

ATTESTATION PAPER.

No. 2100715

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Smith
- 1a. What are your Christian names?..... Alexander Russel
- 1b. What is your present address?..... Shediac, Westmoreland County, N.B.
2. In what Town, Township or Parish, and in what Country were you born?..... Shediac, Westmoreland County, N.B.
3. What is the name of your next-of-kin?..... Euphemia Russel Smith
4. What is the address of your next-of-kin?..... Shediac, Westmoreland County, N.B.
- 4a. What is the relationship of your next-of-kin?..... Mother
5. What is the date of your birth?..... April 10th, 1899
6. What is your Trade or Calling?..... Bank Clerk
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.
or Naval
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? .. Nil
14. If so, what was the nature of the disability? Nil
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. Nil
16. If so, what was the reason?..... Nil

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Alexander Russel Smith, 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.

Alexander Russel Smith (Signature of Recruit)

Date..... June 19th, 1918. B. J. Russell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alexander Russel Smith, 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.

Alexander Russel Smith (Signature of Recruit)

Date..... June 19th, 1918. B. J. Russell (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 St. John, N.B. this 19th day of June 1918.

J. W. Wetmore (Signature of Justice)

Description of Alexander Russel Smith on Enlistment.

Apparent Age 19 years 2 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 5 7 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 4 ins.

Vision:- R D20 L D20

Hearing:- Normal, Both Ears

Complexion Light

Eyes Grey

Marks:-

Hair Dark Brown

Mole on Left Thigh

Religious denominations. { Church of England Yes
 Presbyterian
 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 June 19th 1918

Place St. John, N.B.

[Signature]
 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.

Alexander Russel Smith 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.

[Signature] Major (Signature of Officer)
C.O. 9th o/s Siege Battery, C.E.F.

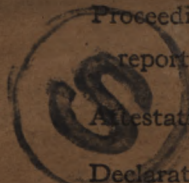
Date June 19th 1918

4-1-19

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

-  Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *2.3*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... *1*
- Proceedings on discharge..... *1*
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Besch*
Parchment Certificate..... *1*
- Medical Report for Invalids.....
- Medical History Sheet..... *1*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

*M.D.W 71-1
A.M.B 22-1
M.D.B 460-1*

*M 2 13 13
B-288*

Name *SMITH, ALEXANDER, RUSSEL*
 Regt. No. *2100715* Rank *Gm.*
 Corps *# 7 Arty Dep R.A. G. A*
Demobilization



25387



LEDGER NO. 4737

SERIAL NO. 214023

REG. NUMBER 2100715- NAME Smith Alex

RANK Pdr CORPS 7th art. Dep

AGE 19 SERVICE Canada 4/12.

NAME OF HOSPITAL Military PLACE St John N.B

DATE OF ADMISSION 21-10-18

DISEASE Influenza

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO Unit 1/11/18 IN CATEGORY a2

REMARKS:.....

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No. 2100715 RANK *Plt.*

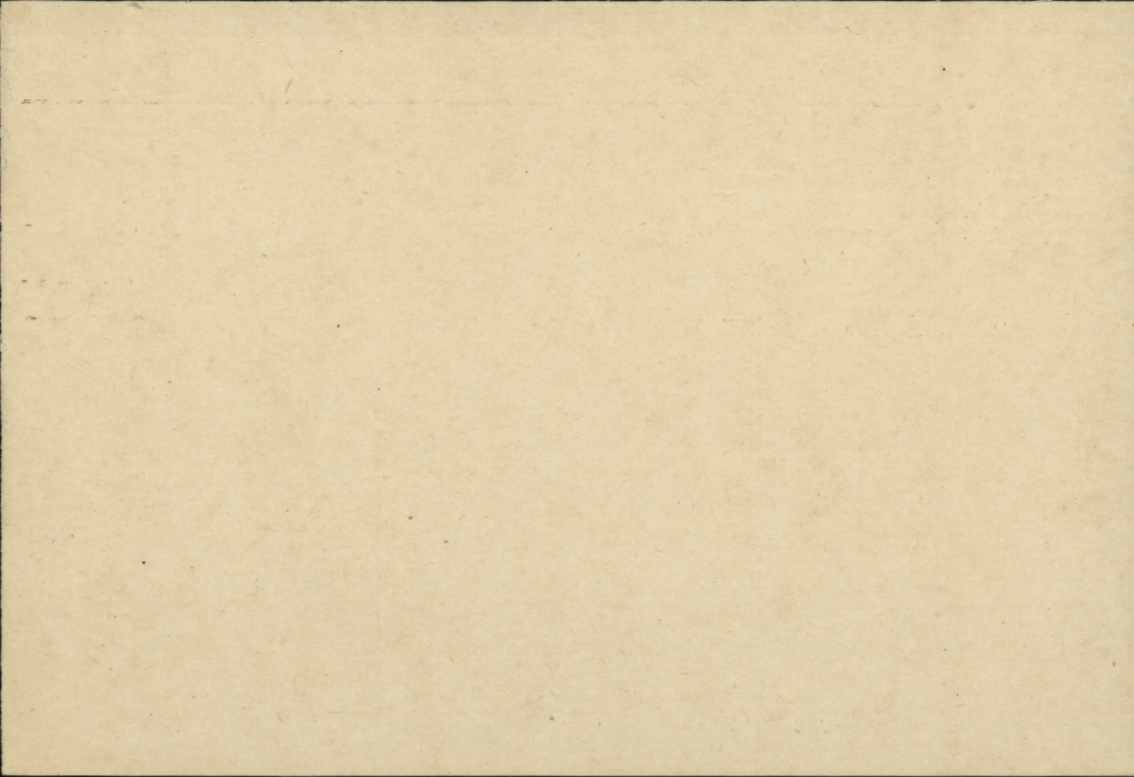
NAME *Smith A. R.*

T. O. S. *19/6/18*
(D.O. 171) of 20/6/18

UNIT *9th Overseas Siege Battery*

M. D. *6*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1918</i> <i>June 19</i>	<i>1918</i> <i>June 30</i>	<i>m.</i>		



NAME *Alexander Russell Smith*
REGIMENTAL NO. *2100415* RANK *Gunner a/Bdr*
ENLISTED AT *St. John, V. I.* PROMOTIONS, &c.
AND DATE
DATE *1916-18* *a/Bdr 23-7-18*
IF SERVED PREVIOUSLY. STATE UNIT, &c. *No.*

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY \$ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	No.	DATE	
Admitted to	8	15-10-18	Quarantine
Discharged	15	21-10-18	Do
Admitted to	15	21-10-18	Hospital, M. H.
Discharged	35	11-11-18	Do.
Discharged	64	10-12-18	R. O. # 1328

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 2100715 Rank A/ Bdr. Name Smith, Alexander Russell
 Corps # 7 Artillery Depot, R.C.G.A. who was Discharged
 On 10/12/18 191... to 1/12/18 191...
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/12/18 191... to 10/12/18 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	15	59
Advances by Cheques } No.			Reg'tl. Pay <u>10</u> days at \$ <u>1</u> <u>00</u>	10	
Assigned Pay and Sep'n Allee. No.			Field Allow. <u>10</u> days at \$ <u>10</u>	1	00
Other charges <u>0 512</u>	7	11	Separation Allowance* (Monthly)		
Payment on transfer or discharge No. <u>603</u>	54	48	Other Allowances*		
Bal. Cr. (to be paid by the new unit)			Other Credits* <u>Clothing Allow.</u>	35	
Total	61	59	Bal. Dr. (to be deducted by new unit)		
			Total	61	59

*Give particulars.

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

Out Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment 19/6/18
 (2) if married and if a Separation Allowance Card has been submitted NIL
 (3) cause of discharge Demobilization authority R.O. #1328
 (4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date 10/12/18
 Place Partridge Island, N.B.

J. L. Thomson
 for A/ C. R. C. A. Major.
 Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster, triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form is to be used for all ranks (Under Articles 122, 123 and 124, Financial Instructions, Service C.E.F. 1915)

Name of the holder of the account: Private, Alexander Russell

Rank: Private

Service No.: 101

The following is a statement of the account of the above named person, the inclusive date of transfer or discharge: 1915

Balance of previous month									
Regt. Pay	10								
Field Allow.	10								
Separation Allowance (Monthly)									
Other Allowances									
Other Credits									
Bal. Dr. (to be debited by new unit)									
Total									

Give particulars

(1) If the amount to be paid is not the full amount of the account, state the amount of the account and the amount paid.

(2) If the amount to be paid is not the full amount of the account, state the amount of the account and the amount paid.

On Transfer of an Officer

Rank of holder of the account: Private

Service No.: 101

State (1) date of discharge

(2) date of discharge

(3) date of discharge

(4) date of discharge

(5) date of discharge

Original copy to accompany the original last pay certificate

For a complete explanation of the statement of account and form to be a correct copy of the Pay List of the Unit

If a man of another rank is entitled to this money, the original copy of the last pay certificate will be made out in quadruplicate and the original copy will be forwarded with the original copy of the last pay certificate to the paymaster of the unit.

If a man of another rank is entitled to this money, the original copy of the last pay certificate will be made out in quadruplicate and the original copy will be forwarded with the original copy of the last pay certificate to the paymaster of the unit.

M. W. 111

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT.....

Reg.

NAME OF SOLDIER.....

A.R.

REGIMENT.....

Proq Signal Battery

RANK.....

Quartermaster

No.

2100715.



INSTRUCTIONS

- On examination the condition of patient's mouth to be marked on diagram in red ink.
- 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:

- Condition on examination (in red).
- Condition on leaving Canada.
- Condition on discharge.

Condition on first Examination	Date	Amalgam Temporary Filling (a) G. P. (b) Cement Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhosa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
										U	L	P			Gold	Porcelain				
	<i>14/8</i>								<i>1/30</i>											
	<i>July 11.</i>	<i>2, 3, 4. 5, 13, 14. 15, 16, 18. 19, 20, 29. 31</i>																<i>Expam. by A. H. L. Shaw 7</i>		<i>op. 31.</i>
	<i>July 11.</i>	<i>31</i>																<i>A. H. L. Shaw 7</i>		<i>Completed,</i>
	<i>Dec. 6</i>	<i>Discharge</i>																<i>L. P. Dawson 7</i>		<i>Incomplete</i>

Handwritten notes in the top right corner, possibly including the number '10' and some illegible characters.



Vertical handwritten notes on the right edge of the page, including the number '10' and other illegible characters.

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

Casualty Form—Active Service.

#9 OVERSEAS SIEGE BATTERY, C. E. F.

Unit, Regiment or Corps.....

Regimental No. 2100715 Rank Gunner Name Alexander Russel SmithEnlisted (a) 19-6-18 Terms of Service (a) C.E.F. Service reckons from (a) 19-6-18

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) Bank Clerk

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				
		a/Bombardier	St. John, N.B.	23-7-18	D.O. #204, Part 2, 23-7-18
		Discharged on Demobilization R.O. #1328	St. John, N.B.	10-12-18	D.O. Part 2, #64 10-12-18

F. W. Watson.....Major.
C. R. C. A. No. 7 Artillery Depot.

Casualty Form—Active Service

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				

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 Gunner Name Alexander Russell Surname Smith

Unit or corps #7 Artillery Depot OS (If a soldier) Regtl. No. 2100715

Born at Shediac, N. B. on (date) April 10th, 1899

Signature (for identification)

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

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

Weight 150 lbs. Colour of eyes Hazel

Height 5 ft 8 in. Identification Marks

2. NUTRITION AND DIATHESIS? Good

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

3. NERVOUS SYSTEM? Is there a history of previous disability? No

4. RESPIRATORY SYSTEM? Is there a history of lung trouble? No

5. HEART? BP 112/70

Abnormal Sounds? Normal

Abnormal Size? Normal

Pulse Rate? 72 Intermittence or Irregularity? Normal Muscular Tone? Good

6. ARTERIES - (a) Any hardening or nodulation? No (b) Blood Pressure. 112/70

7. DIGESTIVE SYSTEM? Condition of teeth and tonsils to be included. Good

8. GENITO-URINARY SYSTEM?

Urinalysis - S.G.? 1020 Reaction? Acid

Albumen? Neg Sugar? Neg

9. SKIN, MIDDLE EAR, EYE or any other part? Normal

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 St. John, N. B.

Signed

[Signature]

M.O.

Date November 21st, 1918

Signed

[Signature]

M.O.

Signature of soldier

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, 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.W. 129
7-17

CASE HISTORY SHEET.

Military Hospital. St. John, N.B. Station
No. 2100715 Rank Bdr. Name Smith, Alexander Age 19
Unit 7th Art. Depot Completed years of service _____ Where and how long Canada 4/2
Date of admission 21-10-18 Date of discharge 31-10-18 Transfer
Diagnosis Influenza Place of origin _____

CONDITION ON ADMISSION AND PROGRESS OF CASE.

21.10.18 - Complaint of headache
backache, cold in head & chest -
Weakness.
Exam. neg.
22.10.18. Feels better
23.10.18. Sleep normal. Fully conv.
28.10.18. Transferred to Pitt St.
Hospital.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

None

CONDITION ON DISCHARGE

(and disposal made of case.)

P
Recommended for a few day leave

Date 31-10-18

E. H. M. M. M.
Medical Officer i/c case.

7

From

Presented for a few days

Page 5

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 7th Artillery Depat.

Hospital Station St. Johns Det.

No. 2100710 Rank and Name Bdr. Smith, Alexander Age 19 Service 7/12

Disease _____ Date of Admission 21-10-18 Date of Discharge 31-11-18 Result good Case Book _____ Folio _____

Dates of Observation	21		22		23		24		25		26		27		28		29		30																			
	TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME	
Days of Disease																																						
Temperature Fahrenheit	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.		
107°	8	6																																				
106°	8	6																																				
105°	8	6																																				
104°	8	6																																				
103°	8	6																																				
102°	8	6																																				
101°	8	6																																				
100°	8	6																																				
99°	8	6																																				
98°	8	6																																				
97°	8	6																																				
Pulse per Minute	58	80	65	64	60	60	56	60	68	52	58	72	70																									
Respirations per Minute	20	20	18	18	20	18	18	20	20	18	18	20	15																									
Motions		1		0	1	1	1	1	1	1	1	1	1																									

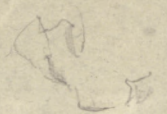
Signature Earl M. Mason In charge of case.

CLINICAL CHART

Hospital Station

Room

Case No.



Rank and Grade

Date of Admission

Case

Diagnosis

Physician

Attending

Resident

101

102

103

104

105

106

107

108

109

110

111

112

Handwritten notes and scribbles in the bottom right corner, including some illegible characters and a small diagram.

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 Smith Christian name Alexander Russell
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 7.2
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street and number, if any) Shediac Westmorland NB

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 20 day of June 1918, by the undersigned medical board sitting at Battery Point Camp St John NB

5. Age as stated 19 Years 2 Months. 6. Apparent age 19 Years Months
 7. Height 5 Feet 7 Inches. 8. Weight 135 Pounds.

9. Chest measurement { Minimum 32 Ins. 10. Complexion Light { Eyes Blue
 Maximum 36 Ins. { Hair Dark Brown

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

13. Number of vaccination marks { Right arm 14. When vaccinated last Childhood
 Left arm 1 and two on Right leg.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease
Mole on Left thigh

16. Slight defects but not sufficient to cause rejection Nil

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

17. (a) Vision R. 20 20 L. 20 20
 (b) Hearing. R. Normal L. Normal

W. S. Ashe President.
 Member. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>20.6.18</u>	<u>good</u>	<u>W. S. Ashe</u>	<u>20.6.18</u>		<u>W. S. Ashe</u> M.O.
			<u>25.6.18</u>		<u>W. S. Ashe</u> M.O.
			<u>15.7.18</u>		<u>W. S. Ashe</u> M.O.

Joined 19 day of June 1918 at St John NB

CORPS	REG'TL NUMBER	HABITS	DATE
#9 OVERSEAS SIEGE BATTERY, C. E. F.	<u>2100715</u>		<u>19.6.18</u>
Joined on enlistment			
Transferred to.....			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N. B.—This sheet is 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.

Signature of Man

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 2100715 (Rank) Gunner

Name (in full) Alexander Russell Smith enlisted in
the 9th Siege Battery

CANADIAN EXPEDITIONARY FORCE at St. John, N. B. on the 19th
day of June, 1918 19

HE served in #9 Siege Battery, C.E.F., & #7 Artillery Depot, R.C.G.A.
and is now discharged from the service by reason of Demobilization, R. O. #1323

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

Age 19 yrs. 8 mos.

Height 5 ft. 8 in.

Complexion Light

Eyes Hazel

Hair Dark Brown

Alexander Russel Smith
Signature of Soldier

Marks or Scars

NIL

Date of Discharge December 10, 1918

Signed at St. John, N. B. this 10th day of December, 1918 19

in Military District No. 7

File Reference No. _____

Issuing Officer

Major.

C. R. C. A. No. 7 Artillery Depot.
Rank

Appointment

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. 2100715 (Rank) Gunner Name Alexander Russel Smith

Unit #7 Artillery Depot, R.C.G.A.

Address on Discharge Shediac, N. B.

Character and Conduct Very Good

Former Occupation Bank Clerk

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at St. John, N. B. this 10th day of December, 1918 19

P. W. Wetmore

Name of Officer Major

C. R. C. A. No. 7 Artillery Depot.

Rank

Appointment

This space to be for numbers.

Proceedings on Discharge.



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

No.	2100715
Rank	Gunner
Name	Alexander Russel Smith
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	#7 Artillery Depot, R.C.G.A
Date of Discharge	December 10, 1918
Place of Discharge	Partridge Island, St. John, N. B.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....19.....years.....8.....months.
 Height.....5.....feet.....8.....inches.
 Complexion Light
 Eyes Hazel
 Hair Dark Brown
 Trade Bank Clerk
 Intended place of residence } Shediac, N. B.
(To be given as fully as practicable.)

Descriptive Marks

NIL

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

Demobilization, Routine Order, #1328, Dated 18-11-18

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Very Good

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

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

Bank Clerk

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

NIL

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

6. Medals and Decorations.....

NIL

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) St. John, N. B.

J. B. DeMore

..... Major.
C. R. C. A. No. 7 Artillery Depot.
Commanding

(Date) December 10, 1918

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) St. John, N. B. *Alexander B Smith* (Signature of Soldier.)

(Date) December 10, 1918 *J. W. Dawson* (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.

Alexander B Smith (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

10-12-18

174

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

11. Confirmation of Discharge.

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

(Place) St. John, N. B.

J. B. DeMore

..... Major.
C. R. C. A. No. 7 Artillery Depot.
(Signature)

(Date) December 10, 1918

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.

Alexander B. Smith Soldier

WITNESS:

G. W. Rawlton

Enlisted in #9 Siege Battery, C. E. F. June 19th, 1918

Tranferred to #7 Artillery Depot, R.C.G.A. October 8, 1918

Discharged from #7 Artillery Depot, R.C.G.A. December 10, 1918

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="margin-left: 40px;">(a) Proceedings on Discharge.</p> <p style="margin-left: 40px;">(b) Attestation.</p> <p style="margin-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 7th Artillery Depot.

Hospital Station St. John, Neb.

No 2100715 Rank and Name Bdr. Smith, Alexander Age 19 Service 4/12

Disease _____ Date of Admission 2/10/18 Date of Discharge 3-10-18 Result good Case Book _____ Folio _____

Dates of Observation	21		22		23		24		25		26		27		28																									
	Days of Disease																																							
Temperature Fahrenheit	TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME			
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.				
107°	.8	.6	.4	.2
106°	.8	.6	.4	.2
105°	.8	.6	.4	.2
104°	.8	.6	.4	.2
103°	.8	.6	.4	.2
102°	.8	.6	.4	.2
101°	.8	.6	.4	.2
100°	.8	.6	.4	.2
99°	.8	.6	.4	.2
98°	.8	.6	.4	.2
97°	.8	.6	.4	.2
Pulse per Minute	88	80	68	64	60	56	60	68	68	72	72																													
Respirations per Minute	20	20	18	15	20	18	18	20	18	18	20																													
Motions	1		0	1	1	1	1																																	

Signature E. C. ... In charge of case.

CASE HISTORY SHEET.

St. John Military Hospital. St. John N.B. Station.
No. 2100715 Rank Bdr. Name Smith, Alexander Age 19
Unit 4th Art. Depot Completed years of service Canada 4/12 ^{Where and how long}
Date of admission 21-10-18 Date of discharge 31-10-18
Diagnosis Influenza Place of origin St. John N.B.

CONDITION ON ADMISSION AND PROGRESS OF CASE

21-10-18 Complains of headache, backache, cold in head and chest, weakness. Exam. negative.
22-10-18 Feels better.
23-10-18 Temp. normal. Feels good.
28-10-18 Transferred to Pitt St. Hosp.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

None.

CONDITION ON DISCHARGE

(and disposal made of case.)

Recommended a few days leave.

Date 31-10-18

E. Thomas Major
Medical Officer i/c case.

14023

CASE HISTORY SHEET

1
2
3
4
5