S

REGIMENTAL DOCUMENTS

NAME ABRAHAM. Robert. Austin REGT. NO. 669498. UNIT 166. ofs. Batn. H. Q. FILE NO. 516

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4	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		C			DEATH
/	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
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/	COMPANY CONDUCT SHEET (M.F.B. 263A or A F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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2	Cards.					
	Pay sheets.					

W. 2509
100M-11-19
1772-39-1377

Original

ATTESTATION PAPER.

No. 669498

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Abraham
1a. What are your Christian names? ..... Robert Austin.
1b. What is your present address? ..... 32 Ellerbeck Ave. Toronto, Canada.
2. In what Town, Township or Parish, and in what Country were you born? ..... Burlington, Ont., Canada.
3. What is the name of your next-of kin? ..... Laura Abraham.
4. What is the address of your next-of-kin? ..... 32 Ellerbeck Ave, Toronto, Canada.
4a. What is the relationship of your next-of-kin? ..... Wife.
5. What is the date of your birth? ..... February 10th 1886.
6. What is your Trade or Calling? ..... Architect.
7. Are you married? ..... Yes.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes.
9. Do you now belong to the Active Militia? ..... Yes.
10. Have you ever served in any Military Force? ..... Yes, 9 years, Queens Own Rifles, Can
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, Robert Austin Abraham., 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.

R A Abraham (Signature of Recruit)

Date January 14th 191 6 A B Malone (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Austin Abraham, 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.

R A Abraham (Signature of Recruit)

Date January 14th 191 6 A B Malone (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 Toronto. this 14th day of January 191 6

Thos Mills (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Robert Austin Abraham. on Enlistment.

Apparent Age 29 years II months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9 ins.

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

Complexion Medium

Eyes Brown

Hair Black

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

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

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

Scar Left cheek.

Mole I inch outer side right chest, nipple.

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 January 14th 191 6

Place Toronto Canada.

Jas. W. Barton
Captain
Medical Officer.
H Rd. C.O.E.

*Insert here "fit" or "unfit."

Toronto recruiting depot.

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.

Robert Austin Abraham 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.

July 6. 1916

Lieut.-Colonel
Commanding 166th Overseas Battalion C. O. R.
(Signature of Officer)

Date January 14th 191 6.

L. L. Job 88773—M. & D. 6195.

1-3-16

MILITIA AND DEFENCE

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

36

SEPARATION ALLOWANCE

Name Laura Abraham

Address 32 Ellerbeck Ave
Toronto
Ontario

Relation to Soldier wife, child or mother } Wife

Name of Soldier Abraham Robt. A.

Regtl. No.

Rank G.M. Sergt.

Corps 166 Bdtt

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		634/25	25 -	25

ACCOUNT CLOSED
DATE ..... PER ..... W.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Laura. Abraham Wife

Name of Soldier Abraham. Robert Sgt

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	F45	25	25	
May		G. 4490	25	25	
June		a 1770	25	25	
July		F9821	25	25	a 10894 Cancelled
Aug.		~~a 10804~~	~~25~~	~~25~~	Dis 10/8/16 PmL 9/8/16
Sept.		313124	8		mailed 16-8-16
Oct.					Cor. Dis 25/4/16 PmL 13/8/16
Nov.		87 overpaid			
Dec.					
Jan.	1917				
Feb.					ACCOUNT CLOSED
March					DATE..... PER.....
April					
May					
June					RM. written 24/8/16 for correct date of
July					discharge
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier .....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

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. ~~669610~~ 669498 Rank BN. Q. M. SGT. Name ROBERT A. ABRAHAM

Corps 166TH. Q. O. R. BN. who was* DISCHARGED

On APRIL 25TH. 1916 1915, 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 To 14 Aug 1			From 1 To 14 Aug 1		
Bal. Dr. from previous month			Regimental pay 14 days at $ 1 c 80	25	20
Total payments during period from			Field allowance 14 " $ c 20	2	80
			Other allowances CIV. CLOTHES	8	00
Assigned Pay			Other Credits (give particulars)	10	00
UNIFORM	10	00	CR. FROM PREV. ACCT'S	222	80
Other Charges (give particulars)					
APR. 26 TO MAY 18/23 DYS. 2.60	235	80			
MAY 19 TO AUG. 14/80 DYS. 2.00					
Bal. Cr. on discharge or transfer	23	00	Bal. Dr. on discharge or transfer		
TOTAL	268	80	TOTAL	268	80

The amount shewn as Balance Cr. due on discharge or transfer has† not BEEN paid.

Monthly stoppage on account of assignment of pay is 30.00, and has NOT been charged in Paylist for month of AUGUST

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

REMARKS:—

State (1) date of enlistment JANUARY 14TH. 1916.

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

(3) cause of discharge and authority MEDICALLY UNFIT. D. O. 263 AND 268

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 Paylist of the unit.

Date AUGUST 15TH. 1916

Place CAMP BORDEN, ONT.

HON. CAP'T

Paymaster

M. F. W. 44

100 M.—11-15

H. Q. 1772-39-903

Original

MEDICAL HISTORY SHEET.

Surname Abraham *Christian Name* Robert Austin

Examined { on 14th day of January 1916 / at Toronto Canada.

Birthplace { City or Town Burlington / County Ont, Canada

Apparent age 29 yrs II mos.

Trade or occupation Architect

Height 5 Feet 9 Inches.

Weight 142 Lbs.

Chest measurement { Minimum 32 inches. / Maximum expansion 4 inches.

Physical development Good

Small-Pox Marks Nil

Vaccination Marks { Arm Right. Left. I / Number I

When Vaccinated last 1900

(*a*) Marks indicating congenital peculiarities or previous disease Nil

(*b*) Slight defects but not sufficient to cause rejection Nil

Approved by Jas. W. Barton Captain

Toronto recruiting depot. Rank M.O. 11th C.E.

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

Enlisted on 14th *day of* January 1916 *at* Toronto Canada,

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	166th Battn	669498		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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.

200M—11-15.
H. Q. 1772 39-479.

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

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

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps O. O. R., 166th O/S Batt., C. E. F.

Regimental No. 669498. Rank Q. M. S. Name Abraham, Robert Austin
C. E. F.

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

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				
		Discharged Medically Unfit			April 25/16

(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				

649-A-1582

CARD NO. UR X ✓

S.O.S. Dis.

25-4-16 FOLL. 2 x

SURNAME. Abraham

CHRISTIAN NAMES Robert Austin

REGL. NO. 669498. RANK Bn. Q.M. Sergt.

UNIT 166th Bn

FORMER CORPS (9yrs) Q.O.R.

NEXT OF KIN.

NAMES IN FULL Abraham, Mrs. Laura

RELATIONSHIP TO SOLDIER Wife

ADDRESS 32 Ellerbeck Ave; Toronto Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Burlington Ont. DATE Feb. 10th. 1886

PLACE OF ATTESTATION Toronto Ont. DATE Jan. 14th 1916

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

L. G.

MARRIED yes SINGLE WIDOWER

TRADE OR CALLING Architect RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 29 YEARS 11 MONTHS

HEIGHT 5' FEET 9 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 4 INCHES

COMPLEXION Medium EYES Brown HAIR Black

DISTINGUISHING MARKS Scar left cheek. Mole one inch outerside right chest, nipple.

MEDICAL EXAMINATION. PLACE Toronto Ont. DATE Jan. 14th 1916

Present Address:- 32 Ellerbeck Ave:-
Toronto Ont.

No. 669498 RANK Q.M. Sgt. NAME Abraham Robert A.
669610.
(April paylist)

T. O. S. 14-1-16 UNIT 166th Battalion
(O.O. 15-28-1-16)

M. D. 2.

PAID FROM 1916	PAID TO 1916	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
Jan 14	Jan 31	✓		
	Feb	✓		
	Mar	✓		
	April	✓		
	May	O.S.		
	June	O.S.		
	July	O.S.		
Aug. 1.	Aug. 14.	O.S.	Discharged M.U. 25-4-16.	D.O. 263 and 268.
			a/c carried forward.	

UNIT SAILED
OCT 12 1916

Jell

(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.

MEDICAL HISTORY OF AN INVALID.

Next of Kin: Mrs. Laura Abraham, Wife, 32 Ellerbeck Avenue, Toronto.

Address of Invalid: 32 Ellerbeck Avenue, Toronto.

1. Station. Exhibition Camp,
2. Regiment or Corps. 166th. O-s Bn. CEF.,
3. Regimental No. and Rank. 669498 Quarter-Master-Sergeant.
4. Name. ABRAHAM. Robert Austin
5. Age last Birthday. 30 years.
6. Enlisted on January 14th. 1916 at Armouries, Toronto.
7. Former Trade or Occupation. Architect.

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

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

Date. June, 27th. 1916.

DEPT MILITIA & DEFENCE AUG 13 1916 CANADA

644a-1582

9. Service.

	Years.	Days.
	PERIODS.	
	From.	To.
166th. Q.O.R., O-s Bn. C.E.F.,	January, 14th. 1916.	April, 25th. 1916.

10. (a) Disease or disability. Chronic Neuritis.
    (b) Date of origin. 7 years ago.
    (c) Place of origin. Toronto.
    (d) Cause. Severe wetting.

11. Present Condition. (Most Important)
    (To include full description of present disabling condition or conditions.)
    Has complained frequently of Sciatic and other pains which hindered him in his duties. When examined for this report was suffering from Nueuritis in the ~~Right~~ Left arm and Shoulder

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.

150 M—5-16.
1772-39-117.

Ended 22-8-16 MB

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

(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 Ointments and Medicene and relieved from duty.

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? Will probably be recurrent according to hygenic conditions

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. In his profession it should not limit his earning power.

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

[signature] Captn. A.M.C.

M.O.166th. O-s Bn. C.E.F.,
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. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

18. Is he unfit for Military Service. Yes

Recommendations:

That he be discharged as medically unfit

Signatures:—

C. J. Currie Maj. President.

[signature] Capt.

Station. Toronto

Date. June 27. 1916

Robt. S. J. Sheard Capt. Members.

Date. 9-8-16

G. S. Fowler Capt.
Asst. Director of Medical Services.

Approved.

Date. 24/8/16

[signature] Capt.
Director-General of Medical Services.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	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 Certificate,	" 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.

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. 669498

Rank Battalion Quartermaster-Sergeant

Name Robert Austin Abraham

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

Corps (Squadron, Battery or Company) 166th B. O.R. Overseas Bn.

Date of Discharge April 25/16.

Place of Discharge Toronto. Ont

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 30 years 1 months.
Height 5 feet 9 inches.
Complexion Medium
Eyes Brown
Hair Black
Trade Architect
Intended place of residence (To be given as fully as practicable.) 32 Ellerbeck Ave Toronto

Descriptive Marks
Scar - left cheek
Mole - one inch outer side eight chest middle

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

being medically unfit.

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 official 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 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.)

Architect

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

Carded 17-4-16

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

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

6. Medals and Decorations.....

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) Toronto

(Date) April 25/16

C. Mitchell Major
Lieutenant-Colonel
Commanding 168th Overseas Battalion, C. O. R.
Commanding .....

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.

Impossible to secure signature

(Place) Toronto .....(*Signature of Soldier.*)

(Date) April 25/16 G. E. Harra Sgt (*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) Toronto

(Date) April 25/16

(*Signature*) C. Mitchell Major
Lieutenant-Colonel
Commanding 168th Overseas Battalion, C. O. R.

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.)

(OVER)