

ATTESTATION PAPER.

No. 880531

Folio. D

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Smith*
- 1a. What are your Christian names?..... *Crowl*
- 1b. What is your present address?..... *Muskirk Ontario*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Orford Township Ont., Can.*
- 3. What is the name of your next-of-kin?..... *Mrs. Thomas. Whitezel*
- 4. What is the address of your next-of-kin?..... *Highgate Ontario*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
- 5. What is the date of your birth?..... *Mar. 21st. 1894*
- 6. What is your Trade or Calling?..... *habauer*
- 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, *Crowl 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.

Date: *Mar 20* 191*6*. *Crowl Smith* (Signature of Recruit)
C. W. Halstead (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Crowl 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.

Date: *Mar 20* 191*6*. *Crowl Smith* (Signature of Recruit)
C. W. Halstead (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 *Chatham* this *20* day of *March* 191*6*
Reel Smith (Signature of Justice)

Description of Orval Smith on Enlistment.

Apparent Age 22 years 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 6 1/2 ft. ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 3 ins.

Complexion dark

Eyes brown

Hair blonde

Religious denominations. { Church of England
 Presbyterian
 Methodist yes
 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 Apr 16 1916

Place Edmonton D. Mearns 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:—

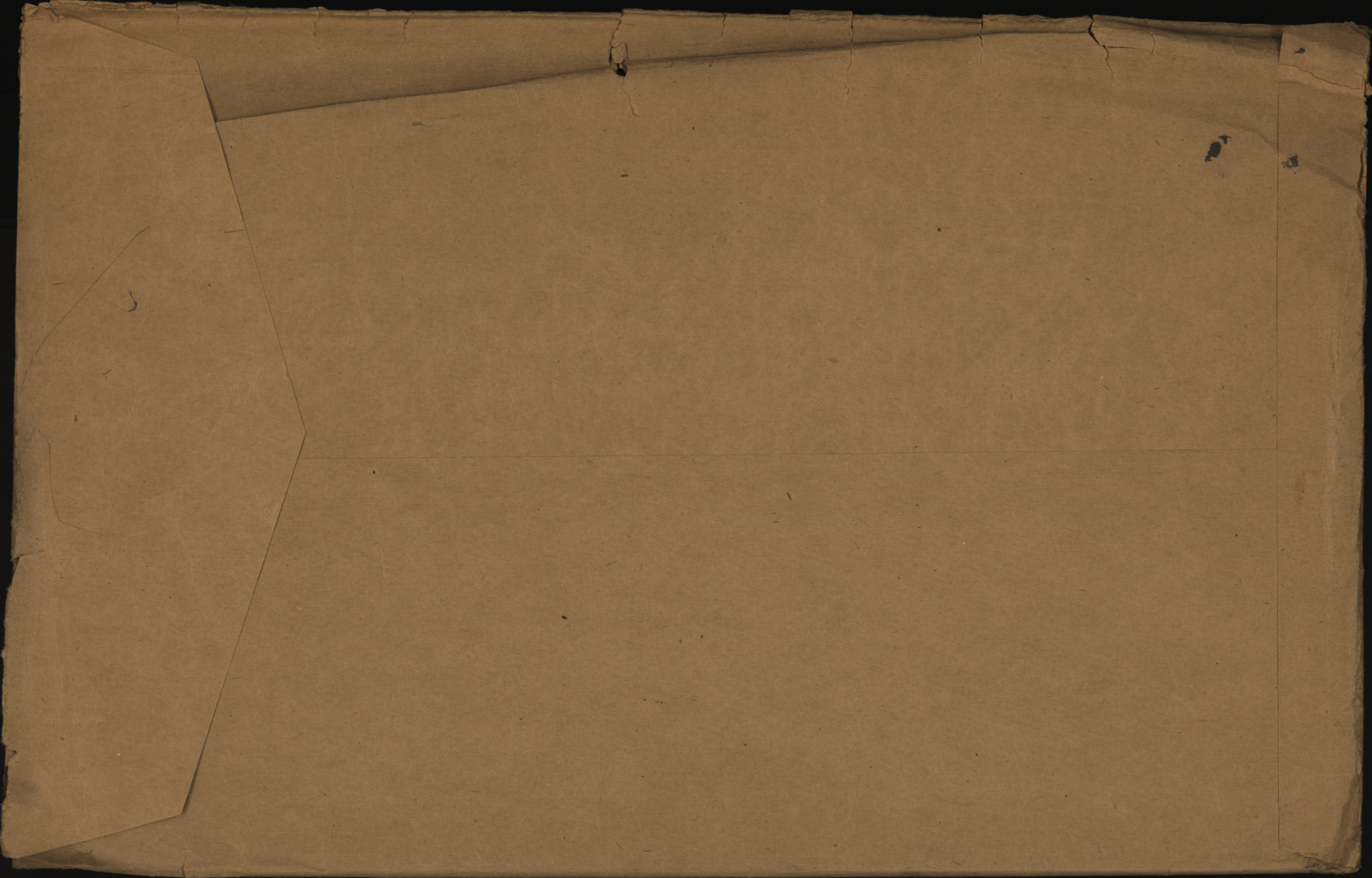
CERTIFICATE OF OFFICER COMMANDING UNIT.

Orval 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.

Neil Smith Lt.-Col. (Signature of Officer)

O.C. 186th Overseas Bn. C.E.F.

Date March 20 1916.



Orval

Name **SMITH.** Rank **Pvt.** Reg. No. **880531.**
 Unit **18th Bn**
 Next of Kin **Canada.** **25-S-4427**

Date	Movement	Place	Casualty	List No.	Notified N/K/O	W.O. List
1917.	<i>capt. 10/11/17.</i>					
11-11	Wounded & Missing Now Reported Prisoner of War at Munster Westphalia (G) Wounded at high Transferred to FRIEDRICHSFELD-BEI- WESEL			R 95	6-49	1201. PTO. 938 1/2
10-12-18	Released. Prisoner of War Now at No 36 Camp. Haver. P. 386			A196	H M	570 CRA 22/4.
				460		W393.

From Halifax Rev. S.S. **Lapland** 28/3/14

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Laborer

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

22

YEARS

MONTHS

HEIGHT

5

FEET

6 1/2

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Blonde

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Ridgetown Ont.

DATE

Mar. 16th 1916.

Present address. —

Muirh, Ont.

C. Pofw Released Arr. Eng. 10-12-18

1
CARD NO.
S.O.S. Dec 27-2-19. I
Desob. FOLL.
Do 57 226-2-19
#100

SURNAME. *Smith*

CHRISTIAN NAMES *Orval.*

REGL. NO. *880531* RANK *pt.*

UNIT *186th.* *Batt.*

FORMER CORPS *mil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Whitezel, Mrs. Thomas.*

RELATIONSHIP TO SOLDIER *mother.*

ADDRESS *Highgate Ont.*

COUNTRY OF BIRTH *Canada, Oxford Twp. Ont.* DATE *Mar. 21st 1894*

PLACE OF ATTESTATION *Chatham Ont.* DATE *Mar. 20th 1916.*

TR/B. 5-2-19 ²⁶²/₂₂. (pte.)

No. 880531 RANK *Rte.*

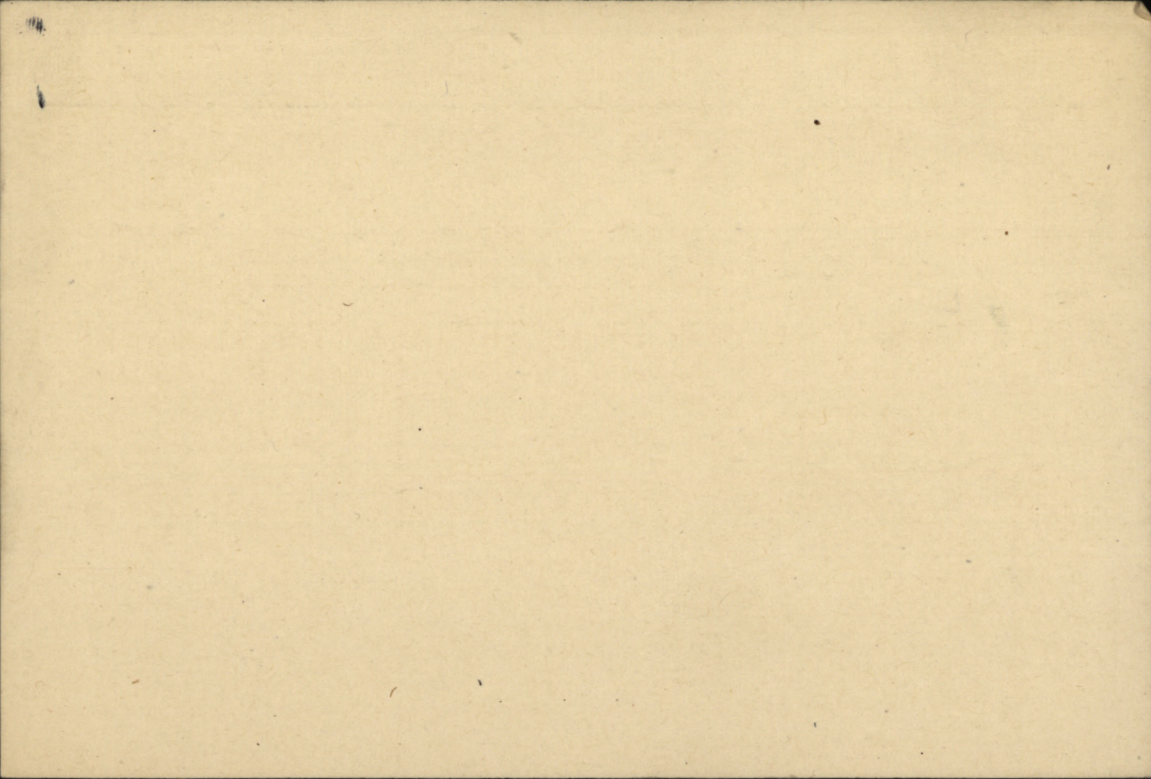
NAME *Smith, Orval*

T. O. S. 20-3-16 (20' 35' 8) UNIT 186th Battalion C. I. F.
 23-3-16

M. D.,

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
<i>Mar. 20th</i>	<i>Mar. 31st</i>	✓		
<i>Apr.</i>		✓		
<i>May</i>		✓		
<i>June</i>		✓		
<i>July</i>		✓		
<i>Aug.</i>		✓		
<i>Sept.</i>		✓		
<i>Oct.</i>		✓		
<i>Nov.</i>		✓		
<i>Dec.</i>		✓		
<i>1917</i>				
<i>Jan.</i>		✓		
<i>Feb.</i>		✓		
<i>Mar.</i>		✓		
<i>Apr. 1</i>	<i>Apr. 7</i>	<i>n. e/p.</i>		

UNIT SAILED
 MAR 28 1917



NAME

Smith Arval,

REGT'L No.

880531

H. Q. FILE No. 649.

RANK AND COPPS

Pte 18th Battn (form 186th Bde)

FOLLOWS
No.

CABLE

NO.

DATE

b.

NATURE OF CASUALTY

FOLLOWS

²⁴⁻³
M 6549

22-12-17

Rept. wounded + missing, Nov 11th 1917
now Prisoner of War Munster⁵⁻²
H 117

25-4-18

prev. Rept prisoner of war munster now

(A 196⁽¹¹⁾)

24-4-18

Fredrichfeld

N.O.K. Mrs Thomas Whitezel, (Mother)
High Gate, Cret.

H 560.

13-12-18

Prev. rept. P. of W. now repat.

6-1

arrived at Ripon England
Dec. 10 th 1918.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

- | LIST No. | HOSPITAL | DATE OF
ADMISSION | REMARKS |
|----------|--------------------------------------------------------------------|----------------------|-------------------|
| A-95 | Reported from Base | 11-11-17 | Wounded & Missing |
| A-95 | Now reported P.O.W.
① at Munster Orestfalia. | 11-11-17. | . |
| B386 | Prev. rep. P.O.W. now released and arrived
at No. 36 Camp Ripon | 10-12-18 | |
| B386 | should read B387. | | |

*Inter
Home*

B

Number *880531* Rank *Pvt*

Surname *SMITH*

Christian Name *Orval*

Units *18th Bu Can Inf* Theatre of War *France*

Date of Service *20-8-17*

Remarks

Latest Address ~~*Highgate Court*~~

50 Alexander Ford City - Essex Co

"B" Roll No.

Page 11751.
200m-2-21.M.

DESP. MAR 4 1922
REGN. No. 4340

Hull 9.

736

Corps.	Unit.	Rank.	Reg. No.	Surname.	Christian Names.
Canadian.	18th Batt.	Pte.	880531.	SMITH.	Oswal.

Date of Capture.	Place Captured.	Last Place of Internment.	Born in the year	Term of Service.	Date of Enlistment.	Married or Single.
10/10/14	Ghus.	Briedruehsfeld	1893.	P.F.	24/3/16	S.

Medical Category.	Address.	Date of Arrival at the Camp.	Date of Departure from the Camp.	Industrial Group.	Trade or Occupation.
A	Maple Leaf Club. Berkley Square London.	9/12/15.	10/12/18	!	Farmer

For Repatriation Overseas after the War.	
Yes.	Hedgegate. Ontario.

London

RIB from to RUA

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

SMITH.

O.

880531.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

W.O. 18.

HOSPITAL

DATE OF ADMISSION

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1

2

3

R.F.B. Wd. & Missing. 11-11-17.

Now rept. P. of War at MUNSTER WESTFALIA.

DISPOSITION *Now Trans. To Friedrichsfeld Bei. Wesel.* DATE

REMARKS

C.I. 22-12-17. A95.

24th. 18 2 196.

12. 12. 18. 12. 22. 19. Rept. & arrived to 36 Camp Popon. 10. 12. 18.

A.M.D. 2 DEPT.

Boh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

Name **SMITH Orval** Rank **Pte.** Regtl. No. **880531**
 Fyle Depot **IDD-10-S-532**
 Original unit **186th Bn.** Present unit **18th Bn.** **XXX** M. or S. Age **25** Religion **Meth.** Ref. H.Q. **1-D-30-S-1581**
 Port, ship and date of arrival **Halifax Baltic 5-2-19**
 Next of kin **Mother Mrs. Thomas Whitizel Highgate. Ont.**
 Address on leave.....
 Address on discharge **Highgate, Ont.**
 Transportation issued Yes No Date..... Character on discharge.....
 Previous occupation **Laborer** Date and place of enlistment **Mar. 20th 1916. Chatham, Ont.**
 Diagnosis..... Date of Medical Boards.....

Date	Remarks.	Pt. 2 Order No.
108 29-1-19	NO. I. D. D.	
8-2-19.	Posted to Cas. Co. and granted furlough with subs. allow. to 24-2-19.	
		49

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

Date

Remarks

Pt. 2 Order No.

27-2-19

Discharged from H. M. S. on Demobilization. (P.D.P.)

57

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.				
2.1.19	4 Res	TOS from WORD	Witley	10.12.18	DOH W.O.R.D. 8 d/10-1-19
8.2.19	"	S.O.S. to C.E.F. Canada	"	29.1.19	Pc 20.33

700

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 880531 (Rank) Private

Name (in full) SMITH, Orvil enlisted in

the 186th Battalion C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at CHATHAM, ONTARIO on the TWENTIETH

day of MARCH 1936.

HE served in FRANCE (with 18th Battalion)

and is now discharged from the service by reason of

ON DEMOBILIZATION

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

Age 24

Height 5' 6"

Complexion Dark

Eyes Brown

Hair Blonde

Marks or Scars

G.S.W. - Left Thigh

Signature of Soldier

DISCHARGE SECTION
FEB 27 1919
No. 1 District Depot

Issuing Officer

CAPTAIN

Rank

O.C. Discharge Section, No. 1 D.D.
Appointment

Date of Discharge

Signed at LONDON, ONT. this TWENTY-SEVENTH day of FEBRUARY 1936

in Military District No. ONE

File Reference No. 1 D 30-3-1581
1 DD 10-8-522

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

Casualty Form—Active Service.

Regiment or Corps.....
 Rank..... Surname *Smith* Christian Name *Quail*
 Religion..... Age on Enlistment..... years..... months.
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 or Corps Trade and Rate.....

Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 26, or other official documents
Date	From whom received				
		Embarked			
		Disembarked			
<i>10-1-19</i>	<i>WOPD</i>	<i>LOS on posting to Hrd Res. Bn.</i>	<i>Witley</i>	<i>10-12-18</i>	<i>Do: 8.</i>
<i>10-1-19</i>	<i>Hrd Res. Bn.</i>	<i>J.O.S. from WOPD</i>	<i>do</i>	<i>10-12-18</i>	<i>D.O. No. 1.</i>
<i>18-1-19</i>	<i>do</i>	<i>On Command Kimmel Park pending despatch to Canada</i>	<i>do</i>	<i>18-1-19</i>	<i>Pt 2 Do No 15.</i>

J. Pearce
Lieut. Adj. Quail
West Ont. Regt. Dep't.

LIEUT. & ASST. ADJT.
 FOR O. C. 4TH CANADIAN RESERVE BATTALION.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

18/1/19 4th Res B³

1

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Attached C.O. Kinmel Park

Order

Order

Order

Order

Order

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Order

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Order

Order

Order

Order

Order

Order

A. E. Avery Lt. for
M.D.I.

copy

9, 1. 19 Sailed from
29, 1. 19 Liverpool

W. P. Sully CAPT.
ADJUTANT H. M. I. Sully

JAN 29 1919

From
Oscas

Taken on strength No. 1 District Depot

London D.O. 119
for use

Paul Stuart Lt
NO. 1 DISTRICT DEPOT

DEMOBILIZATION

FEB 27 1919

DISCHARGED

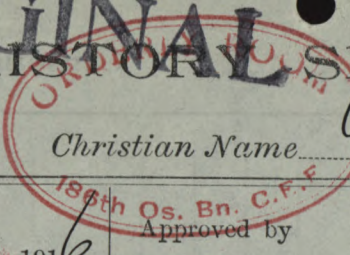
LONDON, ONT.

for J. P. Sully Lt

ORIGINAL MEDICAL HISTORY SHEET.

ORIGINAL

Surname Smith Christian Name Orval



Examined { on 16 day of March 1916
at Ridgely

Approved by D. H. Carr
Rank Capt M.O.

Birthplace { City or Town Oxford Sp
County Kent Co. Va

Apparent age 22 M.O.

Trade or occupation Section Man MCR M.O.

Height 5 Feet 6 1/2 Inches M.O.

Weight 152 Lbs. M.O.

Chest measurement { Minimum 35 inches M.O.

Maximum expansion 38 inches M.O.

Physical development Good M.O.

Small-Pox Marks None M.O.

Vaccination Marks { Arm Right 0 Left 0
Number 0

When Vaccinated last Never

(a) Marks indicating congenital peculiarities or previous disease None M.O.

(b) Slight defects but not sufficient to cause rejection None M.O.

VACCINATIONS.
Date 3-4-16 Result Take Thomas J. Mcnelly Capt

ANTI-TYPHOID INOCULATIONS, ETC.
Date 7-4-16 Result ambly M.O.
15/16 ambly M.O.
20/16 ambly M.O.

Enlisted on 16 day of March 1916 at Ridgely

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>186 Os. Bn.</u>	<u>880531</u>		<u>16-3-16.</u>
Transferred to.....	<u>4th CAN. RES. BATTALION.</u>			
	<u>18th Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Camp Borden</u>	<u>Sept 13/16</u>	<u>Routine exam</u>	<u>pos. ambly</u>
<u>Ridgely</u>	<u>Mar. 7/17</u>	<u>Medical Board</u>	<u>Fit</u>
<u>Quinn Pk.</u>	<u>22-1-19</u>	<u>Lt</u>	<u>re Dr. Carr</u> <u>re Dr. Carr</u> <u>re Dr. Carr</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.

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

S.A.L.

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. 880531 Rank Pte. Surname S M I T H
 (Given name in full)

Orval

Unit or Corps I. D. D. Birthplace Oxford, Ont.

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

1. GENERAL DESCRIPTION:

Physique good Weight 146 1/2 lbs. Height 5 ft. 6 in. Colour of Eyes brown

Nutrition good

Pulse 78

Condition of arteries good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
 Gunshot wound left thigh received in active service. Nov 10/17

Opinion as to general health and physical condition Good A. 2

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 yes 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.

Gunshot wound left thigh, Admitted to Munster Hospital Germany, for treatment
 Good recovery. No disability.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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 London, Ont.....(Canada)

Date 24-2-19 Signed *W. J. Smith Capt*M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *W. J. Smith*

(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]

Duplicate

H.O. 54-21-23-53

To be made out in duplicate.



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..... 186th Os. Bn. C. E. F.

(2) Regimental Number..... 880531.

(3) Full Name of Soldier..... SMITH, ~~Orval~~ Orval

(4) Place of Birth..... Muirkirk, Ontario.

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

(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?.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive?.....**No.**.....

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

(10) Is your Mother alive?.....**Yes.**.....

If so, state name and address.....**Mrs. Thos. Whitsell.**.....

.....**Highgate, Ontario.**.....

(11) If your Mother is a widow.....**no**.....

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

(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.

(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.

(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.

(15) Are you insured?.....**Yes.**.....

If so, in what Company?.....**I. O. O. F.**.....

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.

Neil Smith U.S.A.
.....
Officer Commanding.

Date.....**SEP 27 1918**.....

LAST PAY CERTIFICATE

1 Pm 10-Sm-81
 Regt. No. 880531 Rank *1ste* Name *Smith Orval*
 Corps *Pow* who was *his*
 on *27-2-19* to

The following is a statement of the account of the above named
 from *1-2-19* to *27-2-19*

Bal Dr	from mon. of from L.P.C.	Bal. Cr.	from mon. of from L.P.C.	134 57
ASSIGNED PAY:		Regt. Pay	<i>27</i> dys. @ \$ <i>1.00</i>	27 00
SEPARATION ALLOWANCE:		F'ld. All.	<i>27</i> dys. @ \$ <i>1.00</i>	27 70
OTHER CHARGES:		SEPARATION ALLOWANCE:		
PAYMENTS:		OTHER CREDITS:		
		Clothing Allowance		35 00 ✓
		Subsistence, <i>8²/₁₉ to 24²/₁₉</i>		13 60 ✓
Bal. Credit (to be pd.)		Bal. Dr. (to be deducted)		
		(from soldier \$)		
		(from Dependent \$)		
<i>Overseas PDR</i>	<i>212 87</i>			<i>212 87</i>

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ <i>nil</i> per month	at \$ <i>15</i> per month	Subscribed \$
has been <i>nil</i> to	has been <i>paid to 28/2/19</i>	Pd. by other
	<i>by Ottawa & closed</i>	Units \$ <i>Nil</i>
		Ed. by this
		Unit \$ <i>Nil</i>

Dependent or Beneficiary: *Mrs Thos Whitesell*
 Address: *Nighthate, Ont*

REMARKS: *Do 27 his 27-2-19 Remob*

Date of Enlistment *20-3-16*
 If married and if Separation Allowance card submitted *No No*

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

Date: **FEB 27 1919**

London, Ontario. *[Signature]* Captain.
 Paymaster No.1 District Depot.

This form must not be used when the Proceedings are for the information of the B.P.C. In such cases, M.F.B. 227 is the only form applicable.

FOR ALL RANKS
PROCEEDINGS OF A MEDICAL BOARD (short form).

Place _____ Date _____

Number _____ Rank _____ Name _____

Corps _____ Age _____ Height _____ Weight _____

Religion _____ Has he been Overseas _____

(1) Disease or Injury _____

(2) Cause _____

Where incurred _____ Date _____

(3) Disability _____

(4) Present condition (describe fully) _____

(5) History _____

(6) Probable duration of Disability _____

(7) Is officer or other rank fit for Category, A _____ B _____ C _____ D _____
(answer yes or no).

(8) If for treatment, specify nature of _____

President _____

Member _____

Place _____ Date _____

Approved _____ A.D.M.S., M.D.

Place _____ Date _____

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS


M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

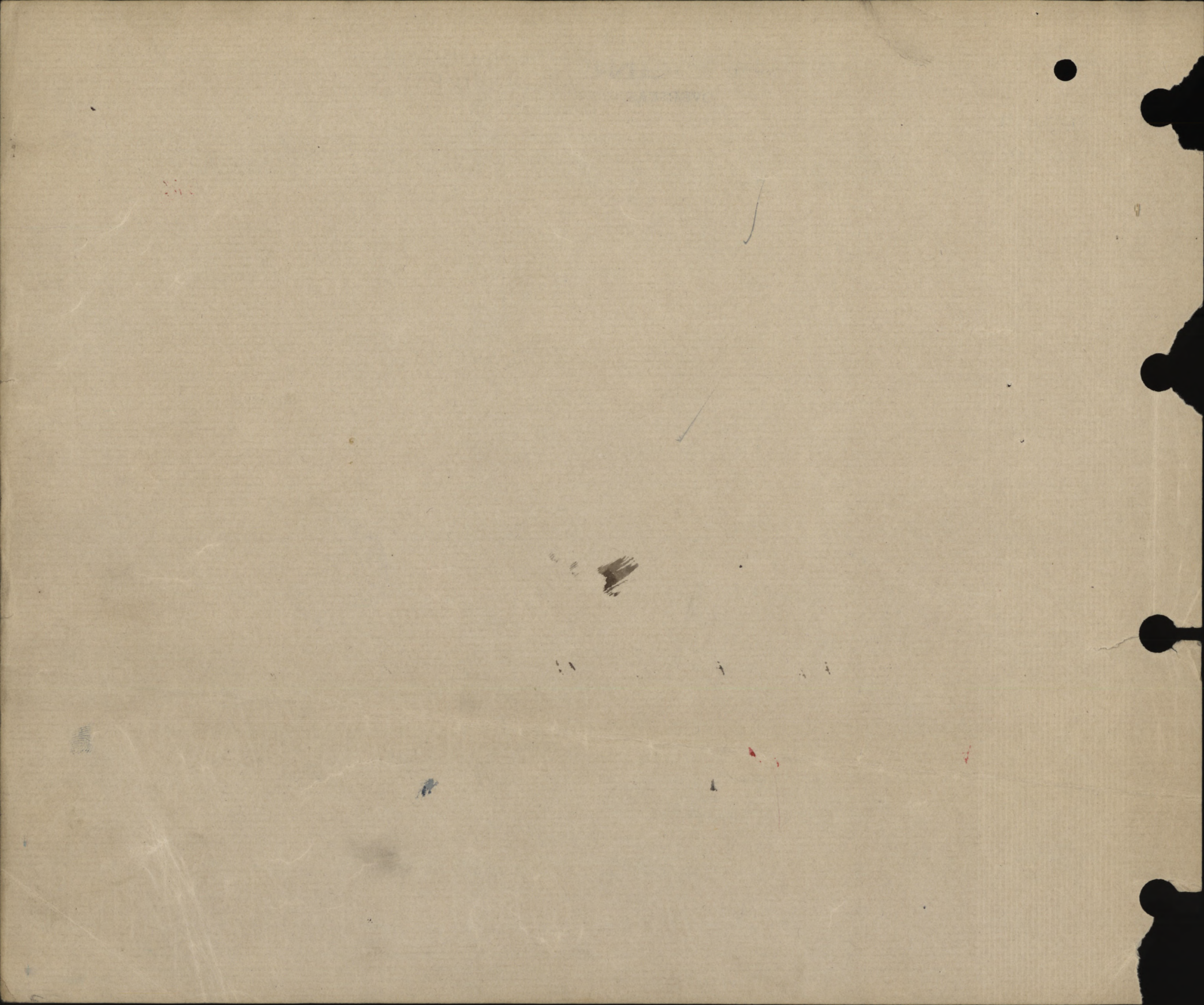
To Whom *Mrs. Phos. Whitesell*
 Address *Highgate,
 Ont.*

By Whom Assigned *British Caval*
 Regtl. No. *8805310*
 Rank *Pte.*
 Corps *186th Btm.*

Rate *\$15⁰⁰* APR 1917

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>① correction made in name auth. ruling Lieut O'Brien. File 016968 -8-10 HR. 4-12-17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



ASSIGNED PAY. **ENGLAND OR CANADA.** SEPARATION ALLOWANCE. **ENGLAND OR CANADA.**
EFFECTIVE DATE: *Apr 1/14* EFFECTIVE DATE: -
AMOUNT: *15.00* AMOUNT: -

NAME: *SMITH - Orval*
NUMBER: *880531*

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.

*Mrs. Thos Nitzeal (mother)
Highgate, Ontario.*

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT
Pfc

Supp offer 1.2.19

UNIT AND TRANSFERS

ORIGINAL UNIT: *186th Bn.*
DATE ACCOUNT FIRST OPENED: *8/4/17*

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F'D UNIT TRANSFERRED TO
11/17 *Pris of War.*

118947. 11/12/18.

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>10.1.19</i>		<i>Wilkes</i>	34.60				
<i>14.1.19</i>		<i>"</i>	33.00				
			<i>28.95</i>				
		<i>for 4 days Pub. All.</i>	<i>39.42</i>	<i>1865. 24/19. deb. Allow as in error now deleted by 1868. for</i>			<i>39.42</i>

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: *Non ban. 1868. 1847. Wilkes 1918-1919 to Kimmel Park m.o. 1. 1868. 28.10 1868. 29.19*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
	Bal ^{ce} FORWARD								<i>153.74</i>		
<i>April</i>	<i>Pfc Pay</i>	<i>33</i>		<i>Com A.P.</i>				<i>15</i>	<i>171.74</i>		
<i>May</i>	<i>"</i>	<i>34.10</i>		<i>"</i>				<i>15</i>	<i>190.84</i>		
<i>June</i>	<i>"</i>	<i>33</i>		<i>"</i>				<i>15</i>	<i>208.84</i>		
<i>JUL 1918</i>	<i>"</i>	<i>34.10</i>		<i>"</i>				<i>15</i>	<i>227.94</i>		
<i>AUG 1918</i>	<i>"</i>	<i>34.10</i>		<i>"</i>				<i>15</i>	<i>247.04</i>		
<i>SEP 1918</i>	<i>"</i>	<i>33</i>		<i>"</i>				<i>15</i>	<i>265.04</i>	<i>Nil</i>	
<i>OCT 1918</i>	<i>"</i>	<i>34.10</i>		<i>"</i>				<i>15</i>	<i>284.14</i>		
<i>NOV 1918</i>	<i>"</i>	<i>33</i>		<i>"</i>				<i>15</i>	<i>254.64</i>		<i>166.64</i>
<i>Jan</i>		<i>68.20</i>		<i>A.R. 139 - 9.12.18</i>	<i>24.33</i>				<i>218.68</i>		
		<i>101.70</i>		<i>C.P. 87076 - 11/12</i>	<i>97.23</i>			<i>30</i>	<i>258.10.4</i>		
				<i>(Reg. 1868. 24.1.19)</i>	<i>121.66</i>			<i>45</i>			
				<i>for all @ in error</i>	<i>39.42</i>			<i>stop</i>			
				<i>for 4 days Pub. All.</i>	<i>39.42</i>						
				<i>Mar. 3993. 11/6/19. 1868. 14.60</i>							
				<i>for 4076. 11/1/19. 11/12</i>	<i>24.33</i>						
				<i>AM 520 Kimmel endorsed 27/19</i>	<i>9.73</i>				<i>170.02</i>		
					<i>48.66</i>						

3. Kimmel Park
3magan

COMPILED BY
CHECKED BY

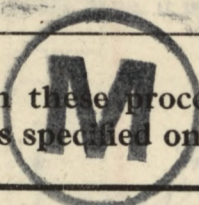
SOS to Canada
NOV 28/19 SLB - 4th Reg

War Service Badge

Class **A** No. 82806 Issued

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. 880531	
Rank Private	
Surname SMITH,	
Christian Name Orvil <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	186th Battalion C.O.M.F.
Date of Discharge FEB 27 1919 <i>DO 57 26/2/19</i>	
Place of Discharge LONDON, ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 24 years..... months.	Descriptive Marks G.S.W. - Left Thigh
Height 5 feet..... 6 inches.	
Complexion Dark	
Eyes Brown	
Hair Blonde	
Trade Laborer	
Intended place of residence } Highgate, Ont. (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of ON DEMOBILIZATION	
<small>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.</small>	
3. Conduct and character while in the service have been, according to the records, etc.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	<small>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.</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

100M.-1-17.
H. Q. 1772-39-113.

(OVER)

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.

<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 Certificate, " 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> <p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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.

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.

Statement of Service.

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

Confirmation of Discharge.

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



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.

Unit, Regiment or Corps..... 186th Overseas Bn., C.E.F.

Regimental No. 880531 Rank Pte. Name SMITH ~~Orval~~ Orval
C. E. F.

Enlisted (a) 20-3-16 Terms of Service (a) C.E.F. Defn. Service reckons from (a) 20-3-16

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) (laborer)

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. Canada.	Halifax.	25.3.17	"Lapland".
		Debarked. England.	Liverpool.	7.4.17.	
	C.C. Seg. Camp.	T.O.S. Segregation Camp.	Bramshott.	7.4.17.	
7-4-17.	O.C. 186th Bn.	Transferred to 4th Can Res. Battalion.	Bramshott.	7-4-17	Pt. 2. Order 71 Actg. Adj. 186th Battalion.
7-4-17.	O.C. 4th T. O. S. 4th Can Res Bn.	Having proceeded overseas	do	24-8-17	Pt. 2. Order No. 202.
25-8-17	O.C. 4th Can Res. Bn.	is S.O.S. 4th En. Res. Bn.			

Geo. R. Collins
Capt. & Adj for
C.C. Segregation Camp
Bramshott.

CERTIFIED CORRECT
APR 1917
CAN. RECORDS, LONDON.

R. M. Adams
-----Capt.
Adj. for O.C. 4th. Canadian Res. Battalion

OVER

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

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				
27.8.17	2 Can I.B. Dep	Arr from 4 Can Res Bn Eng & T.O.S. 18 Can En	2 Can I.B.D. ETAPLES	25.8.17	Nom Roll Pt II Ord. 61 d-31.8.17
8-9-17	18 Bn	Joined 18th Can Bn	In the Fld	5-9-17	E. 213
17/11/17	18 Bn	<i>rounded</i>	<i>field</i>	11/11/17	<i>Letter Kcl 16/31594</i>
13-12-17	off. 1/2 Rec.	<i>Reported Prisoner of War at Munster, Westfalen</i>			<i>Letter 13/12/17, 1-X-26/Cas. (Can. Sect. No. KI. 16/35292) Pt. II Ord. 92, 17/12/17.</i>
<p><i>W. Logan</i> Major for Lt.-Col., A.A.G. Canadian Section. G. H. Q. 3rd Echelon B.E.F.</p>					
12-12-18	<i>W.C.R. (18)</i>	<i>Prev. reptd. P. of W. now released & are. at No 36 Camp Pignon</i>		10-12-18	<i>16 CB 386</i>
16-12-18	<i>W.C.R.D.</i>	<i>T.O.S. as Rep. P. of W. & shown on Com. to 36 Camp Pignon</i>	<i>Whitley</i>	10-12-18	<i>PT II O 296</i>
<p><i>L. J. Landy</i> LIEUT. COL. IN CHARGE RECORDS, C.M.F. <i>major</i></p>					

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 state to be made in red ink.

Only such entries to be made on this sheet as will show

3. Condition on examination (in red)

4. Condition on leaving Canada

5. Condition on discharge

REMARKS

EXAMINER

OPERATOR

DATE

CROWN

PLATE

NUMBER

CLASS

TYPE

DATE

OPERATOR

CLASS

TYPE

DATE

OPERATOR

CLASS

TYPE

DATE

OPERATOR

CLASS

TYPE

DATE

OPERATOR

CLASS

TYPE

DATE

OPERATOR

CLASS

TYPE

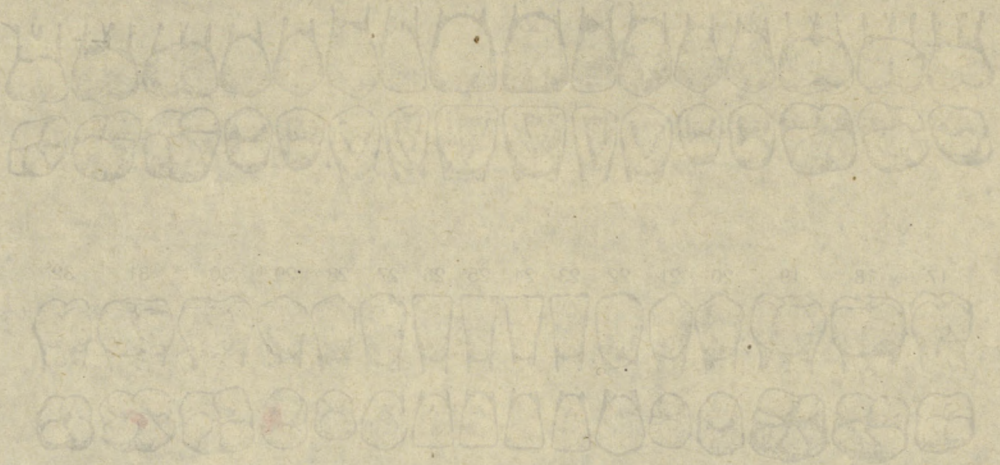
DATE

EXAMINED BY

DATE

СНИМКИ НА ЗЪБИ НА ПАЦИЕНТА

ЛАТИНСКИ ИСТОРИЧЕСКИ ЛИСТ



СНИМКИ НА ЗЪБИ НА ПАЦИЕНТА

ЛАТИНСКИ ИСТОРИЧЕСКИ ЛИСТ

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. *Mrs Thos ~~Whitell~~*
(Assignee)

Name of Soldier *Smith Orval*

Whitell PAYMENTS.

Pte-880531-186th Bn-

L. L. Job 5470-Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>#15⁰⁰</i>
				<i>APR 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>W 6195</i>	<i>15</i>	
May		<i>99957</i>	<i>15</i>	<i>15.00</i>
June		<i>M 21028</i>	<i>15</i>	<i>5</i>
July		<i>P 25235</i>	<i>15</i>	<i>6</i>
Aug.		<i>F 36737</i>	<i>15</i>	<i>F 36737 cancl</i>
Sept.		<i>N 39193</i>	<i>15</i>	<i>N-39193 Alth. & cancelled 15⁰⁰ net</i>
Oct.		<i>V 44116</i>	<i>15</i>	
Nov.		<i>V 57414</i>	<i>15 30</i>	<i>30⁰⁰ Nov. adj. Sept.</i>
Dec.		<i>F 58465</i>	<i>15 15</i>	<i>15⁰⁰ future</i>
Jan.		<i>22661918</i>	<i>15</i>	<i>Cancl 22661918</i>
Feb.				
March				<i>135</i>
April				
May				
June				
July				

V 57414 Cancelled

New

T 58465 cancelled

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

S 7596

April 17

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 880531
 Rank Pte Promoted _____ Reverted _____ Discharge _____
 Soldier's Name Orval Smith
 Battalion 186 Bn.
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

Name Mrs. Mrs. Whitesell
 Address Highgate
 Change of Address Out
 1 _____
 2 _____
 3 _____
 4 _____

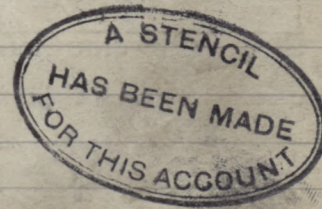
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					016968-0-10
Dec 31			135 -	135 -	
Jan 18	66684		15	15	Ch. Mailed 30 th year correction made in name auth. ruling Lt O'Brien. File 016968-0-10. L. 29/12/17. 67 x 135 ⁰⁰ to 31-12-17 / 14-5-18 Acct. Opened Ball.
Feb 18	69113		15	15	
March	92613		15	15	
April	12129		15	15	
May	14594		15	15	
June	26570		15	15	
July	24279		15	15	
Aug.	36018		15	15	
Sept.	49695		15	15	
Oct	49989		15	15	
Nov	57070		15	15	
Dec	65820		15	15	
Jan	71066		15	15	
Feb	80520		15	15	
			345	345	

P.O. W. →

Pensions Notified Date	14-1-18
Killed in Action	
Died of Wounds	Date 11-1-17
Missing	
C. L. 1306	Clerk Ball
Date Noted	14-1-18 1918

Prisoner of War, now repatriated. 10/12/18. 9.

A/c Closed 28-2-19
 Ret'd per. Balke
 Date 6-2-19 M.F.W. 187 12-2-19 M.D. 1
 Closed 11/11 12/19 18
 Destroy 55968 Rev 12-2-19



M. F. W. 128
 4000-6-17-1772-38-1141
 L. L. 22230-M. & D. 7898.

