

CLASS A II  
ATTESTATION PAPER.

3481

No. 2293786

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- |   |                                |
|---|--------------------------------|
| 1. What is your surname?  | SUTHERLAND                     |
| 1a. What are your Christian names?  | ARCHIBALD HOWARD               |
| 1b. What is your present address?   | Regtl Depot, L.S.H. (R.C.)     |
| 2. In what Town, Township or Parish, and in what Country were you born?                           | Seuris, Manitoba, Canada       |
| 3. What is the name of your next-of-kin?  | Mrs. S. Thompson               |
| 4. What is the address of your next-of-kin?   | Ochre River, Manitoba, Canada. |
| 4a. What is the relationship of your next-of-kin?   | Mother                         |
| 5. What is the date of your birth?  | 26th. August 1890              |
| 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?   | Permanent Force                |
| 10. Have you ever served in any Military Force?..<br>If so, state particulars of former Service.  | 8 months, L.S.H. (R.C.)        |
| 11. Do you understand the nature and terms of your engagement?                                    | Yes                            |
| 12. Are you willing to be attested to serve in the }<br>CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } | Yes                            |
| 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? ..  | No                             |
| 14. If so, what was the nature of the disability?   | ---                            |
| 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? ..... | No                             |
| 16. If so, what was the reason?   | ---                            |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Archibald Howard Sutherland, 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.

A. H. Sutherland (Signature of Recruit)

Date 1st. April 1918 191 . D. Cameron (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Archibald Howard Sutherland, 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.

A. H. Sutherland (Signature of Recruit)

Date 1st April 1918 191 . D. Cameron (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 Winnipeg, Man. this 1st. day of April 1918 191 .

D. Cameron Major (Signature of Justice)  
Commanding Strathcona's.



Description of ARCHIBALD HOWARD SUTHERLAND on Enlistment.

Apparent Age.....27.....years.....2.....months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5.....ft.....7.....ins.

Chest measurement { Girth when fully expanded.....36½.....ins.  
Range of expansion.....3.....ins.

Complexion.....Ruddy

Eyes.....Grey

Hair.....L. Brown

Religious denominations. { Church of England.....  
Presbyterian.....Yes  
Methodist.....  
Baptist or Congregationalist.....  
Roman Catholic.....  
Jewish.....  
Other denominations.....  
(Denomination to be stated.)

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).

Vision "R" 20/20  
"L" 20/20

Hearing "R" Normal  
"L" Normal

## 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 A-1 for the Canadian Over-Seas Expeditionary Force.

Date.....1st. April 1918.....191

Place.....Winnipeg, Manitoba.....

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:—

MOBILIZATION  
MEDICAL BOARD MAR 30 1918  
APPROVED FIT

*J. H. C. [Signature]* PRESIDENT

*A. M. C. [Signature]* MEMBER

*A. S. [Signature]* MEMBER

## CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Archibald Howard Sutherland.....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.

*C. A. [Signature]* Major (Signature of Officer)  
Commanding Strathcona/s.

Date.....1st. April 1918.....191



## REGIMENTAL DOCUMENTS

NAME *SUTHERLAND ARCHIBALD HOWARD*REGT. NO. *2293 786*UNIT *23 Res. Bn. Que. Regt.* H. Q. FILE NO.

## CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

/ ATTESTATION PAPER (M.F.W. 23, 133, or 51)

/ CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

/ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

/ MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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)

2 LAST PAY CERTIFICATE (M.F.W. 44)

/ PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

2 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

8 *Miscellaneous*

DEATH

Category

DISCHARGE

Category

*DEMORB.*

DESERTION

*1 L.P.C. S.A. 101/911 M. L.M. (Blunt.)**8/7/19**Misc - 158/216 (C)*

49507

*2-11**2-11**7, 4**1*







SURNAME. *Lutherland*

CHRISTIAN NAMES *Archibald Howard*

REGL. NO. *2293786*

RANK *Otc*

UNIT *L.S.A. (R.C.)*

FORMER CORPS *L.S.H. (R.C.) (8 mos)*

CARD No.

*S.O.S. Dis 18-9-19*  
*Senst. FOLL.*  
*Do 263 of 20-9-19*  
*1022*

T. O. S. *April 1. 1918*

D.O. Part II No *95*

NEXT OF KIN.

NAMES IN FULL *Thompson Mrs S.*

RELATIONSHIP TO SOLDIER *Mother,*

ADDRESS *Ochre River, Man.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Canada, Souris, Man.*

PLACE OF ATTESTATION *Winnipeg, Man*

DATE *Aug 26<sup>th</sup> 1890.*

DATE *April 1<sup>st</sup> 1918*

*0/5.17 4 18. 1179*  
*Can. left at Que. 14-2-18*  
*OL. 4. 26983 & M. & D. 8191. 4-18*  
*6/5. 21-7-18 1327 14*  
*7716. 14-9-19. 407 37. (Sgt.)*



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



6m  
2m  
Number

2293786

Rank

c/sgt

Surname

SUTHERLAND

Christian Name

Archibald Howard

Units

Q.R.

Theatre of War

Erg

Date of Service

8-8-18

Remarks

Latest Address

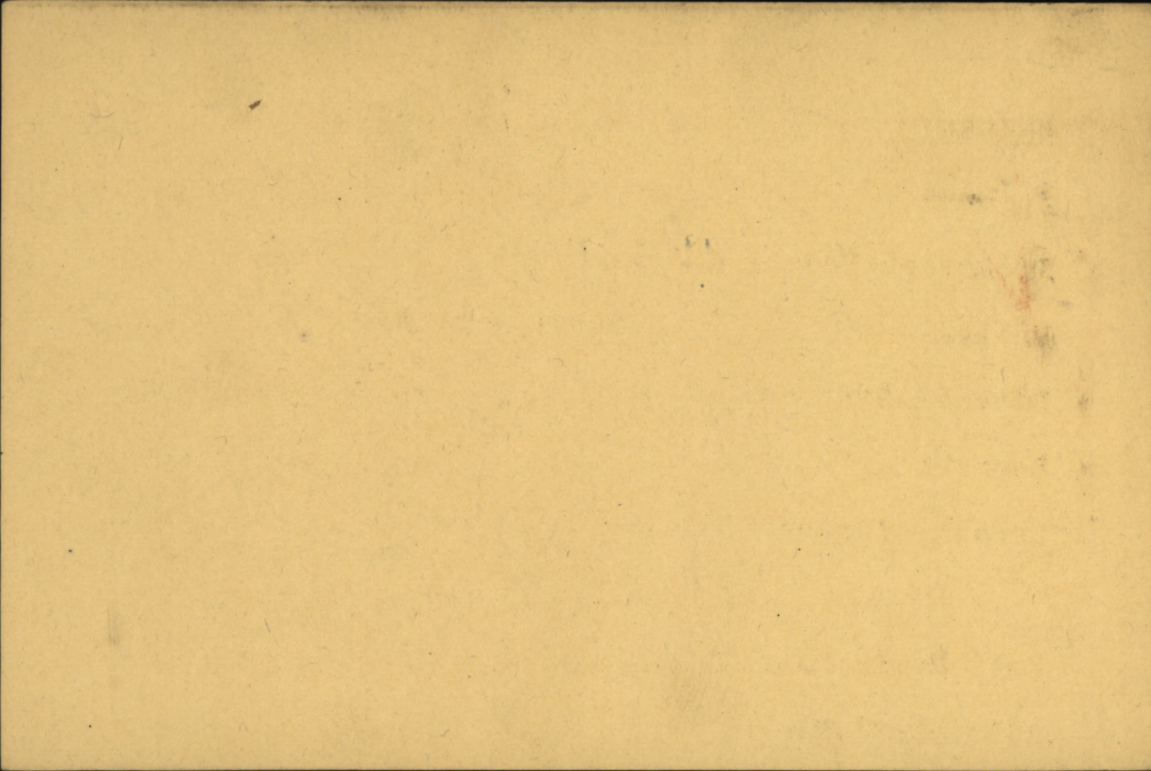
Can. Bank Commerce  
Main St

Roll No.

A Page 2235-10. fls.

200m.-2-21.M.







REG. NO. 2293786. NAME Sutherland, Archibald. 10123.

RANK. Olt. (SURNAME FIRST) L. S. A. 3481 V

AGE. 24. SERVICE. ✓

NAME OF HOSPITAL. Military. PLACE. India

DATE OF ADMISSION. 14. 4. 18.

DISEASE. Mumps.

DISCHARGE. 23. 4. 18.

OPERATION.

DISCHARGED TO DUTY. Yes.

TRANSFERRED TO.

DISCHARGED BY MEDICAL BOARD.

100M-9-17-H.Q. 1211-8-30.



REMARKS .....



No.

RANK

Pte.

NAME

Sutherland, A. H.

T.O.S. 1-8-17.  
(D.O. 175.)

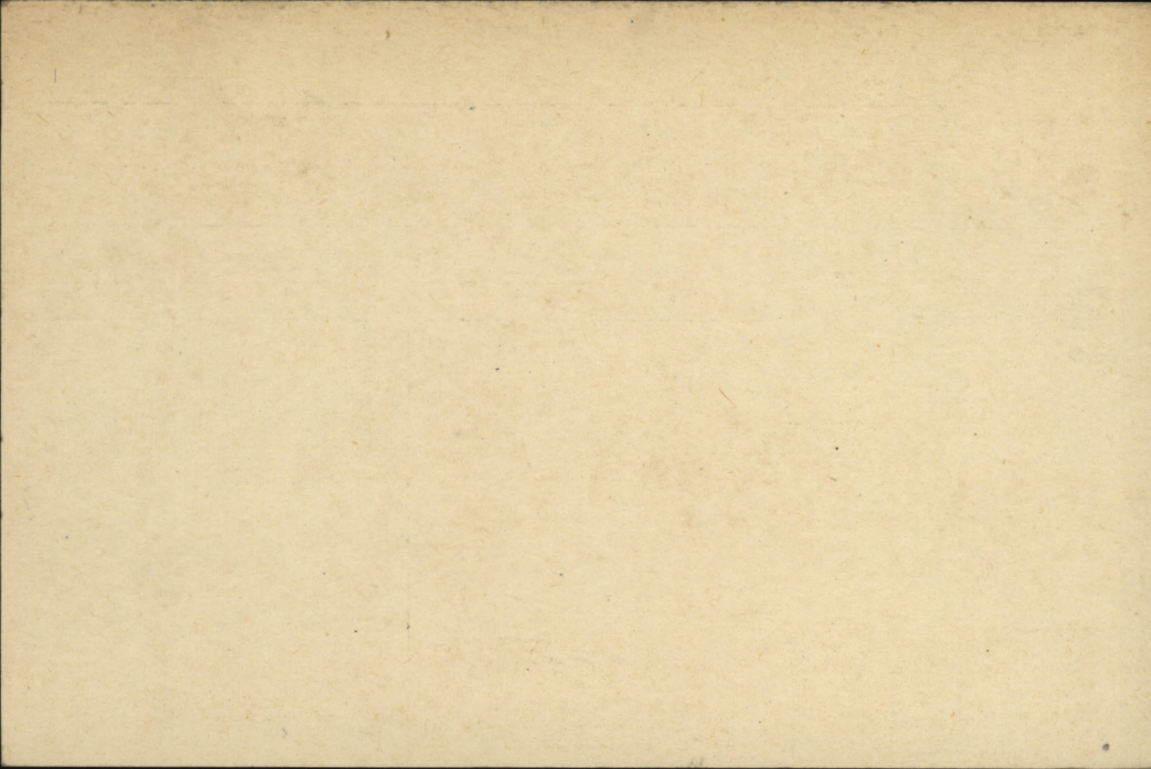
UNIT

Lord Strathcona Horse.

M. D. 18,

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
aug. 1	aug. 31	Q/A.		
Sept		L		
Oct. mare		L	31 day. H. L.	Oct. Paylist.
Nov		L		
Dec.		Q/A.		
1918				
Jan		L		
Feb		L		
Mar.		L		
apr. 1	apr. 11	N.	S.O.S. 31-3-18.	Mar. Paylist.
			R.S.O.S. 1-4-18.	D.O. 95.
			S.O.S. 11-4-18.	D.O. 101.
			are not closed. N.	







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

## DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

SUTHERLAND A.H.

REGIMENT

22nd Ar.

RANK

pt. SGT. No. 229386.

Date of Examination in England

29-5-19

Date of Examination in France

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



## PRESENT DENTAL REQUIREMENTS

1. FILLINGS

4, 16, 17, 29, 30.

2. EXTRACTIONS

3. CROWNS

Dent 6, 7.

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

no

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

(a) In Canada

(b) In England

(c) In France

Signature of Dental Officer







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

## DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

Sutherland A H.

REGIMENT

20 Res Bn

RANK

Sgt

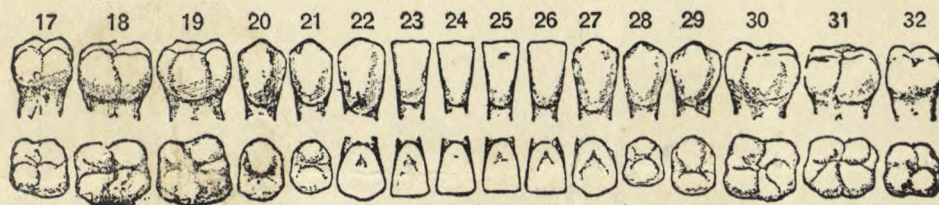
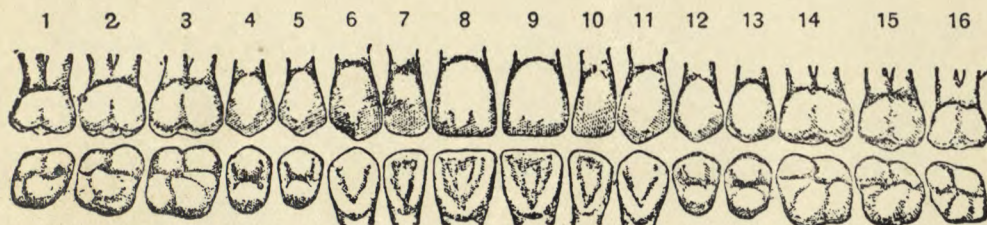
No.

2293786

Date of Examination in England

19/10/19

Date of Examination in France



## PRESENT DENTAL REQUIREMENTS

1. FILLINGS

28

2. EXTRACTIONS

3. CROWNS

6.7

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

(b) In England

(c) In France

Signature of Dental Officer

J. H. Evans

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.







Sergeant. Luther Lund. 88

REGIMENT..... 1st Regt. 2nd Armo.

RANK.....  
Sergeant. B. Cary No. 2293786

Condition on first Examination	Date	Amalgam	Temporary Filling (a)(G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
												U	L	P			Gold.	Porcelain				
	June. 24 <sup>th</sup> 1918.																					
			5- 3.4.15. 18.32.	1 29							5- 1.5.14. 17.20. 31.				4- 8.9.					Barbeau m. Capt.	# 5-	Ex- Cav.

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.







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

*Corps.*

L. S. A -

*Hospital Station.*

Donbe

No. 2293784 Rank and Name.

Pls

Sussexland

Age 20

Service 8½ months

Disease.

Prof. Murray -

Date of Admission

14-4-18

Date of Discharge

e 23-4-18

## Results

at

## Case Book

Folio..

[illegible]

*Signature*

Murphy's Law

In charge of case.



# CLINICAL CHART.

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

Corps

Rank and Name

Age

Service

Hospital Station

Case Book

Folio

Disease

Date of Admission

Date of Discharge

Date of Operation

Date of Death

Temperature Fahrenheit

107

106

105

104

103

102

101

100

99

98

97

Pulse per Minute

Respiration per Minute

Stool

Urine

Notes

Signature

In charge of case



Regimental No.....229 3786.....

Region.....Presbyterian

Surname.....*Sutherland*

Christian Names. Archibald Howard

TABLE I.—General Table.

Birthplace { Parish *Souris*  
County *Manitoba*

Examined { on *1* day of *April* 191*8*,  
at *Winnipeg Manitoba*

Declared Age *27* years *8* mths days.

Trade or Occupation *Farmer*

Height *5* feet *7* inches. Weight \_\_\_\_\_ lbs.

Colour of Hair *L. Brown* Complexion *Ruddy*

" Eyes *Grey*

Chest { Girth when fully expanded *36 1/2* inches.  
Measurement { Range of expansion *3* inches.

Physical Development *Good*

Vaccination Marks { Arm, RIGHT | LEFT  
{ Number \_\_\_\_\_ | \_\_\_\_\_

When Vaccinated \_\_\_\_\_

Vision { R.E.—V = *20/20* With Glasses { R.  
L.E.—V = *20/20* L.

Identification Marks, such as Tattoo, Moles, Scars, etc:—

### Defects or Ailments:—

Examined and found—

**Fit for Grade** { I.  
II.  
III.  
IV.

(Strike out those which do not apply.)

Signature J. Picard (sd)  
Chairman of Medical Board.

Re-examined for posting at.

On ..... day of ..... 191.....

Enlisted { at.....  
on..... day of..... 191.....

Joined on enlistment	Corps	Regtl. No.
	<i>Shatterers</i>	<i>2293786</i>

Transferred to	}		

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

[illegible]

Special Remarks: state if a discharged Soldier

TABLE IV.—Service Table.

[illegible]

Became non-effective by .....  
on.....day of.....191.....

(Signature) .....

(Rank) .....







## DEPARTMENT OF MILITIA AND DEFENCE.

## WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 8165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Archibald Howard 2. Surname Sutherland
3. Rank A/Serjt 4. Original Unit Que Reg 5. Reg. No 2293786
6. Address, in full, to which future payments of gratuity are to be forwarded.....  
Canadian Bank of Commerce main st Winnipeg Man.
7. Date of enlistment in the C.E.F. 1/4/18
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge nil
9. Relationship of such dependent nil
10. Address, in full, of such dependent nil
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? nil
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—  
**NOT APPLICABLE**
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? **NOT APPLICABLE**
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service **NOT APPLICABLE**
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served Three months with The  
Reg. in Canada. Six months with Que. Reg  
in England.
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department no
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? yes



18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *no*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *no*

20. Have you been issued with a War Service Badge? If so what class? *NOT APPLICABLE*

21. Have you, during the present war, served in the Imperial Forces? *no*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *no*

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge  
(b) Reason for discharge *NOT APPLICABLE*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit. *NOT APPLICABLE*

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit. *NOT APPLICABLE*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *NOT APPLICABLE*

(b) If so, are you in receipt of full pay and allowances from that Department? *NOT APPLICABLE*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *H. H. Luthers*

Place of Residence: *Canadian Bk. 1st Con. Man. 12, 13, 14, 20, 24, 25, 26, 27*

Declared before me at: *Ripon Yorks*

This *31st* day of *May* 19 *19*

Signature of Barrister of the  
Supreme Court Stipendiary Magis-  
trate, Notary Public, Justice of the  
Peace, or Commissioner for the  
Administration of Oaths under  
P.C. 2767, dated 11th Nov., 1918.

QUESTIONS

UNANSWERED.

#### POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent
------------	-----------------	-------------------

War Service Gratuity
-------------------------

Net amount due
-------------------

Certified Correct.

District Paymaster.

LIEUT.-COL.  
CDR H. B. 25th CDN. RES. BN.



# FORM OF WILL

## SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed  
to pass by this will.

Name, &c. I, Sutherland Archie H.

Sergeant

Regimental number 2293786 Rank Sergeant serving in the

Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor

I appoint //

whose address is //

to be the executor of this my last will.

General  
gift

I give to Mrs S. Thompson

Mrs S. Thompson

Mother

whose address is Orech River Manitoba

Orech River Manitoba

all my property not disposed of above.

Date

Dated at Winnipeg

this

1-4-18

191...

Signature

Archie Sutherland  
Signature of Soldier.

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

1ST WITNESS

2ND WITNESS

Witnesses

Signature Arthur Buchanan

Signature A. Borch

Address C. E. R.

Address C. E. R.

Occupation C. E. R.

Occupation C. E. R.



# INSTRUCTIONS

## NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

## EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

## LIFE INSURANCE

*If you do not wish to pass life insurance by the will this should be stated.*

## SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example:—

*I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.*

I give to.....my mother, Mrs. Eliz. Smith,.....  
whose address is.....250 Yonge Street, Toronto,.....  
all my property not above disposed of.

## DATE

Do not forget to insert the date on which the will is signed.

## WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.



Regimental No. 229 3786

Name and address of next-of-kin

Unit. Lord. Stra. Thomas. House.

Mrs. Solomon. The 11th 507

Date of enlistment *7/11/14*

Wchre. River.

Place of " *Phil.*

Frantuba

Married (yes or no) *Not Mentioned.*

Date and place discharged *29-4-18 Quebec*

Amount of pay assigned monthly \$ 15<sup>00</sup>

Reason for discharge 177 no f. To 1st. 17. Bn.

To whom payable Mrs. S. Thompson.

Character on discharge *N. O. 909.*

[illegible]



[illegible]



# 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. 2293786 Rank Sgt. Surname SUTHERLAND  
(Given name in full) ARCHIBALD HOWARD  
Unit or Corps 25th Reserve Birthplace Manitoba Canada

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

## 1. GENERAL DESCRIPTION:

Physique Good Weight 155 lbs. Height 5 ft. 7 in. Colour of Eyes Grey  
Nutrition Good  
Pulse 68 per min  
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).

NONE

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 no Cardio-Vascular System no  
Special Senses yes 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.

Specialist Report Upon 29/5/19  
without with glasses

Visual Acuity. R. 6/12 + with sph - .50 = 6/9  
" " L. 6/12 with sph - .50 = 6/9

Category "A." hyperopia both eyes. Condition  
was present before enlistment & has not  
been caused by service. Has not been  
approved by service Sgt R.F. Nicholls Capt Camp

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

[OVER]



## EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Ripon (Overseas)Date 31/5/19Signed H. G. McCallum 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 H. G. McCallum

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

## THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date .....

Signed .....

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 .....

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

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

Patient has ecchymosis around region of both knee joints. Due to exposure from wearing kilts & the light garters used in keeping his stockings up.

No Disabilities



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

## Casualty Form—Active Service.

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

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps Lord Strathcona's Horse (R.C.).Regimental No. 2293786 Rank Private Name Mr Archibald Howard Sutherland  
C. E. F.Enlisted (a) 1-4-18 Terms of Service (a) Duration of war Service reckons from (a) 1-4-18Date 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. 38, 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. 38, or in other official documents.
Date	From whom received				

20.8.18 O.C. 10th Can. Res. Bn. T.O.S. on transfer from  
arriving from Canada Bramshott 8.8.18 D.O.P. 11 196

16.9.18 O.C. 10th. Res. Bn. Transf. to 20th Bn. C. E. F. Bramshott 20.8.18 D. P. 11. O. 216

SEP 17 1918 takes T.O.S. from 10th Res Lh Ass-Adj. 10th. Can. Res. Battn,  
27/1/19 takes app'ts a/cpl (paid) WSE Bramshott, 20/8/18 D.O. 260  
17/7/19 takes app'ts a/cpl Paid Ripon 25/1/19 D.O. 27  
23-4-19 takes app'ts a/sergt Paid Ripon 11/7/19 D.O. 42  
27/4/19 D.O. 112



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents.
Date	From whom received				
29.4.19	20 Res.	S.O.S. on transfer to 23rd Can. Res. Bn.	Ripon	29/4/19	D.P. 11.9
30/4/19	23rd Res	S.O.S.	Ripon	29/4/19	D.P. 11.9 CAPT, & ADJUTANT, 20th CANADIAN RESERVE BN.
14/6/19	23rd Res Bn	S.O.S. on attachment to 5th Res Bn for the purpose of returning to Canada.	Ripon	DP 20 143	
22-7-19	O/c Rec. Q. Personnel	S.O.S. of O.M.F.C. having sailed to Canada Q.R.D.	London	14.6.19	A.O.I. Lieut 2nd Lt R



Nothing to be written in this margin.

Forms/B. 103/8

HWV(R1460)

3/19

100,000

P2151

(6 28 19)

## SERVICE AND CASUALTY FORM (Part I).

3481

Army Form B.103—I.  
Part I.

(1)*Substantive rank *Acting rank *(To be entered in pencil to facilitate alteration.)				(2) Regiment or Corps		(3) Regtl. No.	
(4) Surname <i>Sutherland</i>				<i>90 Dff 1 Bu 2 Que</i>		<i>2293786</i>	
(5) Christian Names <i>Archibald Howard</i>							
(6) Army Form, number of, Attestation } Form or Record of Service paper }							
(7) Whether of British or of Alien origin ( <i>vide</i> A.C.I. 578 of 1918)							
(8) Date of birth as stated on enlistment							
(9) (a)							
(10) Enlistment (b)				(11) Engagement (c)			
(12) Service reckons from (date)				(13) Special conditions (if any) of enlistment (d)			
(14) Any subsequent variations (if any) } of conditions of service }				Initials and Rank of an Officer.			
(Authority)							
(15) Category		Date	Medical Authority	Initials and Rank of an Officer	(16) Record of Occupation in Civil life ( <i>vide</i> Army Order 93 of 1917)		
					Industrial Group No.		
					Trade or Calling		
					Married or Single		
					Particulars of Trade Test		
					Occupation Cards despatched on (date)		
					Second Occupation Card despatched on (date)		
(17) Next of Kin							
(18) Demobilizer (f)				(Place)		{ Signature of Posting Officer	
(19) Pivotal-man (f)				(Date)			
(20) Qualifications (g)				or (21) Corps trade and rate			
(22) Extended {				(23) Re-engaged {			
(24) Miscellaneous entries :—							

**NOTES.**—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 470 of 1918). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent," &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoeing-smith, &c.







# 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. 2293786 Rank Sgt Surname SUTHERLAND  
(Given name in full) Archibald Howard  
Unit or Corps R.M.C. Birthplace Souris Man.

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

## 1. GENERAL DESCRIPTION

Physique Good Weight 145 lbs. Height 5'8" ft. Colour of Eyes Gray  
Nutrition Good  
Pulse 72 regular  
Condition of arteries Good  
Vision Rt. 20/20 Left 20/20  
Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.  
(Give cause and date of origin).

Nil

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 no 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 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.

Mumps April 15 1917. Recovery.  
M.H. and A+B 185 not available



# EXAMINATIONS

3481

## THIS SECTION FOR USE OVERSEAS—

Examined at Walter (Overseas)

Date 13/8/15

Signed D. H. Clark, 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 H. K. Sutherland

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

## THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date .....

Signed ..... 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 .....

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

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

Arch Dr. H 14-1-82 15-6-19



3481

Examined	on 1st day of August 1917.	Approved by	65. H. C. Capt. C. H. Captain.
	at Camp St Charles, Man.		per H. C. Capt. C. H.
Birthplace	City or Town Souris,	Rank	C.A.M.C. M.O.
	County Man. Canada.		
Apparent age	27 years,		
Trade or occupation	Farmer,		
Height	5 feet 7 Inches		
Weight	140 lbs.		
Chest measurement	Minimum 33 inches		
	Maximum expansion 36 1/2 inches		
Physical development	good		
Small-pox Marks	none		
Vaccination Marks	Arm Right Left		
	Number 3 Very Slight		
When Vaccinated last	1907		
(a) Marks indicating congenital peculiarities or previous disease	none		
(b) Slight defects but not sufficient to cause rejection	none		

Enlisted on 1st day of August 1917. at Camp St Charles, Man.

	CORPS	REG'T'L NUMBER	HABITS	DATE
Joined on enlistment	L.S.H.(R.C).	6795		1-9-17
Transferred to.....	L.S.H.(R.C) 6.6.5.	2293786		1.4.18

STATION	DATE	DISEASE	RESULT

M. F. B. 313.  
500M.—3-16.  
H. Q. 1772-39-439.

B.



Surname *Sutherland* Christian Name *Drichbold* *Howard*

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				
Wpá Lien Hosp		25	12	17	18	1	18	Laryngitis			Geo Lye
Quebec Gun		14	4	18	23	4	18	Mumps	10	OK - #ii	Reed



CANADIAN EXPEDITIONARY FORCE  
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2293786 (Rank) A/Sgt  
Name (in full) SUTHERLAND Archibald Howard enlisted in  
the 20th Res Batt  
CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 12th  
day of April 1918.  
HE served in England with 20th Res Batt  
and is now discharged from the service by reason of Demobilization.  
Medical Unfitness R.O. 1420 (c)

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

Age 28

Height 5' 7"

Complexion Buddy

Eyes Grey

Hair Brown

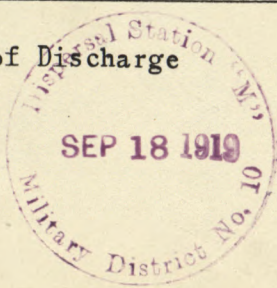
A. H. Sutherland

Signature of Soldier.

Marks or Scars.....

Nil.

Date of Discharge



J. A. Keane  
Issuing Officer.

Capt  
Rank

Date 18.9 1919

NB.- 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.



782/5 (small) 08 SEP 66

about shoulder CHA-SENTHS

that cert #06

to begin with

that after the end of

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

gubayp  
perp  
march 8



ASSIGNED PAY. ~~ENGLAND OR~~ CANADA. SEPARATION ALLOWANCE. ~~ENGLAND OR~~ CANADA.

EFFECTIVE DATE: 1-8-18 EFFECTIVE DATE: -

AMOUNT: 15- AMOUNT: -

NAME: SUTHERLAND, Archibald. <sup>2</sup>Howard.

NUMBER: 2293786

PARTICULARS OF RANK OR APPOINTMENT

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. S. Thompson. (Mother)

Ochre, River, Manitoba.

Supt Eff 1/6/19

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

P.C. from Canada 1-8-18 Sergt

B.O. 196 20/8/18 10 hrs. 8/8/18 pte.

Do 27 27/1/19 20 hrs 25-1-19 a/c cpl with pay

43 12/1/19 11-2-19 a/cpl with pay

113 23/4/19 UNIT AND TRANSFERS 22-4-19 4/39t with pay

ORIGINAL UNIT Draft No. 90 1-2. Que Reg

DATE ACCOUNT FIRST OPENED: 1-8-18

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T 357 D UNIT TRANSFERRED TO

20th Res

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

9-5-23 Rypm 14 60

22-5-690 14 60

29 20

R.P.C 31 19 C Bal 32 77 Comp 28 19

copy of R.P.C 22nd 18 19

much to can 1/6/19 NR D-9834-27 1/2 Rypm to Rypm MD-10

PARTICULARS OF RENDERING NON-EFFECTIVE: -

MONTH PARTICULARS CR. 1 CR. 2 PARTICULARS DR. 1 DR. 2 DR. 3 DR. 4 BALANCE DEFERRED SEPARATION

July 31 Bal. from Canada 40 70

Aug. 1-7-8-18. Sgts. Pay 10 50 15 36 20

8-31-8-18. P. Pay 26 40 67 60

A.R. 3556 16/8/18. Frencham 4 84 59 73

36 90 15 75 73

Sept. P. P. 33 1 15 70 86

A.R. 5105. Del. Frencham 4/9/18 4 87 65 99

4 1084. 30 Res 26.9.18. 4 87 15 85 09

33 1 15 80 22

OCT 34 10 15 75 35

20 Res. at 1373 14/10 4 87 15 65 62

" " 1481 26/10 4 87 36 42

34 10 15 73 52

Nov. " " 1576 13/11 9 73 34 59

" " 1707 26/11 29 20 53 69

Nov. Dec P P 67 10 30 69 49

20 Res at 1855 15/12 38 93 71 24

Jan 34 10 15 61 57

101 20 45 62 41

Feb 30 80 15 52 68

Under C. as 2/cpl 25-1-19 L. 26-2-19 1 75 42 95

35 dep @ 5<sup>c</sup> Do 27 27/1/19 20 Res. 1 75 65 15

20 Res at 1972 16/1 9 73

Under C. 2/cpl shd. be cpl from 11-2-19 L. 26-2-19 18 dep @ 5<sup>c</sup> Do 43 27/1/19 90 62 41

" " 2042 28/1 9 73 52 68

" " 2150 2/12 9 73 42 95

Mar. Cpl pay 37 20 15 65 15

70 65 For 29 19 30

AUTHORITY  
A.P. NOM. ROLL

new ASPB Dated 18 7/19 m 117556







# CASE HISTORY SHEET.

3481

No. 2293784 Rank Pfc Name Sutherland Age 27

Unit L.S.A. Completed years of service Where and how long

Date of admission 14-4-18 Date of discharge 23-4-18

Diagnosis Mumps - Place of origin

## CONDITION ON ADMISSION AND PROGRESS OF CASE

No temp. Inflammation of parotid glands  
18-4-18 Condition of gland improving  
no temp. Patient sleep well  
20-4-18 no temp. condition improving  
23-4-18 Cured

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) nil

## TREATMENT

(Especially any specific or special form) Coca Brac. Compress

## CONDITION ON DISCHARGE

(and disposal made of case.) OK. All

Date Plutonium

Medical Officer i/c case.







**ORIGINAL.**

P. 851.

# LAST PAY CERTIFICATE.

Military District.....10

Dispersal Area.....

No. 2293786 Rank 2/2nd Lt Name SUTHERLAND, A. H. U. it Q R D

Nominated for embarkation to Canada: Date 1/6/19 NRD-9834-27 5 Report to Report

<u>CREDIT.</u>		\$	¢	<u>DEBIT.</u>		\$	¢
BALANCE FORWARD				CASH PAYMENTS:—			
as at <u>31.3.19</u> 191		45	69	Date	A.R. No.	Paying Unit.	Amount
EARNINGS:—				<u>24.3</u>	<u>2441</u>	<u>Report</u>	<u>37</u>
From <u>1.4</u> to <u>31.5</u>				<u>2.4</u>	<u>70</u>	<u>"</u>	<u>29.20</u>
<u>21</u> days at \$ <u>1.20</u>		25	20	<u>24.4</u>	<u>267</u>	<u>"</u>	<u>9.73</u>
<u>40</u> days at \$ <u>1.50</u>		60	00	<u>9.5</u>	<u>523</u>	<u>"</u>	<u>14.60</u>
				<u>22.5</u>	<u>691</u>	<u>"</u>	<u>14.60</u>
ANY OTHER CREDITS:—				OTHER CHARGES:—			
Interest on Deferred Pay <u>nil</u>							
				WAR LOAN INSTALMENTS CHARGED:—			
<div><p><b>"VICTORY" WAR LOAN</b></p><p>Amount Subscribed - \$.....</p><p>Amount Paid - - - .....</p><p>Balance due - - - .....</p></div>				<div><p><input checked="" type="checkbox"/> <b>ASSIGNED PAY</b> for period</p><p>from <u>1.4</u> to <u>31.5</u> at \$ <u>15</u> <u>00</u></p><p>per month in favour of:—</p><p>Name <u>Mrs. S. Thompson</u></p><p>Address <u>Ochu. River</u></p><p><u>man</u></p><p>Relationship <u>mother</u></p><p><input checked="" type="checkbox"/> <b>SEPARATION ALLOWANCE</b>, if any, in favour</p><p>of same party as Assignment at</p><p>\$.....per month</p><p><u>81</u> <u>39</u></p><p><input checked="" type="checkbox"/> <b>BALANCE CREDIT</b> <u>32</u> <u>39</u></p></div>			
<div><p><input checked="" type="checkbox"/> <b>BALANCE DEBIT</b></p><p><u>130</u> <u>89</u></p></div>				<div><p><u>130</u> <u>89</u></p><p><u>By Pay mlt</u></p></div>			

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF.

THESE PAYMENTS TO DEPENDENTS:—

☒ (Strike out whichever inapplicable.)

☒ Have been stopped. Effective.....191..... and will only be re-opened on receipt of instructions from P.M.G., Ottawa, or Military District Paymaster, Canada.

or  
☒ Being a Canadian Payment, cancellation or otherwise of future payments will be dealt with by Ottawa.

COMPILED BY Immdan

CERTIFIED CORRECT

CHECKED BY W. J. M. J.

Date 28.5 1919

FOR BRIGADIER-GENERAL  
PAYMASTER GENERAL, O.M.F.O.

Capt.  
Lieut



## ENDORSEMENTS.

DEBITS AND/OR CREDITS SUBSEQUENT TO ISSUE OF L.P.C.  
PRIOR TO COMPILATION OF STATEMENT BELOW.

DATE.	UNIT.	A.R. No. OR OTHER PARTICULARS.	AMOUNT.		PAYMASTER'S SIGNATURE.
			CR.	DR.	
10-6-19	23 <sup>rd</sup>	890 four pounds		19 47	Butt...

EXPLANATION OF DEBIT BALANCE :—

## STATEMENT OF ACCOUNT.

DATE	PARTICULARS	DR.	CR.
	Balance on proceeding to Canada -		
	Pay and Allowance from.....to.....		
	Civilian Clothing Allowance - - - -		35 00
	Advance on account of War Service Gratuity -		70 00
	Assigned Pay for month of.....		
	Boat Expense Money - - - - -	4 87	
	Train Expense Money - - - - -	5 00	
	Cheque No..... Balance -		

DEBITS AND/OR CREDITS SUBSEQUENT TO COMPILATION OF ABOVE STATEMENT OF ACCOUNT

DATE.	PARTICULARS.	Ac., Roll No.	AMOUNT.		SIGNATURE OF PAYING OFFICER.
			Dr.	Cr.	

PLACE OF EMBARKATION.....

DATE OF EMBARKATION.....

PLACE OF DISEMBARKATION.....

DATE OF DISEMBARKATION.....

H.M. TRANSPORT.....

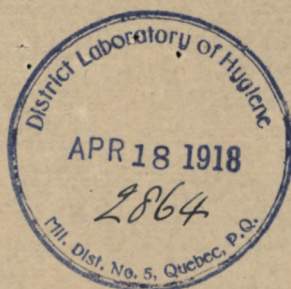


N<sup>o</sup> 2273786

W. Sutherland

1<sup>st</sup> C.O.R.

March 9



Amount in 24 hrs.....	
Appearance.....	Clear
Color.....	Amber
Reaction.....	Acid
Specific Gravity.....	1.025
Albumen.....	Neg
Glucose.....	Neg
Diazo.....	

~~Harry M. C.~~ Capl. M.C.

DISTRICT LABORATORY





LINEEN BOND



Rank *Sutherland Archibald* Name *Coovard*  
 90th Dft 1ST BN 2ND QUE If in perm. Corps, Reg'l No. *2293786*  
 Unit What Unit? Married or Single *Single*  
 Place and Date of Enlistment *Winnipeg 1st April 1918* Place of Birth *Souris Manitoba,*  
 Name and Address, Next-of-Kin *Mrs S. Thompson*  
*Ochre River, Manitoba, Canada.* Relationship *mother*  
 Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship  
 Discharge, Date and Place Reason Character  
 H. W. & V., Ltd.—9546-16.

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.				
					8 8 18 S S SOMALI
20.8.18	10 Res	TOS from Canada	Pte B. B. B.	8.8.18	P. 0. 196.
29.8.18	10 Res	SOS to 20 Res	Pte Do	20.8.18	P. 0. 204
17.9.18	20 Res	Tos. from 10 Res	Do	20.8.18	P. 0. 260
29-1-19	"	Appln as/sgt with pay while employed	"	25-1-19	" 27
12-2-19	"	Appln as/sgt with pay while specially employed	P. 0. 11	2-2-19	" 43
23-4-19	"	To be as/sgt with pay while specially employed	"	23-4-19	" 113



2293786 Sutherland Archibald Howard

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS	
Date.	From whom received.				Taken from Official Documents	
30-4-19	23 Res	TOS from 20 Res 85-M-122 Canada.	Repin	19-4-19	Do 119 20 Res Do 104 19-4-19	
23-6-19	"	So to QPRD 20 Res Repin Area pool	Repin	23-6-19	Do 150 Do 147 QPRD 19-6-19	
22-7-19	o/c Res	So to 0m7c having sailed to Canada	Idon	14-6-19	20.1. One permit	



Date of Enlistment /-4-/8

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch **S** 16276

1st Aug 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15 <sup>00</sup>			
------------------	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

No. 2293886

Rank *Pte* Promoted

Reverted

Discharge

Soldier's Name *Archibald H. Sutherland*Battalion *1st Depot Bn 2nd Quebec Regt - Draft - 90*

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name *Mrs. Solomon Thompson*Address *Ochre River, Man*

Change of Address

1	MRS. SOLOMON THOMPSON,		
2	OCHRE RIVER,	15	15.00
3	MAN.		
4	% 2293786 PTE ARCHIBALD H. SUTHERLAND		
	FIFTEEN DOLLARS		

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
August	X 41978		15	15	
Sept	F 40255		15	15	
Oct	D 47254		15	15	
Nov	F 53402		15	15	
Dec	U 62934		15	15	
Jan 19	L 69266		15	15	
Feb	O 80132		15	15	
Mar	B 85825		15	15	
April	W 2658		15	15	
May	Q 8463		15	15	
June	S 10436		15	15	
			165	165	

017661-a-60

30-6-19

A/c Closed

Ret'd per

*Minnekalda*

Date

14-9-19 F.X. 24-9-19

Clerk

*Al Hayhi*ENTERED IN  
AUDIT LEDGER

AUG 16 1918

M. F. W. 128  
400M.-6-17-1772-39-1141  
L. L. 22320-M. & D. 7993.

A/c Closed 30-6-19

Ret'd per *Agustania*

Date 20/6/19 M.F.W 187 28/6/19

Clerk *J.B. M.D. #10 P 102320 des J.A. d 26-6-19*AUTHORITY  
FOR  
NEW ACCT.M 205 B. 2.  
*J. A. Kincaid*  
15-8-18  
*agustania*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

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

M. F. W. 128  
400M-6-17-1772-30-1141  
L. L. 22320-M. & D. 7393.



S 2742

REGT. NO. 2293786 RANK A/Sgt NAME (IN FULL) SUTHERLAND, A.H

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					1 DBMR		
					PLACE OF ATTESTATION	TRANSFERRED TO Dis. Stn, M	DATE SEP 6 1919
					DATE OF ATTESTATION	TRANSFERRED TO	DATE
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE	AUTHORITY D, O. 263
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE M. D. 10	DATE SEP 18 1919
						REASON D	AUTHORITY D, O. 263
							IF ENTITLED TO POST DISCHARGE PAY

[illegible]

200M-S-19.--L. L. 58786--M. & D. 9985  
M, F. W. 2596.  
~~1772-39-1896.~~

18


AUDITED  
DEC 12 1919  
Audit Clerk  
M.D. O.







29 1  
 29 32  
 29 A M.



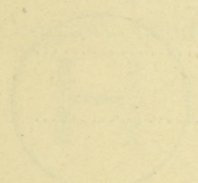
Emb. Selbury 6/9/29  
Disemb Halifax 14/9/29



100  
100  
100

PROCEEDINGS ON DISCHARGE

1. Name of Soldier John H. Smith  
2. Rank Private  
3. Company 1st Co.  
4. Regiment 1st Regt.  
5. Date of Discharge 10/10/1864  
6. Place of Discharge Washington D.C.  
7. Name of Discharging Officer John H. Smith  
8. Signature of Discharging Officer [Signature]  
9. Name of Soldier John H. Smith  
10. Rank Private  
11. Company 1st Co.  
12. Regiment 1st Regt.  
13. Date of Discharge 10/10/1864  
14. Place of Discharge Washington D.C.  
15. Name of Discharging Officer John H. Smith  
16. Signature of Discharging Officer [Signature]



17. Name of Soldier John H. Smith  
18. Rank Private  
19. Company 1st Co.  
20. Regiment 1st Regt.  
21. Date of Discharge 10/10/1864  
22. Place of Discharge Washington D.C.  
23. Name of Discharging Officer John H. Smith  
24. Signature of Discharging Officer [Signature]  
25. Name of Soldier John H. Smith  
26. Rank Private  
27. Company 1st Co.  
28. Regiment 1st Regt.  
29. Date of Discharge 10/10/1864  
30. Place of Discharge Washington D.C.  
31. Name of Discharging Officer John H. Smith  
32. Signature of Discharging Officer [Signature]

CONFIRMATION

33. Name of Soldier John H. Smith  
34. Rank Private  
35. Company 1st Co.  
36. Regiment 1st Regt.  
37. Date of Discharge 10/10/1864  
38. Place of Discharge Washington D.C.  
39. Name of Discharging Officer John H. Smith  
40. Signature of Discharging Officer [Signature]  
41. Name of Soldier John H. Smith  
42. Rank Private  
43. Company 1st Co.  
44. Regiment 1st Regt.  
45. Date of Discharge 10/10/1864  
46. Place of Discharge Washington D.C.  
47. Name of Discharging Officer John H. Smith  
48. Signature of Discharging Officer [Signature]

U.S. Discharge Cert.



1931

1932

1933

1934

1935

1936



# 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.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. 44)  
(Enclosed in a white envelope (550M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Discharge Certificate (C.D.C.).
11. Equipment Statement Q.N.G. Form (G.O.S. 2),  
and (if desired).
12. Last Pay Certificate (P. 551). *+ dub*
13. Pay Book (P. 551).
14. Service Certificate (Form M.F.W. 2335).
15. Missing Documents.

Group..... *13*

Checked by No. .... *11*

Date. **SEP 1 1918**