ATTESTATION PAPER.

No. Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

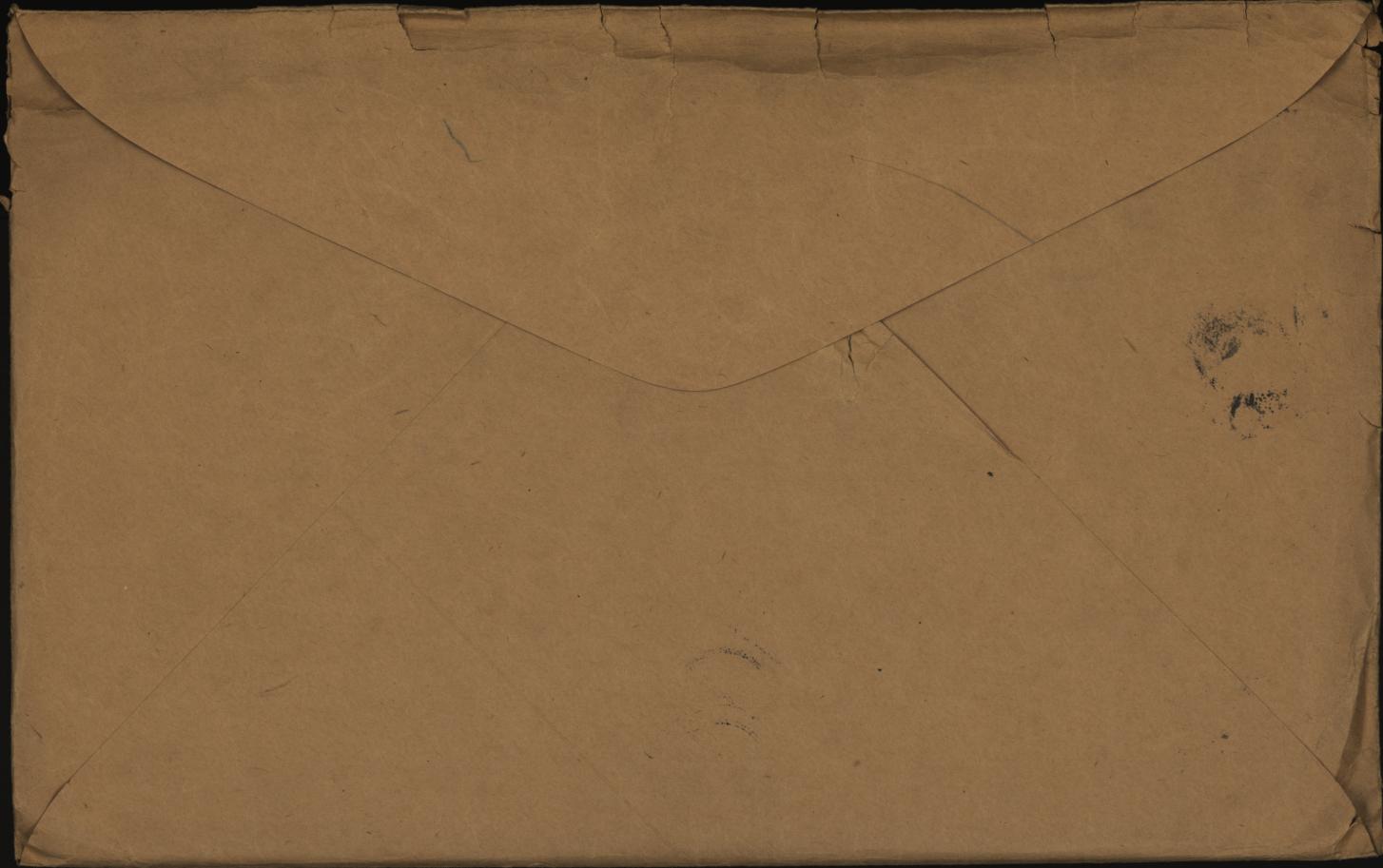
#### QUESTIONS TO BE PUT BEFORE ATTESTATION.

		1 1 1 1 1 1 1
1.	What is your name?	Lucton William Dwythe
2.	In what Town, Township or Parish, and in what Country were you born?	alder burch on bra. Luffolk
3.	What is the name of your next-of-kin?	Roger ywyn Lunthe:
4.	What is the address of your next-of-kin?	35 Glusse ars. Loutham
5.	What is the date of your birth?	Jan 28. 18)2.
6.	What is your Trade or Calling?	Storkuper
7.	Are you married?	Lo.
8.	Are you willing to be vaccinated or re-	
	vaccinated?	ys.
9.	Do you now belong to the Active Militia?	1400
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	1 yrs.
11.	Do you understand the nature and terms of your engagement?	yrs,
12.	Are you willing to be attested to serve in the)	ys.
	Canadian Over-Seas Expeditionary Force?	Pulsti N. mustie: (Signature of Man).
		1 1 1.00 /201
		7.1. (Signature of Witness).
	DECLARATION TO BE MADE	BY MAN ON ATTESTATION.
		do solemnly declare that the above answers
to better	de by the to the above questions are true, and the and I hereby engage and agree to serve in the attached to any arm of the service therein, for ween Great Britain and Germany should that was termination of that war provided His Majes	that I am willing to fulfil the engagements by me now the Canadian Over-Seas Expeditionary Force, and the term of one year, or during the war now existing a last longer than one year, and for six months after sty should so long require my services, or until legally
disc	charged.	on W. Sun the (Signature of Recruit)
		6 1 01 111
Dat	e 12 Stp 1914. 1914.	A Plauvell (Signature of Witness)
78.	OATH TO BE TAKEN BY	MAN ON ATTESTATION.
	/	*
in o	r true Allegiance to His Majesty King George t Juty bound honestly and faithfully defend His Ma	
	Jones !	M. Ymy Hu (Signature of Recruit)
Da	to 2 / Supl 1914. 1914.	(Signature of Witness)
	CERTIFICATE (	OF MAGISTRATE.
que	estions he would be liable to be punished as provide.  The above questions were then read to the Re	ecruit in my presence.
du	y entered as replied to, and the said Recruit has	uestion, and that his answer to each question has been made and signed the declaration and taken the oath
	ore me, at Aleartin this	3/
		Country (Signature of Justice)
		Corpy (Signature of Justice)
	I certify that the above is a true copy of the A	Attestation of the above-named Recruit.  (Approving Officer)
100	M.—8-14.	Lh. coe, oe 10 12 Bu

103 rokeg. Description of Lnythe L. W. on Enlistment. Apparent Age 42 years 6 months. Distinctive marks, and marks indicating congenital (To be determined according to the instructions given in the Regulations for Army Medical Services.) 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). between 1 finger Height 5 ft. 5 ins. on left hand. Girth when fully expanded ins. Complexion medium Eyes Field Hair D. Brown Church of England Presbyterian ..... Wesleyan..... Baptist or Congregationalist. Other Protestants....(Denomination to be stated.) Roman Catholic..... Jewish ..... 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

tree use of his joints and filmos, and he declares that he is not subject to his of any description.
I consider him*for the Canadian Over-Seas Expeditionary Force.
Date 5-9 1914. Maskey
Place Valcarties / Maj. Carr.  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:—
the state of the s
CERTIFICATE OF OFFICER COMMANDING UNIT.
A M. Surettee 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 of Office)
(Signature of Officer)
Du SIAT 2 6/01/ 1014 1)

30.8.19. SMYTHE feuton Wright, NO. 20379. UNIT 10 th Bu. H. Q. FILE NO. M. F. W. 2505 NON-EFFECTIVE BY CONTENTS TO WHOM FORWARDED DATE FORWARDED DATE RECEIVED REFERENCE DEATH ATTESTATION PAPER (M.F.W. 23, 133, or 51) Category 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) DISCHARGE MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) DENTAL HISTORY SHEET (M.F.B. 465) Category 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) DESERTION DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) LAST PAY CERTIFICATE (M.F.W. 44) PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) 32374 PARTICULARS OF CHARACTER (A.F.W. 3226) COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)



SURNAME. Smuthe	M. 10 CARD NO.
CHRISTIAN NAMES Linton William	FOLL.
REGL. NO. 20379 RANK Pte.	
UNIT 10 th	Bn.
FORMER CORPS 31 st Horse	
	CHANGE OF ADDRESS
NAMES IN FULL & muthe, Roger, George	ms. a. J. Smythe
RELATIONSHIP TO SOLDER Brother	4. P. C. Brando
NEXT OF KIN.  NAMES IN FULL & muthe, Roger, George  RELATIONSHIP TO SOLDER Brother  ADDRESS 35 Lumsden Qve., & outhampton,	Man.
Cona	
	Da.a. p 19-8-19)
PLACE OF ATTESTATION Valcartier, P. G. DATE	Jan 2 8th/872
PLACE OF ATTESTATION Valcartier, P. G. DATE	Dep 26th 1914
m/6.18-7-	19. 37.4 (pte)
L. L. 94504. M. & D. 6512. M. F. W. 22. 250	ом.—2-16. H. Q. 1772-39-339.

From Quebec per Is Skandinarian 4-10-14

MARRIED SINGLE YES WIDOWER Outh 10,

TRADE OR CALLING Storekelper REGION Mot stated APPARENT AGE 42 YEARS 6 MONTHS
HEIGHT 5 FEET 53/4 INCHES CHEST MEASUREMENT 35 INCHES EXPANSION 3 INCHES

COMPLEXION Medium EYES Grey HAIR D. Brown

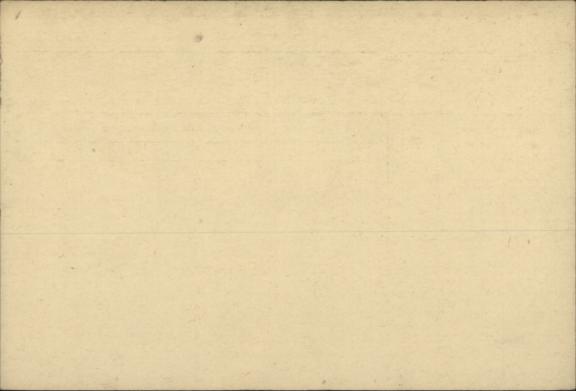
DISTINGUISHING MARKS Scar between 1st junger and

thumb on b. hand. MEDICAL EXAMINATION. PLACE Valcartier, P. G. DATE Sep 5th 1914 Present address not stated

Number .. 20.3.7.9 ... Rank surname S.M.Y.T.H.E. Christian Names. Linton Hille Unit. 10 the Can del Theatre of War ... F. 19 Dates of Service.... author de Vile 11-2 21 Latest Address .... MANOR A 900 Bundon man. Roll No.

17861 MAY 4 - 1921 17361 5 3 7 31 o Delp Mothing in 15 = 2 moore Paile, main.

No. 20379 RANK Pte. NAME Smythe L. UNIT 103 rd. Regt. Calgary Rifles. T.O.S. M. D. 13 PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PAID PAID SIG CR TO REC'T FROM PARTICULARS AUTHORITY ang 14 ang 25. L now shown on 10 th Bn payles 10 this Sept paylist. Oct. 31. UNIT SAILED



# 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.

	20379 Rank Re Surname Smythe  (Given name in full)  Linkon Birthplace Great Yarmouth Luff.
	(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)
I.	Physique Level Weight 14/ lbs. Height 5.ft. 5.in. Colour of Eyes Ley
	Pulse Give cause and date of origin).  Condition of arteries Seft Condition
	Vision Rt. Left b. chumb & inclex forget
	Hearing (conversational voice) Rt. ?ft.  Left. 2/ft.
Opi	nion as to general health and physical condition
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
	Special Senses
197	Disturbance of Mentality Muscular System Digestive System
	Osseous and Joint System A. Any other general condition
3.	If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

# **EXAMINATIONS**

THIS SECTION FOR USE OVERSEAS—
Examined at
Date 7.3, 19 Signed & House M.C.
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.
(If not satisfied, M.F.B. 227 will be completed by Medical Board.)
THIS SECTION FOR USE IN CANADA—
Examined at
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 a granded and

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

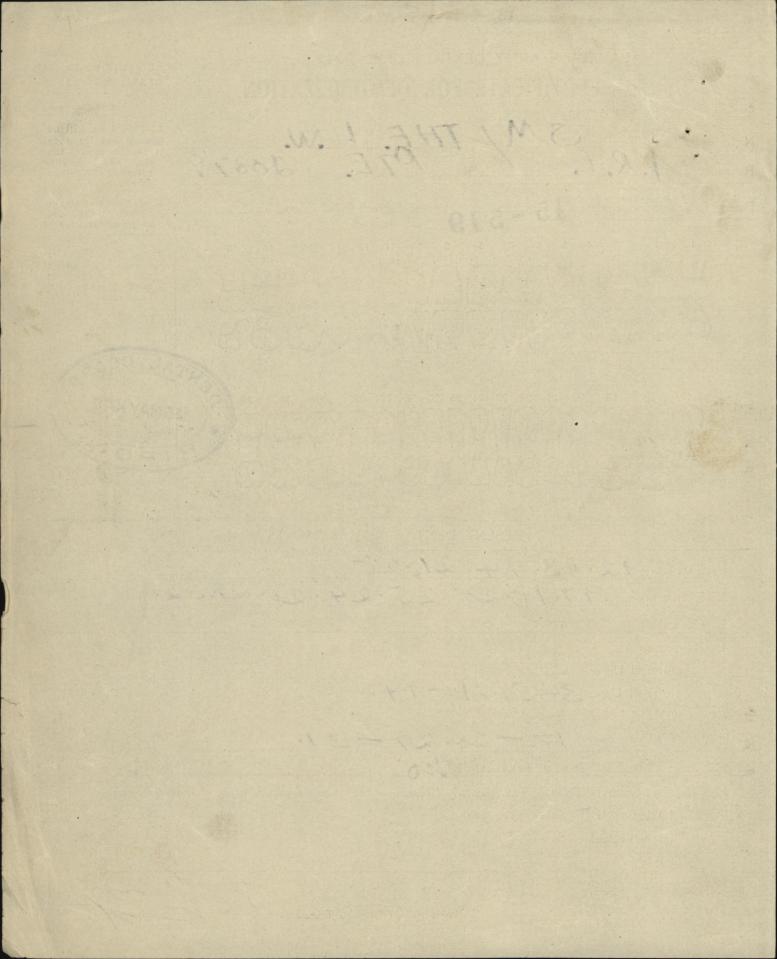
#### CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DIRECTIONS TO

### DENTAL CERTIFICATE FOR DEMOBILIZATION

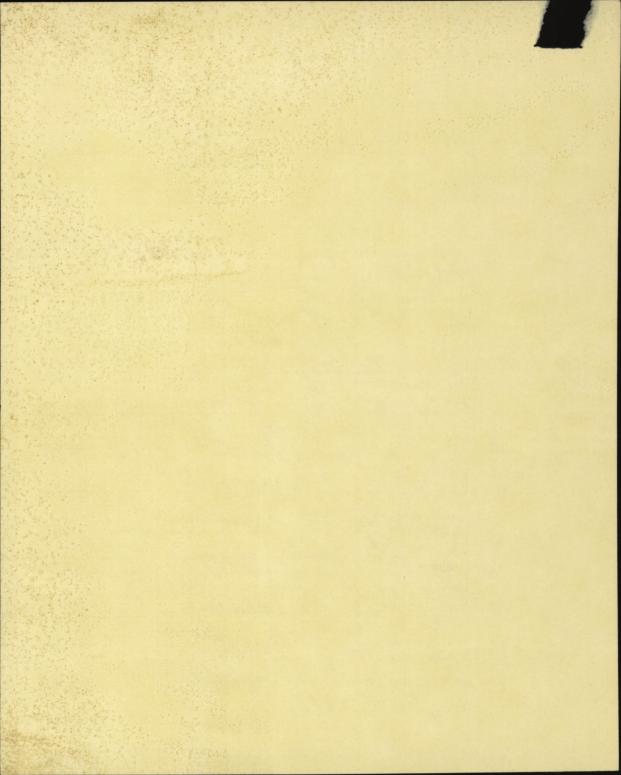
DENTAL OFFICERS Canadian Printing and Stationery Services, London 1. This form will be NAME OF SOLDIER (Block Letters) made out for each Individual at the time of Demobili-REGIMENT. zation in England or France. Figures as per Date of Examination in England Date of Examination in France. chart will be used to designate teeth concerned. 10 12 13 16 In reference to Partial Dentures the numbers of teeth thereon wil' be stated QENTAI 21 22 23 24 25 26 32 15MAY19 PRESENT DENTAL REQUIREMENTS 1. FILLINGS .24.26.29.32. 2. EXTRACTIONS 3. CROWNS 4. Dentures (a) Full Upper (b) Part Upper 3-5, 11-14. (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

Signature of Dental Officer.



Smythe

Perforated sheet for Will from Pay Book of Reg. No. 20379 Name Just the LA ana weeks. In the went of my death I give the whole of wife Wi and effects to my my the . 40 Galeyon Prad newton about Burnshire ongland and Signature of section to Kings Rank and Regt. Vergle 15 Date Jan 1 1917.



#### CANADIAN EXPEDITIONARY FORCE

#### DISCHARGE CERTIFICATE

255042

War Service Badge

	Class "A" No.
THIS IS TO CERTIFY that No. 203	01400
Name (in full) Linton, Will	iam, I mithe enlisted in
the 10th Battalion	
CANADIAN EXPEDITIONARY FORCE at	alcartier on the 22 ha
day of September 19/4	
HE served in France Wi	th 10 th Battalian
	Demobilization.
and is now discharged from the service by reason	on of Medical Unfitness.
THE DESCRIPTION OF THIS SOLDIER on the	ne DATE below is as follows:
Age 47 years 3 months	Marks or Scars
Height 5 ft 5 3 ins	Sear between thumk
Complexion Medium	tinder finger.
Eyes Gren	
Hair Dark Brown	
LW Vinythe	6 200 1
Signature of Soldier	eyyluid
Date of Discharge	Issuing Officer Can T
24-7-19	Rank
24	
	Date <u>/8 - 7 - 19</u> 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

# CANADIAN EXPEDITIONARY FORCE

#### DISCHARGE CERTIFICATE

The second of th	
	THIS IS TO CERTIFY BOX NO. N. N.
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	the contract of the second of the second
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Medical Vallages	and is now discharged from the service by reason
	the state of the s
DATE below is as follows:	THE DESCRIPTION OF THIS SOLDIER on IS
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	Complexion W. M. D. S. S.
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	robbits in continues
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N.B. As no depirate of this Ostfidger will be usual, and person indian same is requested to forward it in an amplemental forestone to the Secretary Militia Cornell, Ottown Consider

Casualty Form-Active Service.

Regiment or Corps 10 H Ba

Army Form B. 103.

aperTerms of Service (a) one year Service reckons from (a) 2 Date of promotion to Date of appointment) Numerical position on) present rank to lance rank roll of N.C.Os. Extended. Re-engaged Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as			Remarks		
Date	From whom received	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	taken from Army Form B. 218, Army Form A. 36, or other official documents.		
25/9/15	0.C.10th Ball.	Leave of abrence.	England.	2/9/15	B213.		
2/10/15	do.	Reported to Unit	Fuld	29/9/15	B213		
1/8/16	100 Bm.	To Ado Guard	do	618/16	B-213		
6.1.1%	O/c Unil	Returned from leave	England Field	31/12/16	B213 Part 2 Graders "4/10 B213		
0.4.18.	2 ms Bole		offices		B. 213		
9.4.18	aas.	S.o. S. 10th Br on transfer 2nd C. J. Bele,	EN.9.		K. Z. 27845. PAIDO, 45 1918		
9.4.18	"	T. O. S. 2nd Cdn. Inf. Bde H. Du to Orderly Officer Capt Ives	sasbatman	30.4.18	K.E. 27845 Pt. II 914 d/10-5-1		
.10.18.	2 Bde.	1.0. S. to 6 th Bde. 10	Batman		B213.		
2.18.		to last tous.	k.	21.12.10	B 213 \$100.1		
119.	4	From Jean.	A	13.1.19	B 213.		

<sup>(</sup>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			Remarks		
	Date	From whom received	reported on Army Form B. 213, Army Form A. 86, or in other official documents. The authority to be quoted in each case.	Place	Date	taken from Army Form B. 213, Army Form A. 36, or other official documents.		
			S.O. S. 26 S. Bell. to 6			7203		
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# (SERVICE AND CASUALTY FORM Part II).

Regiment or Corps_							ental Number 20379			
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		*Acting R	2	il.						
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			(A)	(B)	(B) Record of promotions, appointments, redu			eductions. (D) (E) Date of		
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(A) Report		(B)	Record of promotions, appointments, reductions.	(D)	(E) Date of	(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	promotion, reduction. reversion, casualty, &c.	Remarks, and initials and rank of an officer	
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EVELANS

## (SERVICE AND CASUALTY FORM Part II).

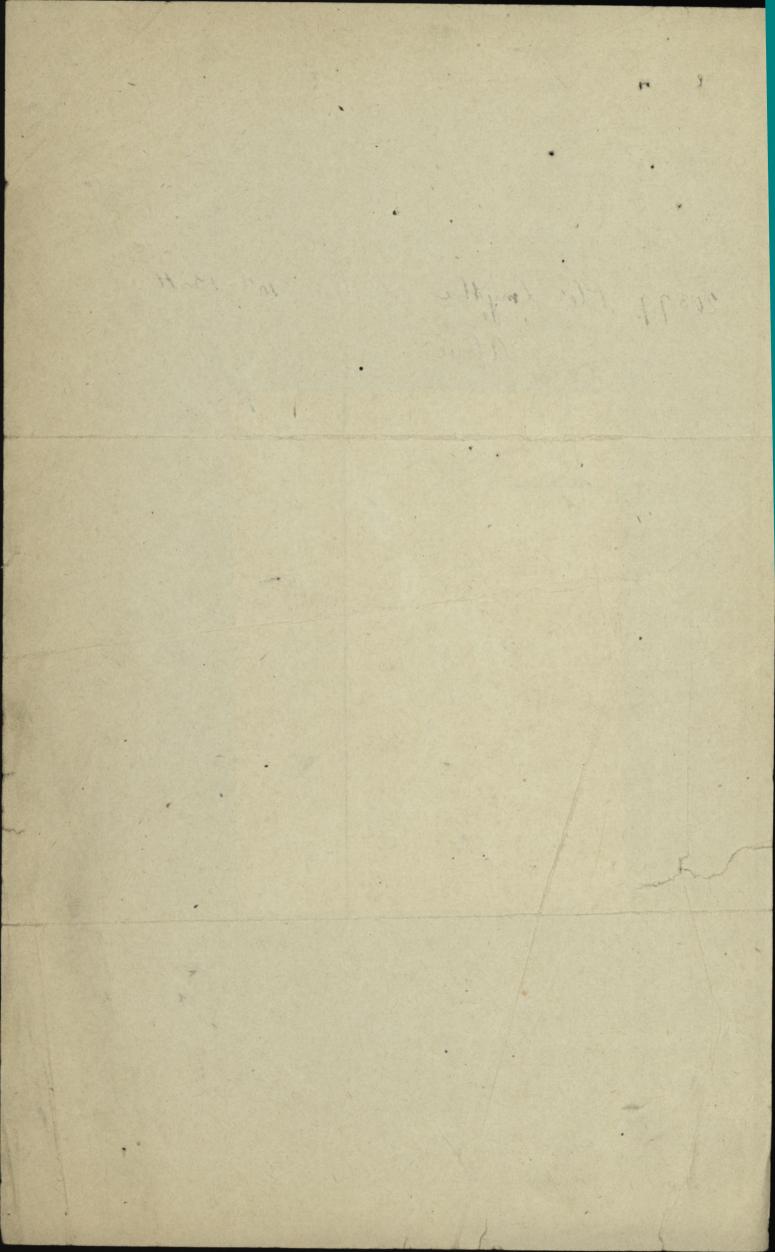
Regiment or Corps	10 73nc	Regimental	Number 203	79
*Substantative Rank	E Surname mys	Christian Names_	2710	
*Acting Rank				

/\* To be entered in pencil to facilitate alteration.) (D) 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. Copps and unit to which transferred and posted to be invariably named. Date of Report promotion, Remarks, and initials and rank Authority of Part II. of Orders Place of reduction. casualty From whom reversion, of an officer Date. W.P.Co.3973. received casualty, &c written in this margin. Ou T. O.I/c RECORDS folded MAGRIA REGIMENTAL DEPOT. To be Attached C.D.D. Buxton for return to Canada, Part, 11 Order No. 117 Ceases to be attached C.D.D. Buxton of proces ng to Canada Part 11 Order No. CANADIAN DISCHARGE DEPOT.

The second second							
	(A)	(B)	Percent of assertion (C)	(D)	(E)	(F)	
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20379. Pli Lmythe Liv. 10th Batt Alive

> dent 26 th 1915. In the event of my death, I give the whole if my property, money, Decarations & Office to to Emelia Jane July the My wife) of 40: Haleyon Road, hewton abbot. Swonshire. Bugland (Signature) Lucion W. Viny the: Resimutal Kumber 20379 10 # Bathalion 13-12 la Love D. Company. Lee Later hard d. 1.1.17 14 Canadian Contingent



#### MILITIA AND DEFENCE

#### SEPARATION ALLOWANCE.

7039

Name Smythe Inves. Omelia. J. Address 40. Haleyon Road, Lewton abbot.

Devonshires

Relation to Soldier

wife, child or mother perfer.

Name of Soldier Smythe Linton. W. J

Regtl. No. 203 49.

Rank Pte.

Corps 10th Batton.

To what Corps belonging

when called out

heur	ton-a	Blot /s	PAYMEN	NTS.
nth	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Marriage Certificate Produced 24 NOV.1915 Procure. 26-9-15
Sept.				· m
Oct.				Engagement established!
Nov.				Engagement established. Permission of O. C. obtained.
Dec.				
Jan.	1915			C
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March				
Apl.				
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March			60	1,000001,011,0

#### MILITIA AND DEFENCE.

# SEPARATION ALLOWANCE.

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Month.	Year.	Cheque No. or Pos Draft Book No.	Amount.	£ Am	ount.	Date.	£s	. d.	REMARKS.						
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Jan.	1917	B 90591	20	1											
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Mar.		*			F	aid	to e	nd c	f January,1917.						
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By whom assigned Smythe, L. W.

Regtl. No. 20379

Rank Oti.

Corps, &c. 10th Batt.

PAYMENTS.

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NAME SMYTHE. Linton William 29247 THE MORTIMER SYSTEMS OTTAWA, CANADA 20379 20379 Regimental No. Name and address of next-of-kin 10th Battalion Roger Gwyn Smythe, Date of enlistment Sept. 22nd, 1914. 35. Lumsden Avenue, Southampton. Place of birth England Married (yes or no) Date and place discharged Amount of pay assigned monthly \$ 150. Reason for discharge Mr. a Smy Le. 40 Haleyon Reprinter on discharge To whom payable Date PAY Field Allowance Voucher Other Cash Assigned Other Total Remarks, Credits Credits Debits Rate No. Date Payments Casualties, etc. Sist 12 (1831 40 1. 40 - 40 10 4-Novi Nova0: 30 1-30 - 30 10 3- 44 50 50 1/12 31/12 31 1-31-31.10 31029-6110 1.3.18.31.3. 31. , 31. 1.515 31. 5 31 , 31 31 , 1.6 15 30 6 30 . 30 30 1.7.15 31.7 31 . 31 5 48 Aug 1 274

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#### SHORT FORM.

#### PROCEEDINGS ON DISCHARGE.

(Demobilization.) Next of Kin. Dige 2.08 Reason for Discharge 8. Proposed Residence after Discharge CERTIFICATE TO BE SIGNED BY SOLDIER. 9. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate Signature of Soldier. CONFIRMATION. 10. The discharge of the above named man is hereby confirmed. Place Date.

Signature.

Discharging Unit.)

Section 3 Commence State



## 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	
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	Section of the sectio
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	THE RESIDENCE OF THE PROPERTY
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1875
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23). or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical distory Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 327 or M.F.W. 129).

3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W.129).
5. Dental Certificate (C.A.D.C. 5009a).
7. Proceedings on Discharge (M.F.B. 122).
8. Discharg: Certificate (M.F.W. 39).
(Enclosed 14. Sheetal envelope (260M).).

9. Copy of Discharge Certificate (M.F.W. 39a).

10. Dispersal Certificate (C.D.3).

11. Equipment Statement Q.M.G. Form (D.O.S. 2).

13. Pay Posts (A.B.64).
15. Sunday Documents (Form M.F.W. 2595),

Date 10 718

DESCRIPTIVE RETURN of a Soldier at present stationed at Free Field
who is desirous of being* transferred posted attached from the 10 36dn; Inf: Batt? Regiment
at In Field to the 2" Gon: Inf. Bryade Regiment
for Corps at for the purpose of Batman to
Orderly Officer.
- Annual Control of the Control of t
Regiment and Battalion 10 Canadian Inf: Battalion.
No. 20379 1 Rank and Name St. I. W. Smy the.
Service towards engagement years months
Date of Attestation 14 th august 1914
Period for which attested Colours Reserve
Age 47 years 90 days. Height 5 feet 5 inches
Chest Measurement { Girth when fully expanded
Range of expansion 36 inches
Trade or Calling Larmer
Where born Aldeburgh-on-Lu County Leffolk England
Married or single, if married, state if with leave.
Certificate of Education
Character
Good conduct badges
Musketry qualification and score
Schools or Courses of Instruction at which the soldier has attended and qualified.  Nature of certificates obtained to be stated
To be signed by a Soldier applying to be transferred.
I request to be transferred as above, and I understand that, if transferred, my conditions of serving modified (if necessary) so as to correspond with the general conditions of service in the corps to w' transferred, in accordance with Section 83 (3) of the Army Act.
Signature of Soldier × & W Very the
To be signed by a Soldier applying to be posted or attached.
I request to be # Lans france as above.
Signature of Soldier
I have examined the above man and find him medically fit for the branch of the service to which it is re
to* to* him.  Signature of Medical Officer
I have no objection to this man being! Lans fred as above. Lapt auto
Signature of applicant's present Commanding Officer
(Station) In Feeld (Date) 16. 4. 1918
I have no objection to this man being! Years ferred as above.
Signature of Officer Commanding applicant's proposed
(Station) In Feele (Date) 15 7 15 8 ) while Staff Safette
Signature of competent authority for transfer
* See King's Regulations. The words which do not apply to be erased, and in the case of the R.A.M.C. it should also be stated whether suited for the duties of the Corps.  ‡ Inse-t "transferred," "posted," or "attached," as the case may be.  [P.T.O.

CERTIFICATE to be rendered in the case of a Non-Commissioned Officer who is to be {posted transferred attached} to the Regular Establishment of any arm of the

Special Reserve or to the Permanent Staff of the Territorial Force, &c.

I certify that

is in every respect competent to undertake and suitable for the duties he will be required to perform as an Instructor in the arm of the Special Reserve or the

Territorial Force to which I recommend he should be  $\begin{cases} posted \\ transferred \\ attached \end{cases}$ 

Officer Commanding,

Place

Date.

### DOCUMENTS TO ACCOMPANY THIS FORM.

In all cases .. .. ..

In cases of tradesmen

In case of Clerks (or of any trade if for Royal Army Medical Corps)

In case of Candidates for Military Police

In case of Candidates for the Military
Provost Staff Corps .....

Copies of Regimental and Company Conduct Sheets.

Certificate of Proficiency on Army Form B. 195 or 195A, as the case may be

Specimen of handwriting and ciphering.

Specimen of handwriting.

Copy of Record of Service on Army Form B. 200.



To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits

	servists enlisting into the Re	20379
0 ./	MEDICAL HISTORY of	
Surnamed my the	Christian Name Lin Lo	in wo
	TABLE I.—GENERAL TABLE.	
Birthplace Parish	ear farmouth County Lu	folk
II	on 21 day of dept	19130
Examined	on 21 day of dept	Luc
Declared Age	43 years	days.
Trade or Occupation	- Stonkerper	
Height	_5 feet, 5 ±	inches.
Weight	140	lbs.
Chest Girth when fully Expanded	365	inches.
Measurement Range of Expansion	2	inches.
Physical Development	Good	
(Arm	Right	Left
Vaccination Marks Number	The second	
When Vaccinated	- Onur	
	{R.E.—V= L.E.—V=	
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previous disease	thunk I hand.	
(7) (III )	(7)	
(b) Slight defects but not sufficient to cause rejec-	(b)	
tion		
Approved by (Signature)		
(Rank)		
(Italia)		Medical Officer.
	WALCARTIER.	
Enlisted	at 22"	Soph 1 1914
	on the day of the grade	and the same and t
Joined on Enlistment	103 Corps. Calgary	Regtl. No.
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(Signature)		AU L
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W. P. GRIFFITH & Sons Ltd., Printers, Old B	Sailey, E.C. Forms Entries in	Red Ink made from

[127] W3298/600 75m 8/14sv 45 59

JUN 16 hors P.T.C

## Table II.—Only for Admissions to Hospital or to the Sick

	-		-	-		-			
Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks
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# ist in the case of Warrant Officers treated in quarters.

bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent rogress, including particulars of treatment out of hospital, transfers, &c., will be given in the becial syphilis case sheet.	Signature of Medical Officer
	<b>国情况等。</b> 图1998年19
	and the second of the state of the second of

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

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Date		Brief details, and signature
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### Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
The state of the state of					
discontinuos processos de la compansión de		ON THE PROPERTY OF THE PROPERT		Sample and Arthur the Sample S	MERCEL SCHOOL SECTION AND AND SECTION ASSESSMENT

Report Record of promotions, reductions, transfers, casualties, etc, during active Place Date REMARKS From whom service. The authority to be quoted Taken from Official Documents Date received in each case. rom Official Documents 10 to 1 2 6 May 5 15 8 4 10

9 2518 CEDRIC REGT. NO. 20379 RANK PLO NAME (IN FULL) SMYTHEL. WM

ORIGINAL UNIT
C.E.F. (SLOCK LETTERS SURNAME FIRST
WHAT UNIT?

(BLOCK LETTERS SURNAME FIRST PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING M. OR S. NEXT OF KI PARTICULARS AUTHORITY PLACE OF ATTESTATION ADDRESS JUL 978 1919 HALIFAX DEPENDENTS ASSIGNED PAY 5 DATE EFFECTIVE IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS G. Koy al Bank of banada RELATIONSHIP TO WHOM PAID ADDRESS STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE HALIFAX JUL 24 1919 DEPENDENTS DISCHARGE DISCHARGED ACQUITTANCE ROLLS PAY AND F.A. CASH PAYMENTS BALANCE TOTAL OTHER ASSIGNED OTHER TOTAL MENTAL CREDITS PAY CREDITS CHARGES DESITS MONTH COL. NO. 1 COL. NO. 2 COL. NO. 3 CHARGES PARTICULARS OR REMARKS DEBIT CREDIT RATE BALANCE FROM PREVIOUS ACCOUNT BAL ENG L P.O. Closhing Allce. 1st payment W.S.G. Advances - Boat - Train A chyd. on Eng. L. P. C. to..... SALDIER OLPENDENT Sa W. S. G. W. S. G. 10 00 183 Days 420 00 180 00 600 00 350 00 180 00 277 80% 70 27/8/19 1227/67 70 168 12282124 50 60 108 lossed at 305-122842 . Wagust 204 80 70 24/9/19 1243 447 pay/ W59 40 30 30 OCT 2 4 1919 1689246 70 30 30 NOV 24 1919 30 Dec 25 GT 80 1824 868 67 80 NIL 25 24 24 NIL 417 80 174 00 600 00 600 00 M. F. W 2596. account blose d 1772-39-1390.

