

7

M. D.

Depot Battalion

Regiment

Regtl. No. 3259457

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

1. Surname..... Savoie

2. Christian name..... Jerome

3. Present address..... Lameque, Glou Co NB

4. Military Service Act letter and number..... 992311 FC

5. Date of birth..... July 20. 1897

6. Place of birth..... Lameque, NB.
(town, township or county and country)

7. Married, widower or single..... Single

8. Religion..... R C

9. Trade or calling..... Fisherman

10. Name of next-of-kin..... Joseph Savoie

11. Relationship of next-of-kin..... Father

12. Address of next-of-kin..... Lameque, Glou Co., NB.

13. Whether at present a member of the Active Militia..... No

14. Particulars of previous military or naval service, if any..... Nil

15. Medical Examination under Military Service Act:—

(a) Place..... St. John (b) Date..... May 29. 1918. (c) Category..... A2

DECLARATION OF RECRUIT

I, Jerome Savoie, do solemnly declare that the above particulars refer to me, and are true.

Jerome Savoie

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 20 yrs. 10 mths.

Height..... 5 ft. 6 ins.

Chest } fully expanded..... 34½ ins.

measurement } range of expansion..... 2½ ins.

Complexion..... Medium

Eyes..... Blue

Hair..... Brown

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

B. Smith
O. C. 1st Depot Batta Depot Btl.
New Brunswick Regiment
Regt.

Place..... St. John NBDate..... May 29, 1918.

REGIMENTAL DOCUMENTS

NAME

SAVOIE Jerome

REGT. NO.

3259457

UNIT

15th Reg

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Dumob

DESERTION

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

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

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 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

1 R.122

3259457
I.D. number
No. d'identification

SAVOIE
Surname
Nom de famille

JEROME
Given names
Prénoms

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

8673

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»



Ind
Starn

Number 3259457

Rank

Alt
B

Surname

SAVOIE

Christian Name

Jerome

Units

N. B. R.

Theatre of War

England

Date of Service

158-18

Remarks

Latest Address

600 Lameque

How Co N. B.

Roll No

a Page 1765

Next of kin.....

Address on leave.....

Address on discharge.....

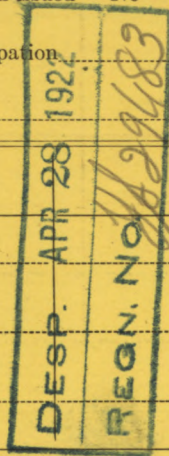
Transportation issued ☐ Yes ☐ No Date..... Character on discharge.....

Previous occupation..... Date and place of enlistment.....

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

Date

Remarks



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

Surname Savvie
Christian names Perome, A
Regtl. No. 325/9457 Rank Pte
Unit N.B. Regt, 1st Sln. Bn.

Disp. area 07 ✓
H. Q.
M. D. No. 7
T. O. S. May 28th 1918
D. O. Pt. II. 147 of 275-18
S. O. S. Dis 7-7-19 19
Reason Demol
Auth. 101968 15-7-19 #7DD

Next of kin Savvie, Joseph
Address Lamèque N.B.

Relationship Father
Also notify:

BORN—Place Canada, Lamèque N.B. Date July 20th 1897

ATTESTED—Place St John N.B. Date May 29th 1918

O/S. 3/8/18 1365
14

R/C. 5-7-19 362
49 Pte.



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3259457 (Rank) Plt.

Name (in full) Jerome Savoie enlisted in
the 1st Depot Bn. R. B. Rpt

CANADIAN EXPEDITIONARY FORCE at St. John N. on the 29th
day of May 1918.

HE served in R. B. Rpt (in England)

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

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

Age 22 years.

Height 5 ft. 6 in.

Complexion Medium

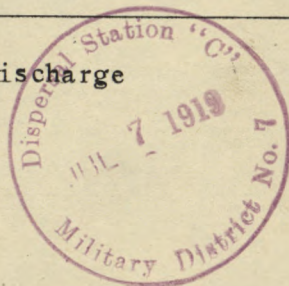
Eyes Blue

Hair Brown

Marks or Scars.....

J. Savoie
Signature of Soldier.

Date of Discharge



[Signature]
Issuing Officer. G. G.

DISPERSAL STATION, ST. JOHN, N. B. FOR
O. C. DISTRICT DEPOT #7

Rank

Date JUL 7 1919 1919

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

CLASS
✓ WAR SERVICE BADGE
NO, Issued

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

1st DEPOT BATTALION, N. B. REGIMENT

Unit, Regiment or Corps.

Regimental No.

3289457

Rank

Plt

Name

Davoie Jerome

C. E. F.

Enlisted (a)

29/5/18

Terms of Service (a)

Dur of war

Service reckons from (a)

29/5/18

Date of promotion to
present rank

Date of appointment
to lance rank

Numerical position on
roll of N. C. Os.

Extended

Re-engaged

Qualification (b)

Lisherman

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				
		EMBARKED DISSEMBARKED	HALIFAX LIVERPOOL	1-8-18 16-8-18	H.M.T. NANKIN
19-8-18	OC 13th Res. Bn	T.O.S. 13th Res Bn on arrival from Canada.	Bramshott	16-8-18	B.O. 195, Pt 2.
		13TH. Can. D.P.-2.O. No.....	Struck off Strength On proceeding to Canada		Ripon
			Mosnaish 13th Can. Res. 2-		

(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				
15/7/19	Eng.	TAKEN ON STRENGTH <i>District Depot No. 7.</i> PART II. ORDER No. 196 ST. JOHN, N. B.		26/6/19	<i>Lieut. & Asst. Adj.</i> For O. C. District Depot No. 7.
15/7/19	Dis. from	STRUCK OFF STRENGTH <i>District Depot No. 7.</i> PART II. ORDER No. 196		7/7/19	<i>Lieut. & Asst. Adj.</i> For O. C. District Depot No. 7.

US Rank

Name SAVOIE, JEROME,

Reg'l No. 3259457.

Unit 64 N.B. Regt. If in perm. Corps, }
What Unit? }

Married or Single Single

Place and Date of Enlistment St. John, N.B., * 29-5-18 Place of Birth N.B.

Name and Address, Next-of-Kin Joseph Savoie
Lamèque, Glou. Co., N.B.

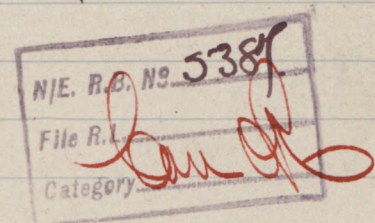
Relationship Father

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship



Discharge, Date and Place Reason Character

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			
19 AUG 1918	13 Res	Taken on strength	15 AUG 1918	N.M.I.	Nantkin
24.6.19.	"	S.O.S to Canada	at Boshell	16 AUG 1918	B20195
		Sailing 88	"	Repon 26.6.19	— 145.

[illegible]

1. Each alteration must be initialed by the O.C.
2. Forms will be clearly marked "Original," "Dup.," or "Trip." as the case may be.
3. All entries will be made in ink or type.
4. All information for Part 2 of form will be obtained in the case of Other Ranks, from Pay Books, and in the case of Officers from Record of Service Book (A.B. 439).
5. In every case Signature of O.C. and Soldier must be attached.
6. Soldiers' (duplicate) copy, together with Pay Book (A.B. 64) should be carried on the person, not in the kit.
7. In case of loss of Dispersal Certificate, soldier should report same to O.C. or Dispersal Draft Officer.

1955

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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. 3259457 Rank Pte Surname SAVOIE
(Given name in full)

Unit or Corps 13th Lean Res Bn Birthplace Jerome Lemagne N.B.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 145 lbs. Height 5 ft. 6 1/2 in. Colour of Eyes hazel
Nutrition Good
Pulse 86 regular
Condition of arteries soft
Vision Rt. 6/6 Left 6/6
Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

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

Tattoo right breast
shield flag, CANADA 1918
anchor
right breast ship, head &
clashed hands, true love
heart with dagger

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.

No disability

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Rhon Yorks (Overseas)

Date 21-6-19

Signed Mr Baldwin 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 Jerome Service

(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.)

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT.....

NAME OF SOLDIER.....

REGIMENT 1st DEPOT BN. N. B. REGT

RANK

No.

3259457

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoca	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
	Aug 1											1918	U	L			P	Gold					Porcelain



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

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.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Jones Christian name James

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....

3. Consecutive number on schedule of men reporting for service (if he appears on it).....

4. Address (including street and number, if any)..... Lanark - Glasgow - Scot.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 29 day of May 1917, by the undersigned medical board sitting at St John's Hosp.

5. Age as stated 20 Years 10 Months. 6. Apparent age 21 Years - Months7. Height 5 Feet 6 1/2 Inches. 8. Weight 135 Pounds.

9. Chest measurement { Minimum 32 Ins. Maximum 34 1/2 Ins. 10. Complexion Med. { Eyes Blue Hair Brown

11. Physical development Good { Good Fair Poor 12. Smallpox marks Med.

13. Number of vaccination marks { Right arm Med. Left arm - 14. When vaccinated last -

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

16. Slight defects but not sufficient to cause rejection.....

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A2

President.

Member.

Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>28/5/18</u>		<u>Immunized</u> M.O.	<u>5/6/18</u>	<u>28/5/18</u>	<u>Immunized</u> M.O.
		M.O.	<u>9/6/18</u>	<u>WA Beavis Capt</u>	M.O.
		M.O.	<u>15/6/18</u>	<u>WA Reddick Capt</u>	M.O.

Joined 29 day of May 1918 at St John's Hosp.

JOINED ON ENLISTMENT	CORPS	REG'TL NUMBER	HABITS	DATE
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Imperial War Museum</u>	<u>June 1/18</u>	<u>G. Loughery Lt.</u>	<u>cat A2</u>

E. T. Remway hins

Signature of Man

Surname..

[illegible]

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

SAVOIE J

REGIMENT

13th R B N

RANK

PL

No.

3259432

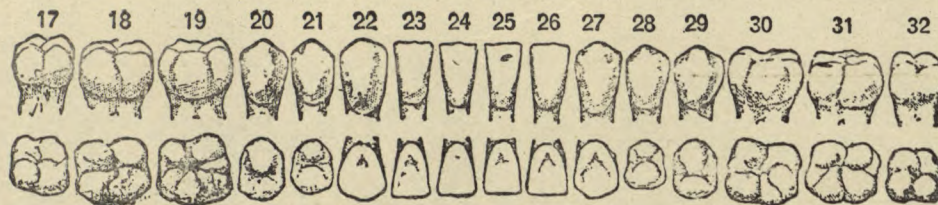
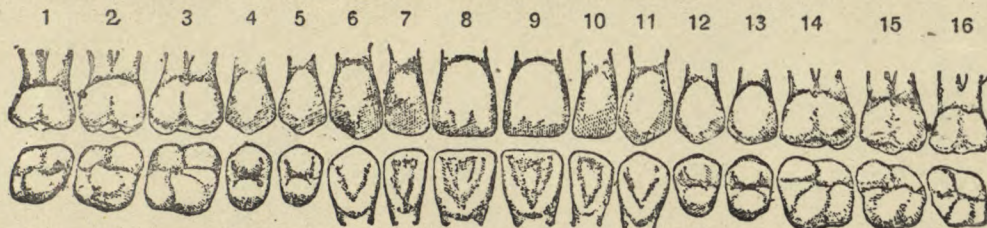
Date of Examination in England

15-519

Date of Examination in France

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

14

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

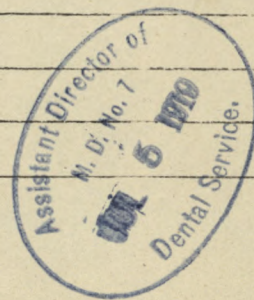
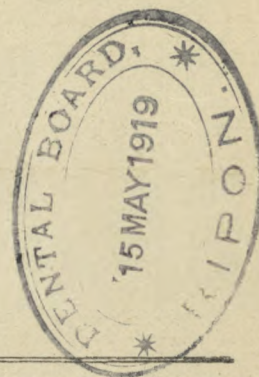
—

(c) In France

—

Signature of Dental Officer

R. Roy



nt

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:-	SAVOIE Jerome		
EFFECTIVE DATE:-	1/8/18	EFFECTIVE DATE:-		NUMBER:-	3259457		
AMOUNT:-	20	AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT			
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.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Joseph Savoie (Father) Lomeque, Glosbe NB					L.P.C.	1-8-18	Pte
Stopped 1-4-19					UNIT AND TRANSFERS		
					ORIGINAL UNIT:- 64 Spt. 1st Dep Bn NBK		
					DATE ACCOUNT FIRST OPENED:- 1/8/18		
					AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T SP'D
							UNIT TRANSFERRED TO
							13 Res.
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
28/5	1130	13th Res.	14.60				
						League Balce	28.22
						L.P.C.	13.62
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY				PAY		F.A.	
				1 -		10	

PARTICULARS OF RENDERING NON-EFFECTIVE:

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
31/7/18	Bal from Can Aug								12.60		
	P Pay	34 10		Cap				20 -			
		34 10		AR 18. Bourley 20/8/18	4 87			20 -	21 73		
Sept		33 -		Cap				20 -			
				AR 184. Bourley 3/9	4 87						
				✓ 2813	26/9	4 87			24 99		
		33 -			9 74			20 -			
Oct	P Pay	34 10		Cap				20 -			
				AR 1923 14/10 13 Res	4 87						
				✓ 2050 29/10	4 87				29 35		
		34 10			9 74			20 -			
Nov	P Pay	33		Cap				20 -			
				AR 2192 14/11	9 73						
				AR 2192 4/12/18	2 28						
				AR 2010 4/12	19 44						
				✓ 2242 29/11	4 87						
					36 35						
Dec	P Pay	34 10		Cap				20 -			
Jan	P Pay	34 10		Cap				20 -	34 20		
		70 20			36 35			60 -			
Feb	P Pay	30 80		AR 2235 10/1 13 Res	4 87						
				✓ 3164 24/1	4 87						
				✓ 3349 13/2	9 73						
Mar	P Pay	34 10		Cap				40 -			
				✓ 3583 3/3 13 Res	9 73						
				AR 2386 12/3 13 Res	12 10						
				AR 3961 24/3 13 Res	4 87				12 93		
					46 14			40 -			

COMPILED BY
CHECKED BY

Macdonald

NUMBER

3259454

RANK

42

NAME _____

Savoie

[illegible]

Father
Rc
A
1st Depot

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

WAR SERVICE BADGE. 933
CLASS **B** NUMBER

DISPERSAL AREA **C**

OCCUPATIONAL GROUP **5**

1. No. **3259457**

2. Rank. **PT**

3. Name. **SAVOIE JEROME**

D.D. No. **2**

4. Unit. **13th Canadian Reserve Bn**

5. Date of Discharge

JUL 7 1919

Place

ST. JOHN, N.B.

6. Reason for Discharge



HMT NORTHLAND

E.F.K. 20.6.19.

D.I.E.K. 5.7.19

7. Authority.

R.O. 1420

(C)

8. Proposed Residence after Discharge

Lamque Gloucester Co. N.B.

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.?

39 & Class 'A'
W.S. No.

J. Savoi

Signature of Soldier.

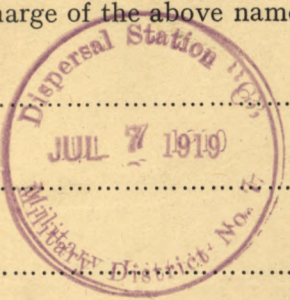
10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date



Ramaj Goyt

39 & Class 'A' U.C.
DISPERSAL STATION, ST. JOHN, N. B. FOR
O. C. DISTRICT DEPOT #7

Signature

(O. C. Discharging Unit.)

LIST OF DISCHARGE DOCUMENTS

1. Discharge Certificate
2. Discharge Certificate
3. Discharge Certificate
4. Discharge Certificate
5. Discharge Certificate
6. Discharge Certificate
7. Discharge Certificate
8. Discharge Certificate
9. Discharge Certificate
10. Discharge Certificate
11. Discharge Certificate
12. Discharge Certificate
13. Discharge Certificate
14. Discharge Certificate
15. Discharge Certificate
16. Discharge Certificate
17. Discharge Certificate
18. Discharge Certificate
19. Discharge Certificate
20. Discharge Certificate
21. Discharge Certificate
22. Discharge Certificate
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24. Discharge Certificate
25. Discharge Certificate
26. Discharge Certificate
27. Discharge Certificate
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36. Discharge Certificate
37. Discharge Certificate
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41. Discharge Certificate
42. Discharge Certificate
43. Discharge Certificate
44. Discharge Certificate
45. Discharge Certificate
46. Discharge Certificate
47. Discharge Certificate
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76. Discharge Certificate
77. Discharge Certificate
78. Discharge Certificate
79. Discharge Certificate
80. Discharge Certificate
81. Discharge Certificate
82. Discharge Certificate
83. Discharge Certificate
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92. Discharge Certificate
93. Discharge Certificate
94. Discharge Certificate
95. Discharge Certificate
96. Discharge Certificate
97. Discharge Certificate
98. Discharge Certificate
99. Discharge Certificate
100. Discharge Certificate

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

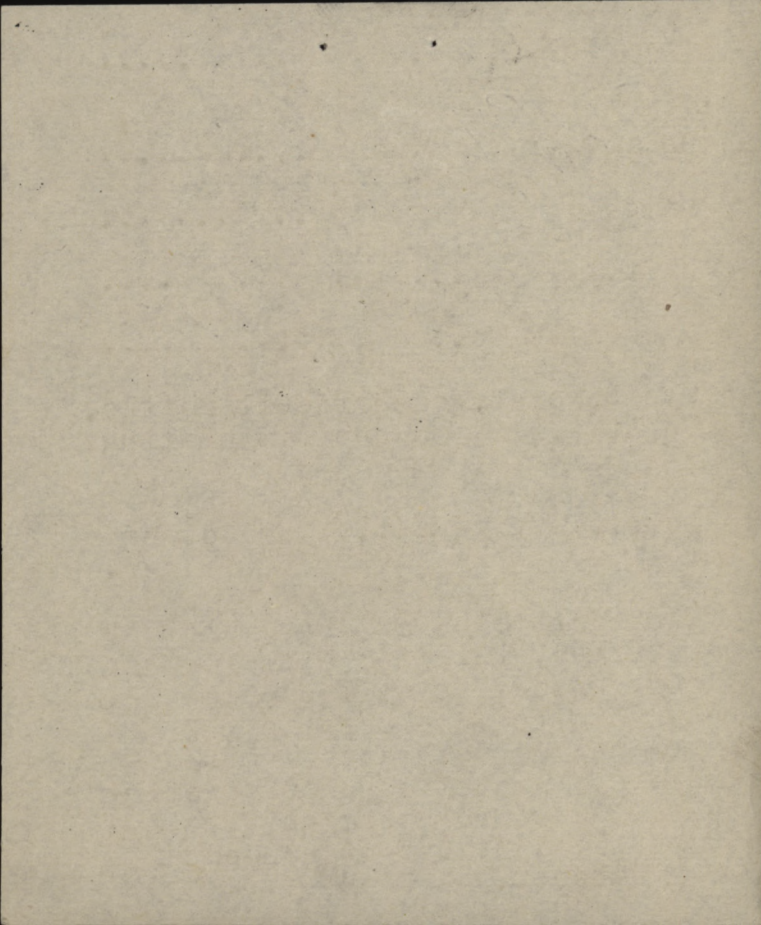
1. Attestation Paper (M.F.W. 23), or
Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 179).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (A.F.B. 465).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings 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. Discharge Certificate (C.B.S.).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (F. 851).
13. Pay Book (A.B. 41).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group.....

Checked by "A".....

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Date of Enlistment *29 May 1918.*

MILITIA AND DEFENCE

Date of Assignment *S-16752.*
1 Aug. 1918

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>20⁰⁰</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. _____
Rank _____ Promoted _____ Reverted _____ Discharge _____
Soldier's Name _____
Battalion *1st. Depot Bu. N.B. Rgt. Dfl. 64.*
Beneficiary _____
Relationship _____
Address _____

PARTICULARS OF ASSIGNMENT

Name _____
Address _____
Change of Address _____
1 *JOSEPH SAVOIE,*
2 *LAMEQUE,*
3 *GLOU.CO., N.B. 20 20.00*
4 *% 3259457 PTE JEROME SAVOIE*
TWENTY DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Aug</i>	<i>Y 41961</i>		<i>20</i>	<i>20</i>	
<i>Sept</i>	<i>X 46405</i>		<i>20</i>	<i>20</i>	
<i>Oct</i>	<i>L 50889</i>		<i>20</i>	<i>20</i>	
<i>Nov.</i>	<i>X 58694</i>		<i>20</i>	<i>20</i>	
<i>Dec.</i>	<i>d 68011</i>		<i>20</i>	<i>20</i>	
<i>Jan.</i>	<i>S 71836</i>		<i>20</i>	<i>20</i>	
<i>Feb.</i>	<i>H 80638</i>		<i>20</i>	<i>20</i>	<i>SL</i>
<i>Mar.</i>	<i>C 87665</i>		<i>20</i>	<i>20</i>	<i>SL</i>
<i>Apr.</i>	<i>S 4209</i>		<i>20</i>	<i>20</i>	<i>SL</i>
<i>MAY</i>	<i>O 5724</i>		<i>20</i>	<i>20</i>	
<i>JUNE</i>	<i>N 11533</i>		<i>20</i>	<i>20</i>	
<i>July</i>	<i>J 12838</i>		<i>20</i>	<i>20</i>	
			<i>240</i>	<i>240</i>	

M. F. W. 123.
4004-37-1772-38-1141
L. L. 2320-M. & D. 7993.

A/c Closed 31-7-19
Re'd per Northland
Date 5-7-19 M.F.W. 187 17-7-19
Re'd per R.R. Repaint

MD 47

MRO Des. 106246

AUTHORITY FOR NEW ACCT. *MD-7-B-2*
MD 47 31-8-18

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

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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

M. F. W. 128.
400x6-7-172-39-1141
L. L. 22320-M. & D. 1931.

200M-3-19.—L. L. 58786-1... & D. 9983
M. F. W. 2:96.
1772-39-1390.

