

ATTESTATION PAPER.

No. 721842

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Robinson
- 1a. What are your Christian names?..... Frank Edward
- 1b. What is your present address?..... 410 Toronto St. Wpeg.
- 2. In what Town, Township or Parish, and in what Country were you born?..... ~~Wpg.~~ Kenora Ont.
- 3. What is the name of your next-of-kin?..... Mary Robinson
- 4. What is the address of your next-of-kin?..... 410 Toronto St. Wpeg.
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... 13 November 1897
- 6. What is your Trade or Calling?..... Clerk
- 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?..... no
- 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

F. E. Robinson

I, 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 26 th Jan. 1916. Frank Robinson (Signature of Recruit) Frank Evans (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

F. E. Robinson

I, 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 26 th. Jan. 1916. Frank Robinson (Signature of Recruit) Frank R Evans (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

Winnipeg before me, at this 26 day of Jan. 1916.

Gen... (Signature of Justice)

Now effect Bv 25/2/18 A.B.



Description of F. E. Robinson on Enlistment

Apparent Age 18 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. 8 ins.

Chest measurement { Girth when fully expanded..... 35 ins.  
 Range of expansion..... 3 ins.

Complexion dark

Eyes blue

Hair black

Religions denominations. { Church of England.....  
 Presbyterian.....  
 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. 26 191 6

*D. R. R. R. R.*

Place Wpeg

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.**

F. E. Robinson 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.

*W. J. Coteloyh* (Signature of Officer)

Date February 8 1916.

*Major*  
No. 6. 108 *et ops.* Battalion



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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Computers Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

*A. G. B. (122)*

*RSS*  
*Misc - 1*

# DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....

Name *Robinson Frank Edward*

Regt. No. *721842* Rank *Pte.*

Corps *200th Bn (form 108th Bn)*

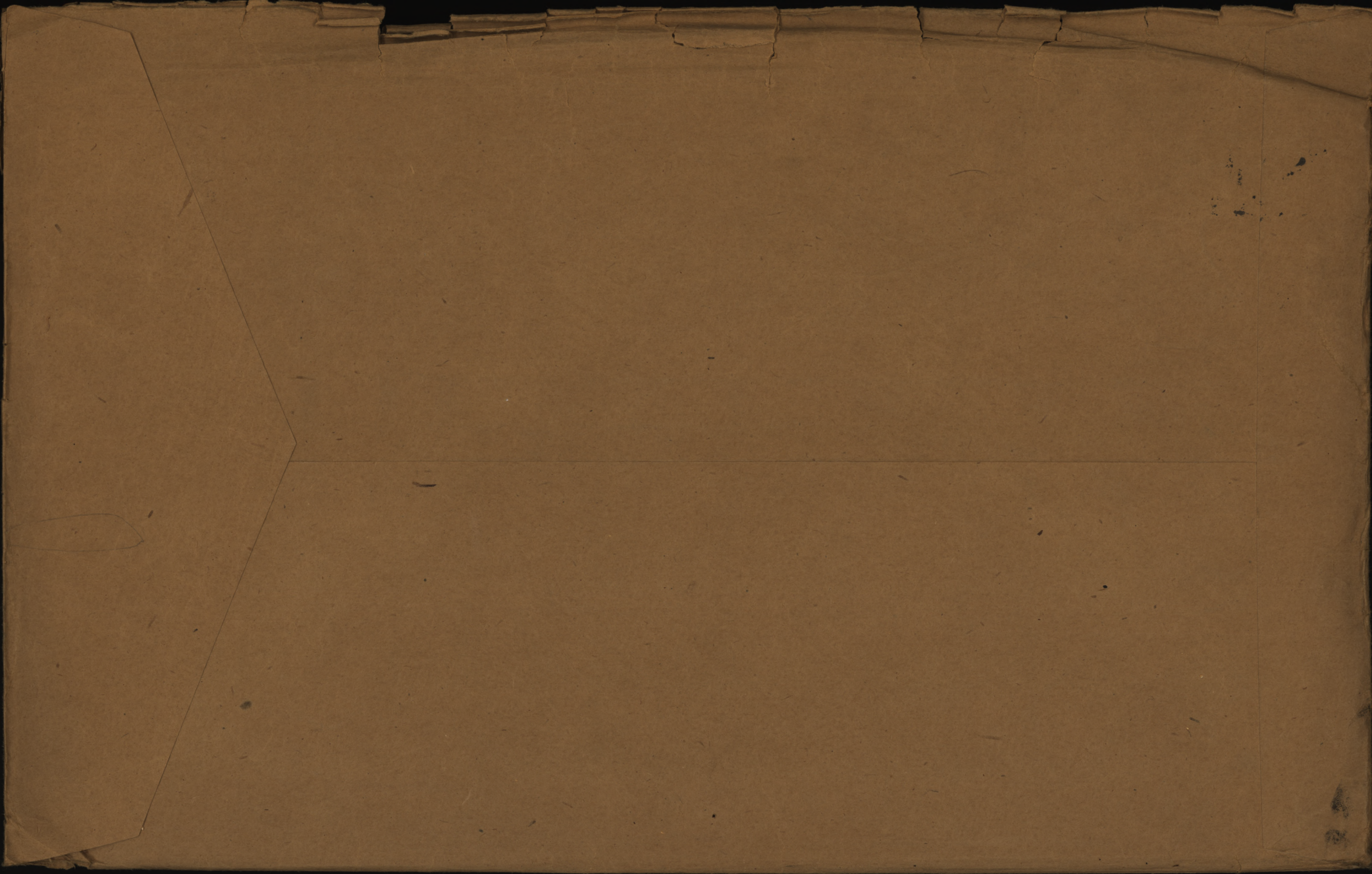
*Med Unfit & Minor*



18155









*AM*  
*Stam*

*X*  
*X*

Number... *721842* Rank... *pt.*

Surname... *ROBINSON*

Chris ian Name... *Frank Edward*

Uni s... *27th Bn Can Exp* hea re of War... *France*

Da e of Service... *21.6.17*

Remarks...

La es Address... *443 Cllicest*  
~~*410 Kenmore Apts*~~

~~*Broadway Herald*~~

Roll No. *B Page 8840*

*Stunriple*



Next of kin \_\_\_\_\_

Address on leave \_\_\_\_\_

Address on discharge \_\_\_\_\_

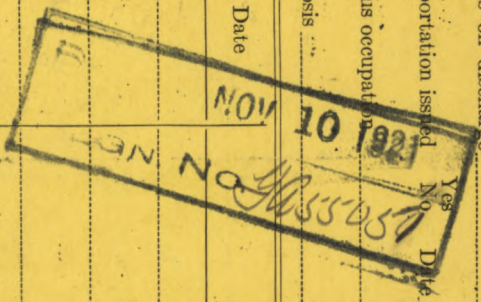
Transportation issued  Yes  No Date \_\_\_\_\_

Character on discharge \_\_\_\_\_

Previous occupation \_\_\_\_\_ Date and place of enlistment \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Medical Boards \_\_\_\_\_

Date \_\_\_\_\_ Remarks \_\_\_\_\_



\*—Name will be given in full; surname first.



No. 721842 RANK *Pte.*

NAME *Robinson J.*

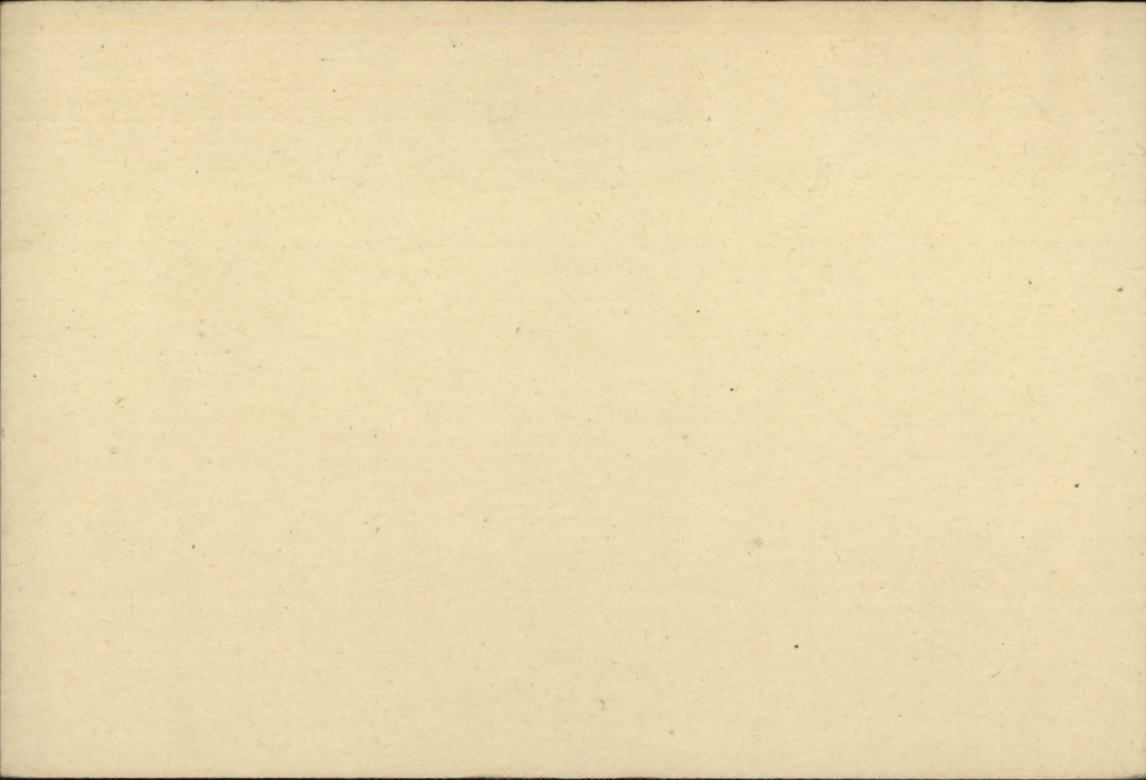
T. O. S. *26/1/16*  
(D.O. 33)

UNIT *108th. Battalion*

M. D. *10*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i> <i>Jan. 26</i>	<i>1916</i> <i>Feb. 29</i>	<input checked="" type="checkbox"/>		
	<i>Mar.</i>	<input checked="" type="checkbox"/>		
	<i>Apr.</i>	<input checked="" type="checkbox"/>	<i>2ft 30c.</i>	
<i>May 1</i>	<i>May 29</i>	<input checked="" type="checkbox"/>	<i>2ft 2 days pay.</i> <i>Transfr 200th Bn 29-5-16</i>	<i>RO94</i> <i>RO1260 of 19-5-16.</i> <i>RO1270 of 29-5-16</i>







No. 721842 RANK

Pfc.

NAME

Robinson, J. E.

T. O. S.

UNIT

Transfr 108<sup>th</sup> of  
30 15-16. (Do. 90-2-6-16) P. Bn.

200<sup>th</sup> Battalion C. E. S.

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	416.			
May 30	June 30.	✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct		✓		
Nov		✓		
Dec		✓		
1917				
Jan		✓		
Feb		✓		
Mar		✓		
Apr		✓		
May 1	May 14	✓		

a. w. L. from 14-10-16-16-10-16. 3 days pay 130. 206.

a. w. L. from 30 to 31 1/2 days pay 130 27.



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SURNAME.

*Robinson*

CARD NO.

*S. O. S. No. 1*

CHRISTIAN NAMES

*Frank Edward.*

*15.12.18* FOLL. *10*

REGL. No.

*721842.*

RANK

*Pte.*

*108* M. G.

UNIT

~~*108<sup>th</sup> Bn.*~~ *200<sup>th</sup> Bn.*

*Bn.*

FORMER CORPS

*Regt.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Robinson, Mrs. Mary.*

RELATIONSHIP TO SOLDIER

*Mother*

ADDRESS

*410 Toronto St. Winnipeg-Man.*

COUNTRY OF BIRTH

*Canada, Kenora. Ont* DATE *Nov. 13<sup>th</sup> 1897*

PLACE OF ATTESTATION

*Winnipeg, Man.* DATE *Jan. 27<sup>th</sup> 1916*

*Trans. from 108<sup>th</sup> Bn to 200<sup>th</sup> Bn* *Arch. 108<sup>th</sup> Bn. No. 275/16*

*018 3/5/17.*



From Halifax Per S.S. "Megantic" 3-5-17.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

6 hrs

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

18

YEARS

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

Black.

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Winnipeg Man.

DATE

Jan. 27<sup>th</sup> 1916

Present address

410

Toronto St.

Winnipeg. Man.



421842  
**DENTAL CERTIFICATE.**

*P. H. Robinson J.E.* The following Certificates will

be attached to the Medical History Sheets of all

*M.R.D.* Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
12-12-17	<i>Set</i>			<i>G. M. ... Capitain</i>



# DENTAL CERTIFICATE

The following Certificate will be attached to the Medical History Sheet of all Other-Ranks being returned to Canada for disposal.

Name of Examinee	Date of Examination	Present Dental Condition	In case of loss or decay of teeth, is the loss due to wounds, injury or disease directly attributed to Active Service?	Remarks



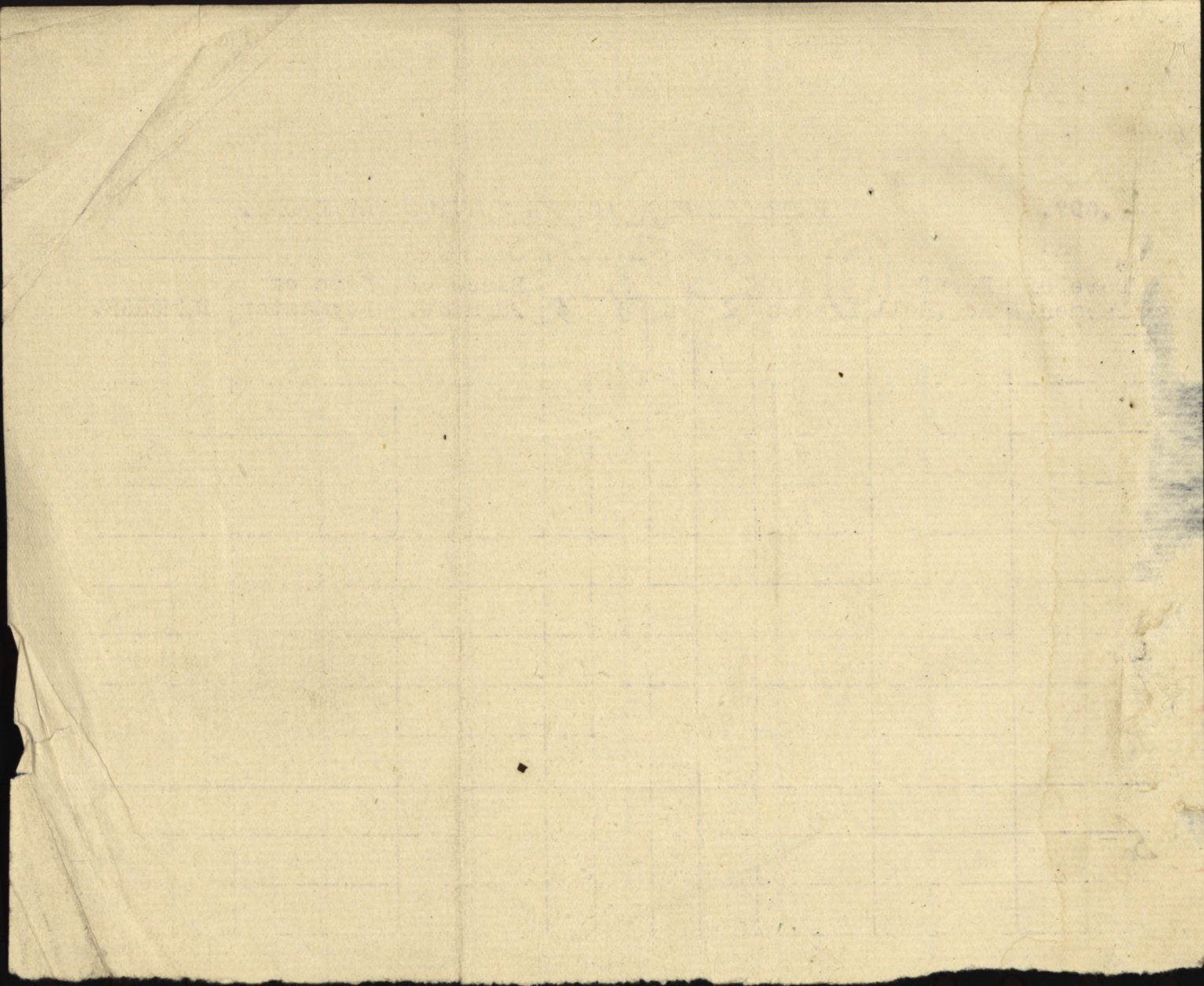
721842 Pte Robinson 98.

P.697.

EXTRACTS FROM ACTIVE SERVICE PAY BOOKS.

Date of Payment.	No. of Acc. Roll.	A M O U N T S.					Place of Payment.	Name of Paymaster	REMARKS.
		Francs	2	s	¢	¢			
June 11	# 537				<del>1 0/6</del>	<del>4 99</del>			
Aug 4	462	15			<del>2 67</del>	<del>5 62</del>		X	
20	530	<del>15</del>			<del>7</del>	<del>2 68</del>			
Oct 6	741	<del>20</del>				<del>3 57</del>			
Nov 2	813	<del>20</del>				<del>3 57</del>			
11	836	<del>30</del>				<del>5 35</del>			
14	953	<del>15</del>				<del>2 68</del>			
22	367		3	-		<del>14 60</del>			
Dec 7	460		3	-		<del>14 60</del>			
		11 5			7 0/6	54 71			
Sept 13	for stamp				<del>3/4</del>	<del>81</del>			
						55 52			







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.....200th Battalion.....

(2) Regimental Number.....721842.....

(3) Full Name of Soldier.....Frederick Edward Robinson.....

(4) Place of Birth.....Kenora, Ont.....

(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.....



(9) Is your Father alive?..... Yes.

If so, state name and address Alfred Robinson, 410 Kenmare Apts  
Winnipeg, Man.

(10) Is your Mother alive?..... Yes.

If so, state name and address Mary E. Robinson, 410 Kenmore Apts,  
Winnipeg, Man.

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(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?..... No.

If so, in what Company?.....

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

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

Date. Dec. 12<sup>th</sup> 1916

Howey Castle  
Officer Commanding.











**MEDICAL HISTORY SHEET**

*No card*  
*721842*

Surname *Robinson* Christian Name *Frank Edward*

Examined { on *27* day of *Jan'y* 1916  
at *Winnipeg*  
Birthplace { City or Town *Kenora*  
County *Ontario*

Approved by *S. J. Payne*  
*Dr. C. R. Rice*

Apparent age *18*

Trade or occupation *clerk*

Height *5* feet *8* inches

Weight *140* lbs.

Chest measurement { Minimum *32* inches  
Maximum expansion *35* inches

Physical development *Fair*

Small-pox Marks *none*

Vaccination Marks { Arm Right Left *yes*  
Number *one*

When Vaccinated last *Infancy*

(a) Marks indicating congenital peculiarities or previous disease *none*

(b) Slight defects but not sufficient to cause rejection *none*

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<i>21 NOV 1917</i> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<i>24/4/16</i>		M.O.
<i>31/7/16</i>	<i>Pro S. J. Payne</i>	M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>5/5/16</i>		M.O.
<i>15/5/16</i>		M.O.
<i>1/1/16</i>		M.O.
<i>2/22</i>		M.O.
<i>7/31/16</i>		M.O.

Enlisted on *26* day of *January* ~~1917~~ *1916* at *Winnipeg*

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<i>105 B's Bn</i>	<i>721842</i>		<i>26/1/1916</i>
Transferred to	<i>200 B's Bn</i>			<i>29/5/16</i>

**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.

**CANADIAN**







254

200<sup>th</sup> Battr. C. & F.

N.W.

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.

721842 Unit, Regiment or Corps 100th OVERSEAS BATTALION

Regimental No. 26-1-16 Rank Pl Name Frank E. Robinson  
 C. E. F. (2) Edward.

Enlisted (a) 26/1/16 Terms of Service (a) 1 yr Service reckons from (a) 26/1/16

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) Level

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				
		Embarked Halifax		30/4/17	H.M.T. Megantic
		Disembarked Liverpool	14-5-17		H.M.T. Megantic
15-5-17	" " Trans to 11th C.R.Bn.		" "	15-5-17	Pt II En.O. 118
15-5-17	O.C. 11th Can Res Bn.	Taken on strength 11th Can Res Bn.			
21-6-17	O.C. 11th Trans to 27th Battr Overseas			15-5-17	Pt II En.O. 112
				21-6-17	Pt II En.O. 144

*J. Sturges*  
 Capt & Adjutant  
 200th Battr C.E.F.

*Frank Robinson*  
 Lieut & A/Adj 11th Can Res Bn.

(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.



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				
22 <sup>6</sup> / <sub>17</sub> 1 <sup>9</sup> / <sub>17</sub> 15 <sup>11</sup> / <sub>17</sub>	C.A.W. 29 2 C.A.W.	Arrived (C.A.W.) Frank Trans to Reg (4814) & posted, man, High Depot.	France Field	22 <sup>6</sup> / <sub>17</sub> 29 <sup>8</sup> / <sub>17</sub> 15 <sup>11</sup> / <sub>17</sub>	Pt 11 of 39. 30 <sup>6</sup> / <sub>17</sub> B 213 No. 14. Ke 20169 Pt 13 of 68. 17 <sup>11</sup> / <sub>17</sub>
18-11-17	MRO	T.O.S. from 27 <sup>th</sup> Batt	Delgate	16-11-17	R510 254. Handy LIEUT. FOR LT. COL. I/C RECORDS C.O.M.F.
24-11-17 11-12-17	MRO "	Det Depot Coy Command to 1 C.A.W. Buschow.	Seepe Buschow.	16-11-17 10-12-17	Pt 11 DO 253. - - 277. G. G. G. Lieut. & Adjutant, Manitoba Regimental Depot.
1 1 DEC 1917		TAKEN ON STRENGTH O.D.D, BUXTON		Pt. 11 ORDER No. 293	
23 DEC 1917		EMBARKED FOR CANADA	FROM LIVERPOOL	Commanding	B. Vane Lieut. Col. Canadian Discharge Depot.
9-1-18	DO 10	To S To C Unit	Winnipeg	Commanding	B. Vane Lieut. Col. Canadian Discharge Depot.
15-2-18	DO 32	Dis. DO 27-33	"	"	

Major for Lt.-Col., A.A.G.  
 Canadian Section. G. H. Q. 3. J. J. J. R.E.F.

*B. Vane*  
 B.C. NO. 10 CASUALTY UNIT, Winnipeg



LTR

Rank

Name ROBINSON, Frank Edward

Reg'l No. 721842

Unit

200th Bn. to Manitoba Regt.

If in perm. Corps,  
What Unit?

Married or Single Single.

Place and Date of Enlistment Winnipeg. Jan, 26th, 1916

Place of Birth Kenora Ontario

Name and Address, Next-of-Kin Mary Robinson

410 Toronto St. Winnipeg,

Relationship

Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. 9571  
File R.L.  
Category ORC

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
⇒ ARRIVED IN ENGLAND 14 5 17 S/S MEGANTIC. ⇒					
15 5 17	11th Res	Taken on Strength	Shorncliffe	15.5.17	Pt. II 112
21-6-17	"	S.O.S. to <del>27th</del> <sup>27th</sup> Bn. 6 Seas	"	21-6-17	A.F.B. 103 checked 11.7.17. <sup>144</sup> Pt 039/356-17
18.11.17	M.R.D.	S.O.S. from 27 Bn (minor)	"	16.11.17	Pt 0254 Pt 0682/27 Bn (minor)
11.12.17	"	On Com. C.D.D. Peyton	"	10.12.17	" 277 27 Bn
31-12-17	M.R.D.	beason Com 1 <sup>st</sup> C.D.D.	"	23-12-17	Pt 0.296.
31-12-17	---	S.O.S. to Canada, for discharge (authy disposal by A.G. Ottawa)	"	23-12-17	— 296.
	Dis Dept	For class Duty	M.D. 10 Winnipeg	5/1/18	M.R. 417







410 Kenmore apt  
Broadway & Donald  
Winnipeg

OK

74410

# FORM OF WILL.

I, <sup>Frank</sup> Frederick Edward Robinson. (Name in full)

Regimental Number 721842. serving in 200th Battalion.

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

I bequeath all my real estate unto

Mary Elizabeth Robinson. (Mother)  
410 Kenmore Apts, Winnipeg Man.  
Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mary Elizabeth Robinson. (Mother)  
410 Kenmore Apts, Winnipeg. Man.  
Name and Address of person or persons to receive personal estate\* (See note).

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

this 29 day of November A. D. 1916

Frank E Robinson 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 Archie P. Anon

Address of Witness 200th Battalion Winnipeg

Occupation of Witness Soldier

Signature of Second Witness W. H. Sait

Address of Witness 200th Battalion

Occupation of Witness Soldier







# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

14903-297

15494-F-4

Name Robinson, Frank Edward  
Surname Christian Name

Regimental Number 721842 Rank Pte.

Address (in full) 410 Kenmore Apts.,  
 Broadway & Donald St.,  
 Winnipeg, Man.

Unit 200th Bn.

Original Unit

District where paid M.D.10.

Date of Discharge 15-2-18.

P. D. P. Filing Number 14-134-10.

Rates:—Regimental pay \$ 1.00 per diem; Field Allowance \$ .10 per diem. Separation Allowance \$ \_\_\_\_\_ per month.

L. L. 22573—M. & D. 800P.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	2049	16-2-18	33 00	2017	16-3-18	33 00	2002	16-4-18	34 10		100 10
1074 152	14166	26-2-19	70 00								
489A 2nd	933524	31-3-19	70 00								

M. F. W. 127.  
 50M -6 17.  
 1772 39-1140.

Remarks:



Dec'n No. 4963/297 W.S.G. File No. 15493-6-34  
 Award..... days at \$ 70.<sup>00</sup> per mo \$ 350.<sup>00</sup>  
 S. A..... months at \$ ..... per mo. \$ .....  
 Less P, D. P. Credited 100.10  
 Less further debit balance \$.....  
 Net due paid as below 249.90

410 Kennard Apts  
W pg

26. 3.19  
21. 3.19  
10.4.19  
13.5.19

TO SOLDIER			TO DEPENDENT			
O	Ag. No	Ch. No	Amount	Ag. No	Ch No	Amount
1	1074	14166	70 00			
2	489A	33524	70 00			
3	986B	424584	70 00			
4	1051C	460432	39 90			
5						
6						
	Total			Total		

GEN'L AUDITOR  
 Posting checked by  
*Hallbrook*  
 Date.....19.....



**ASSIGNED PAY.**

MILITIA AND DEFENCE

M. F. W. 11.

50m.—4-16.

H. Q. 1772-39-818.

**SEPARATION ALLOWANCE**

Name Mary E. Robinson Name of Soldier F. E. Robinson  
 Address 410 Kenmore Apts Regtl. No. 421842  
Broadway Rank Pte  
Winnipeg, Man Corps 200 B Co Bn  
 Relation to Soldier }  
 wife, child or mother } 15<sup>th</sup> APR 1 1917 }  
 To what Corps belonging }  
 when called out }

**PAYMENTS**

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





1368

1368

1368



MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.  
 50m.-6-16.  
 1772-39-819.

OVERSEAS CONTINGENTS

Sheet No. 2.

*Mary E. Robinson*

Name of Soldier

*E. C. Robinson*

PAYMENTS.

*421842 Pls 200th Co Bn*

L. L. Job 4503. - Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15<sup>00</sup></i>
				<i>APR 1 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		<i>Q 8315</i>	<i>30</i>	
June		<i>I 18195</i>	<i>15</i>	<i>Bu</i>
July		<i>J 25198</i>	<i>15</i>	<i>S</i>
Aug.		<i>U 31616</i>	<i>15</i>	
Sept.		<i>G 38865</i>	<i>15</i>	<i>J</i>
Oct.		<i>C 47570</i>	<i>15</i>	
Nov.		<i>P 51897</i>	<i>15</i>	
Dec.		<i>V 59312</i>	<i>15</i>	
Jan.	1918		<i>13 50</i>	
Feb.				
March				
April				
May				
June				
July				

*WAE*



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				











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.	721842
Rank	Private
Name	Robinson, Frank Edward
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	200th Battalion
Date of Discharge	February 15th. 1918
Place of Discharge	Winnipeg

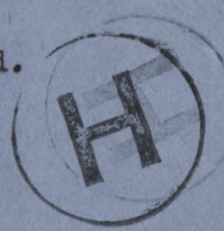
### 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....18.....years.....months.  
 Height.....6.....feet.....inches.  
 Complexion    Dark  
                   Blue  
 Eyes  
 Hair            Black  
 Trade          Salesman

Intended place of residence } 410 Kenmore Apts.  
                                       } Broadway & Donald.  
 (To be given as fully as }  
 practicable.)                } Winnipeg.

### Descriptive Marks

Scar on hand.



2. The above-named man is discharged in consequence of Being Medically Unfit For Further War Service. (*a minor*)

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 hand writing 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.

Good

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

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

Salesman

*W.S.G. Corp.  
10-2-19 G.M.*

*Not effect Disch  
25/2/18  
A.B.*



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

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

6. Medals and Decorations.....

Three horizontal lines for listing 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) Winnipeg.....

*J. P. McLeannan*

Capt.

(Date) February 15th. 1918.....

Commanding #10 Casualty Unit M.D.

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) Winnipeg.....

*J. J. Robinson* (Signature of Soldier.)

(Date) February 15th. 1918.....

*S. Stead* (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) Winnipeg.....

*J. P. McLeannan* Capt.

(Date) February 15th. 1918..

For O/C #10 Casualty Unit M.D. 10



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.)

*F. J. Robinson*



## List of Discharge Documents.

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



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

*Apr 1 - 17*

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15</i>			
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*327 R 10*

### PARTICULARS OF SEPARATION ALLOWANCE

No. *721842*  
 Rank *Pte* Promoted Reverted Discharge  
 Soldier's Name *P. E. Robinson*  
 Battalion *200 Battrn*  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name *Mary E. Robinson*  
 Address *410 Kenmore Apts Broadway*  
*Winnipeg Man* Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31/17</i>	<i>[scribble]</i>		<i>135</i>	<i>135</i>	
<i>Jan - 18</i>	<i>Z67531</i>		<i>15</i>	<i>15</i>	

*A.P. \$450<sup>00</sup>*  
 A/c Closed *31/1/18*  
 Ret'd per *Metagama*  
 Date *5/1/18* F. X. *17/1/18*  
 Clerk *[Signature]*







44-R-379  
357

# MEDICAL HISTORY OF AN INVALID.

410 Kenmore APTS. Winnipeg. Man.

B.P.C. ORIGINAL

1. Station. **Winnipeg. Man.** 8. General remarks on his :—
2. Regiment or Corps. **108th 27th. 10 C.O.** (a) Conduct. **Good.**
3. Regimental No. and Rank. **Private. 721842** (b) Habits. **Good.**
4. Name. **Robinson. Frank Edward.** (c) Temperance. **Temperate.**
5. Age last Birthday. **18 Years.** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on **Jan. 26th 1916.**  
at **Winnipeg.**
7. Former Trade or Occupation. **Salesman.** Date. **January 10th. 1918.**

DEPT  
MILITIA & DEFENCE  
FEB 21 1918  
H.Q. CANAD.

9. Service. **France.** Years. Days.

	PERIODS.	
	FROM.	TO.
<b>C.E.F.</b>	<b>Jan 26/1916.</b>	<b>Jan. 10/1918.</b>

10. (a) Disease or disability. **Underage.**
- (b) Date of origin. **Not applicable.**
- (c) Place of origin. **Not applicable.**
- (d) Cause. **Not applicable.**

RECORDED  
JUN 14 1918  
A. D. M. S. M. U. - 10

11. Present Condition. (Most Important) **He is underage. Born Nov 13/1899.**  
(To include full description of present disabling condition or conditions.)  
**There is no other disability.**

12. (a) Is the disability the result of service or climate? **1. 2. No. No.**
- (b) Has it been aggravated by intemperance, vice or misconduct? **1. 2. No. No. No.**



13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.) **Linear curved scar 5 inches long in temporal region**

**left side of head.**

**Scar 1.1/2 inches long on palmer surface of base of thumb of**

**left hand. Varicocele left side.**

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held? **Not applicable.**

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise. **Not applicable.**

14. Treatment **Not applicable.**

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? **Not applicable.**

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes? **Not applicable.**

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. **0%**

18. State if for discharge on account of unfitness for Service. **Discharge.**

*C. H. Ayler capt.*  
Medical Officer by whom the case is brought forward.



# OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. *Yes.*

11. *Yes.*

12. *Yes.*

15. *Yes.*

16. *Yes.*

17. *Yes.*

19. Is he unfit for Military Service. *Yes.*

20. Recommendations : *That he be discharged as being underage. He should be discharged from the service as underage, and should not be re-enlisted for ten months.*

Signatures :—

*Robert S. Landrum* President.  
Capt. *Landrum*

*John V. P. Bond* Capt.

Station. *Winnipeg, Man.*  
Date. *January 10/1918.*

*C. H. Ogden* Capt.  
**APPROVED**

Date.

*C. E. Forten*  
**JAN 17 1918**

Approved.

Assc. Director of Medical Services.  
*C. E. Forten*  
for *A. D. ...*  
WINNIPEG, MAN.

Date.

Director-General of Medical Services.



