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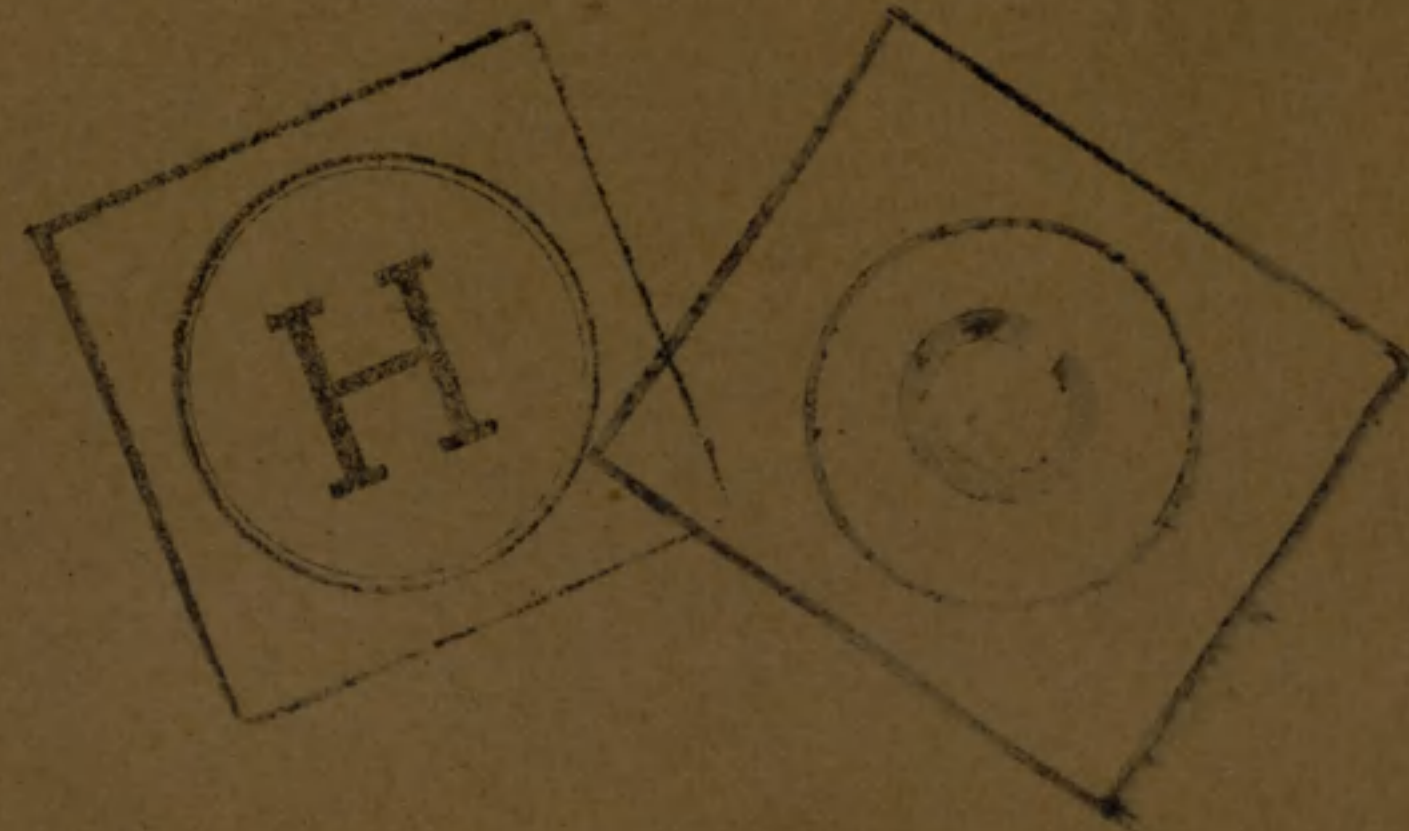
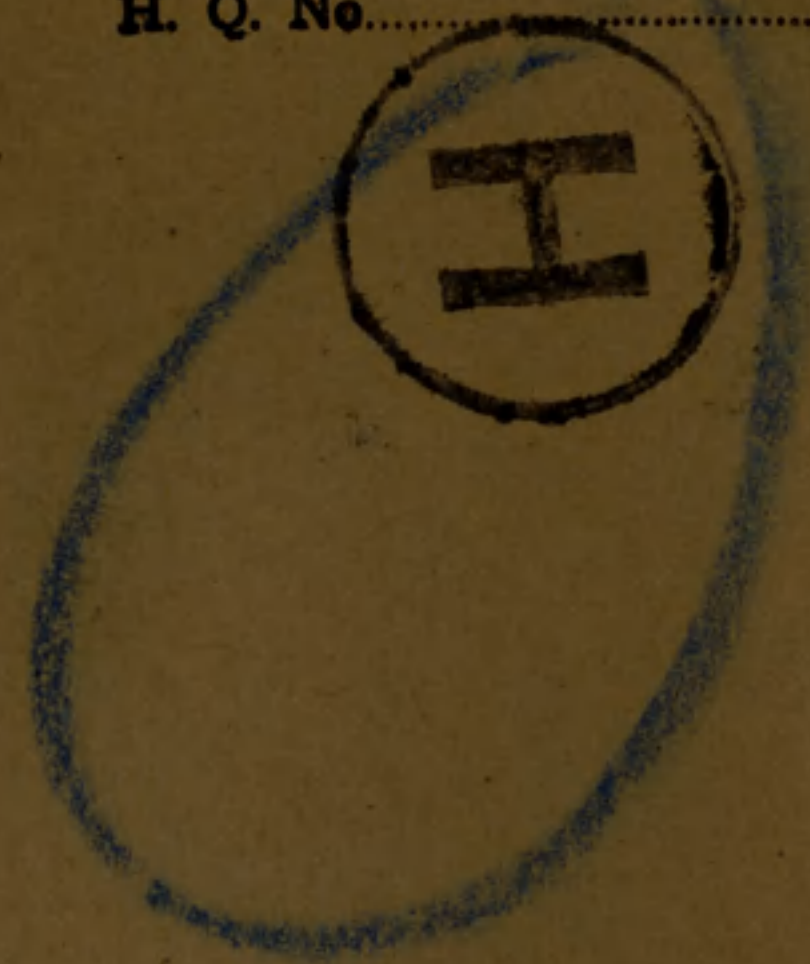
DISCHARGE DOCUMENTS

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

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 7
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... 2
- 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..... 2
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name CHARLEBOIS EMILE
 Regt. No. 4070332 Rank Plé
 Corps 1st Dpo M.R.
Demob'm.

16153



M 7 B. 465 ———— 1
 M 7 B. 264 ———— 1

1st. DEPOT BATTALION, MANITOBA REGIMENT.

#10

M. D.

Depot Battalion

Regiment

Regtl. No. 4070332

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class **ONE**)

COPY

1. Surname..... **CHARLEBOIS**

2. Christian name..... **EMILE**

3. Present address..... **Kenora, Ontario, Canada**

4. Military Service Act letter and number..... **None**

5. Date of birth..... **22nd March ~~1885~~ ~~1888~~ 1889**

6. Place of birth..... **Ste Andrie Avelin, Quebec, Canada**
(town, township or county and country)

7. Married, widower or single..... **Single**

8. Religion..... **R. Catholic**

9. Trade or calling..... **Farmer**

10. Name of next-of-kin..... **Joseph Charlebois**

11. Relationship of next-of-kin..... **Father**

12. Address of next-of-kin..... **Kenora, Ontario, Canada**

13. Whether at present a member of the Active Militia..... **No**

14. Particulars of previous military or naval service, if any..... **None**

15. Medical Examination under Military Service Act:—

(a) Place..... **Winnipeg, Manitoba** (b) Date..... **11th December 1917** (c) Category..... **C3**
Canada

DECLARATION OF RECRUIT

I, **Emile Charlebois**, do solemnly declare that the above particulars refer to me, and are true.

Emile Charlebois

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	28	yrs.....	8	mths.....	} Distinctive marks, and marks indicating congenital peculiarities or previous disease. Varicocele left terminal phalange fifth finger left hand. Enlarged glands sublingual region. History of sprained ankle, right.
Height.....	5	ft.....	2½	ins.....	
Chest measurement)	fully expanded.....	35½	ins.....		
	range of expansion.....	3½	ins.....		
Complexion.....	Dark				
Eyes.....	Brown				
Hair.....	Black				

O. C. Depot Btl.

1st. DEPOT BATTALION, MANITOBA REGIMENT

WINNIPEG, MANITOBA, CANADA.

Place..... Date..... **11th December 1917**

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1. Surname: CHARTEBOIS

2. Christian name: EMIL

3. Present address: KENORA, ONTARIO, CANADA

4. Military service Act letter and number: [blank]

5. Date of birth: [blank]

6. Place of birth: [blank]

7. Married, widower or single: [blank]

8. Religion: [blank]

9. Trade or calling: [blank]

10. Name of next of kin: [blank]

11. Relationship of next of kin: [blank]

12. Address of next of kin: [blank]

13. Whether or present a member of the Active Militia: [blank]

14. Particulars of previous military or naval service, if any: [blank]

15. Medical Examination under Military Service Act: [blank]

(a) Place: [blank] (b) Date: [blank] (c) [blank]

DECLARATION OF RECRUIT

I, EMIL CHARTEBOIS, do solemnly declare that the above particulars refer to me, and are true.

[Signature]

DESCRIPTION ON CALLING UP

Age: [blank]

Height: [blank]

Weight: [blank]

Complexion: [blank]

Hair: [blank]

Eyes: [blank]

Build: [blank]

Other: [blank]

Date: [blank]

Place: [blank]

M. F. W. No. [blank]

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: Charlebois Christian name: Emile
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any): Kenora Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11th day of December 1917, by the undersigned medical board sitting at Minto Street Barracks

- 5. Age as stated: 26 Years 8 Months
6. Apparent age: Years Months
7. Height: 5 Feet 7 1/2 Inches
8. Weight: 125 Pounds
9. Chest measurement: Minimum 34 1/2 Ins. Maximum 35 1/2 Ins.
10. Complexion: Dark
11. Physical development: good
12. Smallpox marks: Good, Fair, Poor

- 13. Number of vaccination marks: Right arm, Left arm
14. When vaccinated last

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

Immunized against typhoid fever, cholera, diphtheria, tetanus, and smallpox. No evidence of past Rheumatism, Tuberculosis, or Syphilis.

16. Slight defects but not sufficient to cause rejection. The man denies having had Rheumatism, Tuberculosis, or Syphilis. We find no evidence of past Rheumatism, Tuberculosis, or Syphilis.

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category C3

Examined by: Harry Johnston (President), W. H. Spence (Member), H. C. Downes (Member)

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Rows show M.O. results for vaccinations and inoculations.

Joined 11th day of December 1917 at Winnipeg, Manitoba Canada

Table with columns: STATION, DATE, DISEASE, RESULT. Row: Joined on enlistment at 1st Depot Battalion, Manitoba, Regiment on 11-12-1917.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. (Empty table for medical board findings)

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.

Signature of Man: Emile Charlebois

Canada

Harmer

Original Not Available
Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)
 500M.—9-16
 H. Q. 1772-39-9'0.

Casualty Form—Active Service.

Unit, Regiment or Corps. *1st Depot Bn Man Rgt.*

Regimental No. *4070332* Rank *Pte* Name *CHARLES BOIS Emile*
Defaulter C. E. F.

Enlisted (a) *11/11/17* Terms of Service (a) *D of W* Service reckons from (a) *11/11/17*

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				
<i>13/12/17</i>	<i>1/M.R.</i>	<i>T.O.S. Defaulter</i>	<i>Winnipeg</i>	<i>11/11/17</i>	<i>Supp. Orders #14</i>
<i>do.</i>	<i>do.</i>	<i>Forfeits 32 days pay for absence under M.S.A.</i>	<i>do.</i>	<i>13/12/17</i>	<i>do.</i>
<i>18/11/18</i>	<i>do.</i>	<i>S.O.S. - R. to R.</i>	<i>do.</i>	<i>9/7/18</i>	<i>D.O. 322.</i>
					<i>for DofK.</i>

(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.]

This is copy. Use Number 1 and 2 only

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				

Sos R to R 9/7/18
D.O. 32218/11/18

Name *Charles Bois E.*

No. *4040332* Rank *Pte.*

Corps *1st Dep. Bn. Man. Regt.*
Details

Next of Kin

Address *T.O.S. 11-11 1914*

D.O. Part II No *14. 13-12-1914*
Change of Address

S.O.S. 9-7-18 to Registrar CO 270-4422

Change of Address

Change of Address

Change of Address

W. H. P.

Change of Address

Change of Address

Change of Address

Change of Address

Change of Address

Change of Address

Change of Address



No. 4070332 RANK Pte

NAME Charlebois E

T. O. S. 11-11-17 UNIT 1st Depot Bn. Man. Regt.
(B.O. no 14 of 12-12-17)

M. D. 10

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1917 Nov. 11	1917 Dec 31	✓	Forfeits 32 days	B. O. no 14 of 12-12-17.
1918 Jan		✓		



LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate..... Militia Form W. 23
 or Particulars of Recruit..... 8..... Militia Form W. 133
 Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
 Casualty Form..... 1..... 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..... 2..... 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..... 1..... Militia Form B. 465
 Medical Report..... M. F. W. 129 or D. M. S. 1375
 Regimental Conduct Sheet..... 2..... Militia Form B. 263
 Company Conduct Sheet..... 2..... Militia Form B. 263a

Man on Conditional Leave previous to Order to return to Register's Records
 Missing Documents unobtainable.

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (~~Demobilization~~)

1. No.	4070332	
2. Rank.	Private	
3. Name.	Charlebois, Emile	
4. Unit.	1st Depot Battalion M.R.	
5. Date of Discharge	9-7-18 OK	Place Winnipeg, Man.
6. Reason for Discharge	"Demobilization:- Struck off strength on return to Registrar's Records. 9-7-18. Daily Order 322/18. November 18, 1918.	
7. Authority.	P.C. 3051 of 11-12-18.	
8. Proposed Residence after Discharge	St. Andrie Avelin, Quebec.	
9.	<p>CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?</p> <p>..... Signature of Soldier.</p>	
10.	<p>CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place..... Winnipeg, Man. Date..... December 20, 1918.</p> <p>..... Signature..... <i>W. J. ...</i> LT. COL. M.S.A.D.O. Major for Commanding, 1st Depot Battalion M.R.</p>	

