Original.

1st DEPOT BATTALION, N. B. REGIM

7 M. D. Depot Battalion Regiment

Regtl. No. 4062921

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class .....)

1. Surname ..... Tower
2. Christian name ..... Preston Alexander
3. Present address ..... 56 Highfield St., Moncton NB
4. Military Service Act letter and number ..... 652092 FC
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension. or surrender)
5. Date of birth ..... February 9. 1897
6. Place of birth ..... Moncton NB
   (town, township or county and country)
7. Married, widower or single ..... Single
8. Religion ..... Baptist
9. Trade or calling ..... Brakeman
10. Name of next-of-kin ..... Alexander Tower
11. Relationship of next-of-kin ..... Father
12. Address of next-of-kin ..... Rockpoert, West Co NB
13. Whether at present a member of the Active Militia ..... No
14. Particulars of previous military or naval service, if any ..... 7½ mos. 145th Bn.
15. Medical Examination under Military Service Act :—

    (a) Place ..... Moncton NB ..... (b) Date ..... 29-8-18 ..... (c) Category A2

DECLARATION OF RECRUIT

I, ... Preston Alexander Tower ....., do solemnly declare that the above particulars refer to me, and are true.

Preston A Tower (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age ..... 21 ..... yrs. ..... 7 ..... mths.

Height ..... 5 ..... ft. ..... 8¾ ..... ins.

Chest measurement — fully expanded ..... 35 ..... ins.

Chest measurement — range of expansion ..... 32 ..... ins.

Complexion ..... Medium

Eyes ..... Brown

Hair ..... Light

Distinctive marks, and marks indicating congential peculiarities or previous disease.

1 vacc left arm.

D. O. C. ..... Depot Btln.

for O. C. 1st Depot Battalion
N. Brunswick Regiment ..... Regt.

Place ..... Sussex NB ..... Date ..... September 27. 1918.

M. F. W. 133.
500M.—5-18.
1772—39—1158.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Surname	Lower
2. Christian name	Preston Lexander
3. Present address	56 Highfield St., Moreton UP
4. Military Service Act, 1917, serial number	6580UP 70
5. Date of birth	February 8, 1894
6. Place of birth	Moreton UP
7. Married, widower or single	Single
8. Religion	Baptist
9. Trade or calling	Decliman
10. Name of nearest kin	Alexander Lower
11. Relationship of nearest kin	Father
12. Address of nearest kin	Hookpark, Moreton UP
13. Whether at present a member of the Active Militia	No
14. Particulars of previous military or naval service, if any	7th Kos. Light Dn.
15. Medical examination under Military Service Act, 1917	
(a) Place	Lincoln (b) Date 25-8-16 (c) Category A2

DECLARATION OF RECRUIT

I, Preston Alexander Lower, do solemnly declare that the above particulars are correct, and are true.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	21	Years	Distinctive marks, and marks indicating constitutional peculiarities or previous illness
Height	5 ft.	8½ ins.	
Chest measurement		36	
Complexion	Ruddy		
Eyes	Brown		
Hair	Brown		

Depot Birm.

Reg.

Place Lincoln (LD) Date September 24, 1916.

ORIGINAL 832306

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Tower
1a. What are your Christian names?	Preston Alexander
1b. What is your present address?	Sackville N B Can
2. In what Town, Township or Parish, and in what Country were you born?	Rockport Westmo. N.B. Can.
3. What is the name of your next-of kin?	Alexander Tower
4. What is the address of your next-of-kin?	Rockport N.B. Can
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	9th Feb. 1897
6. What is your Trade or Calling?	Clerk
7. Are you married?	no W.E.T.
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Preston A. Tower, 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.

Preston A. Tower (Signature of Recruit)

Date 9th Feb. 1916. L. E. Tarey (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Preston A. Tower, 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.

Preston A. Tower (Signature of Recruit)

Date 9th Feb. 1916. L. E. Tarey (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 Sackville N.B. this 9th day of Feb. 1916

L. E. Tarey J.P. (Signature of Justice)

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

9-9-16
2 N.B.

Description of Tower, Preston Alexander on Enlistment.

Apparent Age 19 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 8 ins.

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

Complexion Medium

Eyes Brown

Hair Brown.

Religious denominations.
- Church of England
- Presbyterian
- Methodist
- Baptist or ~~Congregationalist~~ Yes
- 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).

none

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date Feb 9 1916 E D Forbes Major

Place Sackville

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.

Tower, Preston Alexander 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.

E D Forbes LT. COL. (Signature of Officer)

145th "Overseas" Batt. C. E. F.

Date Feby 9th 1916.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....2.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet .....

Compulsory Stoppages.....

Casualty Forms.....1.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Discha Parchment Certificate.....1.....

Medical Report for Invalids.....

Medical History Sheet.....2.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....1.....

M.F.B 465 – 1
M.F.W 129 – 1

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name TOWER, PRESTON, ALEXANDER

Regt. No. 406292 Rank Spr

Corps #7 Eng Depot

Demobilization

15495

H. Q.

M. D. No. 7

Surname Tower T. O. S. Sept 27th 1918

Christian names Preston Alexander D. O. Pt. II 271 of 28-9-18

Regtl. No. 406221 Rank Pte S. O. S. 2-12-1918.

Unit N. B. Regt 1st Dpo. Bn Reason Demob.

Auth. A.C. 74 of 2/12/18. 7 Dy Dispt.

Next of kin Tower Alexander Relationship Father

Address Rockport Also notify:

Westmoreland Co. N. B.

BORN—Place Canada Moncton N.B Date Feb. 9th 1897.

ATTESTED—Place Sussex. N. B. Date Sept 27th 1918.

O/S R/C

W. 22—10,000-7-18. 1772-39-839.

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME TOWER, Preston Alexander A2

REGIMENTAL NO. 4062921 RANK Spr

ENLISTED AT Sussex, N.B. PROMOTIONS, &c. AND DATE

DATE Sept 27th,1918

IF SERVED PREVIOUSLY, STATE UNIT, &c. 7½ mos 145th Bn.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Alex. TOWER RELATIONSHIP Father

ADDRESS OF Rockport, West Co. N.B.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT Brakeman

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER Baptist

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O. NO.	PART II. D. O. DATE	REMARKS IF IN HOSPITAL, NOTE NAME, &c
T. Os. Transferred 27/9/18 to 1st Depot Batt.	12	4/10/18	
L.O.A. 31/10/18 till 20/11/18	43	1/11/18	
extension without pay Nov 20 till Nov 30 18	#57	15/11/18	
S.O.S. Returned to Unit	74	21/11/18	A.O. 1328 18/11/18

649-T-2264

SURNAME. Tower

CARD NO. V

CHRISTIAN NAMES Preston, Alexander

S.O.S. Dis. 11-9-16. FOLL. 5

REGL. No. 832306 RANK Pte

UNIT 145th Bn

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Tower, Alexander.

RELATIONSHIP TO SOLDIER Father.

ADDRESS Rockport, N.B.

COUNTRY OF BIRTH Canada, Rockport N.B. DATE Feb 9th 1897

PLACE OF ATTESTATION Sackville, N.B. DATE Feb 9 " 1916

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

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

M.L.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Clerk RELIGION Baptist

DESCRIPTION.

APPARENT AGE 19 YEARS — MONTHS

HEIGHT 5 FEET 8 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 4 INCHES

COMPLEXION Medium EYES Brown HAIR Brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Sackville, N.B. DATE Feb 9th 1916

Present address. Sackville, N.B.

No. 832306 RANK Pte NAME Tower Preston A

T. O. S. 8-2-16
D132/11-2-16 UNIT 145th Battalion (Sackville N.B.)

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Feb 9	Feb 29	✓		
	Mar	✓		
	Apr.	✓		
	May	✓		
	June	✓		
	July	✓		
	Aug	✓		
Sep 1	Sep. 13	✓	Dischgd M.U. 13-9-16	D.O. 216 of 13-9-16
			a/c closed by payments	

UNIT SAILED
SEP 25 1916

832306

MEDICAL HISTORY SHEET.

Surname Lower Christian Name Preston Alexander

Examined { on 9th day of Feby 1916
at Sackville, N.B.

Birthplace { City or Town Rockport
County Westmoreland

Apparent age 19

Trade or occupation Clerk

Height 5 Feet 8 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 32 inches.
Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left.
Number None

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by E. Osteen

Rank Major M.O.

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
4/5/15		mad M.O.
11/5/15		mad M.O.
15/5/16		mad M.O.

Enlisted on 8 day of Feb 1916 at Sackville

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	145 O.S. Batt'n 97.	832306		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Valcartier Camp.	Sept. 8/16	~~Dyslocation of Wrist Joint~~ Valvular heart Disease	Discharged Lieut. Colonel, A.D.M.S. Valcartier Camp, P.Q.

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.

M. F. B. 313.

100M.—1-15.
H. Q. 1772-39-439.

Surname Garner Christian Name Preston Alexander

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 832306 Rank Pte Name P. A. Tower

Corps 145th O.S. Battn. C.E.F. who was * Discharged Med-Unfit O.O. 216 (2)

On Sept. 13th 1916, to

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

Dr.	$	c.		Cr.	$	c.
From 1-9-16 To 13-9-16			From 1-9-16 To 13-9-16			
Bal. Dr. from previous month				Regimental pay 13 days at $ 1.00	13	
Total payments during period from advance	5	00		Field allowance 13 " $ c.10	130	
Assigned Pay				Other allowances		
Other Charges (give particulars)				Other Credits (give particulars) Clothing	8	00
Bal. Cr. on discharge or ~~transfer~~	17	30		Bal. Dr. on discharge or transfer		
Total	22	30		Total	22	30

The amount shewn as Balance Cr. due on discharge or transfer has † been paid.

Monthly stoppage on account of assignment of pay is ✓, and has been charged in Pay-list for month of ✓

† Insert "been" or "not been" as case may be.

REMARKS:—

State (1) date of enlistment 8-2-16.

(2) if married and if a Separation Allowance Card has been submitted Single.

(3) cause of discharge and authority Med-Unfit O.O. 216 (2)

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date Sept 13. 1916.

Place Valcartier Camp.

A Roop

145th. Battn. C.E.F.

Paymaster.

Cancelled 9-9-16 H.B.

M. F. W. 44.

200M—1-16.
H. Q. 1772-39-903.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 4062921 (Rank) Sapper

Name (in full) Preston Alexander Tower, enlisted in

the 1st Depot Bn. N.B.Regt.

CANADIAN EXPEDITIONARY FORCE at Sussex, N.B. on the Twenty-seventh

day of September 19 18.

HE served in Canada

and is now discharged from the service by reason of Demobilization. H.Q. Telegram No 7019 dated Nov 15th, 1918. R.O. No 1328 dated Nov 18th, 1918.

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

Age 21 years 10 months

Height 5' 8½"

Complexion Medium

Eyes Brown

Hair Light

Marks or Scars

Nil.

Preston A Tower
Signature of Soldier

Issuing Officer

Captain
Rank

O.C. No 7 Can. Gen Depot.
Appointment

Date of Discharge December 2nd, 1918.

Signed at St. John, N.B. this Second day of December 1918.

in Military District No. Seven.

File Reference No. C.E.7-T-302

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No 4062921 (Rank) Sapper Name Preston Alexander Tower

Unit Engineer Depot No 7.

Address on Discharge 56 Highfield St. Moncton, N.B.

Character and Conduct Good

Former Occupation Brakeman.

Special Qualifications of Value in Civil Life nil.

nil

Medals and Decorations nil

nil

Remarks nil

nil

Signed at St. John, NB. this Second day of December 19 18.

Name of Officer

Captain

Rank

O.C. No 7 Can Engr Depot

Appointment

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BATTALION, N. B. REGIMENT.

Regimental No. 4D62921 Rank Pte. Name Gower Preston Alexander

C. E. F.

Enlisted (a) 27-9-18 Terms of Service (a) Duration of War Service reckons from (a) 27-9-18

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) .....

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				
		L/Cpl. Demobilization		2/12/19	
		D.O. 74, 2/10/19. Auth. A.G. Tel.			
		701. 15/11/18. RO 1328,		18/11/18	

Capt.
Engineer Depot No. 7

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

[P.T.O.

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				

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. 406.7.921 Rank Gnr. Surname Tower, Preston A.
(Given name in full)

Unit or Corps D" Eng Birthplace Moncton N.B.

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

1. **GENERAL DESCRIPTION:**

Physique Good Weight 150 lbs. Height 5 ft. 8½ in. Colour of Eyes brown

Nutrition Good

Pulse 70

Condition of arteries Good

Vision Rt. normal Left normal

Hearing (conversational voice) Rt. 8 ft.

Left 8 ft.

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

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.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....(Overseas)

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 Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at Halifax N.S. (Canada)

Date Mar 2nd 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 Preston A. Powell

(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.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE Triplicate

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916)

Regimental No 4062981 Rank Sapper Name Tower P.A.

Corps No 7 Engineer Depot who was* Discharged

On December 2nd 1918 191..., to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1.12.18 191.....

to 2.12.18 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	6	50
Advances by Cheques No.			Regt'l. Pay 2 days at $ 1 c. 00	2	00
Advances by Cheques No.			Field Allow. 2 days at $ c. 10		20
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other Charges CLOTHING STOPPAGE	10	00	Other Allowances*		
Payment on transfer or discharge No. 125	33	70	Other Credits* CLOTHING	35	00
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	43	70	Total	43	70

*Give particulars.

A monthly stoppage of $ Nil (†) has (‡) been paid on account of Assigned

{ Pay for the month of 191...
{ and Sep'n Allce. for month of 191... } (to) Assignee

(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

M.D. No. 7

On Transfer of an Officer.

Outfit Allowance of $ ..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment 27.9.18

(2) if married and if a Separation Allowance Card has been submitted n/a

(3) cause of discharge DEMOBILIZATION authority R.O.1328 dt/18.11.18

(4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date December 2nd 1918

Place St John N.B.

H T Lowndes Capt

No 7 Engineer Depot *Paymaster.*

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

MEDICAL HISTORY OF AN INVALID.

1. Station. Valcartier Camp.
2. Regiment or Corps. 145th Batta
3. Regimental No. and Rank. Private. 332306
4. Name. Preston A. Towes
5. Age last Birthday. 19
6. Enlisted on Feb. 8th 16
   at Sackville N.B.
7. Former Trade or Occupation. Clerk

8. General remarks on his :—
   (a) Conduct. Good
   (b) Habits. Good
   (c) Temperance. Temperate

DEPT. MILITIA & DEFENCE OCT -1 1916 H.Q. CANADA

649-T-2264

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. 7/9/16

9. Service. Years. 211 Days.

	PERIODS.	
	FROM.	TO.
145th O.S. Batta. C.E.F.	8.2.16	7.9.16

10. (a) Disease or disability. ~~Valvular Heart Disease~~ Systolic Murmur of Mitral Valve
    (b) Date of origin. 18 months ago
    (c) Place of origin. Sackville N.B.
    (d) Cause. unknown

11. Present Condition. (Most Important)
(To include full description of present disabling condition or conditions.)
Has marked tachycardia with systolic murmur Mitral Valve
Has shortness of breath on exertion

12. (a) Is the disability the result of service or climate? no
    (b) Has it been aggravated by intemperance, vice or misconduct? no

noted 13-11-16

M. F. B. 227.

150 M—5-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.) Nil

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held? Not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise. Not applicable

14. Treatment —

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? —

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes? Permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. Nil

18. State if for discharge on account of unfitness for Service. unfit

Lt. Marcellus Capt. Med

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10.

11.

12. yes

15.

16.

17.

18. Is he unfit for Military Service. yes

Recommendations : Discharged

Signatures :—

H. R. Parlow Capt A.M.C. President.

D. R. Wark capt A.M.C.

Station. Valcartier Camp

Date. Sept 8th 1918

C. O. Mollen Capt A.M.C. Members.

ASSISTANT DIRECTOR MEDICAL SERVICES
SEP 8 1918
VALCARTIER CAMP, P.Q.

Date.

Asst. Director of Medical Services.

Approved.

Date. 11/16

Director-General of Medical Services.

fm

25

5218-10-19

a172 20/10/16

19-10-16

OCT 20 1916

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. } .....

Administrative Medical Officer.

Militia Form B. 227.

150 m—5-16.
H. Q. 1772—39—117.

DETAILED MEDICAL HISTORY OF INVALID.

Station .....

Corps .....

Regimental No. & Rank .....

Name .....

Disability .....

Date .....

Hospital or Station transferred to for final disposal. } .....

Date of final disposal } .....

How finally disposed of } .....

The original Report is invariably to accompany the discharge documents of invalids.

Copy

MEDICAL HISTORY OF AN INVALID.

1. Station. Valcartier Camp
2. Regiment or Corps. 145th Batt. C.E.F.
3. Regimental No. and Rank. 832306 Pte
4. Name. Preston A. Power
5. Age last Birthday. 19
6. Enlisted on 8th Feby 1916
   at Sackville N.B.
7. Former trade or occupation. Clerk

8. General remarks on his:—
   (a) Conduct. Good
   (b) Habits. Good
   (c) Temperance. Temperate.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. 7th Sept. 1916

Lieut

9. Service. Years. 211 Days.

	PERIODS	
	From	To
145th Coy Batt. C.E.F.	8/2/16	7/9/16.

10. (a) Disease or disability. Systolic Valvular Heart murmur of mitral Valve
    (b) Date of origin. 18 months ago
    (c) Place of origin. Sackville N.B.
    (d) Cause. Unknown

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Has marked Tachy cardia with systolic murmur of mitral Valve. Has shortness of breath on exertion.

12. (a) Is the disability the result of service or climate? No
    (b) Has it been aggravated by intemperance, vice or misconduct? No

M. F. B. 227.

200M. 8 16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Nil

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held ?

Not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable

14. Treatment.

None

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

No

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

Permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

Nil

18. State if for discharge on account of unfitness for Service.

Unfit

Signed C. L. Marcellus Capt.

Medical Officer by whom the case is brought forward

A.M.C.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.)

10.
11.
12. Yes.
15.
16.
17.

18. Is he unfit for Military Service. Yes.

Recommendations : Discharge.

Signatures :—

signed W. J. Barlow Capt. A.M.C. President.
" D. R. Wark "
" C. A. Mollers " Members.

Station. Valcartier Camp
Date. Sept 8/16

Date. 8 9/16 signed R. S. Patch
Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

R. C. JAN 18 1917

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. .....

Administrative Medical Officer.

Militia Form B. 227.

200m. 8-16.
H. Q. 1772-39-11.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

SEP 4 1918

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

1. Surname Bowes Christian name Preston A.

2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule .....

3. Consecutive number on schedule of men reporting for service (if he appears on it) .....

4. Address (including street and number if any) 95 Highfield St Moncton NB

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 29 day of Aug 1918, by the undersigned medical board sitting at Moncton N.B.

5. Age as stated 21 Years 7 Months. 6. Apparent age 22 Years Month

7. Height 5 Feet 8 3/4 Inches. 8. Weight 130 Pounds.

9. Chest measurement { Minimum 32 Ins. / Maximum 35 Ins. } 10. Complexion med { Eyes brown / Hair light }

11. Physical development good { Good / Fair / Poor } 12. Smallpox marks nil

13. Number of vaccination marks { Right arm 0 / Left arm 1 } 14. When vaccinated last 1918

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, Nervous or Mental disorder. / Epilepsy, Syphilis, Asthma. } We find no evidence of past { Rheumatism, Tuberculosis, Nervous or Mental disorder. / Epilepsy, Syphilis, Asthma }

(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 A1 A2

17. (a) Vision. R. 15 L. 15

(b) Hearing. R. N L. N

[illegible] President.

[illegible] Member. [illegible] Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
27-9-18		B J Dack. M. O.	27-5-18		B J Dack M. O.
		M. O.	30-9-18		B J Dack M. O.
		M. O.	2-10-18		B J Dack. M. O.

Joined 27th day of Sept. 1918 at Camp Sussex N.B

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Batt N B Regt	4062921		
Transferred to	No. 7 ENGINEER DEPOT.			

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.

M. F. B. 313.
300M.—4-18.
1772-39-439.

RE EXAMINATION UNDER REG. CIRCULAR 233.

Signature of Man Preston A Bowes

If raised in category, record category in a square
The M. O. will initial and date.

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	DATES OF Admission into Hospital. Day	Month	Year	DATES OF Discharge from Hospital. Day	Month	Year	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.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District 4.

Name of Soldier Tower P. A.

Regiment C.E.F.

Rank Pte

No. 406292

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.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1918		5 2 13 14									3 4 30									Examined J.L. Doore	7.	of 1.9.10.11.12.32. Ext. 17.31
	Oct	27																					

M.F.B. 465.
150M.—1-18.
1772-39-950.

DENTAL ASSISTANT SHEET

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 4062921

Rank Sapper

Surname Tower

Christian name Preston Alexander

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) No. 7 Engineer Depot.

Date of discharge 2-12-18.

Place of discharge St. John, N. B.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 21 years 10 months.	Descriptive marks
Height 5 feet 8¾ inches.	
Complexion Medium	
Eyes Brown	
Hair Light	(N I L)
Trade Brakeman	
Intended place of residence (To be given as fully as practicable.)	Moncton, N.B. 56 Highfield St.

2. The above-named man is discharged in consequence of Demobolization

Authority for discharge H.Q. Telegram 7019 dt 15-11-18, R.O. 1328 Dt. 18-11-18.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Nil

M. F. B. 218.

-200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

(N I L)

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations ..... (NIL)

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery,* and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) St. John, N. B. .....

(Date) 2-12-18. .....

Hen. Hen Van Cart Capt
Commanding No 1 Can Engrs Depot

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) St. John, N. B. Preston A. Irvine *(Signature of Soldier.)*

(Date) 2-12-18. *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. **Statement of Service.**

Service toward Engagement to 2-12-18 (the date to which the Record of Service is completed) 94 years ..... days.

Total 94 years ..... days.

11. **Confirmation of Discharge.**

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

(Place) St. John, N. B.

(Signature) Hen Van Cart Capt.

(Date) 2-12-18.

No. 7 ENGINEER DEPOT

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Nil

Preston A Lowell

RECORD OF SERVICE.

Enlisted under M.S.A. 1st, Depot Batt.,N.B. Regt., 29-8-18.

Transferred to No. 7 Engineer Depot. - - - 1-10-18.

Struck off Strength, Demobolization. - - - 2-12-18.

List of Discharge Documents.

~~Reg. Conduct Sheet,~~	~~Militia form~~	~~B. 263~~
~~Squadron / Battery / Company~~ Conduct Sheet,	~~"~~	~~B. 263a~~
or		
Field Conduct Sheet	1 "	W. 178
~~Copies of Convictions, by C. P.~~		~~in MS.~~
Med. Hist. Sheet,	1 Militia form	B. 313
Casualty Form	1 "	W. 54
~~Medical Report for Invalid§~~	~~"~~	~~B. 227~~
Dental History Sheet	1 "	B. 465
Last Pay Certificate	1 "	W. 44
Duplicate Discharge Certificate	1 "	W. 39A
~~‡Form of Will~~	~~"~~	~~W. 82~~

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

~~Attestation Paper~~	~~Militia Form~~	~~W. 23~~
or		
Particulars of Recruit	2 "	W. 133
Proceedings on Discharge	2 "	B. 218

1 W91 1 W129

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Hans Hamilton Van Wart Capt.

Officer Commanding.

No. 7 ENGINEER DEPOT.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.