

1st DEPOT BATTALION, N. B. REGIMENT.

7 M. D. Fir at Depot Battalion New Brunswick Regiment

Regtl. No. 3256351

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Triplicate.

(Class.....)

1. Surname..... Solomon

2. Christian name..... Henry John

3. Present address..... RR#6 Fredericton, N.B.

4. Military Service Act letter and number..... 660414FC 3256351

5. Date of birth..... April 3/1896

6. Place of birth..... RR#6 Fredericton, N.B.
(town, township or county and country)

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

8. Religion..... EC

9. Trade or calling..... Labourer

10. Name of next-of-kin..... Sarah Solomon

11. Relationship of next-of-kin..... Mother

12. Address of next-of-kin..... RR#6 Fredericton, N.B.

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

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

15. Medical Examination under Military Service Act:—
(a) Place..... Perth, N.B. (b) Date..... Nov. 28/17 (c) Category..... A2

DECLARATION OF RECRUIT

I, Henry John Solomon, do solemnly declare that the above particulars refer to me, and are true.

Henry John Solomon (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	21	yrs.....	6	mths.....	} Distinctive marks, and marks indicating congenial peculiarities or previous disease.
Height.....	5	ft.....	9	ins.....	
Chest measurement }.....	fully expanded.....		36	ins.....	
	range of expansion.....		3	ins.....	
Complexion.....	Dark				
Eyes.....	Brown				
Hair.....	Black				

D. D. McArthur Major
O. C. O. C. 1st Depot Battalion New Brunswick Regiment Depot Btln. Regt.

Place..... St. John, N.B. Date..... Jan. 30/18

Recd No. 1000

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1916

Class

1. Name of recruit

2. Christian name

3. Present address

4. Military or other service number

5. Date of birth

6. Place of birth

7. Married, widower or single

8. Religion

9. Trade or occupation

10. Name of next of kin

11. Relationship to recruit

12. Address of next of kin

13. Whether recruit is a member of the A.D.C. Division

14. Particulars of service in the military or naval service, if any

15. Medical examination under Military Service Act

16. Particulars of medical examination

DECLARATION OF RECRUIT

I, the undersigned, do solemnly declare that the above particulars are true and correct.

(Signature of Recruit)

DESCRIPTION OF CALLING UP

Particulars	Remarks
Age	
Height	
Weight	
Complexion	
Build	
Stature	
Complexion	
Build	
Stature	

REGIMENTAL DOCUMENTS

25
NAME

SOLOMON

Henry John

REGT. NO.

325635

UNIT

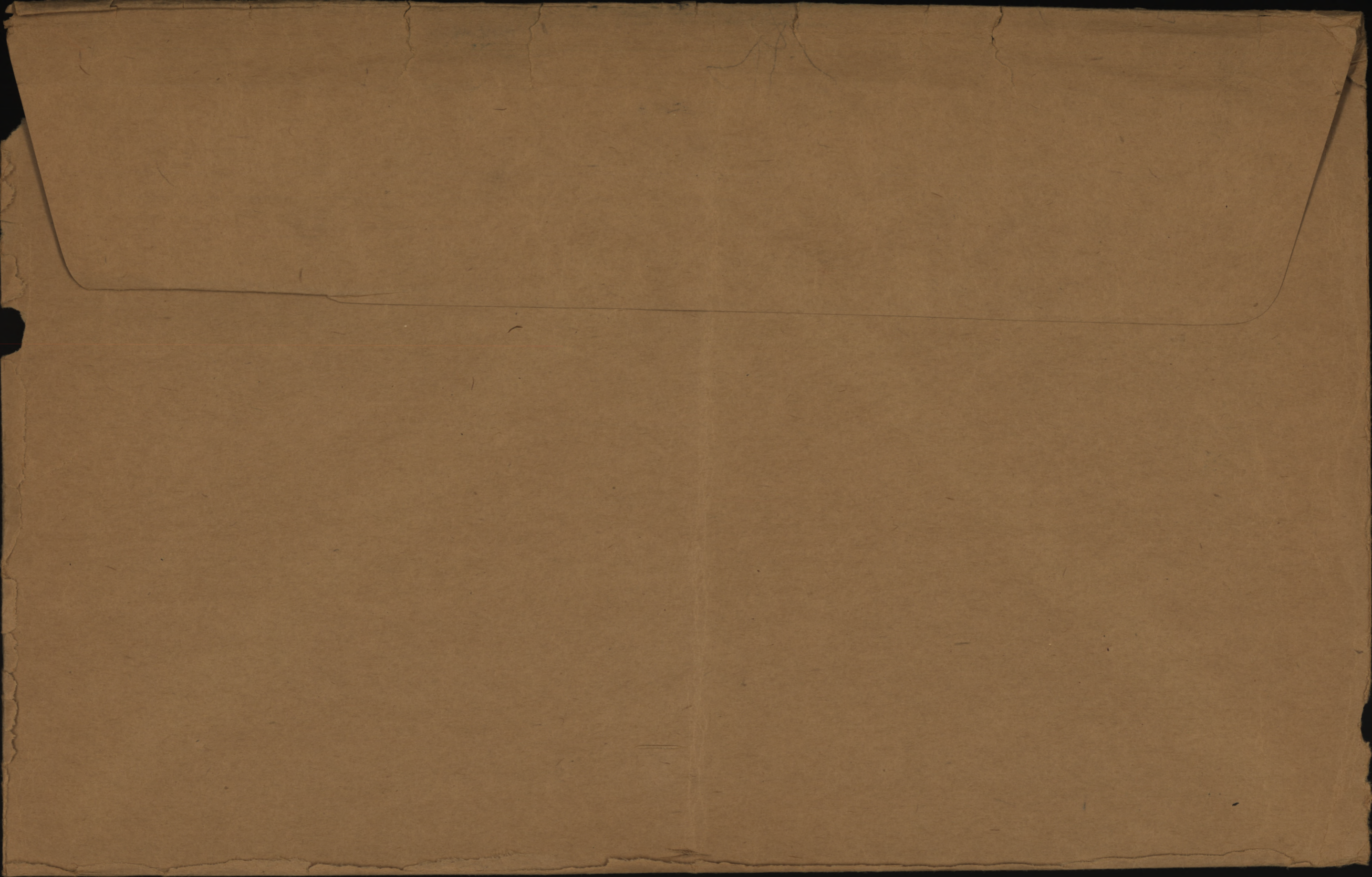
1st Bn B Co

H. Q.

FILE NO.

11

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
					DEATH Category
					DISCHARGE Category
					DESERTION
2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					
1 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.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
1 DENTAL HISTORY SHEET (M.F.B. 465)					
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)			33423		



325735
SIN/NAS

Solomon
Surname/Nom

Henry John
Given names/Prénoms

**CANADIAN FORCES
FORCES CANADIENNES**

**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

9148

**"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"**

**COMPONENT
ÉLÉMENT**

CEF



SURNAME. *Salomon.*

CHRISTIAN NAMES *Henry, Jr.*

REGL. NO. *3,256,351,* RANK *Otc*

UNIT *T. O. S. 30-1-19-8, - 1st Dep Bn. N. B. Regt.*

FORMER CORPS *D.O. Part II No 3,7- 6/2/18,*

CARD NO. *710*
FOLL. *710*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

M.S.#7,

S.O.S. 2-3-18 D.O. 65.

COUNTRY OF BIRTH

DATE

PLACE OF ATTESTATION

DATE

no card

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3256351 (Rank) Private

Name (in full) SOLOWON, Henry John enlisted in

the 1st. Depot Battalion, New Brunswick Regiment.

CANADIAN EXPEDITIONARY FORCE at St. John, N.B. on the 30th.

day of January 19 18.

HE served in Canada

and is now discharged from the service by reason of Demobilization, being an Indian

(Authority P.C. 3051 d/11-12-18).

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

Age 21 years 6 months

Height 5 feet 9 inches

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars

Nil

Signature of Soldier

[Handwritten Signature]
O. C. 1st. Depot Battalion
New Brunswick Regiment.
Issuing Officer

Rank

Date of Discharge 2-3-18

Appointment

Signed at St. John, N.B. this _____ day of _____ 19 _____

in Military District No. 7

File Reference No. _____

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

On demobilization the particulars called for on the back of this certificate will not be completed.

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

M. F. W. 54. (A. F. B. 198.)

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st. Depot Bn. N.B. Regt.

Regimental No. 3256351 Rank Pte. Name SOLOMON, Henry John

C. E. F.

Enlisted (a) 30-1-18 Terms of Service (a) Duration of War Service reckons from (a) 30-1-18

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended. Re-engaged. Qualification (b) labourer

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				
2-3-18	O.C. 1st. Depot Bn. E.B. Regt.	S.O.S. 1st. Depot Bn. N.B. Regt. Demobilization being an Indian (Authority P.C. 3051 d/11-12-18).	St. John N.B.	2-3-18	Part 2 D.O. # 65 d/6-3-18.

H. S. Humphreys

(1) 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.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *7*

NAME OF SOLDIER

Selamian

REGIMENT

1st Depot Bn

RANK

Pte

No. *335635*



INSTRUCTIONS

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

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

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoecia	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
												U	L	P			Gold	Porcelain				
	<i>1918</i>																					
	<i>Feb 12</i>										<i>1</i>									<i>Examined by</i>		<i>Ex Y 3. 4. 7. 9. 10. 12.</i>
																				<i>R. M. Mac Ribbon</i>	<i>7</i>	<i>18. 14. 18. 19. 28. 29.</i>
																				<i>Capt</i>		<i>30. 31</i>
																						<i>Apr. 2. 4. 8. 15. 16. 17.</i>
																						<i>20. 23. 24 32</i>

FORM OF WILL

I, Henry John Solomon (Name in full)
Regimental Number 3256351 serving in.....

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Mrs. Sarah Solomon
Fredrickton N.B.
Rural Route No 6.

Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Sarah Solomon
Fredrickton N.B.

Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE

This space for the
appointment of
Executor if
necessary.

Sarah Solomon

IMPORTANT NOTE

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

this 18 day of Feb. A.D. 1918

H. J. Solomon Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness..... W. J. O'Connell

Address of Witness.....

THE TWO
WITNESSES

Occupation of Witness.....

MUST
SIGN HERE

Signature of Second Witness..... William McArthur

Address of Witness..... 1st Depot Buss N. B. Regt. St John N.B.

Occupation of Witness.....

FORM OF WILL

3. I hereby declare that I am of legal age and sound mind and memory and I am not under any legal disability...

of the County of ... State of ... do hereby declare this to be my last Will...

to have all my personal estate...

to have all my personal estate...

to have all my personal estate...

to have all my personal estate...

to have all my personal estate...

to have all my personal estate...

to have all my personal estate...

to have all my personal estate...

MADE IN CANADA

R.R. No 6.
Fredericton NB

MILITARY SERVICE ACT, 1917.

Original.

MEDICAL HISTORY SHEET.

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

- 1. Surname Salomon Christian name John James
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 381199 F.R.
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
- 4. Address (including street and number, if any) Riley Brook N.B.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 28 day of Nov 1917, by the undersigned medical board sitting at Point N.B.

- 5. Age as stated 21 Years 6 Months.
- 6. Apparent age 21 Years 6 Months.
- 7. Height 5 Feet 9 Inches.
- 8. Weight 155 Pounds.
- 9. Chest measurement { Minimum 33 Ins. Maximum 36 Ins.
- 10. Complexion Dark { Eyes Brown Hair Black
- 11. Physical development Good { Good Fair Poor
- 12. Smallpox marks None
- 13. Number of vaccination marks { Right arm 0 Left arm 0
- 14. When vaccinated last 0
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

16. Slight defects but not sufficient to cause rejection _____

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

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

A2

Handwritten notes: Vision 130, Hearing normal

Signature of Man: John H. Salomon

Medical Board Members: President, Member, Member

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
31/1/18	Good	Tuberculin test	31/1/18	7.0	M.O.
			6/2/18	7.0	M.O.
			15/2/18	7.0	M.O.
				Tuberculin test	M.O.

Joined 30th day of January 1918 at St John N.B.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	1st Depot Bn.	3256351		
Transferred to	N.B. Reg.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



1. No. 3256351	
2 Rank. Private	
3. Name. SOLOMON, Henry John	
4. Unit. 1st. Depot Battalion, New Brunswick Regiment.	
5 Date of Discharge 2-3-18	Place St. John, N.B.
6 Reason for Discharge Demobilization, being an Indian	
<i>Approved E. O. R. March 16 1918</i>	
7. Authority. P.C. 3051 d/11-12-18.	
8. Proposed Residence after Discharge R.R. # 6. Fredericton, York Co. NB	
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. ?	
Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place St. John, N.B. Date	
Signature <i>H. S. Chumney Capt</i> (O. C. Discharging Unit.)	



SHORT FORM NO. 10
PROCEEDINGS ON DISCHARGE

1. No.	
2. Rank	
3. Name	
4. Unit	
5. Date of Discharge	
6. Reason for Discharge	
7. Authority	
8. Proposed Residence and Discharge	
9. Certificate to be signed by Soldier	
10. Confirmation	



I hereby acknowledge that at the above stated place and date I received my discharge certificate

M. E. W. I.
Signature of Soldier

The discharge of the above named man is hereby confirmed

Place
Date

Signature

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

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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