

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

Attestation Papers..... 3 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet ..... 1

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.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

Gas card -  
Pay card

## DISCHARGE DOCUMENTS

R. O. No.....

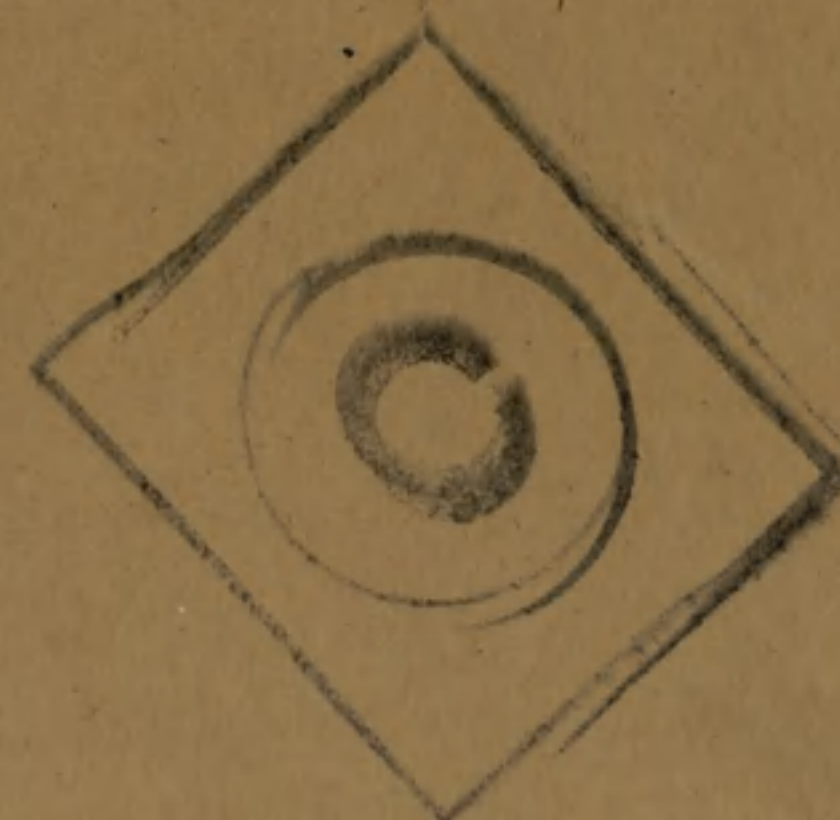
H. Q. No.....

Name *Couper, John* 39523

Regt. No. *651438* Rank *Pte.*

Corps *"B" Coy, 160th O. Bn, C. E. F.*

*Deceased.*



*MA 10/21*



# ATTESTATION PAPER.

ORIGINAL

No. 651438

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?.....
- 1a. What are your Christian names?..... COUPER
- 1b. What is your present address?..... JOHN
2. In what Town, Township or Parish, and in what Country were you born?..... TARA P.O. Ont.
3. What is the name of your next-of-kin?..... TARA P.O. BRUCE CO.
4. What is the address of your next-of-kin?..... WM. COUPER
- 4a. What is the relationship of your next-of-kin?..... TARA P.O. Ont.
5. What is the date of your birth?..... FATHER
6. What is your Trade or Calling?..... 18th AUG. 1895.
7. Are you married?..... FARMER
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... NO.
9. Do you now belong to the Active Militia?..... YES
10. Have you ever served in any Military Force?..... NO
- If so, state particulars of former Service. .... NO
11. Do you understand the nature and terms of your engagement?..... YES
12. Are you willing to be attested to serve in the } YES
- CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Couper, 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.

Date Jan. 21st 1916. John Couper (Signature of Recruit)  
H. Danard Capt. (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Couper, 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.

Date Jan. 21st 1916. John Couper (Signature of Recruit)  
H. Danard Capt. (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 Tara Ont. this 21 day of January 1916  
John A. McDonald (Signature of Justice)

Description of John Couper on Enlistment.

Apparent Age 20 years ..... months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height ..... 5 ft. 10 ins.

Chest measurement { Girth when fully expanded ..... 38 ins.  
Range of expansion ..... 2 1/2 ins.

Complexion ..... fair

Eyes ..... Brown

Hair ..... fair

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

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 Jan 21 1916

Place Lara Ont.

M. A. V. Armstrong  
Lara  
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.

John Couper 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.

A. Meri (Signature of Officer)  
Lt. Col.  
Date January 21st 1916

# MEDICAL HISTORY SHEET.

Surname Couper Christian Name John

|                                                          |                                                                |               |                                 |
|----------------------------------------------------------|----------------------------------------------------------------|---------------|---------------------------------|
| Examined                                                 | { on <u>21<sup>st</sup></u> day of <u>January</u> 191 <u>6</u> | Approved by   | <u>AS Weitch</u>                |
|                                                          | { at <u>Otara Out</u>                                          |               |                                 |
| Birthplace                                               | { City or Town <u>Otara</u>                                    | Rank          | <u>Capt</u> M.O.                |
|                                                          | { County <u>Bruce Out</u>                                      |               |                                 |
| Apparent age                                             | <u>20</u>                                                      | Date.         | EXAMINED FOR RE-ENGAGEMENT.     |
| Trade or occupation                                      | <u>Farmer</u>                                                  | Fit or Unfit. | M.O.                            |
| Height                                                   | <u>5</u> Feet <u>10</u> Inches.                                |               | M.O.                            |
| Weight                                                   | <u>150</u> Lbs.                                                |               | M.O.                            |
| Chest measurement                                        | { Minimum <u>36</u> inches.                                    |               | M.O.                            |
|                                                          | { Maximum expansion <u>38 1/2</u> inches.                      |               | M.O.                            |
| Physical development                                     | <u>good</u>                                                    |               | M.O.                            |
| Small-Pox Marks                                          | <u>none</u>                                                    |               | M.O.                            |
| Vaccination Marks                                        | { Arm Right <u>X</u> Left.                                     | Date.         | VACCINATIONS.                   |
|                                                          | { Number <u>1</u>                                              | Result.       |                                 |
| When Vaccinated last                                     | <u>10 years ago</u>                                            |               | M.O.                            |
| (a) Marks indicating congenital peculiarities or         |                                                                |               | M.O.                            |
| previous disease                                         | <u>none</u>                                                    |               | M.O.                            |
| (b) Slight defects but not sufficient to cause rejection |                                                                | Date.         | ANTI-TYPHOID INOCULATIONS, ETC. |
|                                                          | <u>none</u>                                                    | Result.       |                                 |
|                                                          |                                                                |               | M.O.                            |
|                                                          |                                                                |               | M.O.                            |
|                                                          |                                                                |               | M.O.                            |

Enlisted on 21<sup>st</sup> day of January 1916 at Otara Out

|                                 |        |                |         |       |
|---------------------------------|--------|----------------|---------|-------|
| Joined on enlistment            | CORPS. | REG'TL NUMBER. | HABITS. | DATE. |
| 160th O. S. Battalion, C. E. F. |        |                |         |       |
| Transferred to                  |        |                |         |       |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

|          |       |          |         |
|----------|-------|----------|---------|
| STATION. | DATE. | DISEASE. | RESULT. |
|          |       |          |         |
|          |       |          |         |
|          |       |          |         |

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

Surname.....

[illegible]

MEDICAL HISTORY SHEET. 651438

Surname Coyser Christian Name John

Examined { on 21 day of Jan 1916  
at Tara Ont.

Approved by M. A. V. Armstrong M.D.

Birthplace { City or Town Tara  
County Brant

Rank Capt Asst Surg. M.O.

Apparent age 20 M.O.

Trade or occupation farmer M.O.

Height 5 Feet 10 Inches. M.O.

Weight 180 Lbs. M.O.

Chest measurement { Minimum 36 inches. M.O.  
Maximum expansion 38 1/2 inches. M.O.

Physical development good M.O.

Small-Pox Marks none M.O.

Vaccination Marks { Arm / Right yes Left.  
Number 1

Date. Result. VACCINATIONS.

When Vaccinated last 10 years M.O.

(a) Marks indicating congenital peculiarities or M.O.

previous disease none M.O.

Date. Result. ANTI-TYPHOID INOCULATIONS, ETC.

(b) Slight defects but not sufficient to cause rejection M.O.

none M.O.

M.O.

M.O.

Enlisted on 21st day of January 1916 at Tara Ont.

|                      | CORPS.            | REG'TL NUMBER. | HABITS. | DATE. |
|----------------------|-------------------|----------------|---------|-------|
| Joined on enlistment | <u>160th B'n.</u> | <u>651438</u>  |         |       |
| Transferred to       |                   |                |         |       |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION. | DATE. | DISEASE. | RESULT. |
|----------|-------|----------|---------|
|          |       |          |         |
|          |       |          |         |
|          |       |          |         |

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

Surname.

[illegible]

## CANADIAN CONTINGENT EXPEDITIONARY FORCE

ORIGINAL  
LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. #651438 Rank Private Name Couper, John

Corps 160th. O/S. Battalion who was \* Died on May 25th 1916

On ..... 1915, to .....

\* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

| DR.                                            |             |           | CR.                                                      |             |           |
|------------------------------------------------|-------------|-----------|----------------------------------------------------------|-------------|-----------|
|                                                | \$          | c.        |                                                          | \$          | c.        |
| From <u>MAY 1 - 1916</u> To <u>MAY 25 1916</u> |             |           |                                                          |             |           |
| Bal. Dr. from previous month.....              |             |           | Regimental pay <u>25</u> days at \$ <u>1</u> c <u>00</u> | <u>25</u>   | <u>00</u> |
| Total payments during period                   | <u>Nil</u>  |           | Field allowance <u>25</u> " \$ c <u>10</u>               | <u>2</u>    | <u>50</u> |
| from.....                                      |             |           | Other allowances.....                                    |             |           |
| Assigned Pay.....                              | <u>Nil</u>  |           | Other Credits (give particulars)                         |             |           |
| Other Charges (give particulars).....          |             |           | <u>From last month</u>                                   | <u>33</u>   | <u>00</u> |
| Bal. Cr. on discharge or transfer.....         | <u>60</u>   | <u>50</u> | Bal. Dr. on discharge or transfer.....                   |             |           |
| TOTAL.....                                     | <u>\$60</u> | <u>50</u> | TOTAL.....                                               | <u>\$60</u> | <u>50</u> |
|                                                |             |           |                                                          |             |           |

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

Monthly stoppage on account of assignment of pay is nil, and has been charged in Pay-list for month of nil

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

## REMARKS:—

State (1) date of enlistment..... January 21st 1916

(2) if married and if a Separation Allowance Card has been submitted..... no

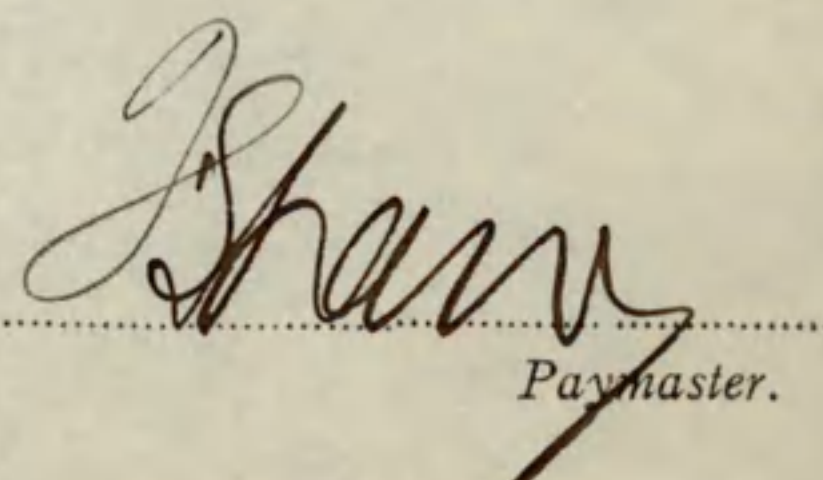
(3) cause of discharge and authority..... Died

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date xxx

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

Date May 31st 1916

Place Walkerton, Ont.

  
Paymaster.

LAST PAY CERTIFICATE

The following is a statement of the amount of the above named soldier's pay and allowances for the period from the date of his departure from Canada to the date of his death.

NAME: **Conger, John** GRADE: **Private** NO. **1001458** DIED ON: **May 25th 1916**

1915 to

1916 to

The following is a statement of the amount of the above named soldier's pay and allowances for the period from the date of his departure from Canada to the date of his death.

1915

1916

Pay and allowances for the period from the date of his departure from Canada to the date of his death.

Pay and allowances for the period from the date of his departure from Canada to the date of his death.

Pay and allowances for the period from the date of his departure from Canada to the date of his death.

Pay and allowances for the period from the date of his departure from Canada to the date of his death.

Pay and allowances for the period from the date of his departure from Canada to the date of his death.

Pay and allowances for the period from the date of his departure from Canada to the date of his death.

The amount shown is payable to the estate of the deceased soldier.

Amount payable to the estate of the deceased soldier.

Nil

Amount payable to the estate of the deceased soldier.

Amount payable to the estate of the deceased soldier.

Amount payable to the estate of the deceased soldier.

Amount payable to the estate of the deceased soldier.

Amount payable to the estate of the deceased soldier.

Nil

Amount payable to the estate of the deceased soldier.

1915

May 25th 1916

W. J. J. J.

1915

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

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

# Casualty Form—Active Service.

250M.—1-16,  
H. Q. 1772-39-920.

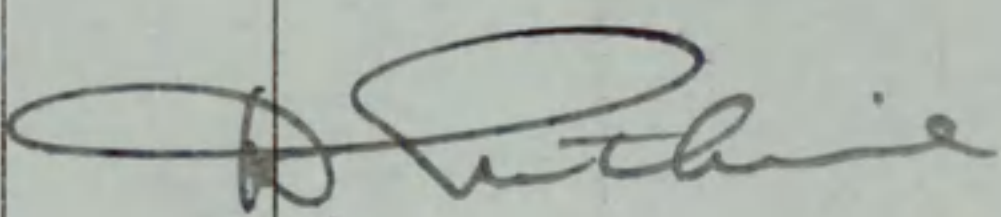
Unit, Regiment or Corps 160th O. S. Battalion, C. E. F.

Regimental No. 651438 Rank Pte Name Couper, John  
C. E. F.

Enlisted (a) 21-1-16 Terms of Service (a) \_\_\_\_\_ Service reckons from (a) 21-1-16

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) \_\_\_\_\_

| 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   |                                                                                                                                                                                                                  |       |                               |                                                                                    |
| 27-5-16                                                                                           | 160 <sup>th</sup> Bn | Sgt Deceased                                                                                                                                                                                                     | Ypres | <del>25-5-16</del><br>23-5-16 | Pt 11 129<br>Amended by after order 2<br>d/17-5-22 Issued by DofR                  |
| <br>for DofR |                      |                                                                                                                                                                                                                  |       |                               |                                                                                    |

(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<br>taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|--------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------|---------------------------------------------------------------------------------------|
| Date   | From whom received |                                                                                                                                                                                                                 |       |      |                                                                                       |
|        |                    |                                                                                                                                                                                                                 |       |      |                                                                                       |

No. 651438. RANK Pfc.

NAME Kauper, John.

T. O. S. 21-1-16  
(00-20-24-1-16)

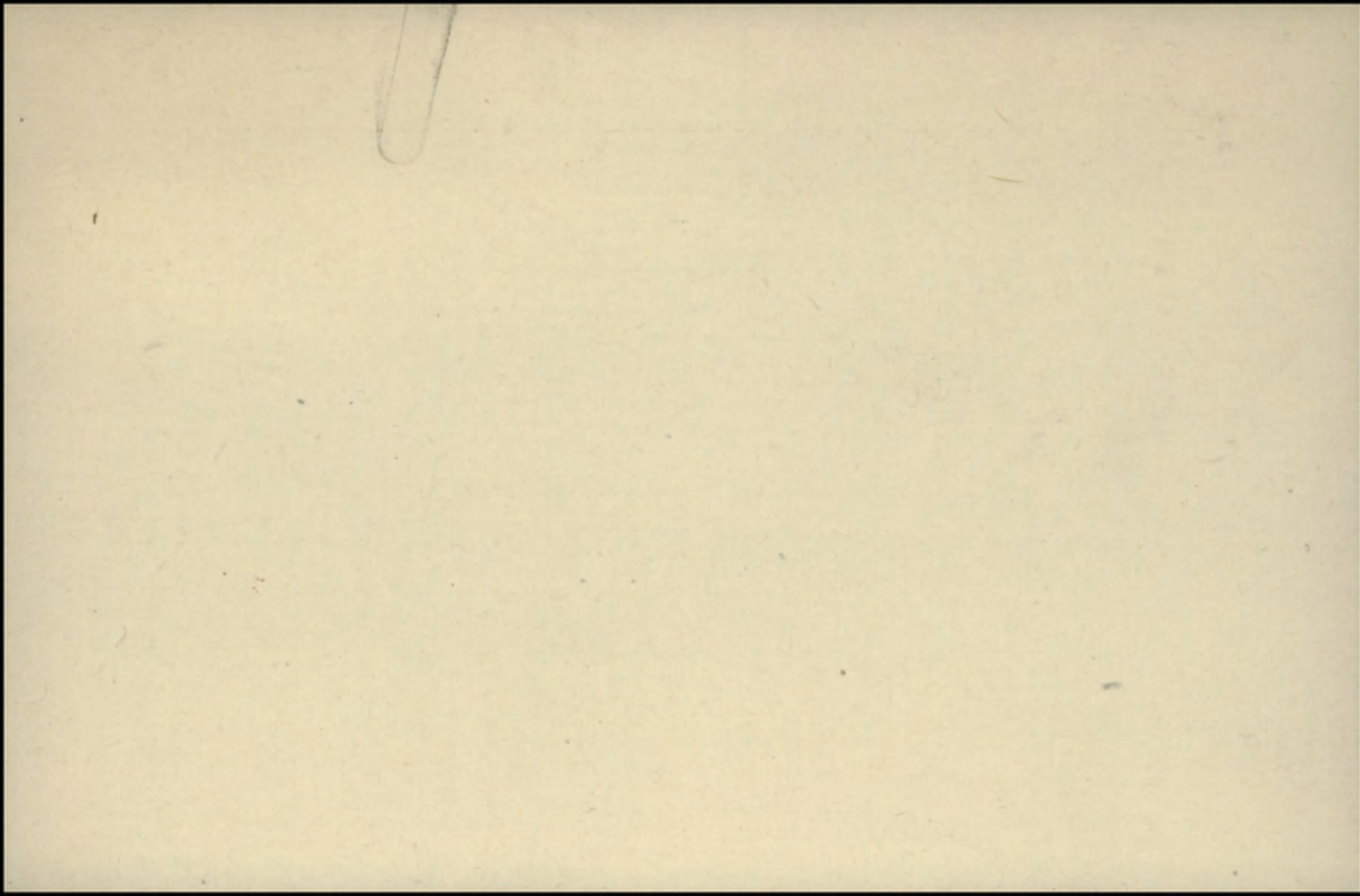
UNIT 160th Battalion

M. D. /.

| PAID<br>FROM | PAID<br>TO | SIG.<br>OR<br>REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. |                 |
|--------------|------------|---------------------|-----------------------------------------|-----------------|
|              |            |                     | PARTICULARS                             | AUTHORITY       |
| 1916.        | 1916.      |                     |                                         |                 |
| Jan 21       | Jan 31     | ✓                   |                                         |                 |
| Mar.         |            | ✓                   |                                         |                 |
| Apr.         |            | N.                  |                                         |                 |
| May 1        | May 20     | N.                  |                                         |                 |
| June         | June       | N.                  |                                         |                 |
|              |            |                     | Deceased 25/5/16 (D.O. 129) of 37/5/16  | (June pay list) |
|              |            |                     | dates not stated                        |                 |
|              |            |                     | as carried forward N.                   |                 |

UNIT SAILED

OCT 17 1916



NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L No.

H. Q. FILE No. 649.

FOLLOWS

No.

FOLLOWS

Auth list 11-8-17 Died at Walkerton Ont 25-5-16  
 A/O.O.B. M.O.#1 Spinal meningitis

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS



NAME *Couper, John*

RANK & No. *Pte.*

*651438*

CORPS *160<sup>th</sup>*

*Batt.*

ENLISTMENT, PLACE

*Lara*

DATE

*Jan. 21, 1916*

FORMER CORPS

*Nil.*

COUNTRY OF BIRTH

*Canada, Lara P. O. Bruce Co.*

NEXT OF KIN

*Couper, Wm. (Father)*

ADDRESS OF NEXT OF KIN

*Lara, P. O. Ont.*

DISCHARGE, PLACE

DATE

M. F. W. 22. 100 m.—9-15.

REMARKS:

649-C-2744.

Couper<sup>✓</sup> John<sup>✓</sup> #651438<sup>✓</sup> Pte., 160th Bn. C.E.F.<sup>✓</sup>

Meds. & Decs. Father Mr. Wm. S. Couper,  
Tara, Ont.

P. & S. Father Same as above.

*Per # 806074*

Mem. Cross Mother Mrs. Jessie R. Couper  
Address as above.

*not elig. for star.  
not " " U.M.  
not. " " B.W.M.  
mf-*

MAY 3 - 1921

Scroll Desp.

Requ. No.

*2.4405*

JAN 21 1922

Plaque Desp.

Requ. No.

*B2-  
4926*

681

M

641376

JAN 17 1921

11

## List of Discharge Documents.

|                                                                            |                                                                                                     |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Reg. Conduct Sheet, Militia form B. 263.                                   | Attestation Paper, Militia Form B. 235.                                                             |
| Squadron }<br>Battery } Conduct Sheet, " B. 263a.<br>Company }             | Proceedings on Discharge " B. 218.                                                                  |
| Copies of Convictions, by C. P. in MS.                                     |                                                                                                     |
| Med. Hist. Sheet, Militia Form B. 313                                      | In the case of recruits who are rejected on final approval, the discharge documents will consist of |
| Medical Report for Invalid* " B. 227.                                      | (a) Proceedings on Discharge.                                                                       |
| Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877. | (b) Attestation.                                                                                    |
|                                                                            | (c) Medical History Sheet (in the event of such having been prepared.)                              |

\*Only if discharged "Medically unfit."

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.

## Proceedings on Discharge.

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

|                                                                                                                                                                                                                                                   |                               |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------|
| No.                                                                                                                                                                                                                                               | 651438                        |                   |
| Rank                                                                                                                                                                                                                                              | Private                       |                   |
| Name                                                                                                                                                                                                                                              | Couper, John                  |                   |
| <small>Note—The name must agree strictly with that on enlistment, unless changed subsequently by authority.</small>                                                                                                                               |                               |                   |
| Corps (Squadron, Battery or Company)                                                                                                                                                                                                              | "B" Coy. 160th Os. Bn. C.E.D. |                   |
| Date of Discharge                                                                                                                                                                                                                                 | May 23rd, 1916                |                   |
| Place of Discharge                                                                                                                                                                                                                                | Warkenton, Ontario            |                   |
| 1. DESCRIPTION AT THE TIME OF DISCHARGE.                                                                                                                                                                                                          |                               |                   |
| Age                                                                                                                                                                                                                                               | 20 years.....months.          | Descriptive Marks |
| Height                                                                                                                                                                                                                                            | 5 feet.....10 inches.         |                   |
| Complexion                                                                                                                                                                                                                                        | Fair                          |                   |
| Eyes                                                                                                                                                                                                                                              | Brown                         |                   |
| Hair                                                                                                                                                                                                                                              | Fair                          |                   |
| Trade                                                                                                                                                                                                                                             | Farmer                        |                   |
| Intended place of residence                                                                                                                                                                                                                       | Lara, Ont.                    |                   |
| <small>(To be given as fully as practicable.)</small>                                                                                                                                                                                             |                               |                   |
| 2. The above-named man is discharged in consequence of                                                                                                                                                                                            |                               |                   |
| Death                                                                                                                                                                                                                                             |                               |                   |
| <small>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.</small> |                               |                   |
| 3. Conduct and character while in the service have been, according to the records, etc.                                                                                                                                                           |                               |                   |
| Good                                                                                                                                                                                                                                              |                               |                   |
| <small>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:</small>                                                               |                               |                   |
| 4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)                                                                                                                                                     |                               |                   |

*Handwritten signature and initials in the bottom right corner.*

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Walkerton Ont

(Date) 25th May 1916

A. Wair Col.  
Commanding 160th Co Bn C.E.F.

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)..... (Signature of Soldier.)

(Date)..... (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) Walkerton Ont

(Date) 25th May 1916

(Signature)

A. Wair Col.

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.)

Nil