1st DEPOT BN. N. B. REGT.

7 M. D. Depot Battalion Regiment

Regtl. No. 4061078

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT. 1917.

(Class .....)

Original.

1. Surname: Sowers
2. Christian name: Melbourne Douglas
3. Present address: Oromocto, Sunb. Co., NB.
4. Military Service Act letter and number: 674106 FC
5. Date of birth: Mar. 25, 1896
6. Place of birth (town, township or county and country): Burton, NB.
7. Married, widower or single: Single
8. Religion: Methodist
9. Trade or calling: Farmer
10. Name of next-of-kin: Allison Sowers
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Burton, Sunb. Co., NB.
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 Oromocto, NB (b) Date Oct. 16, 1917 (c) Category A2

DECLARATION OF RECRUIT

I, Melbourne Douglas Sowers, do solemnly declare that the above particulars refer to me, and are true.

Melbourne D Sowers (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	22 yrs. 4 mths	Distinctive marks, and marks indicating congenital peculiarities of previous disease.
Height	5 ft. 6½ ins.	
Chest measurement	fully expanded 33 ins.	
	range of expansion 1½ ins.	
Complexion	Fresh	Scar right knee
Eyes	Blue	
Hair	Fair	

G W Barnes Maj.

O. C. O. C. 1st. Depot Battalion Depot Btln.
New Brunswick Regiment

Regt.

Place Sussex, NB Date July 3, 1918.

M. F. W. 133
5M.—6 18.

13-3-19 amd

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name SOWERS MELBOURNE. D.

406 1078 Rle

Regt. No. Rank

Corps 12th D.B. N.B.R

Demobn

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 23

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate..... 1

Medical Report for Invalids.....

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

Dental — 1

M & W 128 — 1

" 129 — 1

" 71 — 1

34490

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

H. Q.

M. D. No. 7

Surname Sowers

Christian names Frederick Douglas

Regtl. No. 406107

Rank Pte.

Unit N. B. Regt. 1st Depot Bn.

T. O. S. July 3rd 1915

D. O. Pt. II 185 of 4-7-18

S. O. S. Dis. 17-1-19 1919

Reason Demob.

Auth. D.O. 17 of 17-1-19 M.N.B.R.

Next of kin Sowers Allison

Relationship Father

Address Burton, Sunbury Co., N.B.

Also notify:

BORN—Place Canada Burton N.B. Date Mar. 25th 1896

ATTESTED—Place Sussex N.B. Date July 3rd 1915

O/S

R/C

W. 22—75M-5-18. 1772-39 839.

Dental Examination on Discharge

File No.....

Rank Pte. Name Sowers M. Regt. No. 4061078

Date of enlistment ~~15~~ 3-7-18. Service, where Canada

If any dental treatment in army, where Nil.

Discharge examination at St. John N.B. Date Jan.17/19.

Treatment to be received Requires fillings:- 1,5,7,9,1 ,13,17,32.

" extractions:- 11,14,3 0,31.

At ..... Examined by A. LeBlanc Lieut.

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

Completed History Sheet File No. .....

M. F. W. 2572
100m-8-18
1772-39-1359

OTHER SIDE FOR REMARKS

Refuses to have work completed. M A Somers

M. F. W. 71—500M.—5 18.
1772—39—951.

A 2

NAME Somers M. Douglass

REGIMENTAL NO. 406107 8 RANK Pte

ENLISTED AT Sussex N B PROMOTIONS, &c. AND DATE

DATE 3-7-18

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Allison Sanders RELATIONSHIP Father

ADDRESS OF Dromedo Sunbury Co N B

ASSIGNMENT OF PAY $ Nil C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT No.

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O. No.	PART II. D. O. DATE	REMARKS IF IN HOSPITAL, NOTE NAME, &c.
SOS. Demobilization.	17	17-1-19 9	
1st Depot BN, NBRegt			
AUTH: R.O.1357 ParavB.			

M.D. No. 7

1914

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 4061078 Rank Pte. Name Sowers, M.D.
(Surname first)

Unit 1st. Depot Batt., N.B. Regt. who was* Discharged

On 17-1-19 191....., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 to 17-1-19 191... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month	30.25	
Regimental Pay 17 days at $ 1 c		17.00
Field Allowance 17 days at $ c 10		1.70
Separation Allowance		
Clothing Allowance		35.00
Post Discharge Pay		
*Other Credits L. of A. Cancelled from 18-1-19		27.50
Refund Barrack Damages		.25
Advances Ck. #6246	51.20	
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No.		
Total	$81.45	$81.45

*Give particulars.

A monthly stoppage of $..... (†) has.....(‡) been paid on account of

Assigned Pay for the month of.....191.....
and Separation Allce. for month of.....191..... } (to) Assignee .....

(Address) NIL.

(†) 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 3-7-18 married or single.....

(2) Separation Allowance, entitled or not .....(3) Reason for discharge.....Demob.

(4) Authority for discharge or transfer ....D.O. 17

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date ...Feb. 1/19.

Place ..St. John, N.B. J. Ferguson Captain,

1st. Depot Batt., N.B. Regt. *Paymaster.*

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.

(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.

(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.

(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT				Signature of Officer Making Payment.
			Dr.		Cr.		
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....

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. 4061078 ... Rank ... Pte. ... Surname ... Somers. ...
(Given name in full)
... Melbourn. D. ...

Unit or Corps 1st. Depot Bttn. ... Birthplace ... Oromocto. ...

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

1. GENERAL DESCRIPTION:

Physique good ... Weight 115 lbs. Height 5 ft. 6 in. Colour of Eyes Blue ...

Nutrition ... good ...

Pulse ... 70 ...

Condition of arteries ... good ...

Vision Rt. ... D-20 ... Left ... D-20 ...

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

Left 20 ... ft.

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

Nil.

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 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.

Nil

(If space is insufficient, continue on back of form.)

[OVER]

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 St. John, N. B. (Canada)

Date 16-1-19. 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 space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-29-1142.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 7

NAME OF SOLDIER Somers, N.

REGIMENT 1st Hqtrs N.B.R. RANK Pte No. 4061028

M.F.B. 465.
200M.—6-18.
1772-39-950.



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.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1918 July 22										5/4 5.5.19									S. H. Reed	7	Ch. 1.3.7.9.12.13.17.32 Ext. 11.14.30.31
Examined for discharge - Incomplete- Refused to have work completed																				A. S. LeBlanc, Lieut. Melbourne Somers		

5-9-20

M.S.A. 15.

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 Sowers Christian name Melbourne Douglas

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 674106 F.6.

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Oromocto N.B.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 16th day of October 1917, by the undersigned medical board sitting at Oromocto, N.B.

5. Age as stated 21 Years 6 Months. 6. Apparent age 21 Years 6 Months

7. Height 5 Feet 6½ Inches. 8. Weight Pounds.

9. Chest measurement { Minimum 31½ Ins. / Maximum 33 Ins. } 10. Complexion Fresh { Eyes Blue / Hair Fair }

11. Physical development. Fair { ~~Good~~ / Fair / ~~Poor~~ } 12. Smallpox marks —

13. Number of vaccination marks { Right arm — / Left arm — } 14. When vaccinated last —

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

16. Slight defects but not sufficient to cause rejection Acne vulgaris general, Defective teeth

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**

Capt W.H. Fisher A.M.C. President.

C.P. Hoeden Member. Roy H.W. Gatto Member.

Signature of Man Melbourne Douglas Sowers

40 61 0 F.B.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
6/7/18		C. Longhurst M.O.	5/7/18		C. Longhurst M.O.
		M.O.	29/7/18		C. Longhurst M.O.
		M.O.			M.O.

Joined 3 day of July 1918 at Sussex N.B.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	18 Depot.	~~406108~~ 406078		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
Quest NB	29/7/18		A-2 J.H. McDonell Lieut
St John NB	16/1/19		Ltr T. Kennedy Lieut A.E.F. Convalescence A.E.F. Convalescence

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.

Surname Comes Christian Name [illegible]

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 4061078 (Rank) Private

Name (in full) Sowers Melbourne Douglass enlisted in

the 1st Depot Battalion N.B. Regt.

CANADIAN EXPEDITIONARY FORCE at Sussex N.B. on the 3 rd

day of July 1918

HE served in Canada

and is now discharged from the service by reason of Demobilization

R.O. 1437 Para B

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

Age 22 years 4 mos.

Height 5 ft 6½ ins.

Complexion Fresh

Eyes Blue

Hair Fair

Marks or Scars

Scar right Knee

Melbourne D Sowers
Signature of Soldier

J. L. McAvity
Issuing Officer

Lt.-Col.
Rank

O. C. 1st Depot Battalion
New Brunswick Regiment.
Appointment

Date of Discharge January 17 1919

Signed at St John N.B. this 17 th day of January 1919

in Military District No. 7

File Reference No.

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

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.

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

M. F. W. 54. (A. F. B. 10s.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st.Depot Battalion,N.B.Regt.

Regimental No. 4061078 Rank Private Name SOWERS,Melbourne,Douglas.

C. E. F.

Enlisted (a) 3/7/18 Terms of Service (a) Duration of War Service reckons from (a) 3/7/18

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) Farmer.

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				
17-1-19	O.C.1st Depot Bn N.B.Regt	S.O.S.(DEMOBILIZATION) 1st Depot Bn, N.B.Regt. Auth'y: R.O.1357 Para B.	St.John,NB	17-1-19	.PART-2 D.O.# 17,17-1-19. Sheet 1

K.V. Kenwood Captain.
Adjutant, 1st. Depot Battalion
New Brunswick Regiment.

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

[P.T.O.

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

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

B-2-1977

1. No. 4061078

2 Rank. Private

3. Name. Sowers Melbourne Douglass

4. Unit. Ist Depot Battalion N.B. Regt.

5 Date of Discharge January 17 1919 Place St John N.B.

6 Reason for Discharge Demobilization

7. Authority. R.O. 1357 Para B

8. Proposed Residence after Discharge Oromocto

Sunbury Co N.B.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.? 39 St John N.B. January 17 1919

Melbourne D Sowers

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place St John N.B.

Date January 17 1919

J. L. McAvity Lt.-Col.

O. C. 1st Depot Battalion
New Brunswick Regiment

Signature

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

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