

ATTESTATION PAPER.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname?..... Turner.....
- 1a. What are your Christian names?..... Reginald Bradman.....
- 1b. What is your present address?..... Meductic, N.B.....
- 2. In what Town, Township or Parish, and in what Country were you born?..... York County, N.B..... Canada.....
- 3. What is the name of your next-of-kin?..... Walter Leslie Turner.....
- 4. What is the address of your next-of-kin?..... Meductic, York Co., N.B.....
- 4a. What is the relationship of your next-of-kin?..... Father.....
- 5. What is the date of your birth?..... 26th Septr, 1893.....
- 6. What is your Trade or Calling?..... Civil Engineer.....
- 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?..... 71st Regt. 3 years & 1 yr at Sussex)
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, Reginald Bradman 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.

Reginald B. Turner..... (Signature of Recruit)

Date 24th April..... 1917. W. Baldwin..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Reginald Bradman 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.

Reginald B. Turner..... (Signature of Recruit)

Date 24th April..... 1917. W. Baldwin..... (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 Partridge Island this 25th day of April..... 1917.

W. Wetmore JP..... (Signature of Justice)

Description of Reginald Bradman Turner on Enlistment.

Apparent Age... 23 years ... 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height..... 5 ft. 10 ins.

Chest measurement. { Girth when fully expanded..... 39 ins.
 Range of expansion..... 3 ins.

Complexion Dark

Eyes..... Brown

Hair..... Black

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist..... Yes
 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).

Scar on palm of right hand continuing over joint of middle finger.

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. April 25 1917.

Place. Partinoy Island

M. B. W. G. Caff
 Medical Officer.

*Insert here "fit" or "unfit."

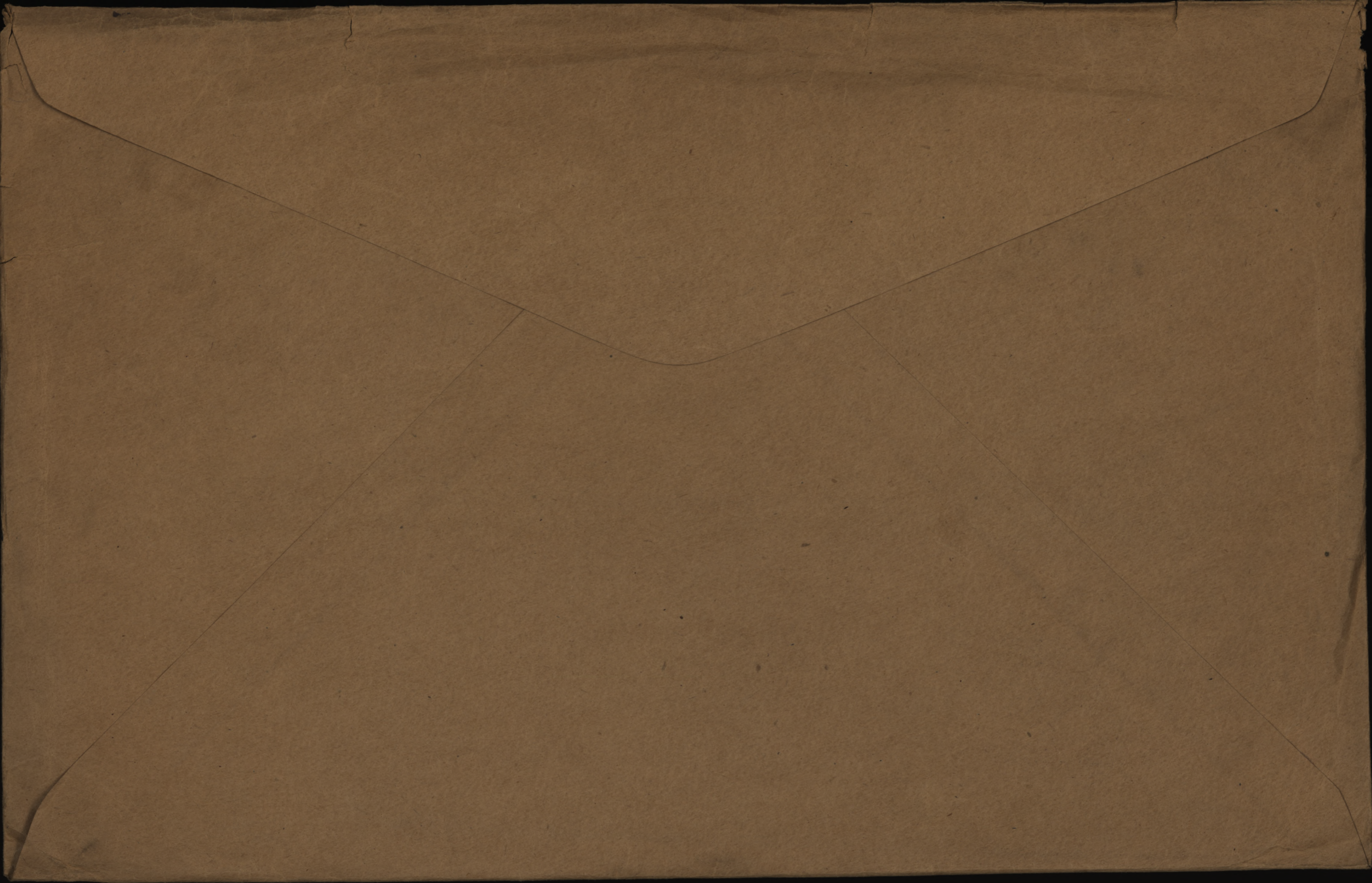
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Reginald Bradman 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.

W. Wetmore Major., (Signature of Officer)
 C.O. #9 o/s Siege Battery C.E.F.

Date..... 25-4-17 1917



5ms

Number 1257967.

Rank a/Bdr
Ent.

Surname TURNER

Christian Name Reginald Bradman

Units C.G.A. Theatre of War France.

Date of Service 1-6-18.

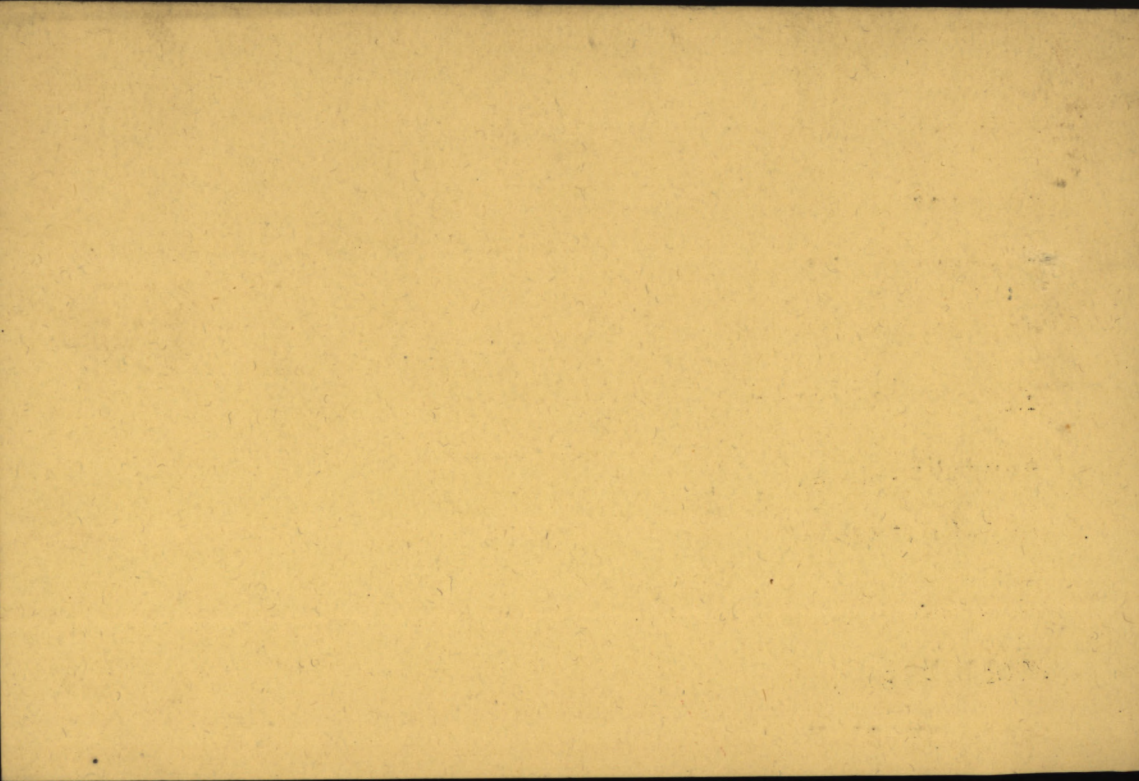
Remarks

Latest Address Frederickton N.B.

Roll No.

200m.-2-21.M.

Page 18198



SURNAME.

Turner

4. CARD NO. *✓*

CHRISTIAN NAMES

Reginald Bradman

*SOS. 7/4/19. Demob.
FOLL.
DB 100 of 10/4/19
789.*

REGL. NO.

1257967

RANK

~~As.~~ Bomdr.

UNIT

9th Siege Bty (3rd P.W.)

FORMER CORPS

71st Regt. 3rd (Cyp) at Sussex.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Turner, Walter Leslie

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Meductic, York Co., N.B.

COUNTRY OF BIRTH

Canada, York Co., N.B.

DATE

Sept. 26th 1893.

PLACE OF ATTESTATION

Cartridge Island, N.B.

DATE

April 25th 1917.

*1024X
/S. 17-12-17-7.*

*R/C 5/4/19. 298
49. C.*

Sailed from Halifax per S.S. Madanahil 19-12-17.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Civil Engineer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

23.

YEARS

7.

MONTHS

HEIGHT

5.

FEET

10.

INCHES

CHEST MEASUREMENT

39

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Brown.

HAIR

Black.

DISTINGUISHING MARKS

Scar on palm of R. hand continued over joint of middle finger.

MEDICAL EXAMINATION.

PLACE

Cartridge Island, N.B.

DATE

April 25th, 1917.

Present Address, Meductic, York Co., N.B.

Granville Can. Spl. Hospital, HOSPITAL.

A. & D.
CARD

D.I.

AT.....

A. & D. No. T 2921 PL. OF ACTION.....RANK Guy REG. NO. 1257967 UNIT CG. A. SICK OR WOUNDEDNAME Turner R.B. AGE 25 RELIGION methPLACE IN HOSPITAL PADIAGNOSIS psu R1 armADMITTED 14 NOV 1918 FROM 1st South Gen BirminghamDISCHARGED 20-1-19 TO art'y R.D. Witley

TRANSFERRED.....

SERVICE AT HOME 19/2 IN FIELD 4/2

RESULTS.....

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

68 days

Reginald Bradman

ujc

Name TURNER

Rank Gunner

Reg. No. 1257967

Unit 3rd Bde 8 ga

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10.9.18	32 Sty Hoop	Memereux	St. R. Arm.	13464	5427	4036/10
15.9	1 load for	Edglaston Bham	do Ser	13467		26689
15.11	1 can spec	Buston	do	13468		1256
20.1.19	Disch'd	do	do	13463		1840
R.L. 20/19	Will proceed on 20/19 to 1cc a miley with from - IV - 206					

REGT'L. No. 12,57967

H. Q. FILE No. 649

NAME Turner Reginald Bradman

RANK AND CORPS Pte. 3rd Bgde. Garr. art. (form 9th Siege

FOLLOWS

No.

Bty 3rd R.D.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

n. of K.

Walter Leslie, Turner. (Father)
medic York. Co. M. B.6-2
Q 542

18-9-18

Adm 32. Stat. H. Wimereux Sept.
10th 1918. Gen. R. Arm.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 349-5.	No 32. Stat. Wimereux	10-9-18	SW. Pt Army
B350-1.	St. S. Gen. Hosp. Edgbaston	15-9-18.	" " " (Ser)
B3402-2	" " " Birmingham Granville Can Spec Buxton	15-11-18	" " " "
B463-2	Discharged	20-1-19	" " "

Dental Examination on Discharge

File No.

Rank *Sgt* Name *Turner RB* Regt. No. *1257867*

Date of enlistment..... Service, where.....

If any dental treatment in army, where.....

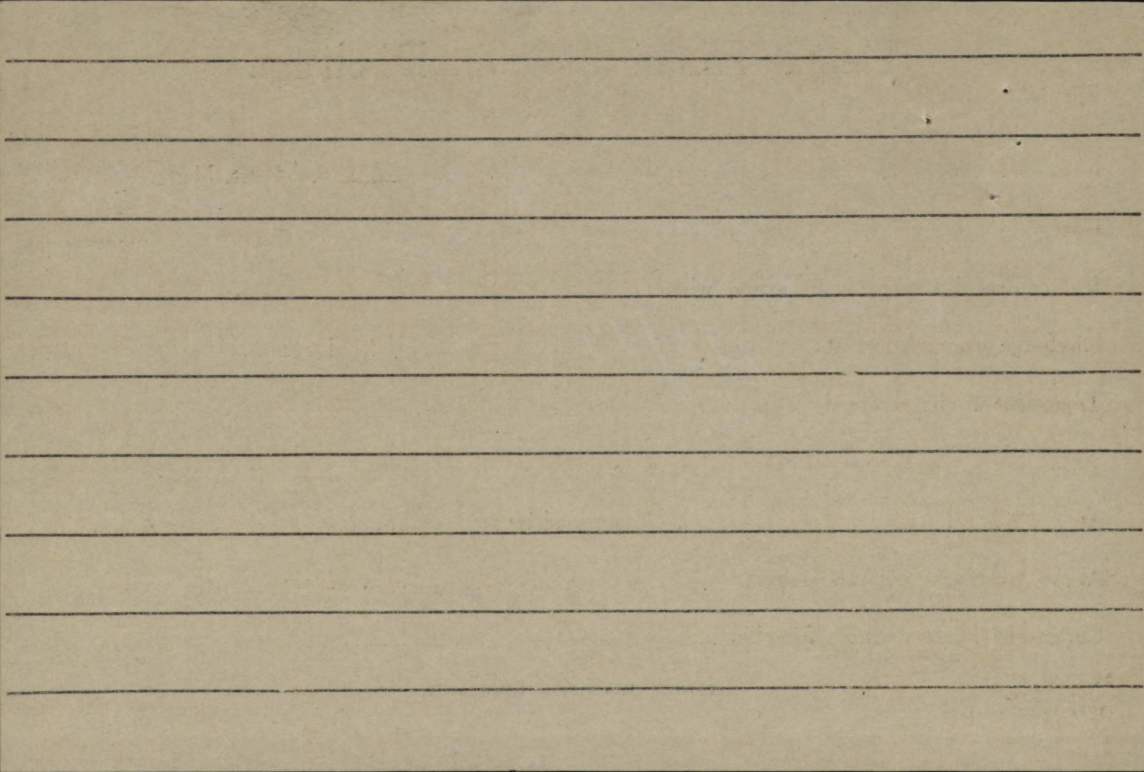
Discharge examination at..... Date.....

Treatment to be received *17*.....

At..... Examined by *Col. Leo H. Linn*.....

Above treatment completed by..... Date.....

Completed History Sheet File No.....



Surname

Christian Name or Names

Reg. No.

Turner

RB

1257967

Rank

Unit

gn

Lat 3BC9a

Cas. List.

<i>17. 9. 18</i>	<i>a349</i>	<i>3v. Sta F. Wimerat</i>	<i>10. 9. 18</i>
<i>18. 9. 18</i>	<i>B350</i>	<i>1st S. H. Edgbaston Bham</i>	<i>15. 9. 18</i>
<i>18. 11. 18</i>	<i>B402-2</i>	<i>Granville Buxton</i>	<i>15. 11. 18</i>
<i>31. 1. 19</i>	<i>B463/2</i>	<i>Dis</i>	<i>20. 1. 19</i>

A.M.D. 2 DEPT.

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

Cas. List.

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MEDICAL HISTORY SHEET

6344/18

Surname *Turner* Christian Name *Reginald Bradman*

Examined { on *16th* day of *April* 1917
 at *Fredricton N.B.*

Birthplace { City or Town *Meductic*
 County *York Co.*

Apparent age *23 yrs 7 mos*

Trade or occupation *Civil Engineer*

Height *5* feet *10* Inches

Weight *One hundred & seventy* lbs.

Chest measurement { Minimum *36* inches
 Maximum expansion *37* inches

Physical development *Good*

Small-pox Marks *None*

Vaccination Marks { Arm *Right* *Left*
 Number *None*

When Vaccinated last *About 10 years ago*

(a) Marks indicating congenital peculiarities or previous disease *None*

(b) Slight defects but not sufficient to cause rejection *None*

Approved by *W. Snowley*

Rank *Capt. a.m.c.* M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<i>17 SEP 1918</i>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS
<i>25-8-17</i>		<i>J. P. ... Capt</i>
		M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>18-5-17</i>		<i>W. Snowley Capt.</i>
		M.O.
<i>4-8-17</i>		<i>J. P. ... Capt</i>
		M.O.
<i>25-8-17</i>		<i>J. P. ... Capt</i>
		M.O.

Enlisted on *16th* day of *April* 1917 at *Fredricton N.B.*

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<i>No. 9 Overseas Sigs. Battery</i>	<i>1257967</i>		<i>16 Apr. 17</i>
Transferred to	<i>12th Can. Siege Batty</i>			<i>21-1-18</i>

EXAMINED, OR DISCHARGED BY A MEDICAL BOARD

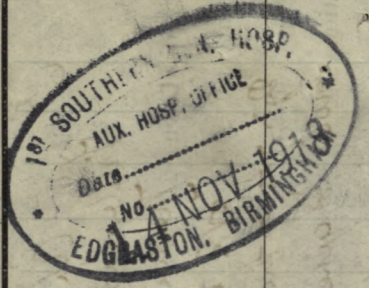
STATION	DATE	DISEASE	RESULT
<i>1st C.C.D. Wiley</i>	<i>27.2.19</i>	<i>Nil</i>	<i>G. J. W. ...</i>
	<i>3-3-19</i>		<i>A. Bonch ...</i>

CANADIAN

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.

Surname *Turner* Christian Name *Reginald* *Bedman*

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				
<i>Granville Can. Spec. Hosp Stilton, Derbyshire</i>		15	9	18	14	11	18	<i>g.s. Wain (R)</i>	61	<i>2nd cured? c.c.</i>	<i>Vennart</i> CAPTAIN R.A.M.C.T. FOR ADMINISTRATOR, 1ST. SOUTHERN GENERAL HOSP
		14	11	18	20	1	19	<i>- " -</i>	68	<i>Colony 2 Di 6th Rotor Co</i>	



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Janner R.B.
 REGIMENT C.A.R.W. RANK gmn No. 1257967
 Date of Examination in England 1/3/19 Date of Examination in France _____

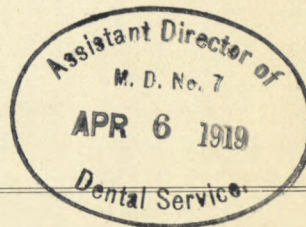
DIRECTIONS TO DENTAL OFFICERS

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 17
2. EXTRACTIONS _____
3. CROWNS _____
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 yes
- (c) In France _____

Signature of Dental Officer H. H. Handberg

1321121

James R. B.
R. R. 12.

11/11

(9) Is your Father alive? *Yes - William Leslie Turner*
If so, state name and address *Meductie, York County NB*

(10) Is your Mother alive? *yes*
If so, state name and address *Jessie Sophia Turner*
Meductie NB

(11) If your Mother is a widow *nil*
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.
nil

(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.
nil

(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.
nil

(15) Are you insured? *No*
If so, in what Company? *nil*
Have you made arrangements for payment of your Insurance premium? *nil*
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *25-4-17*

O. C. Wetmore
O. C. #9 Overseas Siege Battery, C. E. F.
Officer Commanding

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. 7257967 Rank Gunner Surname TURNER
(Given name in full)
Reginald Bradman
 Unit or Corps CARD Birthplace Madinet N.B.

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

1. GENERAL DESCRIPTION:

Physique gm Weight 165 lbs. Height 5 ft. 11 in. Colour of Eyes Brown
 Nutrition gm
 Pulse 74
 Condition of arteries gm
 Vision Rt. 4/6 Left 4/6
 Hearing (conversational voice) Rt. 21 ft. Left 21 ft.

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

Low - of farm -
Sept / 18

Opinion as to general health and physical condition gm

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... Witle(Overseas)

Date 3/3/19

Signed [Signature]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 [Signature]

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

THIS SECTION FOR USE IN CANADA—

Examined at... St. Johns(Canada)

Date April 6/19

Signed [Signature]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 [Signature]

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

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

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I,
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W.1889—PP 1150 1M 5/18 G. W. P. Co. (3490)

(1)*Substantive rank *Acting rank [To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
---	-----------------------	----------------

(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 }	

(Authority)

(date)

Initials and Rank of
an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide 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)
(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, Shoing-smith, &c.

(A) Report*		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

15-3-19 CARP

Attached C.O.C. Kimmel Park for return to Canada. Part II Orders No. 74. Ceases to be attached C.O.C. Kimmel Park on embarking Canada Part II Order No. 88.

Lieut. J. D.

[Signature]

Commanding in O.T. Wing, Kimmel Park Camp.

Lieut.

IL M/R 29/19

X APL 5

CAROLIA

29-3-19 Eng.

TAKEN ON STRENGTH District Depot No. 7.

PART II. ORDER No. 100

ST. JOHN, N. B.

[Signature]

Lieut. & Asst. Adj.

For O. C. District Depot No. 7.

7-4-19.

STRUCK OFF STRENGTH District Depot No. 7.

PART II. ORDER No. 100

Nothing to be written in this margin.

*W.S.B. Class A
500 Ser.
1st Lt. C. E. F.*

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. *3rd Div. #9 OVERSEAS SIEGE BATTERY, C. E. F. to Res Army*

Regimental No. *1257967* Rank *Sumer* Name *Reg. Sald Bradman Turner*

Enlisted (a) *24. N-4-17* Terms of Service (a) *Duration of war* Service reckons from (a) *24. 11th April 1917*

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) *Civilian, 2nd Regt, 7015-1917*

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				
		Appointed as Bombardier	St John N.B.	1-7-17	
		Promoted to Bombardier	" "	1-11-17	no record
		Embarkation	St. John, N.B.	18/12/17	S.S. Missandrie
		Disembarkation	Gloucester	21/12/17	
<i>8/1/18</i>	<i>Res Army C.E.F.</i>	<i>17th S. from Canada as reinforcements</i>	<i>Witley</i>	<i>10/1/18</i>	<i>B.O. Pt II #8</i>
<i>21.1.18</i>	<i>Res Army Bty C.E.F.</i>	<i>S.O.S. to 12th Siege</i>	<i>do</i>	<i>21.1.18</i>	<i>B.O. Pt II 21</i>
<i>22.1.18</i>	<i>Res Army Bty C.E.F.</i>	<i>T.O. Son posting from Res. Batty. C.E.F.</i>	<i>Witley</i>	<i>21.1.18</i>	<i>B.O. Pt II No. 1</i>
<i>31.1.18</i>	<i>do</i>	<i>Posted to Bty 72nd</i>	<i>codford</i>	<i>1-6-18</i>	<i>B.O. II 130</i>
<i>1.18</i>	<i>Res Army</i>	<i>Reverts to Gun on arrival</i>	<i>Witley</i>	<i>1.1.18</i>	<i>B.O. Pt II 1557</i>

W.S.B. CLASS A

CERTIFIED CORRE
7 JUN 1918
CIVIL RECORDS, LONDON

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

Canadian Form Active Service

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				

18-6-18 A.M.L.O. Landed in France with 12th Siege Battery as Reinf. for 3rd Bde. C.G.A. 2/6/18 L.R.No. 10487 P.II.O. 18,6/1918.

8/18 997A 2nd arm R 8/18 4000 8/18 H 7753
 10/18 32 Stutz " " 32 Stutz, 10/18 H 8640
 8/18 4 Can Co's " " 8/18 Barr 9/18 K 366
 15/18 3rd Bde Hospital Mtd 2nd 8/18 B 213

15/18 St David Invalided Mtd's posted to Col R D Witley 15/18 W 3083 B 11045

19.18. b.d.R.N.O T.O.S. from 3rd Bde C.G.A. Witley
 Thea R. [Signature] Lieut
 for Lt.-Col., A. A. G.
 Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
 189.18 H.I.O. 266
 [Signature] LIEUT.
 FOR LT: COL: I/C RECORDS, C.O.M.F.

20 FEB 1919 Ceases to be attached on proceeding to CRA Depot D.O.No. 5887 7 MAR 1919

14/3/19 CARD Sw to Rly for Lt. P.II 15/3/19
 [Signature] Adjutant
 Canadian Command Depot

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 1257967 (Rank) Gunner
 Name (in full) Reginald Bradman Turner enlisted in
 the 9th Siege Battery
 CANADIAN EXPEDITIONARY FORCE at St John NB on the 24th
 day of April 1919
 HE served in 12th Siege Battery
 Demobilization.
 and is now discharged from the service by reason of Medical Unfitness.

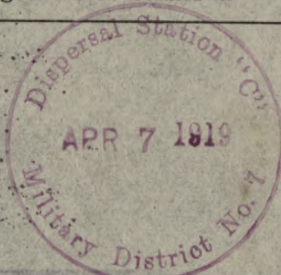
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age 25 years
 Height 5ft 10in
 Complexion Dark
 Eyes Brown
 Hair Black

Marks or Scars Wound scar right forearm

R. B. Turner
 Signature of Soldier

Date of Discharge



Chapman Capt
 Issuing Officer

O. C.
 DISPERSAL STATION, ST. JOHN, N. B. FOR
 O. C. DISTRICT DEPOT #7
 Rank

Date

APR 7 1919

19

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.

LTR

Rank 3rd Dft 9tho/s Sge Bty. To Res Army
 Name TURNER, Reginald Bradman
 Reg'l No. 1257967
 Unit In perm. Corps }
 What Unit? }
 Married or Single Single.
 Place and Date of Enlistment Partridge Island, 24th April. 1917
 Place of Birth York Co. N.B.
 Name and Address, Next-of-Kin Walter Leslie Turner.
 Meductic, York Co. N.B. Relationship Father.

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E
File
Category
15075
Turner

Discharge, Date and Place Reason Character

H. W. V., Ld.—11319-17.

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.				
	C		Arrived in England	31-12-17	S/S Missanabie
8.1.18	Res C.G.	T.O.S from Canada	A/Bdr Witley	1. Jan 18	PT-0 8
"	"	Reverts to Gunner on arrival	A/Bdr "	6.1.18	✓ 8.
21.1.18	12th S.Bty	T.O.S from Res C.G.A	Gnr " <i>W B 18</i>	21.1.18	1. 9 Res E.G.A PT-21/21 1/2
31.5.18	"	S.O.S on proceeding overseas	" Godford	1.6.18	- 1309 3rd Bde C.G.A PT-17/20 1/2
17.9.18	3rd Bde Sge	Wounded	Gnr Field	10.9.18	C.L.H. 379
21.9.18	C.A.R.D.	T.O.S from 3rd Bde C.G.A.	" Witley	15.9.18	PT-11-266-43rd Bde C.G.A 45-26-9-18
23-1-19	"	ceases in hospital of enroute to 1st C.S. Witley	" London	20-1-19	" 23rd B.D. PT-21-23-179
1.3.19	"	ceases at depot	" Witley	28.2.19	— 60
		Proc. to Canada.		29.3.19.	34-C-22

1257967 Turner, R.B.

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.				
1-3-19	1 st G.C.P.	Beau to batt. v. pro G.C.P.	Sea Wilby	28-2-19	-58
14-3-19	G.A.R.P.	S.O.S. to M.P. 7	" "	14-3-19	-74 M.D. 7. 72d/15.3.19
23-3-19	7 th Wing	S.O.S. to B. Canada	Rhyl	23-3-19	-88

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- TURNER, Reginald Bradman
EFFECTIVE DATE:- 1.12.17		EFFECTIVE DATE:-		NUMBER:- 1257967
AMOUNT:- 15 ⁰⁰		AMOUNT:-		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.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
M ^{rs} W. L. Turner, (Mother) Meductic, York Co. N.B.		No. 8,	8/1/18	Gnr.

UNIT AND TRANSFERS			
ORIGINAL UNIT:- 9 th Siege			
DATE ACCOUNT FIRST OPENED:- 1 Jan 18			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
NR	1.4.18	20.4.18	12 CSB

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
12.2.19	1151	14 bld	11.30				
24.2.19	11655	"	7.30				
1.3.19	5343	8 RA.	29.20				
12.2.19		10 Days S.F. Dozt 18/18	11.30				

PARTICULARS OF RENDERING NON-EFFECTIVE

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31.3.18	Bal fwd								27.94		
Apr	Sp	33		ap				15	31.32		
		33		AR 57. CRA 1/4/18	14.60			15			
May	Sp	3410		ap				15	18.79		
		3410		AR 20 12 CSB 2/5	31.63			15			
June	Sp	33		ap				15	36.79		
		33		AR 46 " 1/6	7.30			15	29.49		
July	Sp	3410		ap				15			
		3410		AR 395 309A 3/7	8.03			15	40.56		
Aug	Sp	3410		ap				15	59.66		
		3410		AR 552 " 1/8	3.57			15	52.52		
		3410		600 " 19/8	3.57			15			
Sept		33		ap				15			
		33		AR 666 " 5/9	7.14			15	63.38		
Oct		3410		ap				15	82.48		
		3410		NR 4161 9/10 Birmingham	9.73			15	72.75		
Nov	Spay	33		at				15			
		3410		Josephem. 50754. 7/11	9.73			15			
				at 10475. 23/11	2.43			15			
				at				15			
				11232. 18/12	9.73			15			
				at				15			
					21.89			30			

stopped effective 1.4.19

Dist to Ben 1.4.19 NR 3990. Watley 3.3.19 Watley. No 10.7. Fed Rec 21.8.12 412.25.92

B

W. Kent
CHECKED BY

NUMBER 1257967

RANK *Private*

NAME TURNER, R B

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918		67/10			21 89			30			
Nov	Dec <i>Jan</i>	34/10		<i>at</i>				15	107 06		
<i>Jan</i>		10/20			21 89			45			
<i>Feb</i>				<i>at</i> 1376 <i>Bank</i> 21/1	48 67						
				13353 ✓ 9/1	4 87				53 52		
	<i>Feb</i> <i>Sub</i>	64 90		<i>at</i>	53 52			30	88 42		
				11151. <i>ICED</i> 13/2	7 30						
				11655. ✓ 24/2	7 30						
				5343 <i>CR</i> 11/3	29 20						
		64 90		2575 <i>KDK</i> 17/3 <i>Endorsed</i>	9 73				34 89		
					107 07			30	16 26		

51.92

Sold to Canada 29.5.19 \$2.34

P. 559.
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

J
Jacks County N.B.
W.L. Turner
Meductie N.B.
Father.

CASUALTIES, PROMOTIONS, &c

Table with columns: PARTICULARS, EFFECTIVE DATE, AUTHORITY. Entry: Details to Gunner 1-1-18 508 81/18

ADMISSIONS TO HOSPITAL, &c.

Table with columns: DATE ADMITTED, DATE DISCHARGED, V. OR A., NAME OF HOSPITAL.

REG'L. No. 1257967 RANK *Sgt* NAME Turner. *9th Siege CRA.*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION *St. Fredericton.* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *16. 4. 17.* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *15.* DATE EFFECTIVE *1. 12. 17*

PAYABLE TO *Mrs W.L. Turner, Meductie Jack Co N.B.* RELATIONSHIP *Mother.*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Main ledger table with columns: DATE, PAY, FIELD ALLOWANCE, WORKING OR SPECIAL PAY, ASSIGNED PAY CREDITS, OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, BALANCE, PAY WITHHELD OR DEFERRED, PAY AVAILABLE FOR ISSUE, REMARKS.

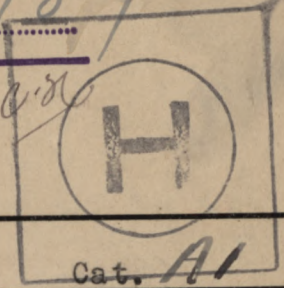
as per *AR* has been deducted by Regt Paymaster in Regt *Pay List*

W. E. B. O'AS A. No. 264189

SHORT FORM

PROCEEDINGS ON DISCHARGE.

(Demobilization)



1. No. 1257967

2. Rank. *Inv.*

3. Name. TURNER Reginald Bradman

4. Unit. 2 Dft. 9 S D. D. NO. 7 1 C. C. R. P.

5. Date of Discharge APR 7 1919. Place ST. JOHN N. B.

DEMOBILIZATION

6. Reason for Discharge
Service in France. ⁴ 12
Next of Kin. *Kathryn*

7. Authority. R. O. 1420 (c)

8. Proposed Residence after Discharge. *Brooklyn York.*

Occupation. *Civil Eng. 13*

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W.? *39*



*ST-IVPL MAR 29/19
RR HIX APL 5
M I + ARONIA*

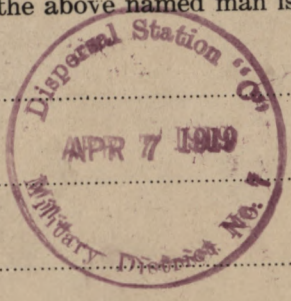
P. P. Lerner
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date



Signature

Ralph J. Coffey
DISPERSAL STATION, ST. JOHN, N. B. FOR
O. C. DISTRICT, DEPOT #7
(O. C. Discharging Unit.)

PROCEEDINGS ON DISCHARGE

(Demobilization)

1. No.	
2. Rank	
3. Name	
4. Unit	
5. Date of Discharge	
6. Reason for Discharge	
7. Service Branch	
8. Next of Kin	
9. Authority	
10. Proposed Residence after Discharge	

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. S. W. I.

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Place

Date

Signature

(Signature)

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (M.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.S.D.C. 4000a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 59)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 59a).
10. Dispersal Certificate (C.D.S).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 351).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group.....

Checked by.....

Date.....

[Handwritten Signature]
28/3/19

93/382 PVA

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

1257967

Gnr

Turner

RVB

Unit.

Age.

Service.

Canadian Gnr. Arty.

25

19/2 4/12

Station
and Date.

Disease

GSW Right Arm

Occ. Graduate in engineering.

Enl. April 16. 1917. Fredericton. N.B.

Eng. Dec. 5/ 1917.

France. May 1918.

Wounded Sept. 8 1918. Cambrai front.

Ret. Eng. Sept. 15. 1918.

Hospitals. #4 600. 1 day #32 Stationary 5 days.

3. Birmingham 2 wks 4. V.A.D. Birmingham 6 wks.

5. Granville C.H. Nov 14/18.

Wounded shell fragment. ulnar side right forearm
Dirty wound discharged for 6 wks. Paralysis of hand as soon
as hit. Considerable haemorrhage. Wound healed in 8 wks.

~~Pres Cond~~ No fracture of bones. T.B. removed & wd. excised on Sept 8/18.

~~Pres Cond~~ Healed scar ulnar side posterior surface right forearm.
Scar adherent to deep structures. Elbow mounts free.
Pressure on area below scar causes tingling down ulnar
side of hand. Slight anaesthesia of ulnar half of hand and
ring and little fingers.

Movements of wrist normal. Very slight limitation of
movement of middle, ring and little fingers. Cannot
completely flex distal two phalanges or proximal phalanx of
these fingers. Grip is weak.

Treatment. Gym. hand class.

Ret. W. B. Luff
Capt

All muscles of hand & arm respond quickly
to faradism & galvanism. No motor, vol, loss
no sensory loss. No nerve lesion.

29 NOV 1918

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

Shurey
M.T.O.

Station
and Date.

Separation and Assigned Pay Branch

Jan 1, 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

5966

PARTICULARS OF SEPARATION ALLOWANCE

No. 1257967
 Rank Invr. Promoted Reverted Discharge
 Soldier's Name R. B. Turner
 Battalion #9 O.S. Siege Batty C.C.F.
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs. W. L. Turner
 Address Meductic, York Co. N.B.
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1918					
Jan	267425		15	15	R mailed 8/1/18.
Feb.	168211		15	15	
Mar	W 92260		15	15	✓
Apr	W 8228		15	15	✓
May	T 19867		15	15	✓
June	P 26676		15	15	✓
July	D 23730		15	15	✓
July	T 38549		15	15	
Sept	P 47338		15	15	
Oct	H 53074		15	15	
Nov	W 66621		15	15	✓
Dec	W 67607		15	15	
Jan	L 75538		15	15	
Feb	R 79184		15	15	
Mar	B 91274		15	15	✓
Apr	T 2506		15	15	
			240	240	

M. F. W. 128.
 400M-4-17-1772 39-141
 L. L. 2330-M. & D. 7593.

A/c Closed 20/4/19
 Ret'd per Carson MD 7
 Date 4/4/19 M.F.W. 187 11/11/19
 Clerk 018318-R-4
Mo 70776 O.K.F.L.

