—					109 71		
				a/c 62. 13 Bn 5.4.18	4 46				105 25		
				Q 4005. 20 Res. 161. 11-3-18	68				104 57		
				a/c 165 1 Dn Wing 20.4.18	3 57				101 00		
				" 114 13 Bn 24.4.18.	3 57				97 43	90	
		33			12 28						
May.				A.R. 141. 13 Bn. 9.5.18	4 46				92 97		
				" 247. " 19.5.18	3 57				89 40		
	P.P.	34 10		—					123 50	105	
		34 10			8 03						
June.	P.P.	33 -		a/c 298 2/6/18 13 Bn	4 46				152 04		
				a/c 377 14/6/18 ✓	3 57				148 47	120 -	
		33 -			8 03						
July	PP	34 10		—					182 57		
				a/c 95 8/7/18 13th Bn	4 46				174 54	135 -	
				a/c 139 16/7/18 ✓	3 57						
		34 10			8 03						
Aug	P Pay	34 10		—					208 64		
				a/c 262 15/8/18 13th Bn	3 57				205 07	150	
				a/c 353 24/8/18 ✓	3 57				201 50	150	
		34 10			7 14						
Sept	PP	33.		—					234 50		
				a/c 524 2/9/18 13th Bn	3 57						
				a/c 666 19/9/18 ✓	3 57				227 36	165 -	
		33			7 14						
OCT		34 10							261 46	150 -	a/c agreed 4/12/18
		34 10									

COMPILED BY.....

CHECKED BY.....

NUMBER 3080135 RANK Pte NAME ROMA Andrew.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Fwd.								261 46	180 -	
NOV	P. P.	33 -		AR847 4.12.18. CCH Epsom ✓	24 53	✓					
				Cpm. London 4.12.18. ✓	24 53	✓					
				AR 5274. 26.11.18. Epsom ✓	4 87	✓			[illegible]	195	
Dec	"	3 4 10							275 03	210	
	Int on Deferred Pay	6 12							281 15	210 -	
				AR. 1823 - 16-12-18 2nd Rep.	19 47	✓			261 68		
	10 days S.F. 4/12/18 to 14/12/18 do 343. 9.12.18. 20 Rs.	7 30			3 00				268 98		
		80 52			73 00						
Feby.				AR 3056. 20.1.19. Endorsed Lemmel	9 73				259 25		
				Adv. V. 251. 3rd W. Gen Hosp. 23/11/18.	85				258 40		
					183 58						

This space to be for numbers.

WAR SERVICE BADGE
Class "A" No. 94065 ISSUED

Proceedings on Discharge.

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

No. 3080135

Rank Private

Surname ROMA.

Christian name Andrew.

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

Corps (Squadron, Battery or Company) 1/1 Q.R.

Date of discharge Feb. 26th., 1919.

Place of discharge MONTREAL, Quebec.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 27 years 4 months.	Descriptive marks
Height 5 feet 9 inches.	
Complexion Dark	NONE.
Eyes Brown	
Hair Dark	
Trade Potter.	
Intended place of residence (To be given as fully as practicable.)	~~KHAKI CLUB~~, 8 Wood St ~~Dorchester St.~~ Portland Me MONTREAL, Que.

2. The above-named man is discharged in consequence of

R.O.# 1420.Para (c).Cat. "A". DEMOB.

Authority for discharge.....

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.

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.)

Deceased 1916

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery,* and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

.....

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, and that I have received my permanent discharge certificate.

(Place) MONTREAL, Quebec. Andrew Roma *(Signature of Soldier.)*

(Date) Feb. 26th., 1919. J W Doyle *(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.....days.

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

11. Confirmation of Discharge.

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

(Place) MONTREAL, Quebec.

(Signature) R W Lee Lieutenant, Officer i/c Discharge Section, District Depot No. 4

(Date) Feb. 26th., 1919.

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.

Andrew Ross

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

AB.

EXPEDITIONARY FORCE

3080135 Pte Roma Andrew

Regt. No. Rank Name

1st. Q.R. Discharged

Unit who was

26-2-19

Place

The following is a statement of the account of the above named from

1-1-19 to 26-2-19 191

the inclusive date on transfer or discharge.

Cr. LPC.	Dr.	Cr.
		199 38
Bal. Dr. or Cr. from prev. month		
Reg'l. Pay m57 days at 1.00		57 00
Field Allce. 57 days at 10		5 70
Sep'n Allce.		
Clothing Allowance		35 00
Post Discharge Pay		70 00
Other Credits Subs DO. 42-2		12 00
Advances		
Sep'n Allce and Assigned Pay Cheque No.		
Other Charges		
Bal. on trans. or on disc. cheque No. 27379	379 08	
Total	379 08	379 08

A monthly stoppage of $ has been paid on account of

Assigned Pay for the month of Nil 191 (to) Assignee Nil

Sep'n Allce for the month of 191

(Address)

REMARKS:-

State (1) date of enlistment 8-10-17

(2) Sep'n Allce, entitled or not Nil

(3) Reason for discharge D.D.4 19-R-426

(4) Authority for discharge or transfer

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the Officer or Soldier.

Date

Place

CAPTAIN PAYMASTER
C.E. Demobilization Pay Division Military Dist. 4
Paymaster.

| | | |

AUDITOR | PAYMASTER

M. OR S.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 3080135 RANK Ste NAME (IN FULL) ROMA A (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? no — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T. OS	29-1-19	DO 42-2

ORIGINAL UNIT C.E.F. 1st C. R. — IF IN P. F. WHAT UNIT?

PLACE OF ATTESTATION Montreal — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 9-10-17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY, $ no — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 8 Wood St. Portland Maine

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Montreal — DATE 26-2-19 — REASON SDA — AUTHORITY 19 P 426 — IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account								199 38																										
31-12-18	Feb 28	1.10	62	70	12	00																												
26-2-19					35	00		309	08																				379	08			70	00	
										27379 26-2-19																								

Other Credits: W.S.Ls. 280 00 — S A — Total 280 00

Other Charges: W.S.Ls. 70 00 — S A — Total 70 00 — Soldiers Dependent 210 70

26-2-19 — 70 — 70 — 140

26 4 19 — 70 — 70 — 70

26 5 19 — 70 — 70 —

9. 6. 19. — 70 — 70 —

280 — 280 —

24/6/19 — 85 — 85 — (85)

280 00 — 280 00 — 85 280 00 — 280 85 — -85

85 — 85

85 280 00 — 280 85 ✓

379 08 ✓ — 1ST SERVICE GRATUITY

Stencil letter dated 11-2-19 A.D.R. V.2.S.I. — 3rd Western Gen. Hosp. 23-11-18 = 85

Rec'd Cash $85 — 1/10/19 — Dep Receipt No 380

293177 ✓

311588 ✓

908612 ✓

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

P.878. Extract D.O. No. 8. Unit:- 20th Res. ~~Date:-~~

Reg. No.	Rank	Name	Struck off Strength of O.M.F. of C. on transfer to C.E.F. Canada.	Acted on Ledger Ck.
3080135	Pte.	ROMA. Canada A-	M.D.4. 29.1.19	

MAILING LIST:-

D..... T..... C..... Passed to..... ..... Rec'd. by.....