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S 576 S.O.S.

TRIPLICATE

ATTESTATION PAPER.

No. 882070

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? *Pearl*
- 1b. What is your present address? *Moncton, N.B. Canada*
- 2. In what Town, Township or Parish, and in what Country were you born? *River Glade N.B. Canada*
- 3. What is the name of your next-of-kin? *H. Hubert-Smith*
- 4. What is the address of your next-of-kin? *River Glade N.B. Canada*
- 4a. What is the relationship of your next-of-kin? *Father*
- 5. What is the date of your birth? *Nov 20th 1887*
- 6. What is your Trade or Calling? *Farmer*
- 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?
If so, state particulars of former service. *no*
- 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*

W.E.F.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Smith, Pearl*, 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.

Pearl Smith (Signature of Recruit)

Date *Jan 13th* 1916 *A. Heffley* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Smith, Pearl*, 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

Pearl Smith (Signature of Recruit)

Date *Jan 13th* 1916 *A. Heffley* (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 *Moncton N.B.* this *13th* day of *January* 1916

[Signature] (Signature of Justice)

Description of Smith, Pearl on Enlistment.

Apparent Age... 18... 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 ft. 5 ins.

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

Complexion... Fair

Eyes... Blue

Hair... Light-Brown

None

Religious denominations { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist... yes...
 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 declares that he is not subject to fits of any description.

I consider him*... Fit... for the Canadian Over-Seas Expeditionary Force.

Date... Jan 12th 1916

Place... Moncton N.B.

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.

Smith, Pearl..... 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.

..... W. E. Forbes LT. COL. (Signature of Officer)
 145th. "Overseas" Batt. C. E. F.

Date... Jan 13th 1916

SMITH, PEARL

8320⁷00

5 C.M.R.

30096

DEMOB

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

PR





Faint, illegible markings or ghosting of text, possibly a postmark or address, located in the lower-middle section of the envelope.

Surname **Smith** Christian Name or Names **P.** Reg. No. **832070**

Rank **Pte.** Unit **5th C.M.R., Misc Units** Co. **(YSB)** Troop **(YSB)** Batty.

Hospital **9 Can. Fld. Amb.** Date of Admission **20-1-17.**

Transferred **4, G.H. Camiers.** Hosp. **7-4-17.**

1 East G Bldge. Hosp. **20.4.17**

Epsom Coust. Hosp. **20.6.17**

12 C. G., Bramshott Hosp. **21-2-18**

Diagnosis **Dental Carries.**

(1) **Nephritis. Sev** *gl*
Later Diagnosis (if changed)
(2) **Influenza.**
(3) **P.U.O.A.** *rw*

Additional Diagnosis: if more than one state present

Dis. **22-1-17.**

DISPOSITION **Disc. 4-7-17** Date
Disch:- 8-4-18
To Duty 6.7.18

C.I. **16-2-17. A313**

REMARKS

14-4-17. A/350.

27.4.17 B231.

23.6.17 B267

" **14-7-17 B280**

23-2-18 B/144.

19.3.18 C/164-2

13-4-18 C/184-2.

9.5.18 A260(U)

15.7.18 A265.1

A.M.D. 2 DEPT.

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

rw

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. *Mil. Gov. - Woodcote Park - Epsom*
8 Can F. Amb.

16.3.18

3.7.18

2.

3.

4.

5.

6.

7.

No. 832070 RANK

Pte

NAME

Smith Paul

T. O. S. 1-1-16

88/14-16

UNIT

145th Battalion (Moncton N.B.)

M. D. *6*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Jan 1</i>	<i>1916</i> <i>Jan 31</i>	<i>✓</i>		
	<i>Feb</i>	<i>✓</i>		
	<i>Mar</i>	<i>✓</i>		
	<i>Apr.</i>	<i>✓</i>		
	<i>May</i>	<i>✓</i>		
	<i>June</i>	<i>✓</i>		
	<i>July</i>	<i>✓</i>		
	<i>Aug.</i>	<i>✓</i>		
	<i>Sept.</i>	<i>✓</i>		

UNIT SAILED

SEP. 25 1916



26
Number 832-070 Rank *Wte*

Surname SMITH

Christian Name Pearl

Units *5th Co In R* Theatre of War *France*

Date of Service *27/10/16*

Remarks

Latest Address *River Glade
Westmoreland Co. N.B.*

"B" Roll No.

Page 11753.

200m.-2-21.M.

DESP MAR 4 1922
REGN. N. *W* 14398

A. & D.
CARD

12 Cass Gen HOSPITAL.

AT

A. & D. No. 1311 PL. OF ACTION

RANK. *PLI* REG. No. 832070 UNIT *Y. S. B. A. Coy.* SICK OR WOUNDEDNAME *Smith P.* AGE *18* RELIGION *Ch of E.*PLACE IN HOSPITAL *Ward 18*DIAGNOSIS *Influenza*ADMITTED *20-2-18* FROM

DISCHARGED

TRANSFERRED

SERVICE AT HOME *26* *MAR. 14 1918* IN FIELDRESULTS *12**1/2*

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.

A series of horizontal dotted lines for writing remarks.

SURNAME.

Smith

D. Y CARD NO. ✓
S.O.S. Dis 28-3-19.
Demob FOLL.
Do. 9272-4-19.
798

CHRISTIAN NAMES

Pearl

REGL. No.

832070.

RANK

pte

UNIT

145th

Bart

FORMER CORPS

Nil

NEXT OF KIN.

NAMES IN FULL

Smith, Humbert

RELATIONSHIP TO SOLDIER

father

ADDRESS

River Glade, N.B.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada River Glade, N.B.

DATE

Nov. 20th 1897

PLACE OF ATTESTATION

Moncton, N.B.

DATE

Jan 13th 1916

Sailed from Halifax per

S.S. "Tuscana" 25-9-16

L. L. 94504. M. & D. 6512.

*M.F.W. 22. 250M.-2.16. H. Q. 1772-39-339. 555
N/B. 27-3-19. 298 (plc) 27.*

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

farmer

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

18 YEARS

2 MONTHS

HEIGHT

5 FEET

5 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

4 INCHES

COMPLEXION

fair

EYES

blue

HAIR

lt. brown

DISTINGUISHING MARKS

nil

MEDICAL EXAMINATION.

PLACE

Moncton, N.B.

DATE

Jan. 12th, 1916

Name Smith, Pearl. Rank Private

Reg. No. 832070.

Unit 5th C. M. P.

Next of Kin CANADA.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
20.1.14.	No 9 C. I. A.		back of Neutro	A. 313		
22.1.14.	Discharged.		(Do)	A. 313		
23.1.14.	Rejoined unit.					
4.4.14.	No 4 Genl Hosp.	Cambridge.	Nephritis.	See A. 350.		
20.4.14.	1st Eastern Genl Hos.	Cambridge.	Do.	B. 231.		
20.6.14.	Canadian Hosp.	Epworth.	Do.	B. 267.		
4-7-17	Do.	Discharged.	(Do)	B. 280.		

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....145th O. S. Battalion, C. E. F.

(2) Regimental Number.....832070.

(3) Full Name of Soldier.....Smith, Pearl.

(4) Place of Birth.....River Glade, West. Co., N. B., Canada.

(5) Are you married, or not?.....Single.

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?.....No.

(8) Have you any children?.....

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

Also their names and ages.....

(9) Is your Father alive?.....**Yes.**.....

If so, state name and address...**Humbert Smith, River Glade, West. Co., N. B.**

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

If so, state name and address...**Sadie Smith, River Glade, West. Co., N. B.**

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

Are you her sole support, or not?.....**No.**.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(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?.....**No.**.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

W. E. Forbes L.T. COL.
145th "Overseas" Batt. C. E. F.
Officer Commanding.

Date.....**11th, 1916.**

1st EASTERN GENERAL HOSPITAL.

June 11th 1917

Name of Patient Smith
Ward 17 Number of bed 978 Under care of Capt. Cuel.
To be examined for Alb. Blood & casts etc.

Report:

Sp. Gr. 1030 Alb. 0 Sugar
Reaction acid Blood Bile

a few red corpuscles

X

(Signed) di

1st EASTERN GENERAL HOSPITAL.

Admission Ticket

Name of Patient _____
 Room No. _____
 Date Admitted _____
 Name of Surgeon _____
 Name of Physician _____
 Name of Nurse _____
 Name of Attendant _____

100

1st EASTERN GENERAL HOSPITAL.

June 30th 4th 1917.

Name of Patient Smith.

Ward 17 Number of bed 978 Under care of Capt. Curl

To be examined for Alb. Blood - Cells etc.

Report:

Sp. Gr. 1020 Alb. nil Sugar _____

Reaction acid Blood _____ Bile _____

Very few red corpuscles & leucocytes. (2) B

(Signed) L.D.

THE EASTERN GENERAL HOSPITAL

1914

1914

1914

2

1914

1st EASTERN GENERAL HOSPITAL.

April 21 - 4 - 1917.

Name of Patient Pl. P. Smith.

Ward 16 B Number of bed 343. Under care of Col. Humphrey.

To be examined for Albumen - a several Examinations

Report:

Sp. Gr. 1022 Alb. 0 Sugar slight trace

Reaction acid Blood _____ Bile _____

(Signed) J. P. Roberts
Pres. Col. Humphrey

1st EASTERN GENERAL HOSPITAL

1/2
2/2

1st EASTERN GENERAL HOSPITAL.

1. 6. 1917.

Name of Patient Smith.

Ward 17 Number of bed 978 Under care of Capt. Cuel

To be examined for alb. Blood. Cath etc.

Report:

Sp. Gr. 1016 Alb. 0 Sugar _____

Reaction acid Blood _____ Bile _____

mucus, some red corp. & leucocytes
a few epithelial cells

(2)

(Signed) LD

THE UNIVERSITY OF CHICAGO LIBRARY

1880

To be returned to the

Library

of the

University of Chicago

Library

of the

University of Chicago

Library

of the

University of Chicago

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

832070

He Smith

P

Year

1918

Unit.

Age.

Service.

6. 2. 8 B

Station
and Date

MAR 1918

Disease

Influenza

Complains of pain in back
and headache and rigors
for umalysu. N.D

18.3.18 Cutaneous

25.3.18. Cutaneous week.

24. 18. Chest clear heart lungs negative.
no evidence of disability; A-

Convallescent Hospital,
Woodcote Park, Epsom.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

Adm. 20. 4. 17

1st Eastern General Hospital
CAMBRIDGE

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

924
Year
1917

832070

PL

Smith

Pearl

Unit.

Age.

Service.

5th Canadian Mounted Rifles.

19.

14/12

Station
and Date.

Disease

Hepatitis

Went down Apr 1 with swollen flaccid legs

1st Eastern
Cambridge
Apr 20.

Went down

Impaired

Has been in home 5 weeks

Asst. M.

Capt. W. B. Bredon

J. H. H. H.

J. H. H. H.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

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

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 832070 Rank Pte Surname Smith
(Given name in full)

Unit or Corps 5th C.M. Co. Birthplace Pearle River Glade N.B.

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

1. GENERAL DESCRIPTION: estimated

Physique good Weight 150 lbs. Height 5 ft. 8 in. Colour of Eyes blue

Nutrition good

Pulse 76 regular

Condition of arteries soft

Vision Rt. 6/12 Left 6/12

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
Tattoo flag "Canada" left arm

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System yes Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition yes

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.

measles civil life 1914
20/4/17 diphtheria no disability
24/2/18 influenza

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bramshott (Overseas)

Date 22/2/19

Signed J. M. [unclear] 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 P. Smith

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

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

MAR

DUPLICATE MEDICAL HISTORY SHEET.

832070
DUPLICATE

Surname Smith Christian Name Pearl

Examined { on 12th day of January 1916
 at Moncton
 Birthplace { City or Town River Glade Rank Major M.O.
 County Westmorland, N.B.

Approved by E. O. Stevens
 Apparent age 18
 Trade or occupation Farmer M.O.
 Height 5 Feet 5 Inches. M.O.
 Weight 130 Lbs. M.O.
 Chest measurement { Minimum 32 inches. M.O.
 Maximum expansion 36 inches. M.O.
 Physical development good M.O.
 Small-Pox Marks none M.O.

Vaccination Marks { Arm Right Left
 Number none
 When Vaccinated last 1-9-16 MaO M.O.
 (a) Marks indicating congenital peculiarities or previous disease M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1-9-16</u>		<u>MaO</u> M.O.
<u>1-7-16</u>		<u>MaO</u> M.O.
<u>2-7-16</u>		<u>MaO</u> M.O.
<u>6-7-16</u>		<u>MaO</u> M.O.

Enlisted on 1st day of Jan 1916 at Moncton N.B. Canada

CORPS.	REG'TL NUMBER.	HABITS.	DATE.
<u>145th O.S. Batts C.E.F.</u>	<u>832070</u>		
<u>9th Res Bn</u>			<u>7/10/16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective ; the date and cause being stated on next page.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Smith Pearl

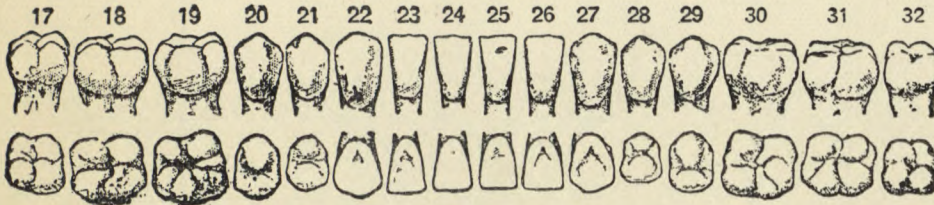
REGIMENT 5th GMB

RANK Private

No. 832070

Date of Examination in England _____

Date of Examination in France _____



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada yes

(b) In England

(c) In France yes

Signature of Dental Officer

J. L. Summers Capt

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF STAFF
HEADQUARTERS, G-3
WASHINGTON, D. C.

1. Name of person or organization to whom this report is being furnished
2. Name of person or organization from whom this report is being furnished
3. Title of person or organization from whom this report is being furnished
4. Title of person or organization to whom this report is being furnished
5. Date of report
6. Nature of report
7. Summary of report
8. Remarks

1. Name of person or organization to whom this report is being furnished
2. Name of person or organization from whom this report is being furnished
3. Title of person or organization from whom this report is being furnished
4. Title of person or organization to whom this report is being furnished
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4. Title of person or organization to whom this report is being furnished
5. Date of report
6. Nature of report
7. Summary of report
8. Remarks

LTR

Rank Name SMITH, Pearl
 Unit 145th, Bn. If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Moncton, N.B. Jan, 13th, 1916. Place of Birth River Glade, N.B. Canada.
 Name and Address, Next-of-Kin Humbert Smith,
 River Glade, N.B. Canada. Relationship Father.

Assigned Pay Monthly \$ Payable to
 Relationship Discrepancy
 Separation Allowance \$ Payable to
 Relationship
 O.R. CANADA

Que

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England S.S. Tuscania, 6-10-16.			
7.10.16	I45 Bn Trans. To 9 Res Bn	S'cliffe	7.10.16	231	
7.10.16	Taken on strength	S'cliffe	7.10.16	281	
27.10.16	505 To 5th CWR	Oscar	27.10.16	301	
8.11.16	5th CWR	Taken on strength.	Field	3.11.16	At II 057
18.2.17	Adm 9 Can Field Amb.	---	---	20.1.17	CLA 313. bands Denture 97
18.2.17	Discharged	---	---	22.1.17	CLA 313.
14.4.17	Adm 4 General Hospital	Camiers	7.4.17	62250	Nephritis Sev.
28.4.17	Sick & Posted to 2 Que Reg.	Shoreham	17.4.17	At 043	
27.4.17	Adm 1st East General Hosp.	Cambridge	20.4.17	62231	

Miser

R2B

R.C.B. 103 CHECKED
 15 NOV. 1916

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.				
23-6-17.	5th GmR.	Ex to Can Com. Hpl	Epsom.	20-6-17.	nephritis GLB 267.
14-7-17	"	Dischd Can Com. Hpl	Epsom.	4-7-17.	GLB 280 nephritis
12-7-17	1st QAD.	I.O.S as posted &	Shoreham	6-7-17.	Rt II 112.
DO	DO	I.O.S to 23rd Res Bn	"	6-7-17	Rt II 112.
17-7-7	DO	Above entry cancelled	"	17-7-17	Rt II 116.
DO	DO.	Rt II 112 ^d insofar as it refers to this man aimed to read - will be shown on sick furlough.	"	6-7-17.	Rt II 116.
25.7.17	1st QAD.	S.O.S outtransf to C.O.C.			+ C.O.C. Ashford 222 dt 10.7.17 24.7.17 P.I. DO 123. + C.O.C. Ashford 206 dt 25.7.17
25.1.18	C.O.C. I	S.O.S. to Y.S. Bn: (A4)		25.1.18	Pr II 24. Y.S. Bn. Pr II 23 dt 26.1.18
30.5.18	Y.S. Bn.	S.O.S. to 23rd Res. Bn.		30.5.18	— 125.
✓	23 Res	I.O.S. from Y.S. Bn		—	Do 150
6-6-18	✓	S.O.S. to 5th GmR		5-6-18	— 152.
11-6-18	5th GmR.	I.O.S. from 23 Res	Field	7-6-18	— 63.
18-2-19	"	Proc. to Long.	"	13-2-19	Do 13
8-3-19	3rd Div Pool	Attached	B'shott	7-3-19.	Do 2.
✓	5 empls	S.O.S. to Aiding G.B.C.		—	Do 19. 81 31 19 3 Div Pool
31.5.19	3rd Pool	S.O.S. to Canada S.L. 29. 19. 3-19 Pa' D'		19 3 19.	Do 1

A.F.B. 103 CHECKED

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 145 Br
 Regimental No. 832170 Rank Plt Name Smith, Percy
 Enlisted (a) 13-1-16 Terms of Service (a) 2 of W Service reckons from (a) 13-1-16
 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) Farmer

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				
19-3-19	Eng	TAKEN ON STRENGTH District Depot No. 7. PART II, ORDER No. 94 H. John, BB			<u>W. B. Murray Plt.</u> Lieut. & Asst. Adjt. For O. C. District Depot No. 7.
28-3-19		STRUCK OFF STRENGTH District Depot No. 7. PART II, ORDER No. 99			
31.5.19	3rd Pool	Sos. from 5. Chk. London	London	7.3.19	AO. 1
"	"	Sos. Th. H on Proc. to Canada	"	19.3.19	"

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

W. B. Murray
 Capt
 P.T.O.

Sheet 2
Casualty Form—Active Service.

Regiment or Corps *Young Soldiers' Bn. 145-7-2-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100*

Rank *OtE* Surname *Smith* Christian Name *Pearl*

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (a) *13/1/16* Terms of Service (a) *DoFWS* Service reckons from (a) *13/1/16*

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. 36, or other official documents
Date	From whom received				
			Embarked ...		
			Disembarked...		
<i>30-5-18</i>	<i>U.C. Yellow</i>	<i>Ad. to 23rd Res Bn</i>	<i>B'slett</i>	<i>30-5-18</i>	<i>PTD 128</i>
<i>[Signature]</i>					
LIEUT. ASSISTANT ADJUTANT, YOUNG SOLDIERS' Bn, CANADIANS. TRANS.					
28th CAN. TAKEN ON STRENGTH					
RES. BN.				D.P. II. O. No.	
<i>30/5/18</i>	<i>28th CAN. TAKEN ON STRENGTH</i>				<i>D.P. II. O. No. 150</i>
RES. BN.					

(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) Signaller, Shoeing-Smith, &c.

CERTIFIED CORRECT.

Date

Report

From whom received

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	Report	From whom received	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
6/7/18	Orders	Res	Posted to 5th CMB Patrol	Delhath	5/6/18	DP 110157 Lt. W. H. ... Lt. ...
4.6.18	CIBD		Landed + 405. 5CMB	CIBD	7.6.18	NR 9682 50. 63
17.6.18	C.I.B.D.		Left for	C.I.B.D.	17.6.18	N.R.L. 1275
17.6.18	C.C.R.C.		Arrived	C.C.R.C.	17.6.18	NR 9910
21.6.18	CCRC		Left for	Unit	21.6.18	N.R.L. 1075
22.6.18	Unit		Rejoined	Unit	22.6.18	B 213
3.7.18	S.C.F.A.		P.V.O. adon	S.C.F.A.	3.7.18	£ 152
7.7.18	S.C.F.A.		P.V.O. to	Unit	6.7.18	£ 750
13.7.18	Unit		Rejoined	Unit	6.7.18	B 213
8.2.19	"		Granted 8 Days leave to U.K. & Proc. O.S. W.O.L.		13/2/19	P.T. B/19

W. H. ...
for Lt. Col. AAG.,
Canadian Section

S.O. 5th Bn R. Proceeding to Canada

Part 2 orders # 119

W. H. ...
ADJUTANT GEN. & M. R. BN

8/3/19

832040. Pte. Smith J.

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				
28-1-17	9 C 7A	Card of Service 20-1-17 20	Duly	22-1-17	A36(2308) DCI 203. ^{20/12/17}
1-3-17	Unit	Rejoined Unit	Free	23-1-17	Letter RE 115/1920. DCI 213 ^{9/3/17}
7-4-17	"	Rephrased to Eng. corp	"	3-4-17	B213 DCI 205 ^{16/4/17}
7-4-17	4 Gen	"	adv 4 Gen	7-4-17	W3034 (279)
8-4-17	9 C 7A	"	to 22 CCO	3-4-17	A36(63297) DCI 228
7-4-17	22 CCO	"	" 10 AD	6-4-17	A36(63316) DCI 228 ^{20/4/17}
17-4-17	4 Gen	Rephrased to England	"New Haven"	17/4/17	W3053(6819). Pt II 43. ^{28/4/17}
					Lieut. for Major A. A. G. Canadian Section, C. O. 3rd Echelon, B. E.
12-7-17					TAKEN ON STRENGTH 1st Quebec Regt'l Depot, SHOREHAM. Pt. II. D.O. 112. 16.7.17
25-7-17					1st. Que. Regt'l. Depot. TRANSFERRED To <u>C. O. Ashford</u> 24-7-17 Pt. II. D.O. 122. 25.7.17
					ADJUTANT, 1ST. QUEBEC REGT'L. DEPOT.
25-7-17	No 1 Det C.O.C.	T.O.S. from 1st. Que R. D	Ashford	24-7-17	Pt. II. D.O. 206
25-1-18	do	T.O.S. to Young Soldiers' Bn	Ashford	25-1-18	Pt. II 24 d/25-1-18.
					Lieut., Officer i/c Records, No. 1 Detachment, C.O.C., (O.M.F.C.)
26-1-18	4's Bn	T.O.S. Young Soldiers' Bn	Bischoff	25-1-18	Pt II D.O. 23.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE War Service Badge Class "A" No.

THIS IS TO CERTIFY that No. 832070 (Rank) Private

Name (in full) SMITH PEARLE enlisted in
 the 145th O/S Bn.

CANADIAN EXPEDITIONARY FORCE at Moncton N.B. on the Thirteenth
 day of January 1919

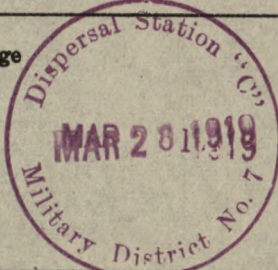
HE served in 5th C.M.R.

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

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

Age <u>194</u>	Marks or Scars <u>Latter Flag</u>
Height <u>5ft 5in</u>	<u>'Canada' left arm</u>
Complexion <u>Fair</u>	
Eyes <u>Blue</u>	
Hair <u>Light Brown</u>	
<u>P. Smith</u> Signature of Soldier	

Date of Discharge



Ramsey Capt. C. G.
Issuing Officer
DISPERSAL STATION, ST. JOHN, N. B. FOR
O. C. DISTRICT DEPOT #7

Rank

Date MAR 28 1919 1919

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

CANADIAN EXPEDITIONARY FORCE

EXCHANGE CERTIFICATE

Class A No. 130454

- 1. That discharge certificate shall be carried when worn.
- 2. That uniform can be worn 30 days after discharge in law authorized in that wearing of uniform is liable to be taken to be as if as
- 3. That wearing of uniform is liable to be taken to be as if as

Name (in full)

the

CANADIAN EXPEDITIONARY FORCE in

on the

day of

He served in

Designation

and is now discharged from the service by reason of

Medical Unfitness

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

Marks or Scars

Height

Complexion

Eyes

Hair

Signature of Soldier

Use of Discharge

CLASS A
WAR SERVICE BADGE
 NO. 130454

Date

Note: An original of this Certificate will be issued, any person finding same is requested to forward it to an unopened envelope to the Secretary, Military Council, Ottawa, Canada.

M.V.E. 2045
 Form D. 2000-11-15
 H.Q. 1172-23-22

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom *Mrs. Sadie Smith*
 Address *River Glade*
West Co. N. B.

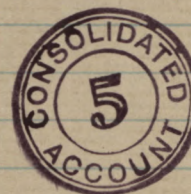
By Whom Assigned *Smith, Pearl*
 Regtl. No. *832070*
 Rank *PLT.*
 Corps *145th Bu.*

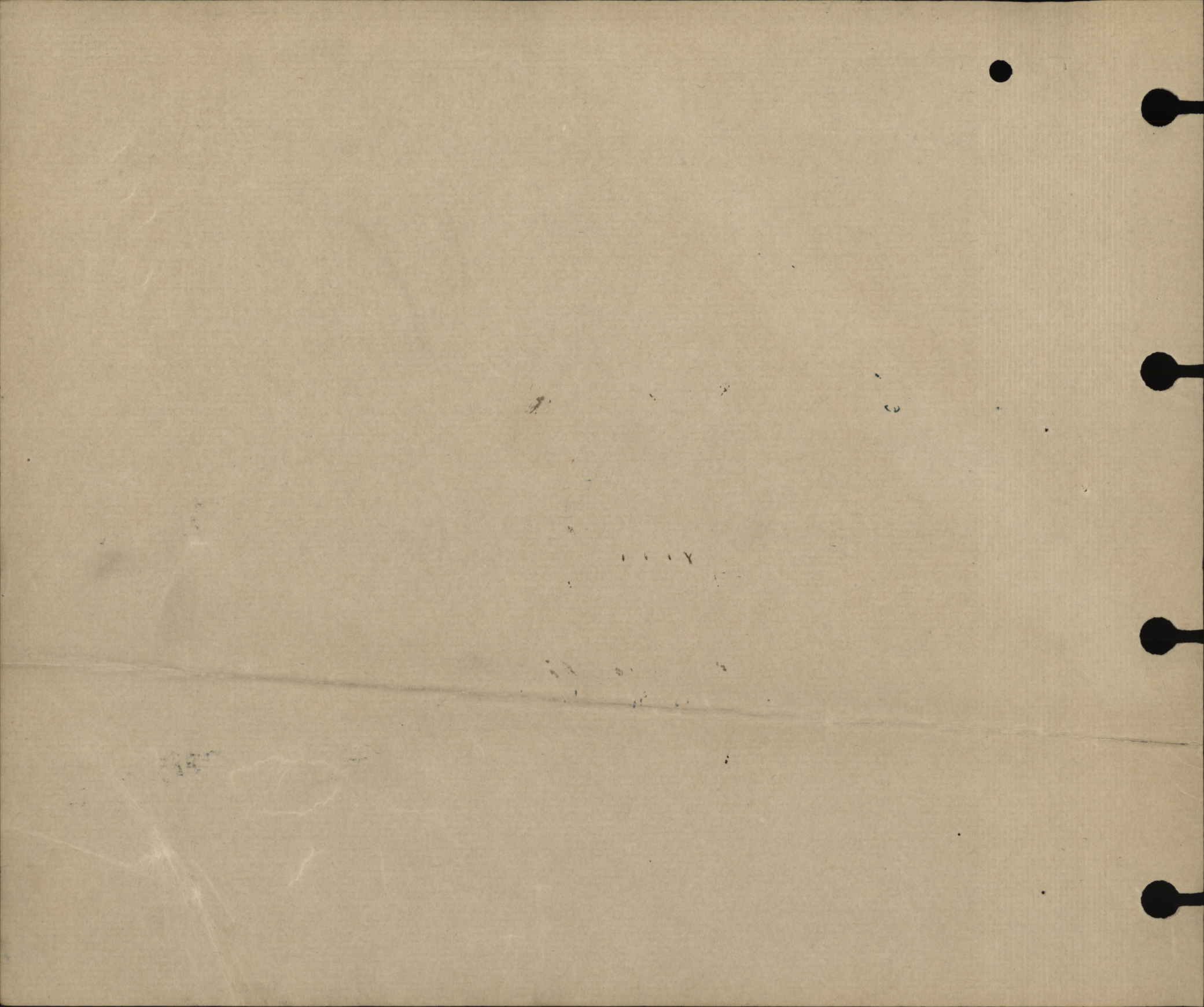
Rate *\$10.00*

OCT 1 - 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2 *Mrs. Gladie Smith*
 (Assignee)

Name of Soldier *Smith, Pearl*

PAYMENTS.

832070. Pte. 145 Bu.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$10.00</i>
				OCT 1 - 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>X 25959</i>	<i>10</i>	
Nov.		<i>Q 32590</i>	<i>10</i>	
Dec.		<i>Y 34890</i>	<i>10</i>	
Jan.	1917	<i>R 41467</i>	<i>10</i>	
Feb.		<i>D 42447</i>	<i>10</i>	
March		<i>P 53300</i>	<i>10</i>	<i>10.13-</i>
April		<i>X 4906</i>	<i>10</i>	<i>10.8..</i>
May		<i>N 11446</i>	<i>10</i>	
June		<i>M 21065</i>	<i>10</i>	<i>10 T.</i>
July		<i>P 25271</i>	<i>10</i>	<i>b</i>
Aug.		<i>F 36775</i>	<i>10</i>	
Sept.		<i>N 39231</i>	<i>10</i>	
Oct.		<i>V 44140</i>	<i>10</i>	
Nov.		<i>V 51437</i>	<i>10</i>	
Dec.		<i>W 59819</i>	<i>10</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

152

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.				

ASSIGNED PAY. **ENGLAND OR CANADA.** SEPARATION ALLOWANCE. **ENGLAND OR CANADA.** NAME:- *SMITH Pearl*

EFFECTIVE DATE:- *1/10/16* EFFECTIVE DATE:- NUMBER:- *832070*

AMOUNT:- *10⁰⁰* AMOUNT:-

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. J. Smith (Mother)
River Glade, West. Co. N.B.*

AUTHORITY | DATE EFFECTIVE | RANK OR APPOINTMENT

As to 22/12/18

UNIT AND TRANSFERS

ORIGINAL UNIT:- *145th Bn*

DATE ACCOUNT FIRST OPENED:- *1/10/16*

AUTHORITY | DATE EFFECTIVE | DATE LEDGER SHEET T'S F'D | UNIT TRANSFERRED TO

*150-30/3/18 1/2/18 UP Bn.
63-11/6/18 1/6/18 23 Cos
11/7/18 22/7/18 5 CURR*

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>6/29/18</i>	<i>627</i>	<i>82713</i>	<i>973</i>				
<i>9/29</i>		<i>Ldn</i>	<i>4733</i>				
			<i>10666</i>				
		<i>Moham. 25/7/18</i>	<i>224</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:- *1.3.19. Stock Gen. D.3621. 22/19 B. V. S. H. 6/1888 m. D. 7*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918									<i>18640</i>	<i>100</i>	
April	<i>P.P.</i>	<i>3300</i>						<i>10</i>	<i>19967</i>	<i>105</i>	
		<i>3300</i>		<i>AR. 198 26/4/18 ypbw</i>	<i>973</i>			<i>10</i>	<i>23277</i>		
May	<i>P Pay</i>	<i>3410</i>						<i>10</i>	<i>18971</i>		
		<i>3410</i>		<i>AR 252 14/5/18 "</i>	<i>2433</i>				<i>18971</i>	<i>110</i>	
		<i>3410</i>		<i>" 392 28/5/18 "</i>	<i>993</i>			<i>10</i>	<i>21271</i>		
June	<i>P. P.</i>	<i>33 -</i>		<i>a.p. June</i>				<i>10</i>	<i>21163</i>		
		<i>33 -</i>		<i>AR 4005.28. 1.6.18.</i>	<i>108</i>				<i>20717</i>		
		<i>33 -</i>		<i>AR 504. JBN 15.6.18.</i>	<i>446</i>				<i>20380</i>	<i>115</i>	
		<i>33 -</i>		<i>4 18. 802B 22.6.18.</i>	<i>357</i>						
July	<i>P.P.</i>	<i>3410</i>						<i>10</i>	<i>22770</i>		
		<i>3410</i>		<i>a.p. Can.</i>				<i>10</i>	<i>22324</i>		
		<i>3410</i>		<i>AR 292. 8.A.I.B. 11/7/18</i>	<i>446</i>				<i>21967</i>	<i>120</i>	
		<i>3410</i>		<i>" 500 " 27.7.18</i>	<i>357</i>				<i>803</i>		
AUG	<i>P P</i>	<i>3410</i>						<i>10</i>	<i>24377</i>		
		<i>3410</i>		<i>a P ban</i>				<i>10</i>	<i>23931</i>	<i>125</i>	
		<i>3410</i>		<i>AR 712 8020 17/8/18</i>	<i>446</i>			<i>10</i>	<i>26231</i>	<i>130</i>	
Sept	<i>P P</i>	<i>33</i>						<i>10</i>	<i>25425</i>	<i>135</i>	
		<i>33</i>		<i>AR 1066 802 B 21/9/18</i>	<i>357</i>				<i>27838</i>	<i>140</i>	
		<i>33</i>		<i>" 1190 " 21/9/18</i>	<i>446</i>			<i>10</i>	<i>27465</i>		
		<i>33</i>			<i>803</i>				<i>26532</i>		
OCT	<i>✓</i>	<i>3410</i>						<i>10</i>	<i>27465</i>		
		<i>3410</i>		<i>e. a. P.</i>				<i>10</i>	<i>26532</i>		
		<i>3410</i>		<i>AR 1915 802 B 12/10/18.</i>	<i>357</i>				<i>27465</i>		
		<i>3410</i>		<i>" 2343 " 29/10.</i>	<i>933</i>				<i>26532</i>		
		<i>3410</i>			<i>1306</i>			<i>10</i>			

NUMBER 832070 RANK

file

NAME SMITH P.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
<i>Nov.</i>				<i>Nov Inv.</i>					26532	140	
				<i>3 Div Wang 6666. alt. 2908 6/11</i>	373				26159		
				<i>3 Div Wang 6666. alt. 3007 13/11</i>	1306				24853		
				<i>AK 3329. 8C 873. 3311.18</i>	373				24480		
<i>Nov Dec PP</i>		6710		<i>L & P Na / Dec</i>	2052			20	29190		
<i>Jan PP</i>		2410		<i>✓</i>				10	3116		
		10120			2052			30	32800		
<i>Feb</i>		2080		<i>✓</i>				10	33680		
				<i>SLA alt. 4493 23/12</i>	373				33307		
				<i>" " 5228 10/1</i>	746				32561		
				<i>" " 5784 28/1</i>	373				32188		
	<i>Inv. on keep card</i>		906						33094	145	
				<i>LP 29477 9/2</i>	9733				23361		
				<i>SLA alt 6242 6/2</i>	933				22428		
				<i>A Wang " 5184 8/3</i>	973				21455		
				<i>DN. SLA " 145 22/19</i>	973				20482		
		2986			14104			10			

1/16
W. H. Smith
3/29/49

MEDICAL CASE SHEET.*

1st Eastern General Hospital
CAMBRIDGE

No. in Admission and Discharge Book. 924 Year 1917	Regimental No.	Rank.	Surname.	Christian Name.
	832070		Smith	
	Unit.	Age.	Service.	
	5 Canadian			

Station and Date.	Disease
-------------------	---------

hep. linitis April 16th 1917 - in frame -
swelling face legs, headache, no
abv. in, white eye change in urine.

Waps

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

94-1
94-1

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

War Service Badge
Class "A" No:
130454

C. 21

1. No. 832070		
2. Rank. Private		
3. Name. SMITH PEATTLE		
4. Unit. 5 th C.M.R. D. D. No. 7		
5. Date of Discharge	MAR 23 1919	Place T. JOHN N. B.
6. Reason for Discharge Demot.		
7. Authority R.O. 1420 (C)		
8. Proposed Residence after Discharge Riverside Westmoreland Co. N.B.		
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ? 39 MAR 28 1919 Dispersal Station "C" Military District No. 7 P. Smith Signature of Soldier.		
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Date Signature Ramey Capt. O. C. DISPERSAL STATION ST. JOHN, N. B. FOR O. C. DISTRICT DEPT #1		

PROCEEDINGS ON DISCHARGE

(Continued)

<p>1. Name of Debtor</p>	<p>W. H. C. C.</p>
<p>2. Name of Creditor</p>	<p>W. H. C. C.</p>
<p>3. Name of Assignee</p>	<p>W. H. C. C.</p>
<p>4. Name of Assignor</p>	<p>W. H. C. C.</p>
<p>5. Name of Assignee</p>	<p>W. H. C. C.</p>
<p>6. Name of Assignor</p>	<p>W. H. C. C.</p>
<p>7. Name of Assignee</p>	<p>W. H. C. C.</p>
<p>8. Name of Assignor</p>	<p>W. H. C. C.</p>
<p>9. Name of Assignee</p>	<p>W. H. C. C.</p>
<p>10. Name of Assignor</p>	<p>W. H. C. C.</p>
<p>11. Name of Assignee</p>	<p>W. H. C. C.</p>
<p>12. Name of Assignor</p>	<p>W. H. C. C.</p>
<p>13. Name of Assignee</p>	<p>W. H. C. C.</p>
<p>14. Name of Assignor</p>	<p>W. H. C. C.</p>
<p>15. Name of Assignee</p>	<p>W. H. C. C.</p>
<p>16. Name of Assignor</p>	<p>W. H. C. C.</p>
<p>17. Name of Assignee</p>	<p>W. H. C. C.</p>
<p>18. Name of Assignor</p>	<p>W. H. C. C.</p>
<p>19. Name of Assignee</p>	<p>W. H. C. C.</p>
<p>20. Name of Assignor</p>	<p>W. H. C. C.</p>
<p>21. Name of Assignee</p>	<p>W. H. C. C.</p>
<p>22. Name of Assignor</p>	<p>W. H. C. C.</p>
<p>23. Name of Assignee</p>	<p>W. H. C. C.</p>
<p>24. Name of Assignor</p>	<p>W. H. C. C.</p>
<p>25. Name of Assignee</p>	<p>W. H. C. C.</p>



LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129, or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing | Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). *& duplicate*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... B

Checked by No. 7

Smith

Date..... 6-3-19

ORIGINAL.
MEDICAL HISTORY SHEET.

832070
ORIGINAL

Surname Smith Christian Name Pearl

Examined { on <u>12th</u> day of <u>January</u> 191 <u>6</u> at <u>Moncton</u> Birthplace { City or Town <u>River Glade</u> County <u>Westmorland N.B.</u> Apparent age <u>18</u> Trade or occupation <u>Farmer</u> Height <u>5</u> Feet <u>5</u> Inches Weight <u>130</u> Lbs. Chest measurement { Minimum <u>32</u> inches Maximum expansion <u>36</u> inches Physical development <u>good</u> Small-Pox Marks <u>none</u> Vaccination Marks { Arm Right Left Number <u>none</u> When Vaccinated last _____ (a) Marks indicating congenital peculiarities or previous disease _____ (b) Slight defects but not sufficient to cause rejection _____	Approved by <u>[Signature]</u> Rank <u>Major</u> M.O. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Date</th> <th>Fit or Unfit</th> <th>EXAMINED FOR RE-ENGAGEMENT</th> </tr> <tr> <td></td> <td></td> <td><u>25 APR 1917</u></td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <th>Date</th> <th>Result</th> <th>VACCINATIONS.</th> </tr> <tr> <td><u>1.9.16</u></td> <td><u>Good</u></td> <td><u>meo</u></td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <th>Date</th> <th>Result</th> <th>ANTI-TYPHOID INOCULATIONS, ETC.</th> </tr> <tr> <td><u>17/2/16</u></td> <td><u>6</u></td> <td><u>Est.</u></td> </tr> <tr> <td><u>27/2/16</u></td> <td><u>6</u></td> <td></td> </tr> <tr> <td><u>6-7-16</u></td> <td><u>meo</u></td> <td></td> </tr> <tr> <td><u>25-7-17</u></td> <td><u>meo</u></td> <td></td> </tr> </table>	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT			<u>25 APR 1917</u>			M.O.			M.O.			M.O.			M.O.			M.O.			M.O.	Date	Result	VACCINATIONS.	<u>1.9.16</u>	<u>Good</u>	<u>meo</u>			M.O.			M.O.			M.O.	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	<u>17/2/16</u>	<u>6</u>	<u>Est.</u>	<u>27/2/16</u>	<u>6</u>		<u>6-7-16</u>	<u>meo</u>		<u>25-7-17</u>	<u>meo</u>	
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<u>25-7-17</u>	<u>meo</u>																																																						

Enlisted on 1st day of Jan 1916 at Moncton, N.B.

	CORPS.	REG'T NUMBER.	RATE.	DATE
Joined on enlistment	<u>145th As. Batta C.E.F.</u>	<u>832070</u>		
Transferred to.....	<u>9th Res Bn</u>			<u>7-10-16</u>
	<u>5th B.M.R. S' Seas</u>			<u>27-10-16</u>


EXAMINED OR DISCHARGED BY A MEDICAL BOARD:

STATION.	DATE.	DISEASE.	RESULT.
<u>Orkney</u>	<u>2 Aug 1917</u>	<u>189/112</u>	<u>Atv & left - left</u>

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

CANADIAN

Surname *Smith* Christian Name *Reard*

STATION	Date of Arrival at the Station.	DATES OF						DISEASE	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
		20	4	17	19	6	17.	<i>Nephritis.</i>	60.	<i>Transferred to San. Con. Camp, Woodcote Plk. Epsom.</i>	<i>Albalein</i> CAPTAIN, R.A.M.C. (I.) REGISTRAR. For G.C.
<i>MCH. Epsom</i>		19	6	14	6	JUL	1917	<i>do</i>	18	<i>Patient states. feels perfectly well. no pain of any kind. urine Reports. neg. for Bays Bath. A.T.V.</i>	<i>W. B. Hudson</i> CAPT: C.A.M. "B" DIVISION.
NO 12 CAN. GENERAL HOSPITAL.		20	2	18	15	3	18	<i>Influenza.</i>	22	<i>On admission - pain in back & headache T.P.R. normal. First urine Ex showed hyaline casts, R.B. cells, pus & Epithelium. Repeated Ex since all negative. Trans W. Epsom</i>	<i>Pharmacian</i> Capt Camp
<i>Mr C. H. Epsom</i>		15	3	18	8	4	18	<i>do</i>	25	<i>Chest clear heart & lungs negative no evidence of disability &</i>	<i>Go Ireland</i> CAPT. C.A.M. No. 1

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Oct 1-1916

OVERSEAS CONTINGENTS

S

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

7614 *10*

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62898 B.

PARTICULARS OF SEPARATION ALLOWANCE

No. *832070*

Rank *pte* Promoted Reverted Discharge

Soldier's Name *Pearl Smith*

Battalion *145 Batten*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Sadie Smith*

Address *River Esplanade West Co.*

Change of Address *N.B.*

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>016968-P100</i>
<i>Dec 31</i>			<i>150</i>	<i>150</i>	
<i>Jan</i>	<i>A 63588</i>		<i>10</i>	<i>10</i>	
<i>Feb 18</i>	<i>L 73267</i>		<i>10</i>	<i>10</i>	<i>Agw</i>
<i>March</i>	<i>J 92631</i>		<i>10</i>	<i>10</i>	<i>✓</i>
<i>April</i>	<i>J 12147</i>		<i>10</i>	<i>10</i>	<i>✓</i>
<i>May</i>	<i>S 14614</i>		<i>10</i>	<i>10</i>	<i>✓</i>
<i>June</i>	<i>W 26589</i>		<i>10</i>	<i>10</i>	<i>✓</i>
<i>July</i>	<i>G 24297</i>		<i>10</i>	<i>10</i>	<i>✓</i>
<i>Aug</i>	<i>W 26036</i>		<i>10</i>	<i>10</i>	<i>✓</i>
<i>Sept</i>	<i>W 49715</i>		<i>10</i>	<i>10</i>	<i>✓</i>
<i>Oct</i>	<i>P 50009</i>		<i>10</i>	<i>10</i>	<i>✓</i>
<i>Nov</i>	<i>Y 57090</i>		<i>10</i>	<i>10</i>	<i>✓</i>
<i>Dec</i>	<i>Q 65837</i>		<i>10</i>	<i>10</i>	<i>✓</i>
<i>Jan</i>	<i>L 71088</i>		<i>10</i>	<i>10</i>	<i>✓</i>
<i>Feb</i>	<i>L 80841</i>		<i>10</i>	<i>10</i>	<i>✓</i>
<i>MAR</i>	<i>N 83358</i>		<i>10</i>	<i>10</i>	
			<i>300</i>	<i>300</i>	

A/c closed 31-3-19

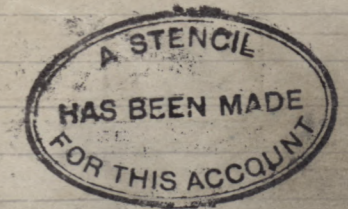
Ret'd per. Cane

Date 27-3-19 MD # 7

Clerk J. Vaery

MRO 68366 4-4-19 WTB

M. F. W. 128.
400M-5-17-1773-39-1141
L. L. 22820-M. & D. 1968.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128.
 400M. 6-17-1772 39-1141
 L. L. 22320-M. & D. 7993.

