



ATTESTATION PAPER.

No. 525451

Folio. Military District No. 5 QUEBEC, QUE.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

JAN 23 1919 17-0-97

- 1. What is your surname? OKON.
1a. What are your Christian names? Antonius Carolus.
1b. What is your present address? Fort St. James, Stuart Lake, British Columbia, Can.
2. In what Town, Township or Parish, and in what Country were you born? Zwolle, Holland.
3. What is the name of your next-of-kin? Mrs. C. Okon.
4. What is the address of your next-of-kin? Fort St. James, Stuart Lake, B.C., Canada.
4a. What is the relationship of your next-of-kin? Wife.
5. What is the date of your birth? November 10th 1876.
6. What is your Trade or Calling? Teaching. (Linguist - 5 languages)
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? No
10. Have you ever served in any Military Force? A.C.P. Yes Volunteer Corps, France 1900.
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No
14. If so, what was the nature of the disability? No
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No
16. If so, what was the reason? No

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Antonius Carolus Okon, 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.

Antonius Carolus Okon (Signature of Recruit)

Date August 31st. 1917 J. McGreen (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Antonio Carolus Okon, 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.

Antonius Carolus Okon (Signature of Recruit)

Date August 31st. 1917 J. McGreen (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 Vancouver this 31st day of August 1917

Geo. W. Hadden J.P. (Signature of Justice)

Description of OKON. ANTONIO CAROLUS. on Enlistment.

Apparent Age 40 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 10 1/2 ins.

Chest measurement. { Girth when fully expanded..... 37 3/4 ins.
 Range of expansion..... 2 1/4 ins.

Complexion Dark

Eyes Grey

Hair Black

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic..... XXX
 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).

No vacc. marks.

Mole 1 1/2" external to and above left nipple

Mole upper margin of umbilicus.

Acne scars over entire back.

R.L.

Hearing; Normal.

without glasses with glasses

VISION Right 20 Left 20 20 20
 100 100 20 20

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..... August 31st, 1917.

Place..... VANCOUVER, B. C.

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:—

MOBILIZATION BOARD

VANCOUVER CENTRE

For attention Dental Corps.....

B 2 a/c eyesight.

J. Bell President
J. Macdonald Member
E. Henderson Member

CERTIFICATE OF OFFICER COMMANDING UNIT.

Antonio Carolus Okon 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.

J. Macpherson (Signature of Officer)
 Major

Date..... SEP 24 1917 191

O. C. A. M. C. Training Depot No. 11, C.E.F.

490
1919
S

R. O. No. H
H. Q. No. H

DISCHARGE DOCUMENTS

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

L

Name OKON ANTONIUS CAROLUS
 Regt. No. 525451 Rank Sgt.
 Corps 756086 Service Co
Demolition

02915

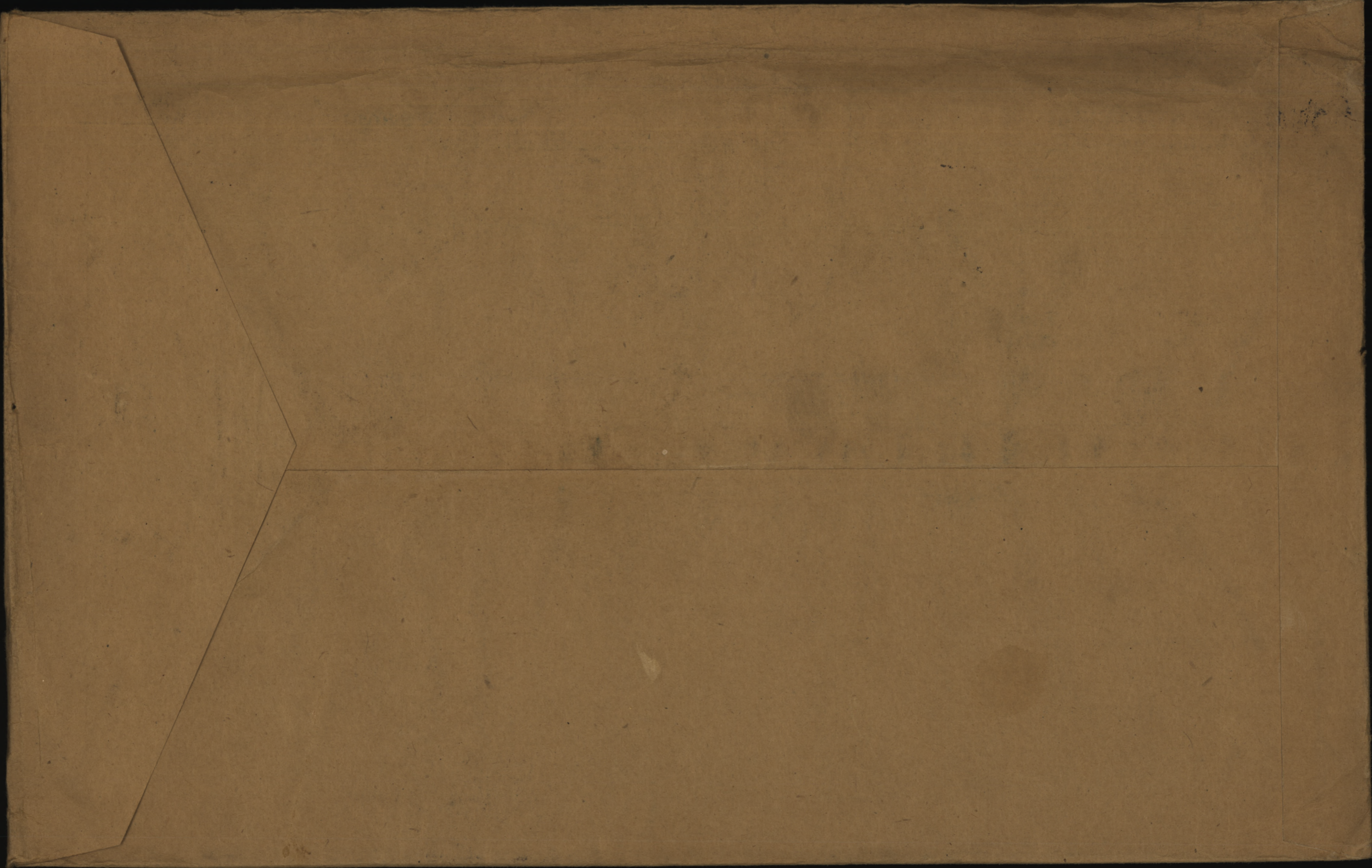
U # W 129-1
 U # B 465-1
 U # W 178-1
 U # W 113-1
 U # W 71-1
 U # R 127-1

M. F. W. 62.
100m. 8-17.
H. Q. 1722 39-93

1 Independent

3
1-16
1-16

H



5- CARD NO. Y
S.O.S. Dis. Demob. 15-1-19
3- FOLL.
D.O. 15-3-19-19 + 5 CASE
Sec. Co. 27

SURNAME.

O'Kon

CHRISTIAN NAMES

Antonios Carolus

REGL. NO.

0-25-451

RANK

Pte

UNIT

C. A. M. C. (I.D. # 11)

T.O.S. Nov. 21, 1918.

FORMER CORPS

French Army

D.O. 15-3-21-11-18

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

O'Kon, Mrs. Corry

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

*Port St. James, Stuart Lake,
Pearce, Alberta. B. C.*

(with her letter 28/9/18)

COUNTRY OF BIRTH

Holland, Quolle.

DATE

Nov 10th, 1876.

PLACE OF ATTESTATION

Vancouver, B. C.

DATE

Aug 31st, 1917.

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Teaching

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

40.

YEARS

—

MONTHS

HEIGHT

5.

FEET

10 1/2.

INCHES

CHEST MEASUREMENT

37 3/4.

INCHES

EXPANSION

2 3/4.

INCHES

COMPLEXION

Dark

EYES

Grey

HAIR

Black

DISTINGUISHING MARKS

Mole 1 1/2" external to & above L. nipple. Mole upper margin of umbilicus. One scar over entire back.

MEDICAL EXAMINATION.

PLACE

Vancouver, B. C.

DATE

Aug 31st 1917

Present Address, Fort St. James, B. C.

NAME *Okon. Antonius. Carolus*

REGIMENTAL NO. *525451*

RANK *Sergt-*

ENLISTED AT *Vancouver B.C.*

PROMOTIONS, &c.
AND DATE

DATE *31 Aug 1918*

IF SERVED PREVIOUSLY, STATE UNIT, &c. *Volunteer Corps. France. 1900.*

MARRIED, WIDOWER, OR SINGLE *M.*

NEXT OF KIN *Carry Okon*

RELATIONSHIP *Wife*

ADDRESS OF *Fort. St. James, Stuart Lake, B.C.*

ASSIGNMENT OF PAY \$ TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT *yes.*

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

*Mrs A. C. Okon Gen Tel
Red Deer, Alberta*

CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	NO.	DATE	
Transferred from O.D.S.C. C.P.F. to No. 5 C.D.S.C. Ser. Co. C.P.F. discharged	153.	21-11-18	M.D. 5 17-1-48
	15-	15-179	just had O-44 of 11 th 19
			1455-17-0-97

28942.

REG. NO. 525451 NAME Okon, A. B.
(SURNAME FIRST)

RANK *Plt* CORPS 11th Training Depot

AGE 41 SERVICE 6/12 Cav.

NAME OF HOSPITAL General PLACE Vancouver, B.C.

DATE OF ADMISSION 19. 2. 18.

DISEASE Angina Pectoris.

DISCHARGE 21. 3. 18.

OPERATION

DISCHARGED TO DUTY Yes.

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

Over

41448

REMARKS

Belvedere Camp, Que.

A. 20 - 6 - 18 Enlarged Heart.

W 27 - 6 - 18 3

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

Military District No. 5
 QUEBEC, QUE.
 JAN 23 1919
 17-0-97
 M. D. No.

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. 525457 Rank Sergt Surname O'Kon
 (Given name in full)

Antonio

Unit or Corps C.A.S.C. Birthplace Zwolle, Holland

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

1. GENERAL DESCRIPTION:

Physique Good Weight 154 lbs. Height 5'ft. 10 1/2" Colour of Eyes Blue

Nutrition Good

Pulse 80

Condition of arteries Normal

Vision Rt. with glasses Ok Left Ok

Hearing (conversational voice) Rt. Ok

Left Ok ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
2 Vaccination scars left arm

Opinion as to general health and physical condition Fit

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 Sytem No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

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

Right without glasses 20/100 Left eye 20/200

" eye With glasses 20/20 " " 20/20

Pulse show occasional other wise negative.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed 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

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

THIS SECTION FOR USE IN CANADA—

Examined at *Quebec P.Q.* (Canada)

Date *January 15 1919* Signed *A. C. Okan* 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 *A. C. Okan*

(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.)

B17
3858

Original

MEDICAL HISTORY SHEET

Surname OKon Christian Name Antonio Casales

Military District No. 5
QUEBEC, QUE.
JAN 28 1918
17-0-97359
M. D. No. M.O.

Examined on 31 day of Aug 1917
at Vancouver B.C.

Approved by W Ross John A. Dem

Birthplace { City or Town Zwolle
County Holland

Rank

Apparent age 40

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	M.O.
		MOBILIZATION BOARD VANCOUVER CENTRE	
		<u>J. Buller Capt</u> President	M.O.
		<u>J. Macdormo Capt</u> Member	M.O.
		<u>J. Anderson Capt</u>	M.O.
		<u>Sept 19/17 B2 and Excipient</u>	M.O.
		<u>D3 for teeth</u>	M.O.
			M.O.

Trade or occupation Teacher

Height 5 feet 10 1/2 Inches

Weight 154 175 lbs.

Chest measurement { Minimum 35 inches

Maximum expansion 2 3/4 inches

Physical development Good

Scalp and Skin Marks none

Vaccination Marks { Arm Right Left
Number Two One

When Vaccinated last 1907

Date	Result	VACCINATIONS	M.O.
<u>22/9/17</u>		<u>J. E. P. Goeler Capt</u>	<u>came</u> M.O.
			M.O.
			M.O.

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection

myopia - wearing
glasses
septal deviation

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>22/9/17</u>		<u>J. E. P. Goeler Capt</u>	<u>came</u> M.O.
<u>29/9/17</u>		<u>W. S. P. G. Capt</u>	<u>P.M.C.</u> M.O.
<u>1/10/17</u>		<u>W. S. P. G. Capt</u>	M.O.

Enlisted on day of AUG 13 11 1917 191 at Vancouver B.C

JOINED ON ENLISTMENT	CORPS	REG'TL NUMBER	HABITS	DATE
	<u>A.M.C.</u>	<u>525451</u>		<u>AUG 31 1917</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Zwabe</u>	<u>27/8/18</u>	<u>nil</u>	<u>category B.II.</u>
<u>Quebec</u>	<u>15-1-19</u>	<u>mild anhythmia</u>	<u>B.II.</u>

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

M. F. B. 313. VISION: Right 20 Left 20
Without glasses 100 200 Hearing normal
With glasses 20 20

VICTORIA, B.C.

Christian Name Antonio Carolus

Surname OKON

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				
Quebec Belvidier Camp Hoop Quebec	SEP 20 1917						Enlarged Heart Arythmia	6 days	Condition same - Cat. Bit	W. Grant,	
		20	6	18	27	6	18				
		5	10	18	10	10	18	influenza	6 days	fit for duty	B. Curran

Military District No. 5
QUEBEC, QUE.
JAN 23 1919

17-0-077
B No.

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

A. M. C.

Unit, Regiment or Corps. TRAINING DEPOT No. 11, C.E.F.

Regimental No. 525451 Rank. Private Name. OKON, Antonius Carolus
C. E. F.

Enlisted (a) 31/8/1917 Terms of Service (a) C.E.F. Service reckons from (a) August 31st 1917

Date of promotion to present rank 12 Sept 1918 Date of appointment to lance rank 16/18 Numerical position on roll of N. C. Os. 1

Extended Re-engaged Qualification (b) Linguist- 5 Languages (Civil)
military

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				
30-4-1918	11. M.D.	S.O.S on transfer to "A" Coy No. 1. Special Service Unit.	Victoria BC	24-4-18	District Order No 422 d/30/4/18
30-4-1918	" "	S.O.S "A" Coy No. 1. Spe Service Unit	- do -	24-4-18	D.O. No 422 d/30/4/18
31-7-18	5. M.D. 5 th B.G.A.	Transferred from 5 th B.G.A. to No 3 J.P.B.O. A.C.B.	Quebec PD	31-7-18	M.D 5-17-1-148. Para 1616. District order d/25/78 (M.D 5) J.H. Sutton Lt. Col. No 3 J.P.B.O. A.C.B.
15-1-19	5. M.D.	Discharged on demobilization under A.O. 1420(c) d/12-12-18	Quebec O 2	15/19	M.D 5 district order 444 d/11/19 J.O. O'Neil No. 15 d/15/19 J.H. Sutton Lt. Col.

(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.

Casualty Form - Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Auth:—District Order No. 44:d/II-1-19.

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 525451 Rank Sergeant Name Oken, A. G. 17-0-97

Corps. No. 5. S. C. C. A. S. C. C. E. F. who was* Discharged

On 15th. January 1919, to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st. January 1919, to 15th. January 1919, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No. <u>922</u>	<u>40</u>	<u>00</u>	Reg't Pay <u>15</u> days at \$ <u>1</u> <u>35</u>	<u>20</u>	<u>25</u>
by } No. <u>956</u>	<u>25</u>	<u>70</u>	Field Allow. <u>15</u> days at \$.....	<u>15</u>	<u>25</u>
Assigned Pay and Sep'n Allee. No.....			Separation Allowances* (Monthly) <u>1</u>	<u>15</u>	<u>00</u>
Other charges.....			<u>Subsistence 15 days @ 80¢</u>	<u>12</u>	<u>00</u>
Payment on transfer or discharge No. <u>980</u>	<u>64</u>	<u>75</u>	Other Allowances* <u>Clothing</u>	<u>35</u>	<u>00</u>
Balance Cr. (to be paid by the new unit).....			Other Credits <u>Post Discharge Pay</u>	<u>20</u>	<u>25</u>
			<u>Under credit in June 1918</u>	<u>25</u>	<u>70</u>
			Bal. Dr. (to be deducted by new unit).....		
Total	130	45	Total	130	45

*Give particulars.

A monthly stoppage of \$.....(†) has.....(‡) been paid on account of Assigned
 { Pay for the month of.....191..... }
 { and Sep'n Allee. for month of January.....1919 } (to) Assignee Mrs. A. Oken
 (Address) General Delivery: McLeod: Alberta.

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

- State (1) date of enlistment 31-8/17
- (2) if married and if a Separation Allowance Card has been submitted..... Yes
- (3) cause of discharge Demobilization..... authority D. O. No. 44:d/II-1-19.
- (4) authority for transfer.....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

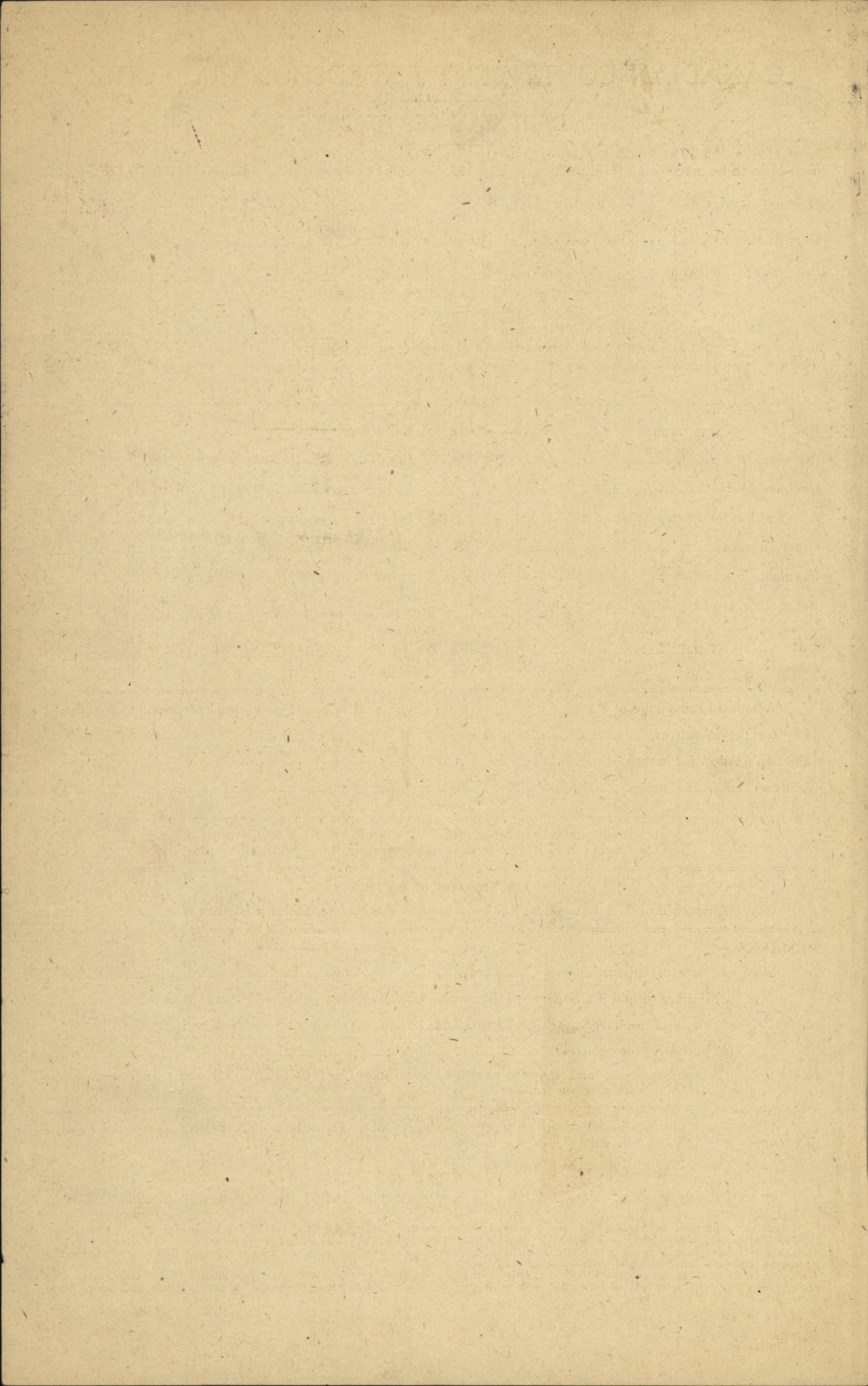
Date..... 15th. January 1919.

Place..... Quebec, P. Q.

J. H. Sutton Lieut.
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 525451 (Rank) Sergeant
 Name (in full) Antonius Cordus Okon enlisted in
 the 2. A.M.B. No. 11. Training Depot
 CANADIAN EXPEDITIONARY FORCE at Vancouver B.C. on the 31st
 day of August 1917
 HE served in Canada
 and is now discharged from the service by reason of demobilization
under C.O. 1420 (c) d/12-12-18

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

Age 41 years 4 months
 Height 5^{ft} 10^{1/2} ins
 Complexion Dark
 Eyes Grey
 Hair Black

Marks or Scars
2 Vaccination
Scar left arm

A. C. Okon
 Signature of Soldier

J. H. Sutton
 Issuing Officer

Date of Discharge Jan 15 1919

C.O. 5 last Serice Co.
 Rank
 Appointment 627

Signed at Quebec B.C. this 15th day of January 1919

in Military District No. Five

File Reference No. ND 57-0-97

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.

M. F. W. 39a
 200m.—2-18.
 H.Q. 1772-39-882

No. 5.
15-1-19
 U. A. S. O. Service Co. O. F. F.

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 certificate will not be completed.

INSTRUCTIONS

1. On examination the condition of patient's mouth to be noted on diagram in red ink.
2. On first line of report record of cases to be made in red ink.

Copy such entries to be made in this book as with snow

1. Condition on examination of teeth
2. Condition on patient's chart

MADE IN CANADA

70
 J. S. Smith
 D. M. D.
 1000
 1000

IDENTIFY HISTORICAL
 YACHTS IN LAYERS
 1000

20/1147

SP

This space to be for numbers.

Military District No. 5
QUEBEC, QUE.
JAN 23 1919
M. D. No. 17-0-97

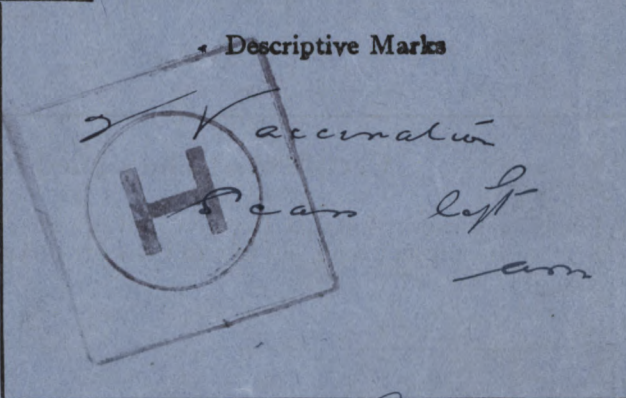
Proceedings on Discharge.

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

No.	525451
Rank	Sergeant
Name	Mon Antonius Cardus
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	No 5. 6 th Bn Serv Co RCT
Date of Discharge	January 15 1919
Place of Discharge	Quebec. P.Q.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....41.....years.....11.....months.
 Height.....5.....feet.....10 1/2.....inches.
 Complexion *fair*
 Eyes *grey*
 Hair *black*
 Trade *teacher (Logician)*
 Intended place of residence *St. Leon d'Alba. Quebec.*
(To be given as fully as practicable.)

Descriptive Marks

Vaccination
Scar left arm

2. The above-named man is discharged in consequence of *demobilization*
under C.O. 1420 (C) of 12-12-18
(auths C.O. No. 1328 of 18th m) 5.
Instruction order 44 of 11/19.)

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.

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.)

25-5

20/1147

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.....

Three horizontal dashed lines for listing medals and decorations, with a diagonal slash through the middle line.

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).....

[Handwritten signature]

(Date).....

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.

(Place) *Quebec P.S.* *A.C. Okon* (Signature of Soldier.)

(Date) *Jan 15 1919* *[Signature]* (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) *Quebec P.S.*

(Signature) *[Signature]*

(Date) *Jan 15*

Comd'g. No. 5 C. A. S. C. Service Co. C. E. F.

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.)

Military District No. 5
QUEBEC, QUE.
JUL 28 1919
17-0-97
M.D. No.

Reserving claim for difference between Post-Discharge
Pay, already received, and War ^{Service} Pensions.

A.C. Okon

W. H. H.

W. H. H.
Sgt

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Aug 31st 1917

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

2107

RATE OF SEPARATION ALLOWANCE

20	25		
	1-12-17		

P.L. 3257

RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. *525451*

Rank *Pte* Promoted Reverted Discharge

Soldier's Name *Antonius Carolus O'Kon*

Battalion *A.M.C. TD # 11 C.E.F.*

Beneficiary *Mrs Carry O'Kon*

Relationship *Wife*

Address *Fort Saint James Stuart Lake B.C.*

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

make envelope

<i>Jan 21</i>	<i>70230</i>	<i>110</i>		<i>110</i>	<i>R.D. Mailed 2/1/18</i>
		<i>110</i>			

Paymaster Paying

From 1-2-18

To *M.D. No. 11*....

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

--	--	--	--

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

M. F. W. 128
 4000 G. 7-1-72-24-1141
 L. L. 2220-M. & D. 1993.

Case History Sheet

Heart-

No. 525451

Rank Sgt.

Age 41

Name Okon. D.C.

5 C. G. R.

10 months Service.

Discharged see
June 27/18

Admitted June 20. 1918

Condition - Enlarged heart - Arrhythmia

24/6/18. Condition slightly improved

27/6/18 Condition Remains same.

(3)

Treatment Rest in Bed - digitalis - Special
Rx

Condition at Discharge: - Fit for Duty

W. Brantlett

C
41445

General Statement

No. 1000

1880

Wm. B. C.

W. B. C.

to the

of the

1880

Wm. B. C.

Wm. B. C.

CASE HISTORY SHEET.

No. 525451 Rank Plt. Name A.C. @ Kon Age 41
 Unit 11 Training Depot Completed years of service 6 months } Victoria }
 Date of admission Feb. 19/18 Date of discharge Feb. 21/18
 Diagnosis Diphtheria tracheitis Place of origin Goewalle Holland

CONDITION ON ADMISSION AND PROGRESS OF CASE

Temperature on day prior to admission - when seen was 102 - Pulse 100 - Throat - tonsils and pharynx - inflamed - Patient was nervous + sleepless.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) negative

TREATMENT

(Especially any specific or special form)
Gargle Monbels sol. q. 2h.
Aspirin grs V q. 4h.
Tons. Syr Ferri Phos

CONDITION ON DISCHARGE

(and disposal made of case.) Temp. apulm - normal - sleeping - eating well - Returned to his unit. no 11 Training Dept Victoria BC.

Date Feb. 21/18 Dr. Buller Medical Officer i/c case.

K. Buller.

69889