

ATTESTATION PAPER.

No. 506142

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Turner*
- 1a. What are your Christian names? *Clarence*
- 1b. What is your present address? *Baie Verte NB*
- 2. In what Town, Township or Parish, and in what Country were you born? *Baie Verte NB*
- 3. What is the name of your next-of-kin? *Wesley Turner*
- 4. What is the address of your next-of-kin? *Baie Verte NB*
- 4a. What is the relationship of your next-of-kin? *Father*
- 5. What is the date of your birth? *May 18 1897*
- 6. What is your Trade or Calling? *Lumberman*
- 7. Are you married? *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
- 9. Do you now belong to the Active Militia? *No*
- 10. Have you ever served in any Military Force? *No*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? *Yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Clarence Turner*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Sept 2* 1916 *Clarence Turner* (Signature of Recruit)
J. McBeath (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Clarence Turner*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *Sept. 2* 1916 *Clarence Turner* (Signature of Recruit)
J. McBeath (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *Moncton* this *2nd* day of *Sept* 1916

[Signature] (Signature of Justice)

*Carded
12-12-16
J.B.*

Description of Clarence Turner on Enlistment.

Apparent Age 19 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 7 1/2 ins.

Chest measurement: Girth when fully expanded 37 ins.
 Range of expansion 2 1/2 ins.

Complexion Red Fair

Eyes Blue

Hair Light Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him Fit for the Canadian Overseas Expeditionary Force.

Date Sept 2nd 1916

Place Moncton [Signature] 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.

Clarence Turner 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.

[Signature]
 Lt. Colonel G. E.

(Signature of Officer)

[Stamp]
 O. C. Engineer Training Depot

Date OCT 10 1916 1916

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 3
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... 1
- Compulsory Stoppages.....
- Casualty Forms..... 1
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit..... 2
- Last Pay Certificate..... 1

DISCHARGE DOCUMENTS

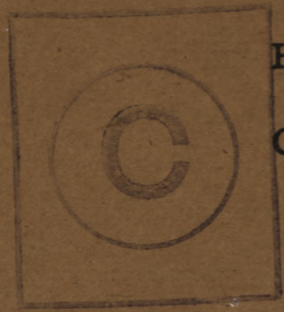
R. O. No.

H. Q. No.

Name Turner Clarence

Regt. No. 506142 Rank Sapper

Corps Can. Engineers



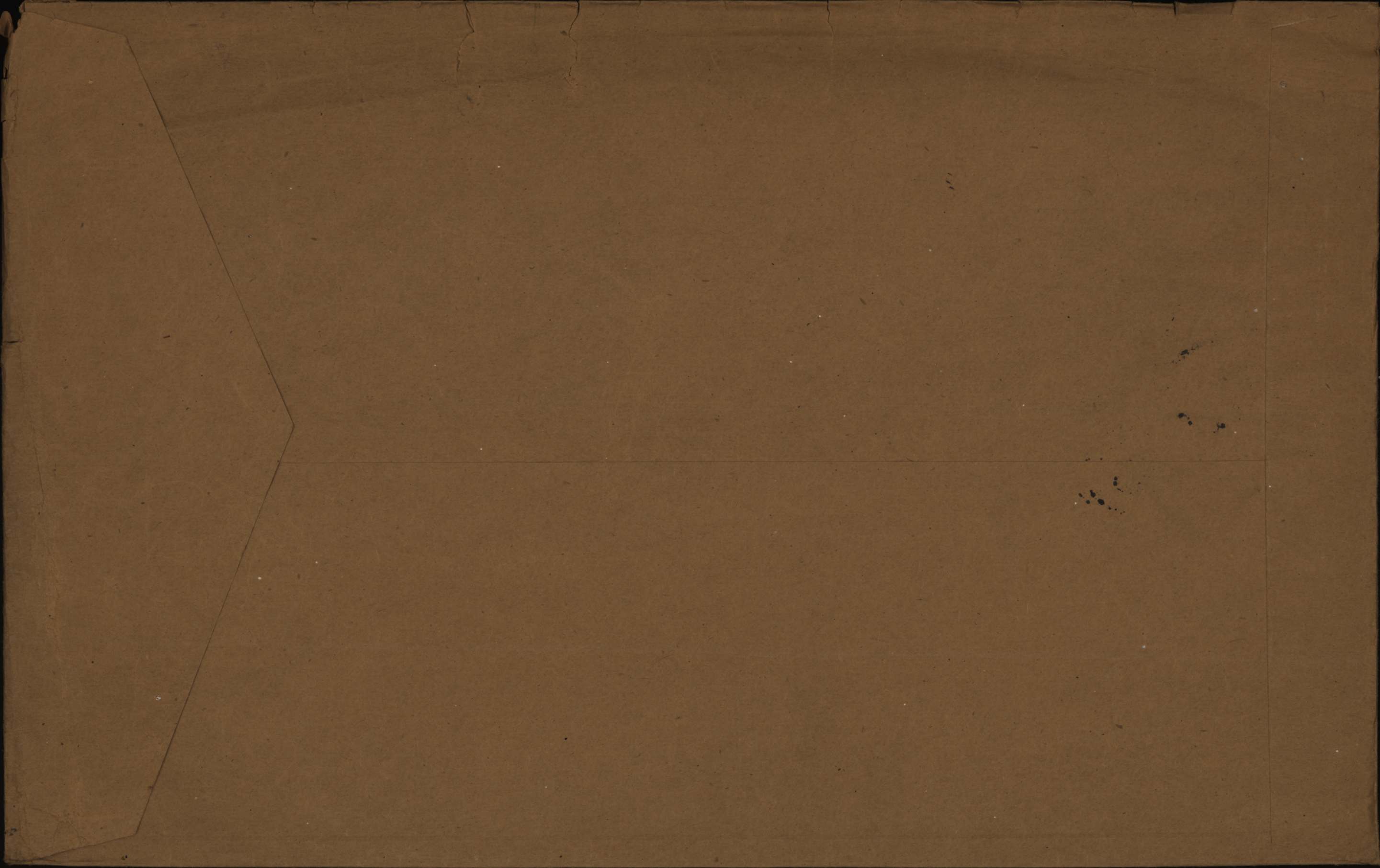
Med Unfit

36

20797



M. F. W. 67-2



SURNAME.

Turner

6497-3254

CARD NO.

CHRISTIAN NAMES

Clarence

FOLL.

sold dis 5/12/16. H

REGL. NO.

506142

RANK

Sapper.

m. U. auth. No card

UNIT

Eng Training Depot.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Turner, Hedley

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Baie Verte, N.B.

COUNTRY OF BIRTH

Canada Baie Verte, N.B.

DATE

May 18th 1897.

PLACE OF ATTESTATION

Moncton, N.B.

DATE

Sept 2nd 1916.

MARRIED

SINGLE *Yes*

WIDOWER

TRADE OR CALLING

Lumberman.

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

19 YEARS

3.

MONTHS

HEIGHT

5 FEET

7 1/2

INCHES

CHEST MEASUREMENT

37 INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Medium Fair

EYES

Blue

HAIR

Light Brown.

DISTINGUISHING MARKS

not stated

MEDICAL EXAMINATION.

PLACE

Moncton, N. B.

DATE

Sept. 2nd 1916

Present Address. Baie Verte, N. B.

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. 506142 Rank Sapper Name TURNER, Clarence
 Corps Engineer Training Depot who was * Discharged
 On December 5 th 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:—

From December 1st		to December 5th, 1916																																																																																			
DR.	\$	c.	CR.	\$	c.																																																																																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">To</td> <td style="width: 95%;">Bal. Dr. from previous month.....</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> <tr> <td></td> <td>Total payments during period</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td> from <u>1-12-16 - 5-12-16</u>.....</td> <td style="text-align: right;"><u>10.00</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Assigned Pay.....</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Other Charges (give particulars).....</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">From</td> <td>Bal. Cr. on discharge or transfer.....</td> <td style="text-align: right;"><u>5.50</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>TOTAL.....</td> <td style="text-align: right;"><u>15.50</u></td> <td></td> <td></td> <td></td> </tr> </table>	To	Bal. Dr. from previous month.....						Total payments during period						from <u>1-12-16 - 5-12-16</u>	<u>10.00</u>					Assigned Pay.....						Other Charges (give particulars).....					From	Bal. Cr. on discharge or transfer.....	<u>5.50</u>					TOTAL.....	<u>15.50</u>				<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">To</td> <td style="width: 95%;">Regimental pay <u>5</u> days at \$ <u>1</u> c <u>00</u>.....</td> <td style="text-align: right;"><u>5.00</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Field allowance <u>5</u> " \$..... c <u>10</u>.....</td> <td style="text-align: right;"><u>.50</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Other allowances.....</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Other Credits (give particulars).....</td> <td style="text-align: right;"><u>10.00</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Credit from prev mo</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">From</td> <td>Bal. Dr. on discharge or transfer.....</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>TOTAL.....</td> <td></td> <td style="text-align: right;"><u>15.50</u></td> <td></td> <td></td> </tr> </table>	To	Regimental pay <u>5</u> days at \$ <u>1</u> c <u>00</u>	<u>5.00</u>					Field allowance <u>5</u> " \$..... c <u>10</u>	<u>.50</u>					Other allowances.....						Other Credits (give particulars).....	<u>10.00</u>					Credit from prev mo					From	Bal. Dr. on discharge or transfer.....						TOTAL.....		<u>15.50</u>		
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The amount shewn as Balance Cr. due on discharge or transfer has † been paid.

Monthly stoppage on account of assignment of pay is N I L, 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 2 - 9 - 16
- (2) if married and if a Separation Allowance Card has been submitted Single Nil
- (3) cause of discharge and authority Medic Unfit D.O. Para 374, D.O. Part "2" 304

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 December 5 th, 1916

Place St. Johns, P. Que.

Hawson Capt., C.E.F.,
 Paymaster Engineer Training Depot

LAST PAY CERTIFICATE

This form is to be used for all ranks (V to A) in the Expeditionary Force.

Regimental Number: _____
Unit: _____
Name: _____
Rank: _____
Service Number: _____

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

Particulars	Debit	Credit
Regimental pay, days at _____		\$ _____
Field allowance _____		\$ _____
Other allowances _____		\$ _____
Other Credits (give particulars) _____		\$ _____
Part (A) on discharge or transfer _____		\$ _____
Part (B) from previous instalment _____		\$ _____
Other charges (give particulars) _____		\$ _____
Part (A) on discharge or transfer _____		\$ _____
Part (B) from previous instalment _____		\$ _____
TOTAL		\$ _____
TOTAL		\$ _____

The amount shown as balance Cr. due on discharge or transfer has been paid.

Monthly savings on account of assignment of pay is _____ and has been changed in the last pay month of _____.

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

REMARKS: _____
State (1) date of enlistment _____
(2) if married and if a Repatriation Allowance Card has been submitted _____

(3) cause of discharge and authority _____
If discharged from the contingent, state if troop transport advice for assigned pay has been forwarded and _____

I have carefully examined this statement of account and find it to be a correct extract from the original _____

on the part of _____

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

INSTRUCTIONS.

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

Canadian Engineers.
ENGINEER TRAINING DEPOT

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 506142

(3) Full Name of Soldier..... Turner Charles Wesley

(4) Place of Birth..... Baie Verte NB

(5) Are you married, or not? No

(6) If married, state,
 (a) Full name of your wife.....
 (b) Present Postal Address.....

(7) Are you a widower?

(8) Have you any children?.....
 If so, give number of boys and girls.....
 Also their names and ages.....

(9) Is your Father alive? Yes

If so, state name and address Hedley Turner Baire Vertie NB

(10) Is your Mother alive? no

If so, state name and address —

(11) If your Mother is a widow —

Are you her sole support, or not? —

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

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? no

If so, in what Company? —

Have you made arrangements for payment of your Insurance premium? —

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

Date 26/10/16

Officer Commanding.

MEDICAL HISTORY SHEET

Surname Turner Christian Name Clarence

Examined { on 2 day of Sept 1916
 at Moncton
 Birthplace { City or Town Bareville
 County N.B.
 Approved by [Signature]
 Rank Major M.O.

Apparent age 19 yrs. 3 months
 Trade or occupation farmer lumberman
 Height 5 feet 7 3/4 Inches
 Weight 130 lbs.
 Chest measurement { Minimum 34 1/2 inches
 Maximum expansion 37 inches
 Physical development good
 Small-pox Marks No

Vaccination Marks { Arm Right Left
 Number ✓

When Vaccinated last
 (a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Enlisted on 2 day of September 1916 at Moncton N.B.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	Canadian Engineers	506142		2-9-16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Moncton</u>	<u>20 or 30-16</u>	<u>Valvular Heart Disease</u>	<u>Discharge as unfit</u> <u>Ch. Church Capt.</u> <u>P. A. D. M.</u>

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

MEDICAL HISTORY OF AN INVALID.

1. Station. *M. Johns. P. 2.* 8. General remarks on his: —
 2. Regiment or Corps. *Canadian Engineers.* (a) Conduct. *Good*
 3. Regimental No. and Rank. (b) Habits. *Good*
 4. Name. *Clarence Turner.* (c) Temperance. *Good*
 5. Age last Birthday. *18.* (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
 6. Enlisted on *Sept. 2/16*
 at *Moncton, N.B.*
 7. Former Trade or Occupation. *Farmer.* Date. *Nov 17/16*

1812345
 13579
 11
 JAN 11 1917
 649. 1. 3754

9. Service.	Years.	Days.
	PERIODS.	
	FROM.	TO.
	<i>Sept. 2/16</i>	<i>Nov. 17/16</i>

10. (a) Disease or disability. *Valvular heart disease*
 (b) Date of origin. *Years ago.*
 (c) Place of origin.
 (d) Cause. *Unknown*

11. Present Condition. (Most Important)
(To include full description of present disabling condition or conditions.)
Physical appearance good.
Presystolic murmur is present, heard over apex and in aortic region. Lung are normal.

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

3

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

Nil

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

No none

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.

Yes

J. Campbell
C. Phares

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 as medically unfit - recommended.

Signatures :—

N. S. ... President.

Wilbur C. Lowrey Capt. U.S.A.

Station.

Date.

Members.

Date.

Approved.

Date.

Nov 30 1916

13 117

N. Ernest ...
Assr. Director of Medical Services.
D. J. McKoy
Director-General of Medical Services.

R. C. JAN 11 1917

258- 11-1-17

10.
11.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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

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

18. Is he unfit for Military Service.

Recommendations:

16. What is the probable duration of the disability or of

Date of final Medical Board or decision.

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

150 m-5-16.
H. Q. 1772-89-117.

Station

Date

Corps

Regimental No.

Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal.

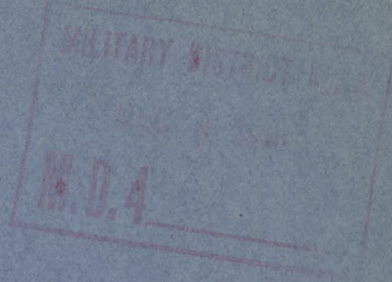
Date of final disposal

How finally disposed of

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

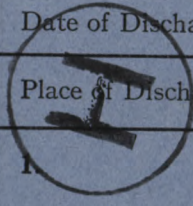
This space to be for numbers.

Proceedings on Discharge.



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

No.	506142
Rank	Sapper.
Name	Turner Clarence
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	Canadian Engineers
Date of Discharge	Dec. 5 th 1916
Place of Discharge	8. John's B.D.



DESCRIPTION AT THE TIME OF DISCHARGE.

Age..... 17 years..... ⁶ months.	Descriptive Marks <i>Nil</i>
Height..... feet..... ^{7 1/2} inches.	
Complexion <i>Fair</i>	
Eyes <i>Blue</i>	
Hair <i>Light Brown</i>	
Trade <i>humberman</i>	
Intended place of residence } (To be given as fully as practicable.)	

2. The above-named man is discharged in consequence of *being*
Medically unfit
D.O. para 374.

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.

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

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

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

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

(OVER)
Carded
15-12-16
W.B.

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

[Handwritten scribble]

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

6. Medals and Decorations.....

[Handwritten scribble]

To be copied by the Commanding Officer on to the parolment 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) *S. Johns St*

[Signature]

(Date) *Dec 5th 1916*

Commanding *Lt. Colonel C. E. O. C. Engineer Training 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.

(Place) *S. Johns St* *E. J. Turner* (Signature of Soldier.)

(Date) *Dec 5th 1916* *E. H. Woolley* (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.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) *S. Johns St*

[Signature]

(Date) *Dec 5th 1916*

(Signature) *Lt. Colonel C. E. O. C. Engineer Training 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 —

C Janner.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 313 Medical Report for Invalid* " B. 227. Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877. *Only if discharged "Medically unfit."	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 (in the event of such having been prepared.)

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.