DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Anderson, Egil Anders Peters

Regt. No. 200233 Rank Sapper

Corps Can. Eng.

Deceased.

Proceedings of Court of Inquiry or on men reported Missing on Active Service... 2.

Attestation Papers..... 4+1

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.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 2

H. Q. W. 62-2

R. T. 20 82-1

200233

AO

Box 4029 3

CANADIAN FORCES RECORDS CENTRE PERS. DIRECT. R.S.M.

7.27. 17.28 31.28

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

ORIGINAL

CANADIAN ENGINEERS

ATTESTATION PAPER.

No. 2006233

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Andersen.
1a. What are your Christian names? ..... Emil A P. Anderson
1b. What is your present address? ..... Clanwilliam. Manitoba.
2. In what Town, Township or Parish, and in what Country were you born? ..... Copenhagen. Denmark.
3. What is the name of your next-of kin? ..... Peter Andersen.
4. What is the address of your next-of-kin? ..... Gormsgade 5 st. Copenhagen. L. Denmark.
4a. What is the relationship of your next-of-kin? ..... Father.
5. What is the date of your birth? ..... 28th July. 1885.
6. What is your Trade or Calling? ..... Blacksmith.
7. Are you married? ..... No.
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? ..... Yes. 18 Months in Danish Army.
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.

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? .....
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? ..... Naturalized

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Emil A P Anderson, 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.

Emil Anderson (Signature of Recruit)

Date 26th May 1917. G. D. Russell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Emil A P Anderson, 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.

Emil Anderson (Signature of Recruit)

Date 26th May 1917. G. D. Russell (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 Winnipeg. Man. this 26th day of May. 1917.

William Morley J.P. (Signature of Justice)

M. F. W. 23
750M—3-16
H. Q. 1772-89-341

N.B.—Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment.

Discharge 31-12-17

Description of Emil A P Anderson. on Enlistment.

Apparent Age 31 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 5½ ins.

Chest measurement. Girth when fully expanded ..... 38 ins.
Range of expansion ..... 3 ins.

Complexion Fair.

Eyes Blue.

Hair Light Brown.

Religious denominations.
- Church of England .....
- Presbyterian .....
- Methodist .....
- Baptist or Congregationalist .....
- Roman Catholic .....
- Jewish .....
- Other denominations .... Lutheran.
  (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).

Vision R. Eye 20/20
" L. Eye 20/20
Hearing R. Ear N
" L. Ear N

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 26th May. 1917.

Place Winnipeg. Man.

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 MAY 26 1917
MEDICAL BOARD
APPROVED FIT

CERTIFICATE OF OFFICER COMMANDING UNIT.

Emil A. P. Anderson 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 of Officer)

Date ..... 191 .

FORM OF WILL

I, Anders. Peter Emil Anderson (Name in full)

Regimental Number 2006233 serving in Canadian Engineers

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Niels Peder Anderson
Shoemaker Gormsgade 5 St
Copenhagen L Denmark

(Name and Address of person or persons to whom it is to go.)

absolutely, and my personal estate I bequeath to

Niels Peder Anderson
Shoemaker Gormsgade 5 St
Copenhagen Denmark

(Name and Address of person or persons to receive personal estate* (*See note*).)

NOTE
This space for the appointment of Executor if necessary.

Mr Daniel Nielson
Clanwilliam P.O.
Manitoba

IMPORTANT NOTE
This must be signed and Dated by THE SOLDIER HIMSELF.

this 11 July day of July A.D. 1917

Anders Peder Emil Anderson Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Spr. John Bjarnason
Address of Witness Moosomin Sask
Occupation of Witness Farmer
Signature of Second Witness Spr. Benjamin Earl Ferguson
Address of Witness Redners Sask.
Occupation of Witness Canadian Engineers

I hereby certify that this document is a true copy of an original document now in possession of this office.
Director of Vital Statistics, Manitoba
23/4/18

M. F. W. 82.
300M.-12-16.
1772-39-983.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M.D.-4

LAST PAY CERTIFICATE

No. 8

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

Regimental No. 2006233 Rank Sapper Name Anderson, Emil A.P.

Corps Engineer Training Depot who was* Struck off strength (Deceased)

On December 9th, 1917. 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from December 1st, 1917, to December 9th, 1917, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	27.	35
Advances by Cheques } No			Regt'l Pay 9 days at $ 1.00	9.	00
Advances by Cheques } No.			Field Allow. 9 days at $ .10	.	90
Assigned Pay No.			Other Allowances*		
Other Charges*			Other Credits*		
Payment on transfer or discharge No.					
Balance Cr. (to be paid by the new unit).	37.	25	Bal. Dr. (to be deducted by new unit)		
Total	37.	25	Total	37.	25

*Give Particulars.

A monthly stoppage of $ -- (†) has -- (‡) been paid on account of Assigned Pay for the month of 191... to (Assignee)

(Address)

(†) 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 26-5-17

(2) if married and if a Separation Allowance Card has been submitted Single. Nil.

(3) cause of discharge and authority Deceased D.O.Part "2" #344 d/10-12-17.

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

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

Date December 10th, 1917.

Place St. Johns, P.Q.

L. Pierrgrew
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

150M.—1-17.
H. Q. 1772-39-903.

Paymaster, Engineer Training Depot.

CANADIAN ENGINEERS

MEDICAL HISTORY SHEET

2006233

Surname Andersen Christian Name Emil A. P.

Examined on 26th day of May. 1917 at Winnipeg. Manitoba.

Birthplace City or Town Copenhagen. L. County Denmark.

Apparent age 31 Years.

Trade or occupation Blacksmith.

Height 5 feet 5½ Inches

Weight 192. lbs.

Chest measurement Minimum 38 inches Maximum expansion 38 inches

Physical development Good.

Small-pox Marks None.

Vaccination Marks Arm Right Left 6 Number Sip

When Vaccinated last 1906

(a) Marks indicating congential peculiarities or previous disease None.

Vision R. Eye 20/20 " L. Eye 20/20

Hearing R. Ear " L. Ear

Flat feet. Was aged 8

Approved by R. C. Ritchie Capt

Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
		MOBILIZATION MEDICAL BOARD APPROVED FIT MAY 26 1917	M.O.
		PRESIDENT	M.O.
		MEMBER	M.O.
		MEMBER	M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
28/5/17		H. Gunther Capt	M.O.
5			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
28/5/17		H. Gunther Capt	M.O.
6/15		H. Gunther Capt	M.O.
11/6/17		J. D. Adamson Capt	M.O.

Enlisted on 26th day of May. 1917 at Winnipeg. Manitoba.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	Canadian Engineers.	2006233		26/5/17.
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

INSPECTING MEDICAL BOARD No. 11 MONTREAL

W. E. Elsom Major

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Docket sec 31-12-17

Surname ..... Christian Name .....

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				
St Johns P2		27	11	17	9	12	17	Typhoid & Pneumonia	13.	Haemorhage from bowel developed on Dec 6th 1917. and occurred at intervals until Dec 9th 1917. Died 4.20 pm Dec 9th 1917	D Keogh Capt., A.M.C. O. C. MILITARY HOSPITAL

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DIVISION 10

NAME OF SOLDIER Crodestone

REGIMENT 2 Can Emp Coy RANK

No. 900633

Red — Condition of mouth at presentation.
Blue — Operations performed by C. A. D. C.

R. F. — Root filling
A. F. — Amalgam filling
C. F. — Cement filling
G. F. — Gold filling
G. B. — Gold Bridge
G. C. — Gold crown
P. C. — Porcelain crown
A. A. — Acute abcess
P. — Pyorrhea
X. — Extractions
F. L. — Full Lower
F. U. — Full Upper
P. L. — Partial Lower
P. U. — Partial Upper

M Missing

DATE 1917	No.	Fillings: Amal.	Phosp.	G. Per.	Cement	Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2° 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
april 27	1														Moudentyre	ext no 34 6 9 1 2 15 16
June 25															[illegible]	ext no 17 18 19 20 21 22
July 23	3					Full U. Plate Impression									[illegible]	32 31 30 (Tonetum)
" 30	4					Part L Impression									"	" "
Aug 1	5					2 Bites									"	" "
" 22	6					Denture F. U.									"	" "
" 24	7					" P. L									"	" "

M.F.B. 465
100m.—7 16.
1772-39-950

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.

---

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

CANADIAN ENGINEERS ENGINEER TRAINING DEPOT

(2) Regimental Number 2006233

(3) Full Name of Soldier Emil A. P. Andersen.

(4) Place of Birth Copenhagen.

Denmark.

(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? No.

(8) Have you any children? No.

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes.

If so, state name and address Peter Andersen. Gormsgade 5 st. copenhagen. L. Denmark.

(10) Is your Mother alive? Yes.

If so, state name and address Mrs Caroline Andersen.

Gormsgade 5 st. Copenhagen. L. Denmark.

(11) If your Mother is a widow No.

Are you her sole support, or not? No.

(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? Yes.

If so, in what Company? Canadian Order of Forresters & Merchants Casualty Coy.

Have you made arrangements for payment of your Insurance premium Yes.

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

R W Mitchell Lt. Colonel C. E.
Officer Commanding.
O. C. Engineer Training Depot.

Date 26/5/17.

649-A-7042.

Anderson, E. Spr. #2006233 C.E.T.D.

Not elig. for 14-15 star.

Medals and Decs: Father Niels Peter Andersen, Esq.
Gormsgade 5 Stuen,
Copenhagen, Denmark.

P. & S. " As above.

Serial 806367
Also # 807083.

Memorial Cross Mother Mrs. Caroline A. Andersen,
Address as above.

27411

Supp. list - 7494.
Desp. 16.10.20 (m) C272/14

Scroll Desp. 11/8/21 Regn. No. 257650

Plaque Desp. SEP 10 1921 Regn. No. P6534

430

* N. B—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Court of Inquiry.

assembled at Engineer Training Depot, St.Johns, P.Q.

on the Tenth day of December, 1917.

by order of Lieut-Col. W.W. Melville, C.E., O.C. E.T.D

for the purpose of Enquiring into and reporting on the death of No. 2006233, Sapper E.A. Anderson.

PRESIDENT.

C.J. Steers, Lieut., C.E.

MEMBERS.

R.M. Corning, Lieut., C.E.

R.M. Trow, Lieut., C.E.

The Court having assembled pursuant to order, proceed to take evidence:-

1st. Witness: Capt. J.P. Campbell, A.M.C., Medical Officer in charge of Troops, St.Johns, having been duly sworn, gives evidence as follows:-

No. 2006233, Sapper Anderson paraded sick on morning of Nov. 27th, 1917, at the Medical Office E.T.D. Found that he had a high temperature, and quite a marked cough. He was admitted to Hospital the same morning. The second day after admission the left lung became consoldated. Dec. 1st. Typhoid symptons appeared, which became positive by Dec. 3rd. Lung began to clear up Dec. 5th. Condition ran a favorable course until evening Dec. 6th., when a slight hemorrhage in bowel occured. During the night of Dec. 6th and Dec. 7th three further hemorrages occured. Patient was left in very weak condition. Further bleeding took place at intervals from this date until Dec. 9th at 4.20 P.M., when he died from loss of blood, as result of hemorrage from Typhoid ulcers.

This man received anti-typhoid inoculations as follows-- May 28th, June 5th, June 11th, 1917. At Winnipeg, Manitoba.

(Sgd) J.P. Campbell Capt. A.M.C.
Medical Officer in charge of Troops
St.Johns, P.Q.

M. F. B. 303.
150M.—7-16.
H. Q. 1772—39—133.

2nd. Witness: Sister E.R. Perry, A.M.C., Matron of Military Hospital, E.T.D., St.Johns, P.Q., having been duly sworn, gives evidence as follows:-

On the afternoon of Dec. 9th, 1917 at 4.20 P.M., No. 2006233, Sapper Anderson, E.A. died.

(Sgd) E R Perry Sister A.M.C.
Matron Military Hospital.

3rd. Witness: Sergt. C.H. Duval, No. 526843, having been duly sworn, gives evidence as follows:-

On the afternoon of Dec. 9th, I was Sergenat in charge of the Hospital. No. 2006233, Sapper Anderson, E.A. died at 4.20 P.M. Dec. 9th, 1917.

(Sgd) C H Duval Sergt. A.M.C.
Military Hospital.

- DECLARATION -

The Court having heard the above evidence, and having seen the body, declare that No. 2006233 Sapper E.A. Anderson died of intestinal infection, presumably typhoid fever on Dec. 9th, 1917 at 4.20 P.M.

(Sgd) C G Stiles Lieut., C.E.
President.

(Sgd) A M Corning Lieut., C.E.
Member

(Sgd) A McIrow Lieut., C.E.
Member.

Approved W M Mitchell Lt. Col C.E.
O.C. E.T.D.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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

DISTR... No. 4
DEC 1917
M.D. 4

Proceedings on Discharge.

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

No. 2006233

Rank Sapper

Surname Anderson

Christian Name Emil Anders Peter

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) Canadian Engineers

Date of Discharge December 9th, 1917

Place of Discharge St Johns, P.Q.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 32 years 4½ months.
Height 5 feet 5½ inches.
Complexion Fair
Eyes Blue
Hair Light Brown
Trade Blacksmith
Intended place of residence (To be given as fully as practicable.)

Descriptive Marks

Nil

2. The above-named man is discharged in consequence of

Death

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Very good

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

Nil

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

6. Medals and Decorations.....

Nil

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

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

(Place) ST. JOHNS, P. Q.

(Date) DEC - 9 1917

Lt. Colonel C. E.
O. C. Engineer Training Depot.
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) ST. JOHNS, P. Q. .....*(Signature of Soldier.)*

(Date) DEC - 9 1917 .....*(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) ST. JOHNS, P. Q.

(Date) DEC - 9 1917

(Signature) .....
Lt. Colonel C. E.
O. C. Engineer Training Depot.

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.)

(OVER)