

REGIMENTAL DOCUMENTS

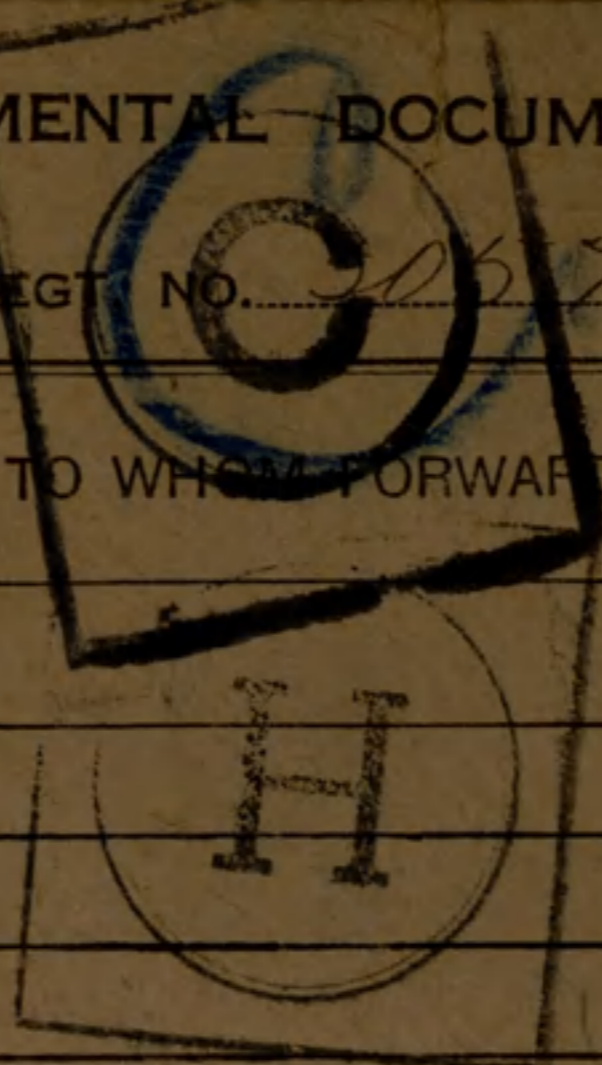
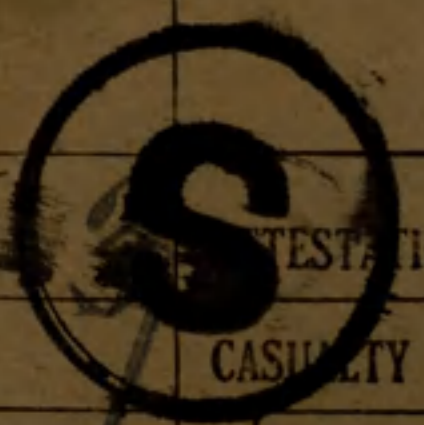
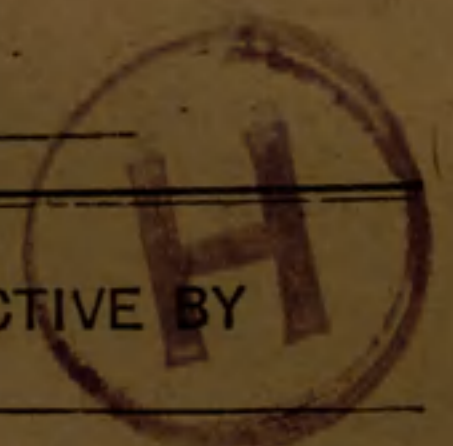
Plc NAME *Acheson, Edward Robert*

REGT NO. *3057619*

UNIT *1st SB Co*

H. Q. FILE NO.

649



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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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

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

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

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

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

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

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MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

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Mar 71
Pay Co.

DEATH

Category

DISCHARGE

Category

Demob.

DESERTION

2

No. 3

M. B.

Depot Battalion

1st Depot Bn., E.O. Regt., C.E.F.

Regiment

Regtl. No. 3057619

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

- 1. Surname: Acheson
2. Christian name: Edward Robert
3. Present address: Eastern Hospital, Brockville, Ont.
4. Military Service Act letter and number: PC 959896
5. Date of birth: 14th. June 1891
6. Place of birth: Straniff, Derrygonnelly, Co. Fermanagh, Ireland.
7. Married, widower or single: Single
8. Religion: C. of E.
9. Trade or calling: Supervisor Asylum
10. Name of next-of-kin: George Acheson.
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Straniff, Derrygonnelly, Co. Fermanagh, Ireland.
13. Whether at present a member of the Active Militia: No.
14. Particulars of previous military or naval service, if any: Nil
15. Medical Examination under Military Service Act:—
(a) Place: Brockville, Ont. (b) Date: October 19th. (c) Category: All

DECLARATION OF RECRUIT

I, Edward Robert Acheson, do solemnly declare that the above particulars refer to me, and are true.

Edward R. Acheson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 26 yrs. 4 mths.
Height: 5 ft. 6 ins.
Chest measurement: fully expanded 39 ins., range of expansion 2 ins.
Complexion: Dark
Eyes: Grey
Hair: Brown
Distinctive marks, and marks indicating congenial peculiarities or previous disease: Nil

R. W. Smart Lt. Col.
O. C. 1st Depot Bn., E.O. Regt., C.E.F.
O. C. Depot Btl.

Place: Kingston, Ont. Date: March 30th. 1918.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3057619 (Rank) Private.

Name (in full) Acheson, (Edward Robert) enlisted in
the 1st Depot Battalion, E.C.R.
CANADIAN EXPEDITIONARY FORCE at Kingston, Ont. on the 30th
day of March, 1918.

HE served in Canada.
and is now discharged from the service by reason of On Demobilization.
Authority, R.O. No. 1894 of 15-4-19.

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

Age <u>28 years 10 months</u> Height <u>5 feet 6 inches</u> Complexion <u>Dark</u> Eyes <u>Grey</u> Hair <u>Brown</u>	Marks or Scars <u>Vaccination marks</u> <u>left arm.</u>
---	---

Edward R. Acheson
Signature of Soldier

R. W. [Signature]
Issuing Officer
Captain, A.M.C.

Date of Discharge May 4th, 1920. For, O.C. Cobourg Military Hospital.
Rank
Appointment

Signed at Cobourg, Ont. this 4th day of May, 1920.
in Military District No. 3.
File Reference No. 1-A-55.

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

CASE HISTORY SHEET.

Coloursy Military Hospital. Coloursy Station.
 No. 3057618 Rank Pte Name Acheson E Age 26
 Unit W3974 Completed years of service C. Where and how long
 Date of admission 28.9.18 Date of discharge 4.10.18
 Diagnosis Influenza Place of origin Coloursy, Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Subjective - headache pain in back and chest, cough, loss of appetite, weakness, chill.
Objective - well developed and well nourished. Heart normal. Bronchial rales over both sides of chest. coryza, coated tongue, fetid breath, and bad cough. Respiring on exertion
 J.P.R. 99.96.22. B. J. McPhie
 29.9.18. J.P.R. 100.90.22. Pain in back, coughing.
 30.9.18. Elevation to 99.0 & 99.2 in evening only.
 1.10.18. Patient much improved no temperature dizzy on sitting up, but appetite & strength improved. B. J. McPhie
 2.10.18 - continues to improve
 3.10.18 - Patient up taking ordinary diet. B. J. McPhie

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.) negative

TREATMENT.

(Especially any specific or special form.)
symptomatic, isolation, rest in bed, sanitarium.

CONDITION ON DISCHARGE.

(and disposal made of case.) Discharged to personnel of this hospital category C III
Discharged to duty
 Date 4.10.18 B. J. McPhie
 Medical Officer i/c case.

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

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

500M.—9.16
H. Q. 1772-

Casualty Form—Active Service.

1st Depot Bn., E. O. Regt., C. E. F.

Unit, Regiment or Corps.....

Regimental No. 3057619 Rank Pte. Name Acheson Edward Robert
C. E. F.

Enlisted (a) 30/3/18 Terms of Service (a) C.E.F. Service reckons from (a) 30/3/18

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) Supervisor (Asylum)

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				
<u>11/4/18</u>	<u>1st Depot Bn. C.E.F.</u>	<u>Transferred to 3rd A.M.B. Dig. Depot</u>	<u>Kingston</u>	<u>11/4/18</u>	<u>D.O. # 101</u> <u>Capt. & Adjt.</u> <u>1st Depot Bn., E.O. Regt., C.E.F.</u>
		<u>Transferred to Cobourg Mil. Hos. 23-12-18</u>			<u>Auth. 3. M.D. 26-6-91, of 19-12-18</u> <u>O.C. Training Depot, M. D. N. (QUEEN'S)</u>
<u>3-5-20.</u>	<u>A.D.M.S.</u>	<u>S.O.S. of C.E.F, 4-5-20.</u> <u>D.O.Pt.2.No.125, of 4-5-20.</u>	<u>Cobourg, Ont</u>	<u>4-5-20.</u>	<u>A.M.C.</u> <u>For O. C., Cobourg Military Hospital</u>

(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.]

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Acheson Christian name Edward Robert.
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule PC. 959896.
3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
4. Address (including street and number, if any) Eastern Hospital, Brockville, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 19th, day of October. 1917, by the undersigned medical board sitting at Brockville, Ont.

5. Age as stated 26 Years 4 Months. 6. Apparent age 26 Years _____ Months
7. Height 5 Feet 6 Inches. 8. Weight 155. Pounds.
9. Chest measurement { Minimum 37 Ins. 10. Complexion Dark. { Eyes Grey.
Maximum 39. Ins. { Hair Brown.
11. Physical development Good. { Good Fair Poor 12. Smallpox marks None.

13. Number of vaccination marks { Right arm 33 None. 14. When vaccinated last all in childhood.
Left arm 33 Three.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____
16. Slight defects but not sufficient to cause rejection None.

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(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 A2.
Vision L.E.D. 30. R.E.D. 30.

(SGD) C.A. Publow. Capt. AMC, President.
(SGD) G.S. Grant Capt. Member. (SGD) R.J. Williams Capt. AMC, Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined _____ day of _____ 191 at _____

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Hungateville</u>	<u>Mar 30/18</u>	<u>Rheumatism</u>	<u>Bill</u>

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.

Signature of Man Edward R. Acheson
Witnessed by William J. Williams Capt. AMC.
D. A. D. M. S. Mil. District No. 3
FOR A. D. M. S. Mil. District No. 3
Feb 30/18

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

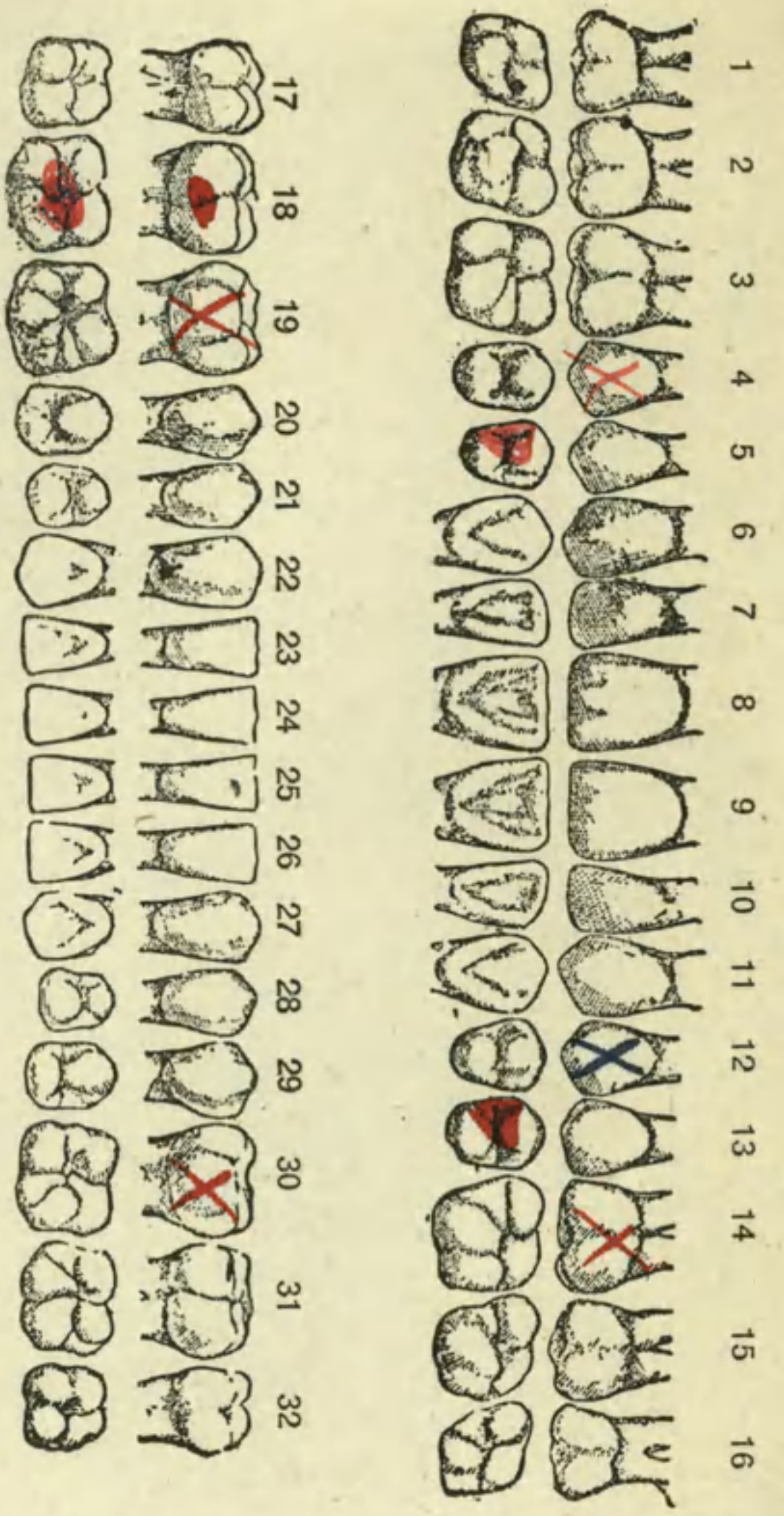
DISTRICT... 3

NAME OF SOLDIER... Acheson, E.

REGIMENT... C.A.M.C. ... RANK... Pte

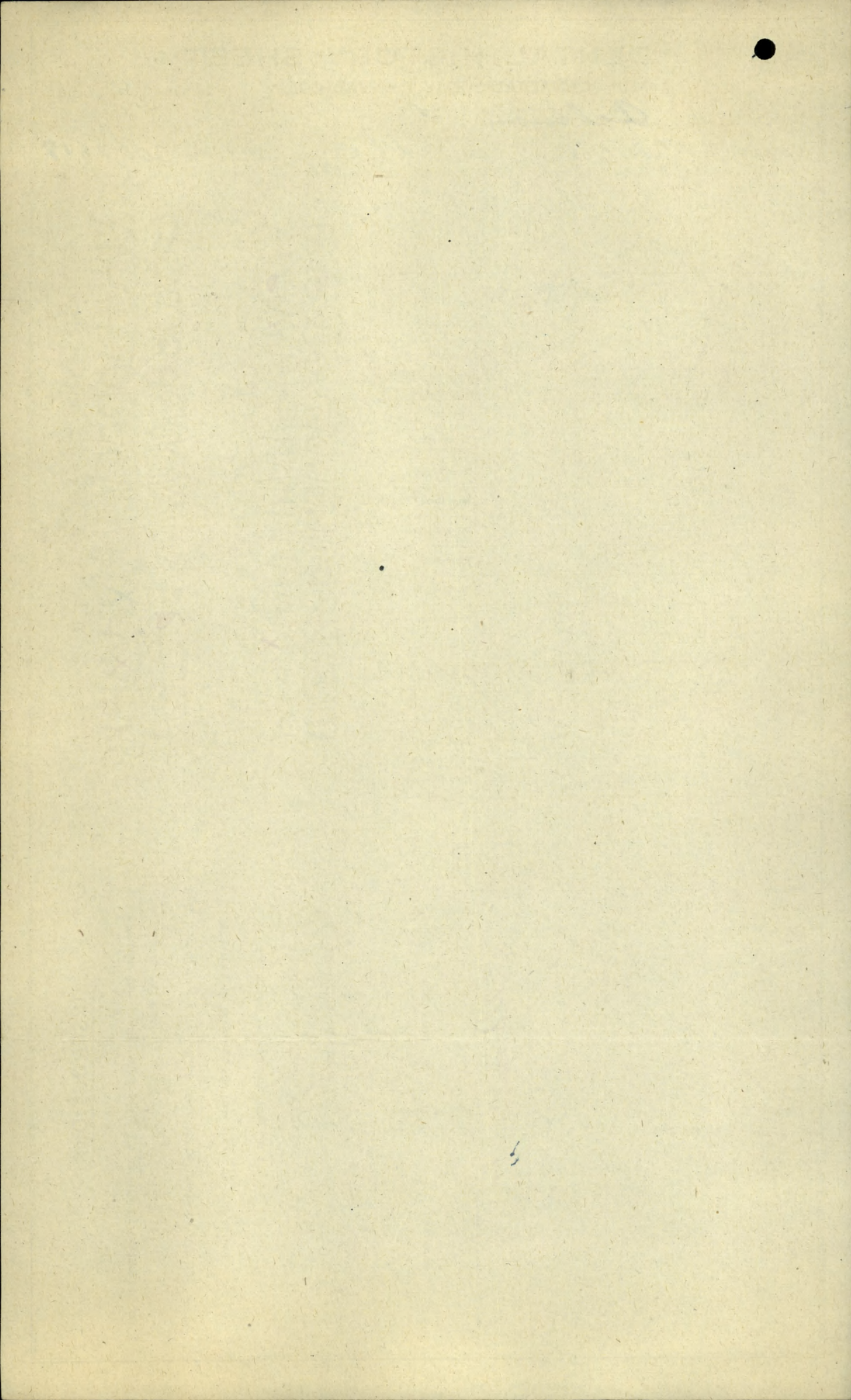
No. 3057619

Condition on first Examination		Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
		<u>11/11/18</u>	<u>4</u>	<u>5.14</u>								<u>4.14</u>	<u>U</u>								<u>E. Acheson</u>	<u>3</u>	<u>13x in 12</u>
		<u>3/14/18</u>										<u>1/12</u>	<u>L</u>									<u>394</u>	



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.



EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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...Cobourg.....(Canada)

Date Signed *H. E. Weston*.....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 *Edward R. Acheson*

(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.)

Approved,

[Signature]
Major A.M.C.,
for A.D.M.S.

[OVER]

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. 3057619 Rank Pte. Surname ACHESON, Edward
(Give name in full)
Robert

Unit or Corps C.A.M.C. Birthplace Ireland

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

1. GENERAL DESCRIPTION:

Physique ... good ... Weight. 191 ... lbs. Height. 5 .ft. 6 .in. Colour of Eyes .. grey

Nutrition good

Pulse 92

Condition of arteries.... good

Vision Rt. 20/20 ... Left... 20/20

Hearing (conversational voice) Rt... 20 .ft.
 Left... 20 .ft.

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

Vaccination mark left arm

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 Yes Any other general condition... Yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Rheumatism in right shoulder March 30, 1918
 no disability at present.
 Tonsilectomy in 1916.

NAME *Acheson, Edward, Robert.*

REGIMENTAL NO. *3057619.*

RANK *Private*

ENLISTED AT *Kingston Ont.*

PROMOTIONS, &c.
AND DATE *-*

DATE *March 30th 1918*

IF SERVED PREVIOUSLY. STATE UNIT, &c. */*

MARRIED, WIDOWER, OR SINGLE *Single.*

NEXT OF KIN *Hugh Acheson*

RELATIONSHIP *Brother.*

ADDRESS OF *R.R. 4. Brockville, Ont.*

ASSIGNMENT OF PAY \$ *hil* C. TO

ADDRESS *-*

SEPARATION ALLOWANCE, ENTITLED OR NOT *no*

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER *-*

IN WHOSE FAVOUR *-*

CASUALTIES, &C.

PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
NATURE E.G. ABSENCE, PROMOTION, &C.	NO.	
<p>S. O. S. Colours by. W. W. W.</p> <p>December 23rd 1918</p>	20.	20. 1. 19.
<p>S. O. S. of R. E. F. On Dr.</p> <p>Mobilization. May 4th 1920.</p>	125.	4. 5. 20.

3

CARD NO.

SURNAME. *Acheson*CHRISTIAN NAMES *Edward Robert*REGL. No. *3057619*RANK *Pte*UNIT *East Ent Regt 1st Div Bn*FORMER CORPS *Mail**DOB 4-5-20 Demand**100125 / 4-5-20*
FOLL. *Carroll 1914*T. O. S. *March 30. 1918*D. O. Part II No. *4.2*

NEXT OF KIN.

NAMES IN FULL *Acheson, George*RELATIONSHIP TO SOLDIER *Father*ADDRESS *Straniff, Derrygonnelly,
Co. Tyrone*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Ireland* *Straniff, Derrygonnelly, Co. Tyrone* DATE *June 14th 1891*PLACE OF ATTESTATION *Kingston* *Pte.* DATE *Mar 30th 1918*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

1912

No. 3057619 RANK *Pte*

NAME *Acheson E. R.*

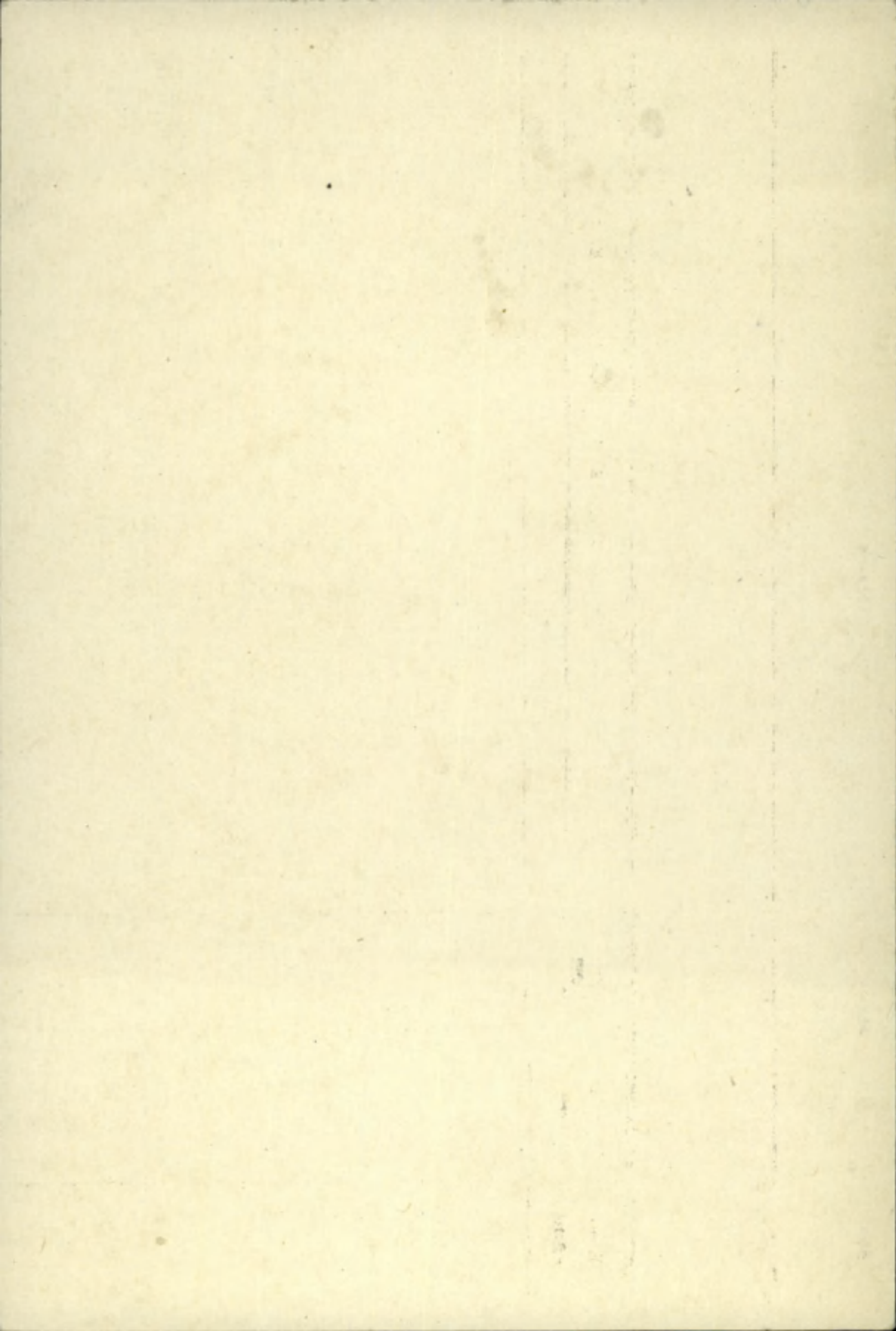
T. O. S.

UNIT

1st. Depot. Battalion E.O. Regt

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1918</i> <i>Mar 30</i>	<i>1918</i> <i>Apr 11</i>	<i>u</i>	<i>Transfd to 6mc Tr Depot</i> <i>11-4-18</i>	<i>S.O. 101. Apr. 1918</i>



No. *305-7619* RANK *Pte*

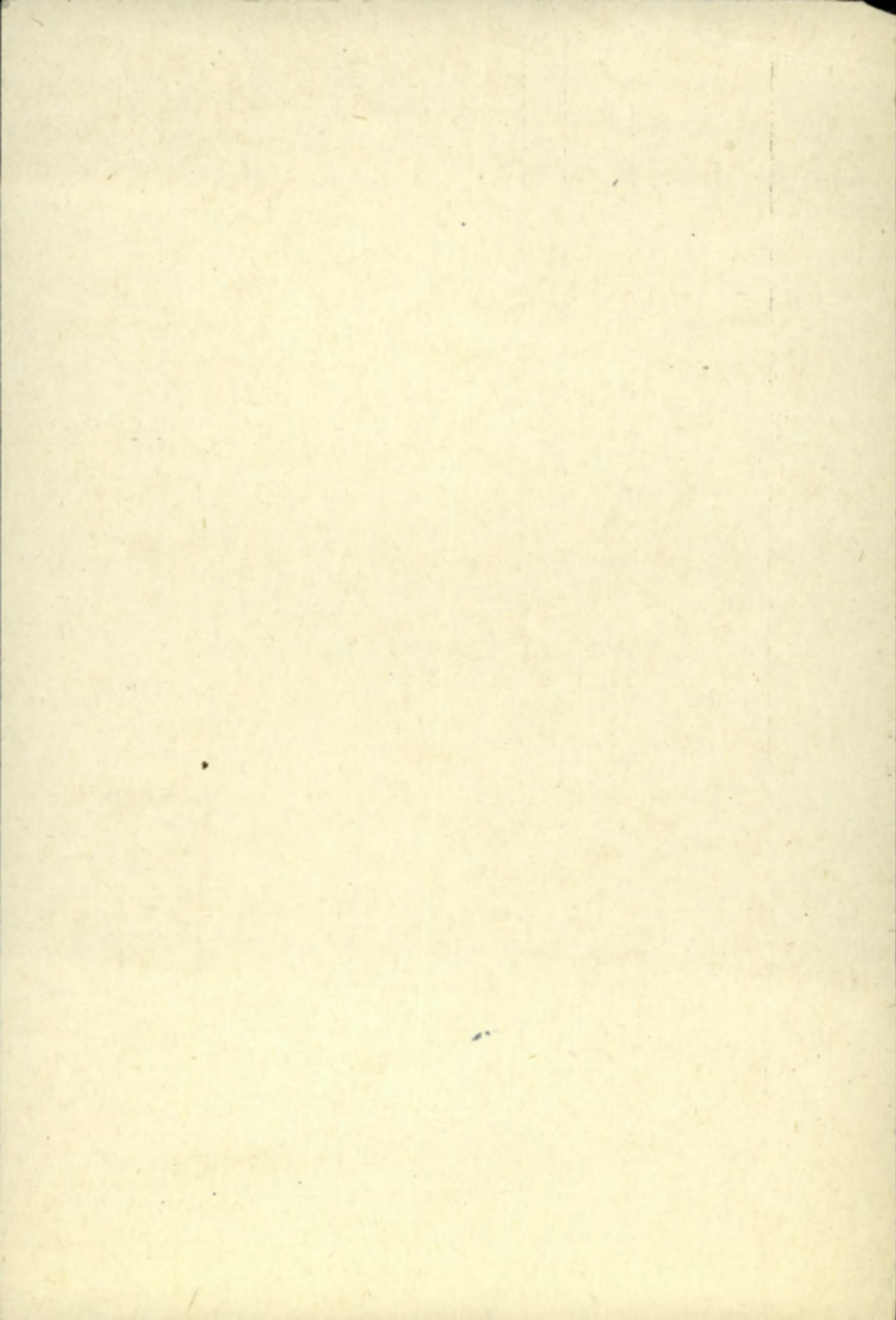
NAME *Acheson, Edward R*

Trans
from ~~U.S.~~ *1st Depot Bn E O R*
72-4-18
DD103 of 12-4-18.

UNIT *No 3 Army Medical Corps Train Depot*
Queens Field Ambulance

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1918</i>	<i>1918.</i>			
<i>April 12</i>	<i>April 30</i>	<i>L</i>		
<i>May</i>		<i>L</i>		
<i>June</i>		<i>L</i>		



LEDGER NO. 2894

SERIAL NO. 213182

REG. NUMBER 3057618 NAME Acheson E R

RANK Pte CORPS A M C

AGE 26 SERVICE Canada

NAME OF HOSPITAL Ontario Military PLACE Cobourg

DATE OF ADMISSION 28-9-18

DISEASE Influenza

TRANSFERRED TO OTHER HOSPITALS.....

OPERATION Duty 4-10-18 C

DISCHARGED TO.....IN CATEGORY.....

REMARKS:.....

.....

.....

.....

.....

.....

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DEPARTMENT OF MILITIA AND DEFENCE.
WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 3057619 2. Rank Pte 3. Original C.E.F. Unit 188 B.C.O.

4. Christian Names Edward. Ross. Deacon 5. Surname Deacon

6. Address, in full, to which future payments of gratuity are to be forwarded

Military Hospital
Colony Ont

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)

1st Enl.	2nd Enl.	3rd Enl.	4th Enl.	Imp. Enl.
<u>3057619</u>				
CANADIAN SERVICE.				
<u>Pte</u>				
<u>188 B.C.O. C.E.F.</u>				

1st Enl.	2nd Enl.	3rd Enl.	4th Enl.	Imp. Enl.
CANADIAN SERVICE.				
IMPERIAL SERVICE.				

Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged.	Place of Discharge.	Reason for Discharge.

1st Enl.	2nd Enl.	3rd Enl.	4th Enl.	Imp. Enl.
<u>30/3/18</u>				
CANADIAN SERVICE.				
<u>not applicable</u>				

1st Enl.	2nd Enl.	3rd Enl.	4th Enl.	Imp. Enl.
CANADIAN SERVICE.				
IMPERIAL SERVICE.				

Handwritten signature

Handwritten signature



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

Signature of applicant: Edward Robert Osken

Place of Residence: Robertson, M. P. H.

Declared before me at: the Honourable Robertson
This third day of October 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Canadian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid. Amounts paid soldier. Amount paid dependent.

REMARKS

Date

Assistant Director Pay Services, Mil. Dist. No.

Certified correct.

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? no (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency not applicable

9. Were you at any time on the strength for pay and allowances of a unit of the C.E.F., which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit: not applicable

10. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? not applicable

11. Have you been issued with a War Service Badge? If so, give number and class. not applicable

12. Are you at present a member of and in receipt of pay and allowances from any Canadian Naval or Land Forces? If so, give unit. E. A. M. E. Military Medical Coy. Robertson

13. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received, from where paid, and on what dates. not applicable

14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled. not applicable

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service. not applicable

16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? no (b) If so, are you in receipt of full pay and allowances from that Department? no

17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. not applicable

18. Relationship of such dependent. not applicable

19. Present address, in full, of such dependent. not applicable

20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name. not applicable

REMARKS

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	or Particulars of Recruit	" W. 133
Field Conduct Sheet	" W. 178	Proceedings on Discharge	" B. 218
Copies of Convictions, by C. P.	in MS.	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.	
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		
§Only if discharged "Medically unfit."			
‡Only if man has not been overseas.			

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.	3057619.
Rank	Private.
Surname	Acheson,
Christian name	Edward, Robert.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	C.A.M.C. Cobourg Military Hospital.
Date of discharge	May 4th, 1920.
Place of discharge	Cobourg, Ontario.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 28..... years..... 10..... months.	Descriptive marks Vaccination mark left arm.
Height..... 5..... feet..... 6..... inches.	
Complexion	Dark.
Eyes	Grey.
Hair	Brown.
Trade	Supervisor Asylum.
Intended place of residence	353. Emerald St., N. Hamilton, Ont.
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of "On Demobilization" Authority for discharge..... R.O. No. 1894. of 15-4-19.	
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. <i>Good.</i>	
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.) Supervisor Asylum.	

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

NIL.

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) Cobourg, Ont.

W. Angerson Capt.

A. M. C.

For O. C., Cobourg Military Hospital

(Date) May 4th, 1920.

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, and that I have received my permanent discharge certificate.

(Place) Cobourg, Ont.

Edward R. Acheson (Signature of Soldier.)

(Date) May 4th, 1920.

F. F. Martin (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) 2 year 36 days.

Total 2 year 36 days.

11. Confirmation of Discharge.

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

(Place) Cobourg, Ont.

W. Angerson Capt.

A. M. C.

For O. C., Cobourg Military Hospital

(Date) May 4th, 1920.

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.)

List of Discharge Documents

Medical History Sheet	W. 31
Statement of Service	W. 32
Medical Report for Discharge	W. 33
Medical History Sheet	W. 34
Statement of Service	W. 35
Medical Report for Discharge	W. 36
Medical History Sheet	W. 37
Statement of Service	W. 38
Medical Report for Discharge	W. 39
Medical History Sheet	W. 40
Statement of Service	W. 41
Medical Report for Discharge	W. 42
Medical History Sheet	W. 43
Statement of Service	W. 44
Medical Report for Discharge	W. 45
Medical History Sheet	W. 46
Statement of Service	W. 47
Medical Report for Discharge	W. 48
Medical History Sheet	W. 49
Statement of Service	W. 50

Edward R. Acheson

AUDITOR
PAYMASTER

M. OR S. PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
REGT. No. 3057619 RANK Plt
NAME (in full) *Johnson & Jr*

NEXT OF KIN *Mr. J. Johnson*
RELATIONSHIP *Wife*
ADDRESS *11th St. Richmond, Va.*
DATE EFFECTIVE *1-50*
PARTICULARS

PLACE OF ATTESTATION *Richmond, Va.*
DATE *1-50*
AUTHORITY *W. J. Johnson*

IS SEPARATION ALLOWANCE PAID?

RELATIONSHIP *Wife*
TO WHOM PAID *Wife*
ADDRESS *Richmond, Va.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE *4-5-20*
PLACE *Johnson*
REASON *Demot*
DATE *4-5-20*

DISCHARGED *Johnson*
IF ENTITLED TO POST DISCHARGE PAY *Yes*
AUTHORITY *8-125*
DATE *4-5-20*

PLACE OF ATTESTATION *Richmond, Va.*
DATE *4-5-20*
AUTHORITY *8-125*

IF IN P.F. (BLOCK LETTERS SURNAME FIRST)
DATE *4-5-20*
AUTHORITY *8-125*

RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS
PAYABLE TO *Johnson*
ADDRESS *Richmond, Va.*

MONTH	NO. OF DAYS	RATE	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI- MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	DEBIT	CREDIT	PARTICULARS OR REMARKS
			AMOUNT	C.			S.	C.	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3							
March 31	150	46.50	46.50	0.00	46.50	46.50	631.80	15	631.80	15	631.80	0.00	0.00	0.00	0.00	46.50	0.00	46.50	
April 30	150	45.00	45.00	0.00	45.00	45.00	631.80	15	631.80	15	631.80	0.00	0.00	0.00	0.00	45.00	0.00	45.00	<i>Working on file 30.00</i>
May 31	31	6.00	6.00	0.00	6.00	6.00	631.80	15	631.80	15	631.80	0.00	0.00	0.00	0.00	6.00	0.00	6.00	
			94.50	35.00	132.50	132.50					30.00				102.50		132.50		<i>Dr. J. Johnson</i>
BALANCE FROM PREVIOUS ACCOUNT																			

Dr. J. Johnson
Paymaster, Mrs. D. D. Johnson