

105th. OVERSEAS BATTAL'N C. E. F.
ATTESTATION PAPER.

Duplicate

No. *713142-*

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

- (ANSWERS.)
1. What is your surname?..... *McEachern*
 - 1a. What are your Christian names?..... *Charles Everett*
 - 1b. What is your present address?..... *Ocean View P.E.I.*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Garfield P.E.I.*
 3. What is the name of your next-of-kin?..... *Mr Charles McEachern*
 4. What is the address of your next-of-kin?..... *Ocean View P.E.I. R46*
 - 4a. What is the relationship of your next-of-kin?..... *Father*
 5. What is the date of your birth?..... *Sept 11th 1897*
 6. What is your Trade or Calling?..... *Farmer*
 7. Are you married?..... *single*
 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes*
 9. Do you now belong to the Active Militia?..... *82nd Regiment*
 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, *Charles Everett McEachern*, 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.

Everett McEachern (Signature of Recruit)

Date *MAR 27 1916* 191 *Edward McPhaul* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Charles Everett McEachern*, 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.

Everett McEachern (Signature of Recruit)

Date *MAR 27 1916* 191 *Edward McPhaul* (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 *Charlottetown, P.E.I.* this *MAR 27 1916* day of 191 .

R.H. Campbell (Signature of Justice)

O. C. 105th. OVERSEAS BATT'N.

Description of Charles Everett M. Eachus on Enlistment.

Apparent Age.....18 years2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5 7 ft.....ins.

Chest measurement. { Girth when fully expanded.....36 1/2 ins.
 Range of expansion.....1 1/2 ins.

Complexion.....Dark

Eyes.....Dark Gray

Hair.....Dark

Religious denominations { Church of England.....
 Presbyterian.....Presby
 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.)

None

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....March 16th.....1916.....

Place.....Charlestown P.E.I......

[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.

Charles Everett M. Eachus.....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]

(Signature of Officer)

Date.....MAR 27 1916.....1916.....

O. C. 105th OVERSEAS BATT

REGIMENTAL DOCUMENTS

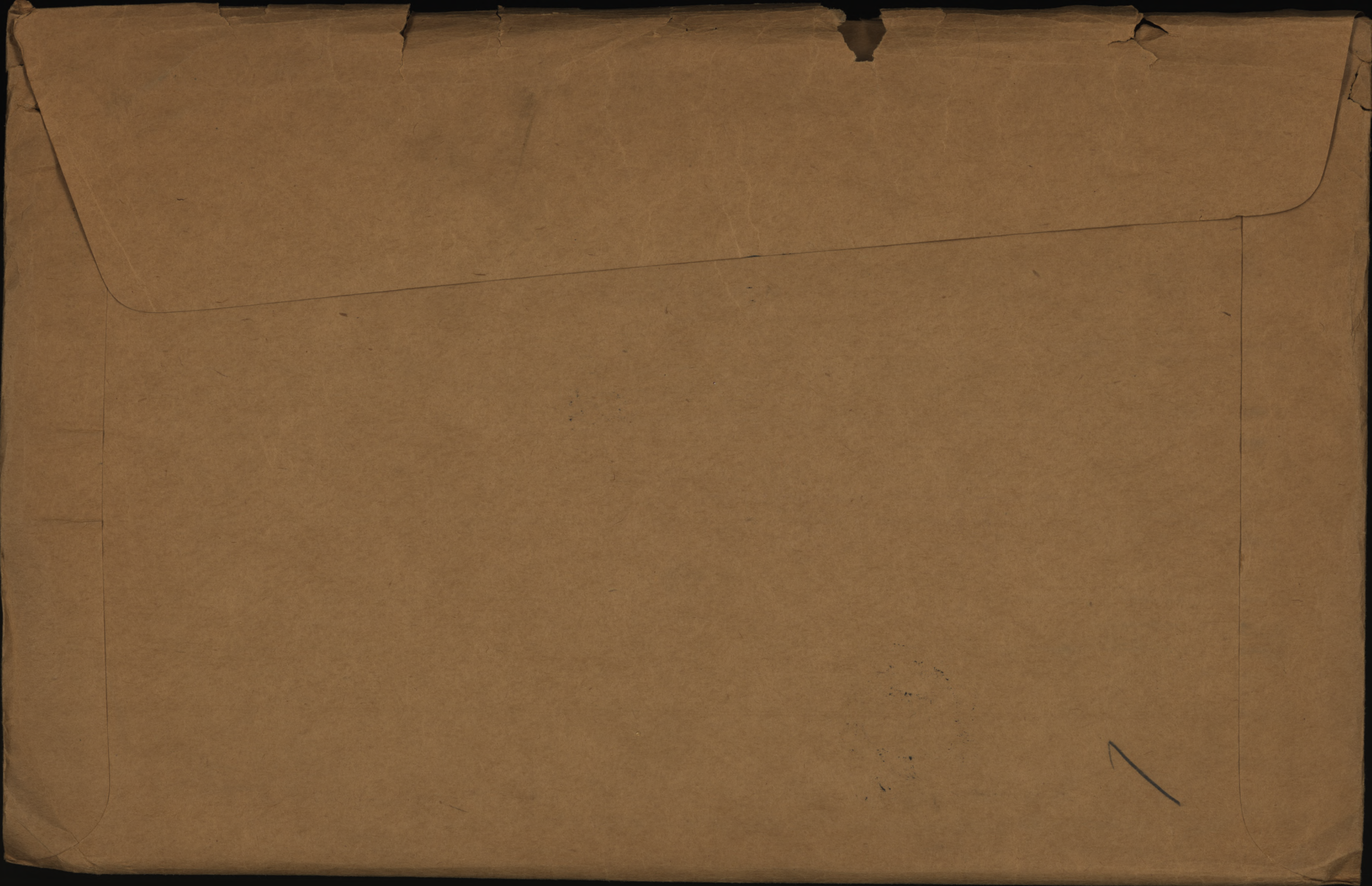
Ser. NAME **McEACHERN CHARLES, EVERETT** REGT. NO. **713145** UNIT **Can Cong** H. Q. FILE NO.

8-7-19
mhw
14

S

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 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)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		M			DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob</i>
1 MEDICAL EXAMINATION (M.F.W. 129)					
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)				12842	DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2 Misc					
1 Form CD3					
1 card					
1 Cas card					
1 Body back					
					2-4
					16-4
					28-4
					2

H



1

Duplicate

To be made out in duplicate.

H.Q. 54-21-23-53

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.

105th. OVERSEAS BATTAL'N C. E. F.

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

(2) Regimental Number 113145-

(3) Full Name of Soldier..... Mc Eastern Charles Everett

(4) Place of Birth..... Yapees, P.E. Island

(5) Are you married, or not?.....

(6) If married, state, (a) Full name of your wife..... Single

(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.....

12

(9) Is your Father alive?..... *yes*

If so, state name and address *Charles McEachern Ocean View P.E.D*

(10) Is your Mother alive?..... *Yes Mrs Mary Jane McEachern*

If so, state name and address..... *Ocean View P.E. Beach*

(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..... *June 20, 1916*

Alvin J. ... LT. COL.
O. C. 105th. OVERSEAS BATT'N.
Officer Commanding

Duplicate

To be made out in duplicate.

713145

H.Q. 54-21-23-53

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- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins *105th Overseas Bn*

(2) Regimental Number *713145*

(3) Full Name of Soldier *Mr. Eachern Charles Everett*
Loosfield, P.E.I. Canada

(4) Place of Birth

(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.

12

(9) Is your Father alive? Charles M. Eachorn
If so, state name and address Ocean View P.O.

(10) Is your Mother alive? Mary Jane M. Eachorn Canada
If so, state name and address Ocean View
P.O. Canada

(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 Oct-14/16

W. E. Forbes
Officer Commanding.

SURNAME.

M^cEachern

96

CARD NO. ✓

CHRISTIAN NAMES

Charles Everett

FOLL.

REGL. No.

713145

RANK

UNIT

105th.

Bn.

FORMER CORPS

82nd. Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

M^cEachern Charles

RELATIONSHIP TO SOLDIER

father

ADDRESS

Ocean View, P.C.I.

COUNTRY OF BIRTH

Canada *Garfield P.C.I.*

DATE

Sept. 11th 1897

PLACE OF ATTESTATION

Charlottetown P.C.I.

DATE

Mar. 27th 1916

R/B. 8/6/19 ⁰⁴⁴/₁₀ DM.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

yes,
Farmer,

RELIGION

Presbyterian,

DESCRIPTION.

APPARENT AGE

18 YEARS

MONTHS

HEIGHT

5 FEET

INCHES

CHEST MEASUREMENT

36 1/2 INCHES

EXPANSION

1 1/2 INCHES

COMPLEXION

Dark,

EYES

dk. Grey.

HAIR

Dark,

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Charlottetown,

P.E.I. DATE

Mar. 16th 1916

*Present Address: - Ocean View,
P.E.I.*

3rd House
Number *713145* Rank *Sp4* ^{*B*}

Surname *McFACHERN*

Christian Name *Charles Everett* ✓

Units *6 Co* Theatre of War *France*

Date of Service *26-2-18*

Remarks

Latest Address *4 P.O.
Ocean View P.E.I.*

Roll No. *B. Page 8220.*

Badges issued

Class A # 120877 d/19-1-61

10218-113 St. Edmonton, Alta.

No. 713145 RANK *Pte.*

NAME *McEachern Chas E*

T. O. S.

UNIT *145th Battalion*

Trans from 105th Bn.

13-7-16 D.O. 168 of 19-7-16.

M. D. *6*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916 July 13</i>	<i>1916 July 31</i>	<i>✓</i>	<i>a. w. l. of</i>	<i>D.O. 218 of 15-9-16.</i>
<i>Aug.</i>		<i>✓</i>		
<i>Sep.</i>		<i>✓</i>		
UNIT SAILED SEP 25 1918				



REGT'L. No.

713145

H. Q. FILE No 649

NAME *McEachern, C. E.*

RANK AND CORPS *Pte. Can. Eng.*

NATURE OF CASUALTY

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
"A" 242-1	12 Can. Fld. Amb.	10-6-18	Syno. f. knee, (C.E.)
"A" 244-1	Disch. to Duty	14-6-18	" " "
G. 251	3 Can. Fld. Amb.	22-6-18	" Rt. " "
A 263 ⁽¹⁾	Y. C. C. S.	3-7-18	" " " "
A. 265-4	#2 Can. Fld. Amb.	6-7-18	" " "
A. 351. ⁽³⁾	#3 (Cov. Wp. de report)	15-10-18	" " "
A. 361. ⁽⁵⁾	Wls. to Base Details	28-10-18	" R. "

Reg. No. 713 146 Name McEachern, E.

Rank Plt Corps 105 Age 18 Service 4/12

Ledger No. _____ Serial No. _____

HOSPITALS **DATE** **DIAGNOSIS**

HOSPITALS	DATE	DIAGNOSIS
<u>Camp Veloster Quebec</u>	<u>12. 7. 16</u>	<u>Mumps</u>
<u>dis to Fort</u>	<u>24. 7. 16</u>	

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

Charles Everett.

Name *McEACHERN* Rank *Spr.*

Reg. No. 713145

Unit ~~124 Prov Bn C.E. 11. Bn C.E.~~ ¹¹ Bn C.E.Next of Kin *Canada*

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10-6	12 Can 9th Amb.		Syn. L Knee	A242		31672
14-6	Disch to Duty		do	A244		31804
22-6	3 Can 9th Amb.		Syn. Rt Knee	A251		32153
3-7	7 C.E. Str.		do	A31262		32790
6-7	2 C.G. H Le Support		do	A265		248011
15-10	3 C. Dep		do	A351		491410
29-10	Dis to Base Dtl		do	A361		525611

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Mc EACHERN.
RANK

C.E.

713145.

UNIT

CO.

TROOP

BATTY

Spr.
HOSPITAL

C.E. 124P.

DATE OF ADMISSION

12. C.F. Amb.

(100000)

10-6-18.

1. 3 C.F. Amb. HOSP. 22-6-18

2. 7. G. G.S. HOSP. 5.7.18.

3. 2 C.F. Le. Foot. HOSP. 6-7-18
3. C.F. " HOSP. 15-10-18.

4. HOSP.

DIAGNOSIS

1. Synov. L. Knee.
2. Synov. Rt. Knee. at
- 3.

DISPOSITION

DATE

C.L. 17-6-18. A242.

Dis. duty 14.6.18

REMARKS

Dis. B.D. 28.10.18

19.6.18 A 244.111

27-6-18 A 251

12.7.18 A 263 ①

15-7-18 A 265-4

22.10.18 A 351. 3.

2.11.18 A 361-3

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.	
2.	
3.	
4.	
5.	
7.	

*Name..... MCEACHERN. Charles. E. Rank. Dvr. Regtl. No. 713145.

Original unit 105th Batt. Present unit 11th. Batt. C. E. or S. Age 21. Religion Pres. Fyle Depot..... Ref. H.Q.....

Port, ship, and date of arrival: Halifax. N. S. H. M. T. Adriatic. 8-6-19.

Next of kin..... Mr. Charles. Mc echern. (Father).

Address on leave.....

Address on discharge..... Ocean. View. P. E. I.

Transportation issued Yes No Date 10-6-19. Character on discharge.....

Previous occupation..... Farmer. Date and place of enlistment..... 27-3-16. Charlottetown. P. E. I.

Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
30.6.19	S.O.S. on Discharge #6 D.S.	D.O. 151.

*—Name will be given in full; surname first.

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

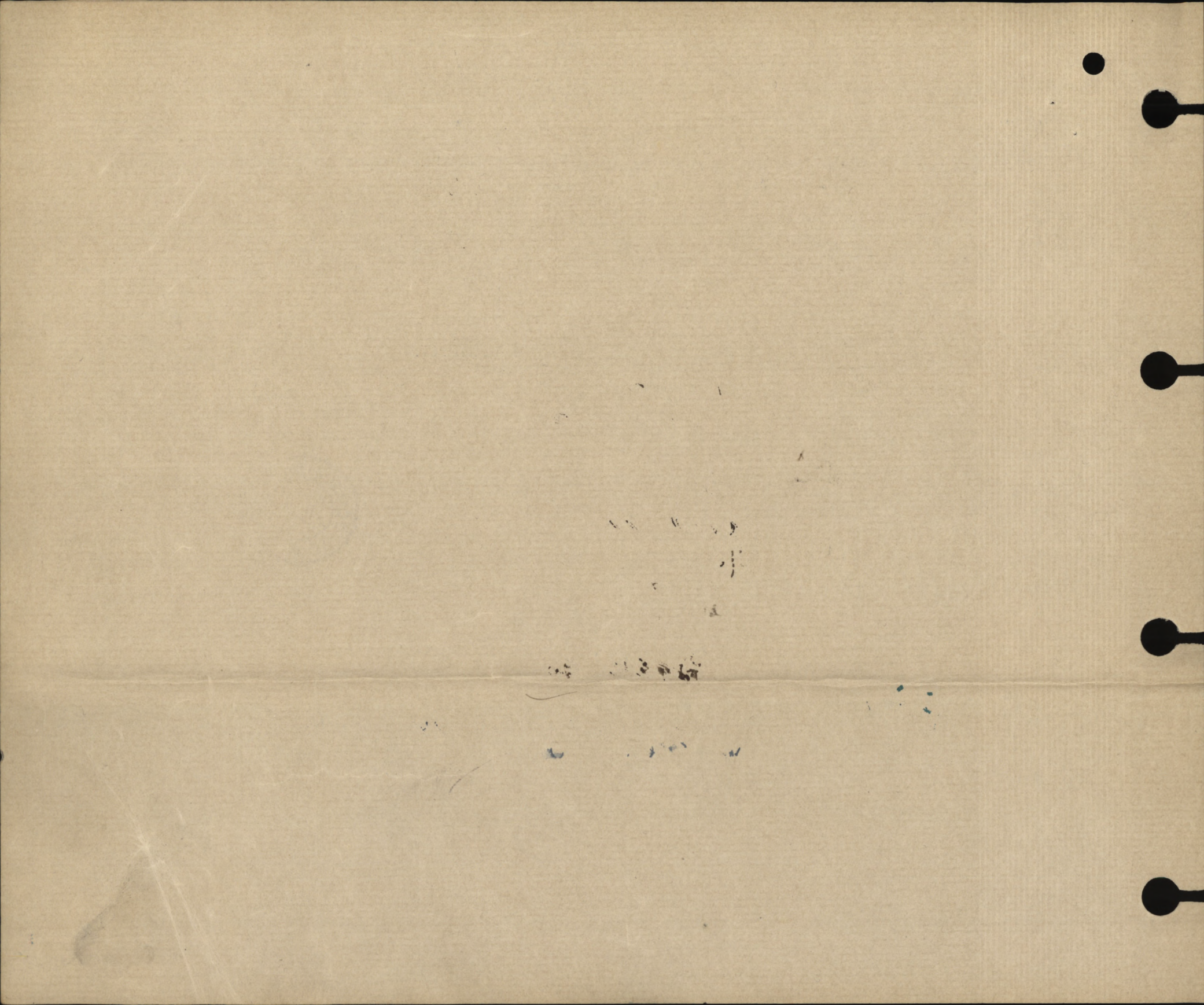
M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

To Whom *Chas. McEachern* By Whom Assigned *McEachern, Chas. E.*
 Address *Ocean View* Regtl. No. *713145*
Lot 48. P. E. I. Rank *Pte.*
 Rate *\$20.00* Corps *145th Bu.*
OCT 1 - 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.—7-16
 1772—39—819.

Sheet No. 2

Chas McEachern
 (Assignee)

Name of Soldier

McEachern Chas. E.

PAYMENTS.

713145. Plc. 145th Bu.

L. L. Job 5470—Req. 6888.

\$20.00

Remarks. *OCT 1 - 1916*

Month.	Year.	Cheque No.	Amt.
April	1916		
May			
June			
July			
Aug.			
Sept.			
Oct.		<i>U 26870</i>	<i>20</i>
Nov.		<i>N 29392</i>	<i>20</i>
Dec.		<i>X 33149</i>	<i>20</i>
Jan.	<i>Ch 1917</i>	<i>440253</i>	<i>20</i>
Feb.		<i>445742</i>	<i>20</i>
March		<i>Q 51410</i>	<i>20</i>
April		<i>H 9294</i>	<i>20</i>
May		<i>H. 9435</i>	<i>20</i>
June		<i>M 18614</i>	<i>20</i>
July		<i>N 23555</i>	<i>20</i>
Aug.		<i>Y 29815</i>	<i>20</i>
Sept.		<i>U 36507</i>	<i>20</i>
Oct.		<i>E 43440</i>	<i>20</i>
Nov.		<i>W 49255</i>	<i>20</i>
Dec.		<i>M 60495</i>	<i>20</i>
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

007 ✓

YER

20 L

20 B.

20 H

Mc

B.

B

43440 Can C.A.D.

300

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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 ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) MS EACHERN, C. E.
REGIMENT 1 CE at 85 Bn RANK Qu No. 713145

Date of Examination in England 6-5-19 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

12-B

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES

(a) Full Upper
 (b) Part Upper 3, 4, 5, 7, 8, 10, 12-15,
 (c) Full Lower
 (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? _____

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 _____

BRANCHOTT CAMP
HANTS.

Signature of Dental Officer C. C. Graham Capt

1600 8218
A. FACHENBERG
23 42

20

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

12

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. 713145 Rank 1st Lt Surname Mc Eastern
(Give name in full)

Unit or Corps 4th Bn 66 Birthplace Garfield P.E.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 165 lbs. Height 5 ft. 8 in. Colour of Eyes Brown
 Nutrition Good
 Pulse 80 reg
 Condition of arteries None
 Vision Rt. 1/2 Left 1/2
 Hearing (conversational voice) Rt. 20 ft. Left 24 ft.

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

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 Yes Digestive System No
 Osseous and Joint System No 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.

10.6.18 Rheumatic Pt knee recovered
July 12/16 Dumps

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Braman. Ind. (Overseas)

Date 8-5-19

Signed A. J. J. J. 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 B. E. M. Eachum

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

THIS SECTION FOR USE IN CANADA—

Examined at..... (Canada)

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

[OVER]

105th. OVERSEAS BATTAL 'N C. E. F.

Original

MEDICAL HISTORY SHEET.

Surname *McEachern*

Christian Name *Charles Everett*

Examined on *16* day of *March* 191*6*
at *Charlottesville PEI*

Approved by *J. Ross*

Birthplace { City or Town *Garfield PEI*
County *Queens Co. P. E. I.*

Rank _____ M.O. _____

Apparent age *18*

Trade or occupation *Farmer*

Height *5* Feet *7* Inches

Weight *140* Lbs.

Chest measurement { Minimum *35* inches

{ Maximum expansion *36 1/2* inches

Physical development *Good*

Small-Pox Marks *None*

Vaccination Marks { Arm Right _____ Left *left*

{ Number *once*

When Vaccinated last *In childhood 18/4/16*

(a) Marks indicating congenital peculiarities or previous

disease *none*

(b) Slight defects but not sufficient to cause rejection

none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

APR Date	Result	VACCINATIONS,
<i>10/2/16</i>	<i>Good</i>	<i>Anti-Typhoid</i> M.O.
<i>26/2/16</i>	<i>Fair</i>	<i>Anti-Typhoid</i> M.O.
<i>8/2/16</i>	<i>Fair</i>	<i>Anti-Typhoid</i> M.O.
<i>19.11.17</i>	<i>Fair</i>	<i>Anti-Typhoid</i> M.O.

Enlisted on *16* day of *March* 191*6* at *Charlottesville PEI*

Corps.	REG'TL NUMBER.	HABITS.	DATE.
<i>105 Overseas Battalion</i>	<i>713145</i>		<i>27-3-16</i>
<i>6th A. Bn.</i>			<i>27-3-16</i>
<i>9th Rez Bn.</i>			<i>2-10-16</i>
<i>105th Bn.</i>			<i>11-16</i>
<i>104 Bn.</i>			<i>26-1-17</i>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.
Drafted to 124th Pwr Bn 26-2-18

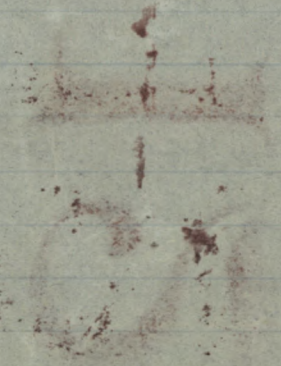
STATION.	DATE.	DISEASE.	RESULT.

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.

7330 WATMAN

Surname McEachern Christian Name Charles Bennett

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				
<u>Valeaster Camp 400.</u>		<u>JUL</u> <u>JUL</u>	<u>1</u> <u>2</u>	<u>1916</u> <u>1916</u>	<u>JUL</u>	<u>2</u> <u>4</u>	<u>1916</u> <u>1916</u>	<u>13</u>	<u>Recovered</u>	<u>R. B. Galt</u> <u>Capt.</u> <u>O. C. A. M. C. Training Depot No. 4.</u>	



CANADIAN EXPEDITIONARY FORCE

War Service Badge

DISCHARGE CERTIFICATE

Class "A" No 43082

THIS IS TO CERTIFY that No. 413145 (Rank) *Priv.*

Name (in full) *McEachern Charles E.* enlisted in

the *105th. Bn.*

CANADIAN EXPEDITIONARY FORCE at *Charlottetown* on the *24th.*

day of *March* 19*16.*

HE served in *11th. Bn. P.C. in France*

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 *21*

Height *5 ft. 7 in.*

Complexion *Park*

Eyes *P. Grey*

Hair *Park*

Marks or Scars *mole left*

chuck

C. E. McEachern

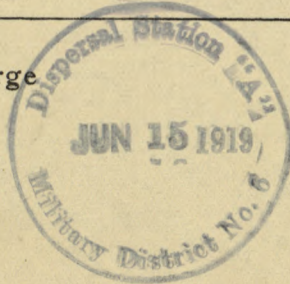
Signature of Soldier.

Richie

Issuing Officer.

For O. C. Dispersal Station "A"

Date of Discharge



Rank

Date *10/6/19* 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.

AMERICAN EXPLOREMENTARY TO

THE HARBOR OF

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

R-122
8,401-50,000-21-10-16.
713145.

J.P. Rank Name McEACHERN, Charles Everett. Reg'l No.
 Unit 145th Bn. If in perm. Corps, } Married or Single Single.
 What Unit? }
 Place and Date of Enlistment Charlettetown, P.E.I. 27th. Mar. Place of Birth Garfield, P.E.I.
 1916.
 Name and Address, Next-of-Kin Mr. Charles McEachern.

Ocean View, P.E.I. Relationship Father.
 Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to Relationship
 Relationship

N/E. R.B. No 18297
 File No. CAN. OR
 Category

Discharge, Date and Place Reason Character

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.				
		Arrived in England S.S. Tuscania, 6-10-16.			
7.10.16	I45 Bn	Trans. To 9 Res Bn	S'cliffe	7,10,16	Pt 2 231
7.10.16	9th Bn	Taken On Strength	S'cliffe	7 10 16	Pt 11 281
15.11.16	<i>ie</i> D. Son	<i>2 yrs to 105th Bn</i>	"	15.11.16	" 320
24.11.16	105th Bn	<i>T.O.S. on 4 yrs. 9 1/2</i>	<i>Witley Camp</i>	16.11.16	302
26-1-17	<i>So</i>	<i>d. d. transfer 104th Bn</i>	<i>Witley</i>	26-1-17	" " 26
29 I 17	104 Bn.	T O S From 105 Bn.	Witley	27 I 17	Pt. II-DO 274
26 7/18		S.O.S TO I 24 P BN Now known as 124th Pnr		26 7/18	31 11 d/6 124th Bn
19-4-18	124 Pions	<i>I tr Can - NG 10-3-18</i> <i>S.O.S. to OER Pool.</i>	<i>Field</i>	<i>6/4/18</i>	<i>254 OER Pool 36/22 1/8</i>

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.				
16-5-18	CORPORAL	S.O.S to 124 Bns	Pt Field	5-5-18	Pro 152 124 Bns 34d/18 ⁵ / ₁₈
2-7-18	11th Bn C.C.	2.O.S from 124th Bn Pns	"	30-5-18	Pro 0.17 ^{124 Bn Bn 00 42} by 2-7-18.
3-10-18	"	Granted One G.C. Badge.	"	27-3-18	Pro 0.24.
15-5-19	Flying C.C.	2.O.S from 11. Bn. C.C.	Spo Brana	5-5-19	Pro 20
10-6-19	"	S.O.S to Canada	"	31-5-19	Pro 22
			78-A	31-5-19	

W.S.B. Class A
Army Form B. 103.

Casualty Form—Active Service.

(12)

Regiment or Corps 145th. Battalion C.E.F.

Regimental No. 713145 Rank Private Name McEachern Charles Everett

Enlisted (a) 27/3/16 Terms of Service (a) D. of W. Service reckons from (a) 27/3/16

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) Div 11. Farmer Civil

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				

Religion.	<u>Presby</u>	Age on enlistment.	<u>18</u>	Embarked Hfx.N.S.	<u>26-9-16.</u>
<u>7-10-16.</u>	<u>O.C. 145th Bn.</u>	Trans. to 9th Res. Bn.	<u>St. Martins Plain, Kent.</u>	Disembarked Liverpool	<u>6-10-16.</u>
			<u>a Billy</u>	Per	<u>11.0. 231.</u>
				Cep+ & Adj+	<u>145th Bn.</u>

<u>7.10.16</u>	<u>O.C. 9th Bn</u>	Taken on strength	<u>St. Martins Plain</u>	<u>7-10-16</u>	<u>Part II O. 281</u>
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<u>15.11.16</u>	<u>O.C. 9th Bn</u>	Transferred to 105th Bn.	<u>St. Martins Pln</u>	<u>15.11.16</u>	<u>Pt. II O. 320</u>
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<u>24-11-16</u>	<u>O.C. 9th Bn</u>	Taken on strength	<u>105th Bn</u>	<u>Witley Camp</u>	<u>16-11-16</u>	<u>B.D.O. II 302</u>
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<u>26-1-17</u>	<u>O.C. 105th</u>	Transferred to 104th Bn	<u>Witley Camp</u>	<u>26-1-17</u>	<u>B.D.O. II 26</u>
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<u>27-1-17</u>	<u>O.C. 104th</u>	Taken on strength	<u>104th Bn</u>	<u>Witley Camp</u>	<u>27-1-17</u>	<u>B.D.O. Adjutant 105th Overseas Battalion</u>
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(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.

CERTIFIED CORRECT.

4 MAR. 1918

CAN. RECORDS, LONDON.

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				
26-2-18	OC 104th	Drafted to 124th Bn. W.	Witley	26-2-18	BDO No. 31 of 26-2-18 C. J. Stewart 1st Lt. 101st Cavalry Int. Det
27. 2. 18	46 I.P.R.	Arr. & T.O.S. 124 Bn.	Field	27.2.18	N.R. 20. 11 d/6. 3. 18
3. 3. 18	do	Desp. to C.C.R.C.	do	3.3.18	N.R. 1020
9-4-18	C.C.R.C.	Trans 7. Cdn. High Reinf Depot	do	6/1/18	aa. R. Cdn. Sec. 290/288 Do 25-4-19-11-18
do	do	TOS CER Pool 7-4-18 from 124th Can pnr Bn P, 36			9/36
5.5.18	do	SOS to 124th Can, Pnr, Bn		5.5.18	9/51
5.5.18	do	D.O.D. 124 Bn. as Rein.	Field	6.5.18	N.R. 654 D.O. 34 d. 18/5/18
11.5.18	O.C. 124 Bn.	Joined Unit	do	5.5.18	B. 213.
10.6.18	12 C.F.A.	W Syn. Knee Rt. adm.	12 C.F.A.	10.6.18	9.36/F. 6450
14.6.18	do	do do To	Duty	14.6.18	9.36/F. 7395A.
23.6.18	3 C.F.A.	W Syn. Knee Rt. adm.	3 C.F.A.	22.6.18	9.36/F. 8330
	W.O.	D.O.S. 124 Bn. to 11 Bn. C.E.		29.5.18	Do. 42 d. 2.7.18.
	do	T.O.p. 11 Bn. C.E. From 124 Bn.		30.5.18	D.O. 1 d. 2.7.18.
22.6.18	12 C.F.A.	W Syn. Knee Rt. adm.	12 C.F.A.	22.6.18	} 9.36/F. 8715
29-6-18	O.C. 11th Bn C.E.	Peace sick to Field Amb	3 C.F.A.	22.6.18	
22-6-18	do	Rejoined unit	Field	28-6-18	B 213
22-6-18	do	Adm Can Field Amb	do	14-6-18	B 213
4-7-18	3rd C.F.A.	Synovitis Rt knee to	do	22-6-18	B 213
5-7-18	7 C.C.S.	do	C.C.S.	3-7-18	A 4968/9582
			7 C.C.S. (a.T. 19)	5-7-18	A 5095/9780

Casualty Form—Active Service.

Regiment or Corps
 Rank Spr Surname McEachern Christian Name C.E. 12
 Religion Age on Enlistment years months
 Enlisted (a) 27-3-16 Terms of Service (a) N of W Service reckons from (a) 27-3-16
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation Farmer Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
<u>6-7-18</u>	<u>2 Cdn Gen</u>	<u>Syno Knee (R)</u>	<u>2 Cdn Gen</u>	<u>6-7-18</u>	<u>W 6353 G/1334</u>
<u>24-8-18</u>	<u>do.</u>	<u>do. Still a patient</u>	<u>do.</u>	<u>24-8-18</u>	<u>K.G. 17-2066</u>
<u>21-9-18</u>	<u>11 Bn CE</u>	GRANTED ONE	<u>Field</u>	<u>27-3-18</u>	<u>B 213</u>
		GOOD CONDUCT BADGE			<u>DO. 24 a/3-10-18</u>
<u>7-10-18</u>	<u>2 Cdn. Gen.</u>	<u>Still a patient</u>	<u>2 Cdn. Gen.</u>	<u>7-10-18</u>	<u>R 3739 K.G. 17-2066</u>
<u>15-10-18</u>	<u>3 Con Dep.</u>	<u>Syno. Knee R. adm</u>	<u>3 Con Dep.</u>	<u>15-10-18</u>	<u>W. 3034/L 4041.</u>
<u>15-10-18</u>	<u>2 Cdn Gen.</u>	<u>do. to</u>	<u>3 Con. Dep</u>	<u>15-10-18</u>	<u>W 3034-L 4130</u>
<u>C.G.B.D.</u>	<u>29-10-18</u>	<u>T.O.S. class A.</u>	<u>C.G.B.D</u>	<u>28-10-18</u>	<u>N.R. 1622</u>
<u>28-10-18</u>	<u>3 Con. Dep.</u>	<u>Syno. Knee R. to</u>	<u>Base Details</u>	<u>28-10-18</u>	<u>W 396-M 2384</u>
<u>5-11-18</u>	<u>C.G.B.D.</u>	<u>Proceeded to</u>	<u>CCRC</u>	<u>5-11-18</u>	<u>N.R. 1453</u>
<u>5-11-18</u>	<u>CCRC</u>	<u>T.O.S.</u>	<u>CCRC</u>	<u>5-11-18</u>	<u>N.R. 1463</u>

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

P. 559. MARRIED OR SINGLE single
 PLACE OF BIRTH Garfield P.E.I. Canada
 NAME AND ADDRESS OF NEXT OF KIN Chas. McEachern
Ocean View, P.E.I.
 RELATIONSHIP OF NEXT OF KIN father
 NAME AND ADDRESS OF NEXT OF KIN

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 713 145 RANK Otc. NAME McEachern, Chas. Everet
 IF IN PERMT. CORPS WHAT UNIT 145th TRANSFERRED TO 9th Reserve DATE 7/10/16 AUTHORITY
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO 105th Bn. DATE 1-17-16 AUTHORITY Bo. 302
 PLACE OF ATTESTATION Valcartier Que TRANSFERRED TO 104th Bn. DATE 16/2/17 AUTHORITY Bo. 26-24/17
 DATE OF ATTESTATION 13/7/16 TRANSFERRED TO 124 Bn. DATE 1/4/18 AUTHORITY 11. 6/3/18
 ASSIGNED PAY MONTHLY \$ 20⁰⁰ DATE EFFECTIVE 1/10/16
 PAYABLE TO Chas. McEachern, Ocean View, P.E.I. RELATIONSHIP father
 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)

RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

Checked H. Rodgen

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT								
			\$	c.			\$	c.			\$	c.																				No.	DATE	No.	DATE	No.
1916 Oct															16 75	16 75																				
1-6	6	1 ⁰⁰	6 00		6	10	60								6 60																					
7-31	25	1 ⁰⁰	25 -		25	10	250							27 50																						
Nov. 1-30	30		30 -		30		3 -							33 -	2481	20/10	2585	15/10																		
Dec	31		31		31		3 10							34 10	480	29 4/10																				
1917 Jan	31	1 ⁰⁰	31 10											34 10	475	22 4/10																				
Feb	15		16 50											16 50	511	15/11																				
Mar	13	1 ⁰⁰	14 30											14 30																						
Apr	31	1 ⁰⁰	34 10											34 10	801	2-2-17																				
May	30	1 ⁰⁰	33											33	901	27-2-17	1085	26-3-17																		
	31	1 ⁰⁰	34 10											34 10	846	13-2-17	955	12-3-17																		
														34 10	444	17-4-17																				
Bar Forward			267 30											16 75	284	05																				

Assigned pay for month of paid by Assigned Pay Branch, and recovered on Pay Sheets, Canada.

No. 105th Bn. 1/11/16 Bo. 302

44005 * 2027, 10-11-16
Do 44407, 17-11-16

Trans. to 104th Bn. - 16/2/17
Bo. 26 - 24/17

6, Hoosth 115-25-3-17

NUMBER

713145

RANK

Spr

NAME

M^cEACHERN Charles

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov	Spr-tary	33		Blue jeans Cap				20	7251		
				AR 4519 3 Convales. Sep. 20/10	189						
				- 1117 Am. Co. 5/11	373						
				✓ 1250 ✓ 2/11	1306						17371
Dec	✓	3410		✓ 511 7 Cobb 7/12	373						18299
Jan	✓	3410		Cap Dec-Jan				40	9132		
		10120			2239			60	6640		
Feb.	✓	3080		AR 787 11 C. 20/12	373						
				Cap				20	15122		
				CR 4544 Jan. 13/1	243				13821		
				AR 1133 11 C. 28/12	5840				14211		
				✓ 839 11 ✓ 28/12	373				14		
				✓ 1029 11 ✓ 17/1	373						
				✓ 3124 Capt. Am. Lunds. 4/2	933						
				CR 1743 Jan. 9/1	973						
				1261 11 C. 17/2	373						
March		3410		Cap				20			
				1341 ✓ 4/3	365						
				1437 ✓ 14/3	365						
		6490			10211			40	1411		
April		33		Cap				20	8121		
				25 NESEC ADVISED 5/4	1046				5760		
May		3410		Cap				20			
				310 12698 NESEC ADVISED 15/4	349						
				4593 Le Harre 29/4	365				2361		
		6710			1760			40			
June				AR 3787 11 C. 22-5-19	1460	Entered					
				AR 2778 F Wing 8-5-19	2453				1532		
					3893						

SOS to Cav 31-5-19.
AR 78 C.

War Service Badge
Class "A" No. 143082

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Occupational Group No. 1

PA ~~A~~

1. No.	713145	
2. Rank.	Priv.	
3. Name.	McEachern Charles E.	
4. Unit.	11th Bn. C.E.	
5. Date of Discharge	15/6/19	Place Halifax, B. CHARLOTTETOWN, P.E.I.
6. Reason for Discharge	Demobilization.	
7. Authority.	R. 811470	
8. Proposed Residence after Discharge	Ocean View, P.E.I. G.P.O.	
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	
	<i>Charles E. McEachern</i> Signature of Soldier.	
10.	CONFIRMATION.	
	The discharge of the above named man is hereby confirmed.	
Place	CHARLOTTETOWN, P.E.I.	
Date	15/6/19	
Signature	<i>J. B. [unclear]</i> (O. C. Discharging Unit.)	

PROCEEDINGS ON DISCHARGE
(Discharge)

1. No.	
2. Rank	
3. Name	
4. Unit	
5. Date of Discharge	
6. Reason for Discharge	
7. Authority	
8. Proposed Residence after Discharge	
CERTIFICATE TO BE SIGNED BY SOLDIER	
I hereby acknowledge that at the unnumbered place and date I received my discharge Certificate	
M. A. W. J.	
Signature of Soldier	
CONFIRMATION	
The discharge of the above named man is hereby confirmed.	
Place	
Date	
Signature	
(U. S. Discharge Unit)	

LIST OF DISCHARGE DOCUMENTS

Medical Form W. 133	Attestation Paper, Triplicate
Medical Form W. 133	or Particulars of Receipt
Medical Form W. 133 or A.R. 100	First General Report
Medical Form W. 133 or A.R. 100	Quarterly Form
Medical Form W. 133	Last Pay Certificate
Medical Form W. 133 or A.R. 100	Contracte that includes documents and attachments
Medical Form W. 133 or A.R. 100	Medical History Sheet
M.F.R. 221, A.R. 119 or A.R. 43	Proceedings of Medical Board
Medical Form B. 355	Medical History Sheet
M.F.W. 130 or D. 100	Medical Report
Medical Form B. 355	Regimental Conduct Sheet
Medical Form B. 355	Company Conduct Sheet

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 (A.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.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)),
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2),
12. Last Pay Certificate (P. 851). *TRUP*
13. Pay Book (C.B. 64).
14. War Service Casualty (Form M.F.W. 2595),
15. Sundry Documents.

Group *B 1/2 11*

Checked by No *11*

Date *30 MAY 1919*

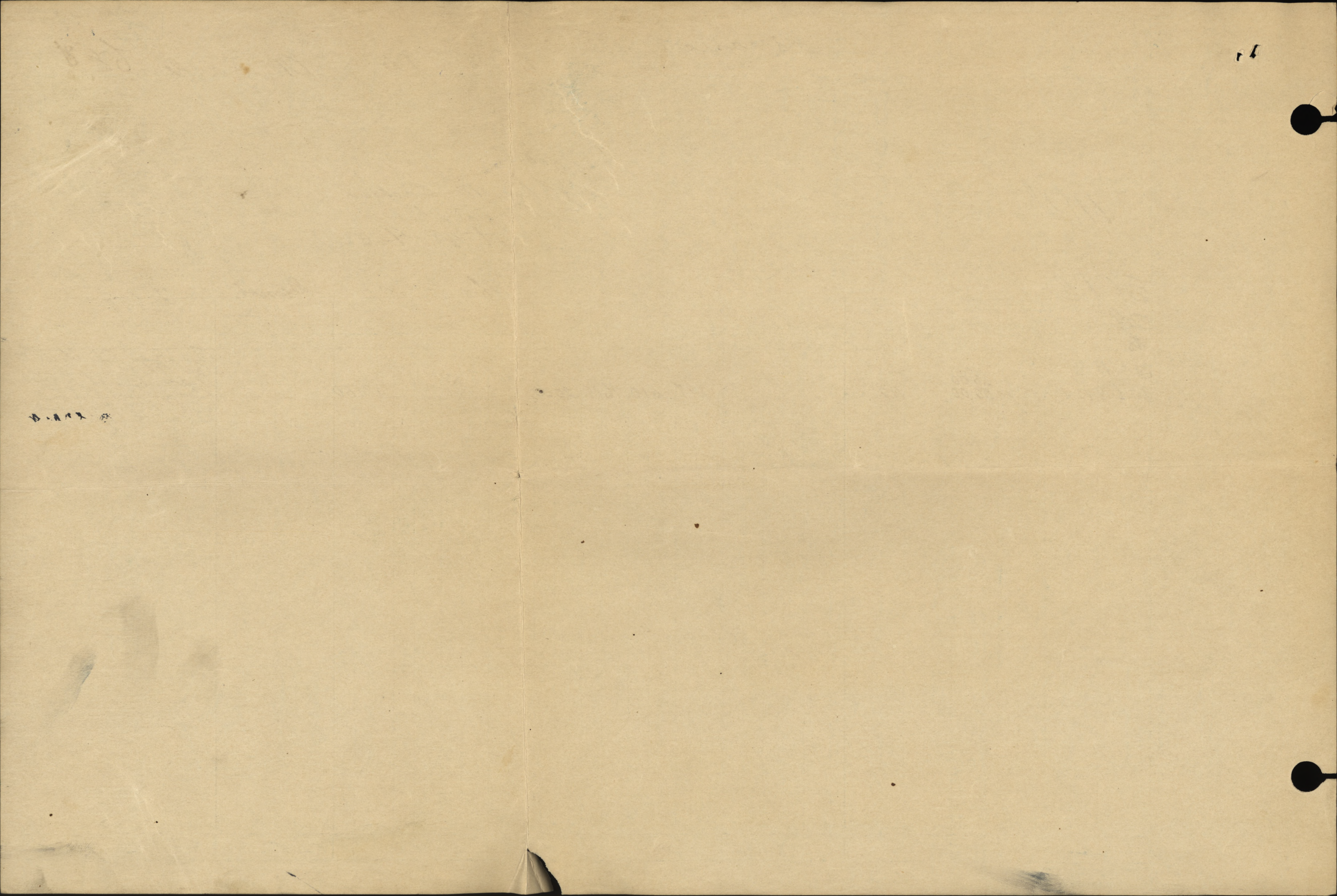
Admiral 8.6.19
 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
 DAILY RATE OF PAY AND ALLOWANCES

M. OR S. _____ REGT. No. *713145* RANK *Pte* NAME (IN FULL) *McC Eeachem*
 NEXT OF KIN _____ RELATIONSHIP _____ ORIGINAL UNIT *C.E.* IF IN P.F. WHAT UNIT? _____
 ADDRESS _____ PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 IS SEPARATION ALLOWANCE PAID? _____ DATE EFFECTIVE _____ ASSIGNED PAY \$ *20.00* DATE EFFECTIVE *1.7.19*
 TO WHOM PAID _____ RELATIONSHIP _____ PAYABLE TO *Chas McC Eeachem* RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____
 ADDRESS *Mil* ADDRESS *Ocean View -> PO. Lot 48. P.E. 9.* 19.7.19
 DISCHARGED *[Signature]* PLACE *[Signature]* DATE *JUN 15 1919* REASON *Disch.* AUTHORITY *Leo. 183* IF ENTITLED TO POST DISCHARGE PAY *#3149*

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT	
<i>31.5.19</i>																							<i>Gen Bal Cloth Alice</i>
<i>15.6.19</i>	<i>15</i>	<i>1.10</i>	<i>16.50</i>	<i>35.00</i>	<i>70.00</i>	<i>121.50</i>				<i>487</i>	<i>500</i>	<i>7614</i>	<i>2000</i>		<i>14.60</i>				<i>13150</i>				<i>Gen W.P.B.</i>
				<i>W.S.G. S.A.</i>																			<i>Adv. Boat Col 1-2</i>
<i>18th day</i>				<i>420.00</i>		<i>420.00</i>								<i>70.00</i>						<i>350.00</i>			<i>Gen Bal Dis Col 3</i>
														<i>70.00</i>						<i>280.00</i>			<i>Adv. Eng</i>
														<i>70.00</i>						<i>210.00</i>			<i>1st Permit M.L.B.</i>
														<i>70.00</i>						<i>140.00</i>			<i>886765 21.7.19</i>
														<i>70.00</i>						<i>70.00</i>			<i>1118607 9-8-19</i>
														<i>70.00</i>						<i>Nil</i>			<i>1134853 9-9-19</i>
				<i>420-</i>		<i>420-</i>								<i>420-</i>						<i>420-</i>			<i>1504470 11-10-19</i>
																							<i>1769397 7-11-19</i>

All payments made At Albion St. 18/1/19

JUL 17 1919



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

4163
 M
 Oct. 1, 1916
 RATE OF ASSIGNMENT
 20

RATE OF SEPARATION ALLOWANCE

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PARTICULARS OF SEPARATION ALLOWANCE

No. 713145
 Rank Pte Promoted Reverted Discharge
 Soldier's Name Chas. E. McEachern
 Battalion 145th Battⁿ
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Chas. McEachern
 Address Ocean View Lot 48
 Change of Address P. E. I.
 1
 2
 3
 4

*9 L17 McE
 S.K.*

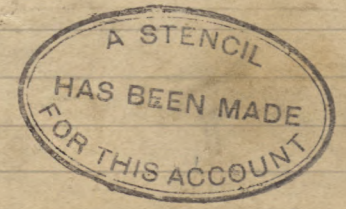
Date	Cheque No.	Amount S/A	Amount A/P	Total
1917				
DEC-31			300	300
Jan 1918	K 65824		20	20 ✓
Feb.	J 74947		20	20
Mar.	L 94616		20	20
Apr.	E 2287		20	20
May	M 17178		20	20 ✓
June	J 21718		20	20 ✓
July	K 28433		20	20 ✓
Aug	L 39118		20	20 ✓
Sept.	Q 43921		20	20 ✓
Oct	T 51212		20	20 ✓
Nov	P 56677		20	20 ✓
Dec	S 66570 ✓		20	20 ✓
Jan 19	S 73145		20	20 ✓
Feb.	Q 77882		20	20 ✓
Mar	J 90607		20	20 ✓
Apr	L 2758		20	20 ✓
May	E 6993		20	20 ✓
June	D 10170		20	20 ✓
			660	660

REMARKS 0 12302-6-4 W.L.P. 93973 to Dec. 16/19

M. F. W. 128
 400M-6-17-177-39-1141
 L. L. 22220-M. & D. 7165.

30-6-19
 A/c Closed
 Ret'd per Adriatic
 Date 8/6/19 16/6/19
 Clerk Adriatic
 MD 6

JUN 1 6 19 C



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 4003-6-17-1172-38-1141
 L. L. 22220-M. & D. 7193.