

DUPLICATE

787

931787

Card
HR
29/3/17

ATTESTATION PAPER.

No.

No. 2 CONSTRUCTION, B'n. C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Sallee
- 1a. What are your Christian names?..... Clarence
- 1b. What is your present address?..... Jacken Mich. U.S.A.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Chicago ILL. U.S.A.
- 3. What is the name of your next-of kin?..... Lula Sallee.
- 4. What is the address of your next-of-kin?..... Springth Ill. U.S.A.
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... July 11th. 1891
- 6. What is your Trade or Calling?..... Mechanic
- 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 } Yes.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Clarence Sallee, 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.

Clarence Sallee (Signature of Recruit)

Date Feb 2 1917, J. Wright Capt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Clarence Sallee, 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.

Clarence Sallee (Signature of Recruit)

Date Feb 2 1917, J. Wright Capt. (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 Windsor, Ont. this 2th. day of Feb. 1917.

James H. Brown (Signature of Justice)

Description of Clarence Sallee on Enlistment.
 Feb 2 1917

Apparent Age.....26.....yearsmonths.
 (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. 21/8 ins.

Chest measurement { Girth when fully expanded..... 32 1/2 ins.
 Range of expansion..... 2 ins.

Complexion Dark

Eyes Brown

Hair Black

Both Eyes 20/20

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

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..... Feb 2 191 7.

Place.....
 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.

Clarence Sallee.....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.

A. H. Sutherland.....Lieut.-Col. (Signature of Officer)
 No. 2 Construction Batt'n, C. E. F.

Date..... Feb 2 191 7.

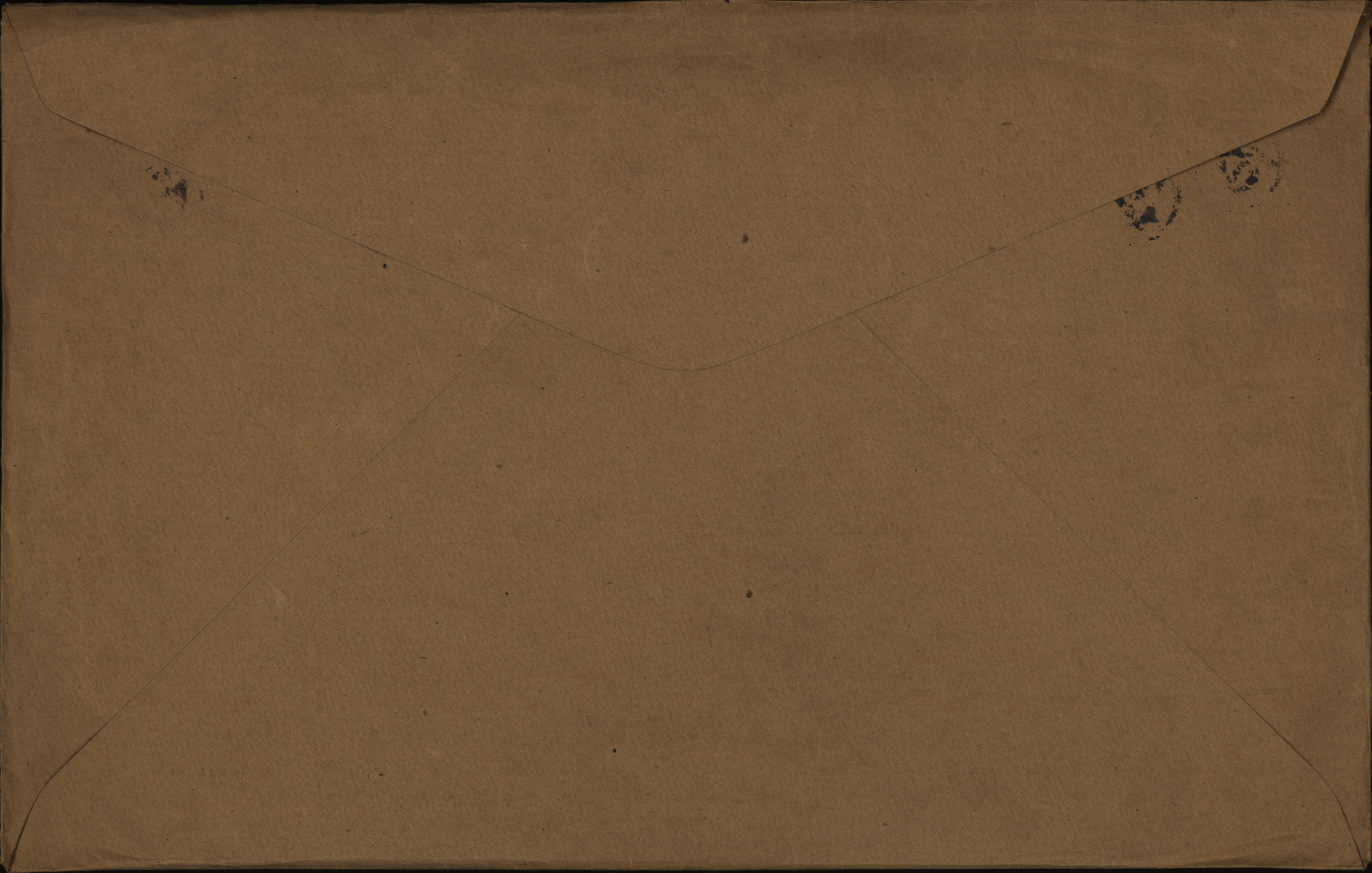
REGIMENTAL DOCUMENTS

NAME **DALLEE CLARENCE**

REGT. NO. **931787**

UNIT **#2 Cons. Bn** H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY		
3 1. ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M			DEATH Category		
2. 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)						DISCHARGE Category	
DENTAL HISTORY SHEET (M.F.B. 465)							
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)							
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)							DEMORB.
2. LAST PAY CERTIFICATE (M.F.W. 44)				02092			
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)							
1. D.M.S. 1375		H			30-19 17-19 9-19 <hr/> 3		
1. C.A.D.C. 5089A							
1. M.F.W. 192							
1. misc							
1. 7149							
1. 715067							
1. 715067							
1. 715067							
1. 715067							
1. 715067							

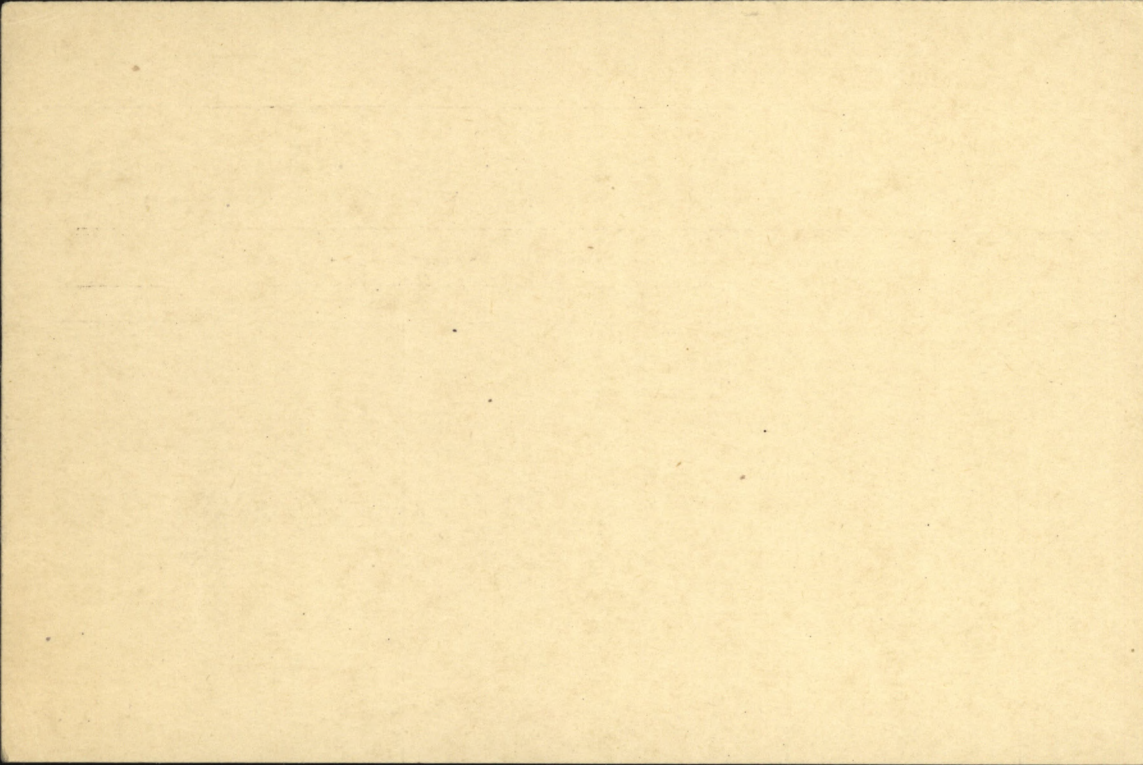


No. 931787 RANK *Pte*NAME *Salles Clarence.*

T. O. S. 2-2-17. UNIT

*No 2. Construction Battalion.**d.o.40.15.2-17.*M. D. *6*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917 Feb. 2.</i>	<i>1917. Feb. 28</i>	<i>✓</i>		
<i>Mar</i>		<i>u</i>		



Name

SALLEE, Clarence.

Rank

Reg. No. 931787.

Unit

2nd Cont Coy.

Next of Kin

U.S.A.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
14-3	67CH. Jura	Influenza	A	174		
		372/14				
26-3	Discharged	523/8	"	A 177		
23-11-18.	b. f. b. b. Jura.	P. U. O.	A.	384	5946-2	
2-12-18.	Discharged		A.	393	6148-3	

SURNAME.

Sallee,

649-S-11428

4

CARD NO.

CHRISTIAN NAMES

Clarence

SOS Dis 17.2.19
Demob. COLL.
WO 5207 21.2.19

REGL. NO.

931787

RANK

Pte.

UNIT

~~No 2. Constr.~~ #4 Dist Depo.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Sallee, Mrs. Lula

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

814 Washington St., Springfield
Ill. U.S.A.

COUNTRY OF BIRTH

U.S.A. Chicago Ill.

DATE

July 11th. 1891

PLACE OF ATTESTATION

Windsor Ont.

DATE

Feb. 2nd. 1917

R/c 25-1-19 ²⁵⁻⁸/₉₇

Sailed from Halifax Per S.S. "Southland" 28, 3, 17

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

machinist

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

26

YEARS

MONTHS

HEIGHT

5

FEET

2 1/2

INCHES

CHEST MEASUREMENT

34 1/2

INCHES

EXPANSION

2

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Not stated

DATE

Feb. 2nd, 1917

Present address. Jackson, Mich. U.S.A.

NAME

Sallee. Co.

REG'TL. No. 931787.

H. Q. FILE NO 649

RANK AND CORPS

Pte. 2nd. Con. (N. S. Regt.)

FOLLOWS

No.

CABLE

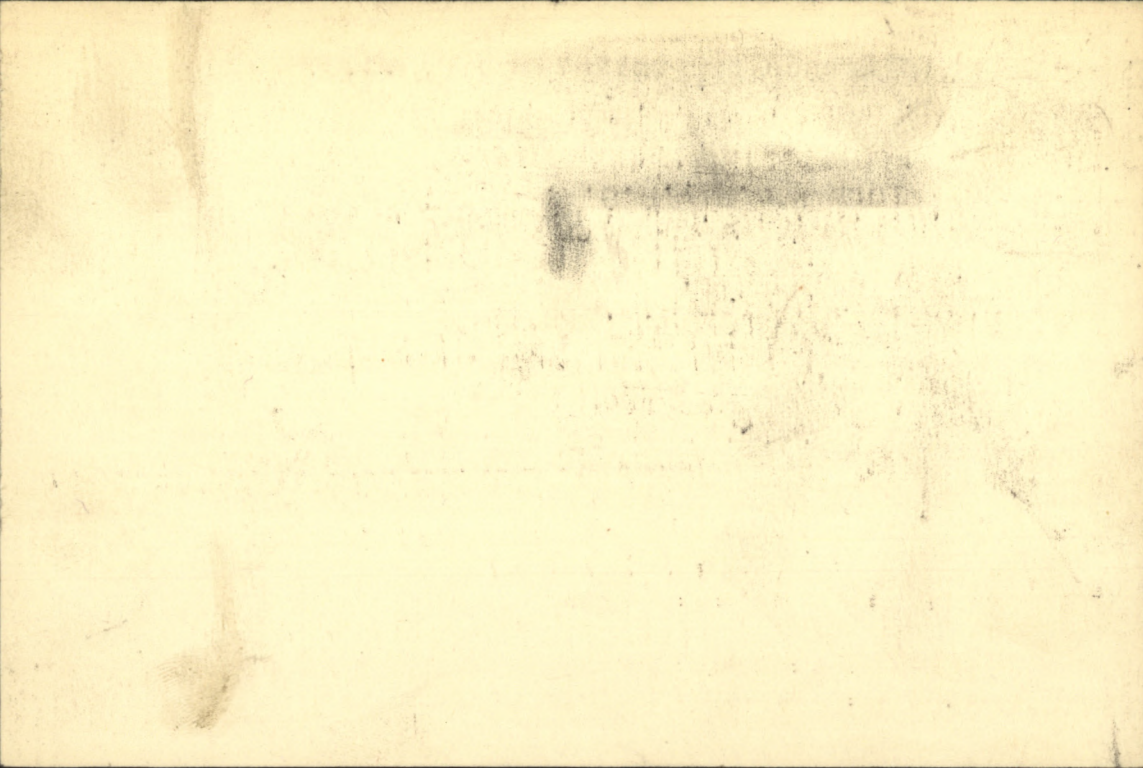
NO.

DATE

NATURE OF CASUALTY

FOLLOWS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A. 174. ⁽¹⁾	Can. Forestry Corps, Jura.	14-3-18.	Influenza.
A. 177. ⁽¹⁾	"Discharged."	26-3-18.	"
A 384-	Can Forestry Corps La Joux	Jura 23-11-18	P & U.
A 393'	Disc	2-12-18	" " "



KA
Am

649-311428

B

Number

931784

Rank

Spw

Surname

SAHHEE

Christian Name

Clarence

Units

C.O.P.C.C.

Theatre of War

France

Date of Service

17/5/17

Remarks

For applⁿ card 457 W. 52nd St
New York City
Latest Address USA

C/o Hyden Park
State Bank
Chicago
Ill.
U.S.A.

Roll No

B
Page 9123

Name..... **SALLEE,**..... **Clarence**..... Rank **Pte.**..... Regtl. No. **931787**

Fyle Depot..... **19-S-545**

Original unit **2nd Con.** Present unit **D.D.No. 4** or S. Age **27** Religion **Pres.** Ref. H.Q.

Port, ship and date of arrival..... **Halifax, N.S. "Aquitania" 24-1-19.**

Next of kin..... **(M) Lula Sallee, Spring, Ill. U.S.A.**

Address on leave.....

Address on discharge.....

Transportation issued No Yes Date..... Character on discharge.....

Previous occupation..... **Machinist**..... Date and place of enlistment..... **2-2-17 Windsor, Ont.**

Diagnosis..... Date of Medical Boards.....

Date.	Remarks.	Pt. 2 Order No.
4-2-19	T.O.S. from O/S 18-1-19. Posted to Cas; Coy 27-1-19.	
	Fur W/S to 10-2-19.	35.

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

Date.

Remarks

Pt. 2 Order No.

21-2-19

SOS Discharged R.O. 1420 Para C Demob

#51

Eff. 17-2-19 Cat A

SURNAME *Sallee.* CHRISTIAN NAME OR NAMES *b* REG. NO. *931.787.*

RANK *Pte* UNIT *N.S.* CO. *2 bow.* TROOP BATTY.
 HOSPITAL DATE OF ADMISSION

6th Corps Hosp. Java. *14 3. 18.*
 1. " " " " HOSP. *23. 11. 18*

2. HOSP.

3. HOSP.

4. HOSP.

DIAGNOSIS *Influenza.*

1. *P.H.O. a.*

2.

3.

DISPOSITION

Ch 28. 3. 18 a 174
3-4-18 @ 1770
30. 11. 18 a 383
11. 12. 18 a 393.

DATE

11. 26-3-18.

REMARKS

" 2. 12. 18.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

Canadian Printing and Stationery Services, London

M.D. 4

NAME OF SOLDIER (Block Letters)

SALLEE. C.

REGIMENT

No 2. CONST.

RANK

PTE

No.

931787

Date of Examination in England

3/1/18.

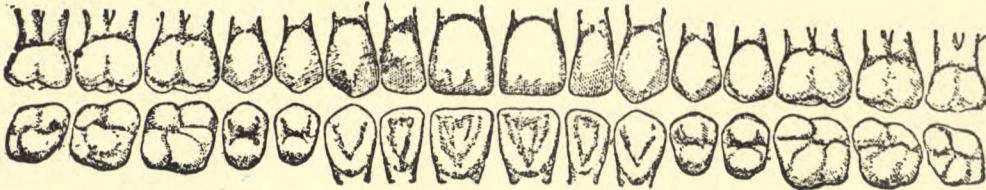
Date of Examination in France

1. This form will be made out for each individual at the time of Demobilization in England or France.

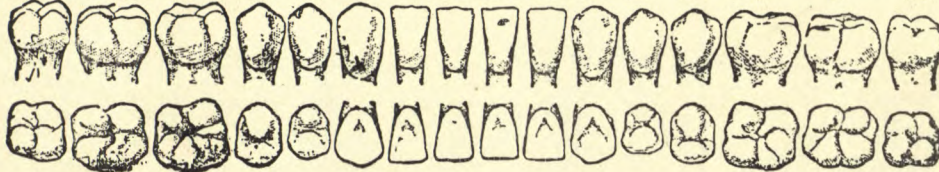
2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

2it

- (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

KINMEL PARK, NORTH WALES.

Signature of Dental Officer

D W Reed Capt

W.D. 4
ZALLEE C
No. 2 - Cont
3/1/18

3/1/18

3/1/18
3/1/18
3/1/18
3/1/18
3/1/18
3/1/18
3/1/18
3/1/18
3/1/18
3/1/18

3/1/18
3/1/18

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I.
Part I.

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.] (4) Surname (5) Christain Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
--	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	(Authority) (date)

Initials and Rank of
an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No.
				Trade or Calling
				Married or Single
				Particulars of Trade Test
				Occupation Cards despatched on (date)
				Second Occupation Card despatched on (date)

(17) Next of Kin	(18) Demobilizer (f)	
(19) Pivotal-man (j)	(20) Qualifications (g)	(21) Corps trade and rate
(22) Extended }		(23) Re-engaged }
(24) Miscellaneous entries:—		

(Signature of
(Posting Officer)

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shocing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.
Nothing to be written in this margin.

W1889—P³ 1150 IM 5/18 G.W.P.Co.(3490)

Sheene Blarance 931787

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I., 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

17-12-18.	NSRD.	305	7059 attached to 2nd B.D. for Quarters & Rations.	B'shott.	14-12-18.	
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NSRD ON COMMAND TO 1000 Kimmel Rhyl. BRAMSHOTT

PART II D.O. NSRD 313 18
G.A. Wright LIEUT.
 OFFICER i/c RECORDS,
 NOVA SCOTIA REGTL. DEPOT.

H. M. T. 'AQUITANIA'
 M.S.R. LVP'L. 11. 13. 113
 D.S.D. HALIFAX, N.S.
 JAN, 24. 1919

17-2-19 SOS Procharged Cad A Demab

DD 4/00/50
[Signature] Lieutenant,
 Officer i/c Discharge Section, District Depot No. 4.

Nothing to be written in this margin.

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

Arthur

M. F. W. 54. (A. F. B. 103.)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps #2 Construction Battalion CEF.

Regimental No. 931787 Rank Pte. Name Sallee, Clarence

C. E. F.

Enlisted (a) 2/2/17 Terms of Service (a) Duration of war + 6 months Service reckons from (a) 2/2/17

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)

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				
		<p>Intended, Canada Disembarked, England Proceeded Overseas</p>	<p>Hull Liverpool Seaford</p>	<p>25/3/17 7/4/17</p>	<p>Adjutant, No. 2 Construction Batt., C.E.F. Pt 2 D.O.# <i>J. Maclean</i> Captain</p>
					Landed in France 17-5-17 N.R.
19.6.17	O.C.	<p>Sentenced 5 day J.P. 12 Absent fr. 10pm till 10.30pm</p>	Hd.	18/6/17	B2069 Pt 2-0 122 78/17
26.6.17	a	<p>5 days J.P. 12 for </p>	u	25.6.17	B2069 Pt 2-0 124 20/17

CERTIFIED CORRECT
 8 JUN 1917
 GAIN RECORDS, LONDON.

MAX 17 1917

(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.

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				
4-10-17	oc unit	10 days S.P. No. 2. for a w leave from 10 pm. 30-9-17. until 7 am 1-10-17. (Forfeit 5 1 days pay under R.W.)		2-10-17	B2069 P132 16 ¹⁰ / ₁₇
8/11/17	oc	15 days S.P. No. 2 for w.l. from 10 pm 28/10/17. until 7 pm 30-10-17 (3 days pay under R.W.)		4/11/17	B2069 P141 dj. 24-11-17
10/1/18	oc unit	10 days S.P. No. 2. for leaving his place of employment without permission from 5 pm until 6 pm (1 hour)		5/1/18	B2069 P295 et dj. 22/1/18
16.3.18	D.C.	20 Hospital	Sault	14.3.18	B 213
14.3.18	Quar. Mstr.	Influenza. adu.		14.3.18	D78407. W. 5265.
26.3.18	" "	" " Disch'd.		26.3.18	E. 258. W. 6108.
30.3.18	OC	Disc. from Hqpt.	H.L.	26.3.18	B 213.
24-8-18	do	Granted 14 day leave	uk.	22.5.18	B213 P110. 519 Sept 1918
14-9-18	do	Returned from leave	Sault	8-9-18	B213
24/1/18	676 Hqpt	P. W. O	Adm.	23/1/18	W3287.
2/12/18	Ac "	Discharged from Hoop.		2/12/18	M. 9153.
11 ¹² / ₁₈	Adj	Trans to Eng reported to 7.5 Reg Depot Bramhall		14 ¹² / ₁₈	KR 344. C. A. Hewell

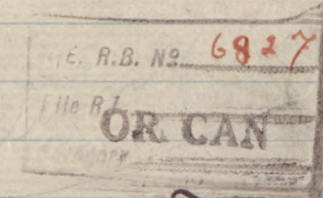
LTR Rank Name **SALLEE, Clarence** / Reg'l No. **931787** /
 Unit **No. 2. Const. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single** /
 Place and Date of Enlistment **Windsor, Ont. Feb. 2nd, 1917.** / Place of Birth **Chicago, Ill.** /
 Name and Address, Next-of-Kin **Lula Sallee.** /
Spring, Ill. U.S.A. / Relationship **Mother.** /

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship



Discharge, Date and Place Reason Character

H. W. & V., Ld.-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.				
	C Arrived in England ss "Southland"			7-4-17	A.F.B. 153 CHECKED 30 MAY 1917
10-5-17	No 2 Const Bn	Admitted to	Dpt	10-5-17	DS II 111
14-5-17	Do	Disch'd from	Dpt	12-5-17	DS II 114
14-6-17	Do	Arrived in France	Fried	17-5-17	DS II 115
16-12-18	NSRD.	TOS from 2 nd ecc.	pld B Shsk	14-12-18	n 505-271 / 2 nd ecc. / 19.12.18
27-12-18	H.S.R.D	O/c to C.D.D to Rhyt	-	27-12-18	813
3-2-19	NSRD.	leaves on Cmd Rhyt & S.O. to C.F. Canada	Ripon	18-1-19	- 25

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931787 (Rank) Private

Name (in full) SALLEE, Clarence enlisted in

the No. 4 Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Windsor, ONTARIO on the 2nd

day of February 19 17

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 28 years 7 months

Height 5 feet 3 inches

Complexion Dark

Eyes Brown

Hair Black

C. Sallee

Signature of Soldier

Marks or Scars

One vaccination mark left

arm. Small linear scar

right cheek.

[Signature]
Issuing Officer

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

Rank

Date of Discharge February 17th, 1919.

Appointment

Signed at Montreal, QUEBEC this 17th day of February 19 19

in Military District No. 4

File Reference No. DD4 1 9-8-545

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.

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 cer-
tificate will not be com-
pleted.

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. 931 787 Rank P6 Surname Jelle Clarence
(Given name in full)
56 13th Harper Ave Chicago Ill. USA
 Unit or Corps D. D. 7 Birthplace Chicago

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

1. GENERAL DESCRIPTION:

Physique Good Weight 130 lbs. Height 5.3 ft. Colour of Eyes Dark brown
 Nutrition Good
 Pulse 70
 Condition of arteries Good
 Vision Rt. OK Left OK
 Hearing (conversational voice) Rt. OK ft. Left OK ft.

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

One race mark left arm 1918
small linear scar at cheek (acc child)

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.

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 *14-2-19* Signed *E. Salem* 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 *E. Salem*

(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]

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 Clarence Surname Sallee
Unit or Corps N. S. R. D. (If a soldier) Regtl. No. 931787
Born at Chicago Ill. U.S.A. on date 11th July 1890
Signature (for identification) C. Sallee

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

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 130 lbs. Good
Height 5-3 ft. 3 ins. W

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 ?

W

4. RESPIRATORY SYSTEM.

W

5. HEART ?

Abnormal Sounds?

W

Abnormal Size?

W

Pulse Rate?

76

Intermittence or irregularity?

W

6. ARTERIES.—Any hardening?

W

7. DIGESTIVE SYSTEM ?

W

8. GENITO-URINARY SYSTEM ?

W

Urinalysis—S.G.?

1022

Reaction?

acid

Albumen?

W

Sugar?

W

9. SKIN, MIDDLE EAR, EYE

or any other part ?

W

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

W

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

Good

Examined at

Kimmel Park

Signed

J. L. Thompson

M.O.

Date

14/1/19

Signed

Joseph

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.

M. F. A.

Medical Examination upon leaving the service

to Officer in General Service or a Soldier in the Army

This examination is to be made by a Medical Officer of the Army, and the result is to be reported to the Medical Director, War Department, Washington, D. C.

W. F. Lawrence
1880
July 1880

The examination is to be made by a Medical Officer of the Army, and the result is to be reported to the Medical Director, War Department, Washington, D. C.

1880

1880

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1880 1880 1880 1880

1880

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1880

W. F. Lawrence
1880

931787

MEDICAL HISTORY SHEET

Surname Clarence Sallee

Christian Name Clarence

Examined { on 2th. day of Feb. 1917
at Windsor, Ont.

Approved by D. Murray

Rank Capt. A.M.C. M.O.

Birthplace { City or Town Chicago
County Ill.

Apparent age 26

Trade or occupation Mech. icng

Height 5 feet 2 1/2 Inches

Weight 122 lbs.

Chest measurement { Minimum 34 1/2 inches
Maximum expansion 32 1/2 inches

Physical development

Small-pox Marks

Vaccination Marks { Arm Right Left
Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Both Eyes 20/20

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<u>3/3/17</u>	<u>Y.N.Y.</u>	<u>581</u>

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>17/2/17</u>	<u>Y.N.Y.</u>	<u>S. S. Stepler</u>
<u>25/2/17</u>	<u>Y.N.Y.</u>	<u>S. S. S.</u>
<u>9/3/17</u>	<u>Y.N.Y.</u>	<u>Don Murray</u>

Enlisted on 2 day of Februray 191 7 at Windsor, Ont/

	CORPS	REG'T'L NUMBER	HABITS	DATE
Joined on enlistment	<u># 2 Const. Bn</u>	<u>931787</u>		<u>2/2/17</u>
Transferred to	<u>664</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Windsor, Ont.</u>	<u>FEB 3 1917</u>	<u>on enlistment</u>	<u>Fit</u>
<u>Munich Park</u>	<u>14/11/19</u>	<u>nil</u>	<u>Fit</u>
<u>Montreal</u>	<u>14-2-19</u>	<u>nil</u>	<u>Fit</u>

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.

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No... 931787 Rank... Pta Name... Sallee Clarence
(Surname first)
Unit ... 2nd Con. Batt who was* Discharged
On .. 17-2-19 191, to
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 to 17-2-19 191...
the inclusive date of transfer or discharge.

Table with columns for Cr. LPC, Dr., and Cr. containing financial entries such as Bal. Dr. or Cr. from prev. month, Regimental Pay, Field Allowance, Separation Allowance, Clothing Allowance, Post Discharge Pay, *Other Credits, Advances, Separation Allowance and Assigned Pay Cheque no., *Other Charges, and Balance on transfer or on discharge, cheque No. 23181. Total: 452 11 452 11

*Give particulars.

A monthly stoppage of \$... (†) has... (‡) been paid on account of
Assigned Pay for the month of Nil 191... } (to) Assignee Nil
and Separation Allee. for month of 191... }
(Address) ...
(†) 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... Feb. 2-1917... married or single...
(2) Separation Allowance, entitled or not... Nil... (3) Reason for discharge...
(4) Authority for discharge or transfer... D.D. 4 19-3-545

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on 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
O-I-C—Demobilization Pay Division—Military Dist. 4
Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

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.

(1) Name of Overseas Unit which Soldier joins No. 2 CONSTRUCTION, B.N. C.E.F.

(2) Regimental Number 931787

(3) Full Name of Soldier Clarence

Spence

(4) Place of Birth Illinois

U.S.A.

(5) Are you married, or not? Single

(6) If married, state,

(a) Full name of your wife ?

(b) Present Postal Address ?

(7) Are you a widower? No

(8) Have you any children? One (Elmer)

If so, give number of boys and girls X

Also their names and ages X

(9) Is your Father alive? *Yes: John Sallee*
If so, state name and address *Unknown*

(10) Is your Mother alive? *Yes*
If so, state name and address *Lula Sallee*

Springfield, Illinois, 814 Washington St.

(11) If your Mother is a widow? *X*
Are you her sole support, or not? *No*

(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.
X

(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.
X

(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.
X

(15) Are you insured? *Yes*
If so, in what Company? *Metropolitan Life*
Have you made arrangements for payment of your Insurance premium? *Yes*
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Stawie Capt Jr.
..... Lieut. Col.
No. 2 Construction Battalion, C. E. F.
Officer Commanding.

Date *MAR 19 1917*

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE	ENGLAND OR CANADA.	NAME:- <i>SALLEE, Clarence E</i>
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- <i>931787</i>
AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY
WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				DATE EFFECTIVE
				RANK OR APPOINTMENT
				<i>PTs</i>

UNIT AND TRANSFERS			
ORIGINAL UNIT:- <i>2nd Construction Bn</i>			
DATE ACCOUNT FIRST OPENED:- <i>1 APR 1917</i>			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO
<i>L.P.C.</i>		<i>28/2/19</i>	<i>Canada Section</i>

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
<i>9/12</i>	<i>6751</i>		<i>1399</i>				
<i>18/12</i>	<i>3589</i>	<i>BROG</i>	<i>973</i>				
			<i>2374</i>				

PARTICULARS OF RENDERING NON-EFFECTIVE: *Trans to Canada 2/2/18 Authy MR 164 17/2/18 2.6660 bis*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
MAR 1918	<i>Bal Ford</i>								<i>273 54</i>	<i>150</i>	
Apl	<i>P. Pay</i>	<i>33</i>		<i>AR 8 94 CFC Jura</i>	<i>3 57</i>						
				<i>271 2/4 - -</i>	<i>3 57</i>				<i>299 40</i>	<i>165</i>	
		<i>33</i>			<i>7 14</i>						
May	<i>P.P.</i>	<i>34 10</i>		<i>AR 412 9/5 CFC Jura</i>	<i>3 57</i>						
				<i>426 2/5 - -</i>	<i>3 57</i>				<i>326 36</i>	<i>180</i>	
		<i>34 10</i>			<i>7 14</i>						
June	<i>P.P.</i>	<i>33</i>		<i>AR 713 7/6 CFC 5</i>	<i>3 57</i>					<i>195</i>	
				<i>875 27/6 Jura</i>	<i>3 57</i>				<i>352 22</i>		
		<i>33</i>			<i>7 14</i>						
July	<i>DP</i>	<i>34 10</i>		<i>AR 953 10/7 CFC 5</i>	<i>3 57</i>						
				<i>AR 1097 25/7</i>	<i>3 57</i>				<i>379 18</i>	<i>210</i>	
		<i>34 10</i>			<i>7 14</i>						
Aug	<i>PP</i>	<i>34 10</i>		<i>AR 1260 10/8 CFC 5</i>	<i>3 57</i>						
				<i>CP 26912 26/8 LIN</i>	<i>73 60</i>						
				<i>AR 1475 25/8 CFC 5</i>	<i>7 14</i>						
				<i>AR 3031 21/8 CFC 5</i>	<i>97 33</i>				<i>232 24</i>		
		<i>34 10</i>			<i>181 04</i>						
Sep	<i>PP</i>	<i>33</i>		<i>AR 30116 3/9 London</i>	<i>4 89</i>						
				<i>AR 1580 24/9</i>	<i>3 57</i>				<i>256 80</i>	<i>240</i>	
		<i>33</i>			<i>8 44</i>						
Oct	<i>P.P.</i>	<i>34 10</i>		<i>2261 6/6 12.10</i>	<i>3 73</i>						
				<i>2327 - 26.10</i>	<i>3 73</i>				<i>283 44</i>		
		<i>34 10</i>			<i>7 46</i>						
Nov	<i>PP</i>	<i>33</i>		<i>2697 11.11 C.F.C. 5</i>	<i>3 73</i>						
				<i>2915 26.11</i>	<i>1 87</i>						
				<i>6751 10.12 C.F.C. 5</i>	<i>13 99</i>						
Dec	<i>PP, r.g.</i>	<i>34 10</i>		<i>3589 18.12 AR 159</i>	<i>9 73</i>				<i>355 63</i>	<i>270</i>	
	<i>Int on bel Pay 23/4/18 10/69</i>				<i>20 32</i>				<i>331 91</i>		

COMPILED BY *M. McCallan*
CHECKED BY *H. B. B.*

* Strike out whichever inapplicable

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
		77.97			29.32				331.91		
				C1998. 121. Endo. L.P.C. Rhyf	9.73				322.18		
					9.73						

159

26-2-1920



WAR SERVICE BADGE
Class "A" No. 93678 ISSUED

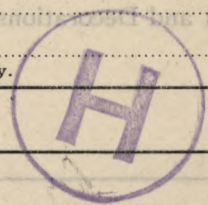
This space to be for numbers.

Proceedings on Discharge.

51

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

No.	931787
Rank	Pte
Surname	SALLEE
Christian name	Clarence
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	#2 Cons Bn
Date of discharge	Feb. 17th/19
Place of discharge	Montreal, QUE



1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age..... 28 years..... 7 months.	Descriptive marks One vaccination mark left arm. Small linear scar right cheek.
Height..... 5 feet..... 3 inches.	
Complexion Dark	
Eyes Brown	
Hair Black	
Trade Machinist	
Intended place of residence (To be given as fully as practicable.)	

2. The above-named man is discharged in consequence of
RO 1420 Para (C) Cat.A. Demob.

Authority for discharge.....

*Declassified
6 Feb. 36
11428*

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.)

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, QUE

(Date) Feb.17th/19

B. Lalle (Signature of Soldier.)

J. Boyle (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, QUE

(Date) Feb.17th/19

[Signature]
(Signature) Lieutenant
Officer in Charge Discharge Section, District Depot

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.)

List of Discharge Documents

NO RESERVATIONS

Reg. Conduct Sheet	W. 203	Medical History Sheet	W. 405
Squadron	B. 203a	Last Pay Certificate	W. 44
Battery		Duplicate Discharge Certificate	W. 304
Company		Form of Will	W. 82
Field Conduct Sheet	W. 178	Medical Report for Invalidity	W. 203
Copies of Convictions by C. R.	in Ms.		
Med. Hist. Sheet	Medical Form H. 313		
Casualty Form	W. 34		
Proceedings on Discharge			

[Handwritten signature]

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 sum is to be noted hereon.

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.)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263 Squadron } Battery } Conduct Sheet, " B. 263a Company } 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.

Signature of Officer Commanding

 Officer Commanding.

Certificate in the case of a Soldier who takes on his own request.

 Officer Commanding.

Statement of Service.

 (Signature of Soldier)

Statement of Service.

 Total years days

Confirmation of Discharge.

*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.*

P. 878.

Extract D.O. No. *af*

Unit:- ~~*1st Res*~~

Date:-

Reg. No.

Rank

Name

Canada Section
Struck off Strength of O.M.F. of C.
on transfer to C.E.F. Canada.

931787

Pte

Sah EE.

C.

Acted on

18. 1. 19.

Ledger Ck

CH D 4

Received by **CANRECORDS** London.

Dated

Received from

No.

Time

via

Message as received:—

