card AR 30/3/17

DUPLICATE

ATTESTATION PAPER.

No. 931418

No. 2 CONSTRUCTION BN. C.E.E.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Treling
1a. What are your Christian names? Frank
1b. What is your present address? Halifax N.S.
2. In what Town, Township or Parish, and in what Country were you born? Amsterdam Holland
3. What is the name of your next-of kin? Miss Julia Treling
4. What is the address of your next-of-kin? Phillipsburg St Martins D.W.I.
4a. What is the relationship of your next-of-kin? Sister
5. What is the date of your birth? Dec 22nd 1890
6. What is your Trade or Calling? Sailor
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
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Frank Treling, 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.

Frank Treling (Signature of Recruit)

Date Feb 19th 1917. R L Willis Sgt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Frank Treling, 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.

Frank Treling (Signature of Recruit)

Date Feb 19th 1917. R L Willis Sgt (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 Hfx N.S. this 19 day of Feb 1917.

[signature] (Signature of Justice)

M. F. W. 28.
600M.—2-16.
H. Q. 1772-89-341.

A Justice of the peace in and for the City & County of Halifax, N. S.

Description of Frank Freling on Enlistment.

Apparent Age 26 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 6½ ins.

Chest measurement.
- Girth when fully expanded 36 ins.
- Range of expansion 3 ins.

Complexion Dark.

Eyes Brown

Hair Black

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

¼ Joint of left foot off.

Weight 160 lbs

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 19-2- 1917. Dan Munroe

Place Halifax N.S. Capt A.M.C.

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.

Frank Freling 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.

D H Sutherland Lieut-Col. (Signature of Officer)

No. 2 Construction Batt'n. C. E. F.

Date 22/2/17 191 .

ORIGINAL

ATTESTATION PAPER.

No. 931418

No. 2 CONSTRUCTION, DE. CEF

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Treling
1a. What are your Christian names? Frank
1b. What is your present address? Halifax N.S.
2. In what Town, Township or Parish, and in what Country were you born? Amsterdam Holland
3. What is the name of your next-of kin? Miss Julia Trelling
4. What is the address of your next-of-kin? Phillipsburg St Martin D.W.I
4a. What is the relationship of your next-of-kin? Sister
5. What is the date of your birth? Dec 22nd 1890
6. What is your Trade or Calling? Sailor
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
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Frank Treling, 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.

Frank Treling (Signature of Recruit)

Date Feb 19th 1917 R. L. Willis Sergt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Frank Treling, 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.

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Date Feb 19th 1917 R. L. Willis Sergt (Signature of Witness)

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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 Hfax N.S. this 19 day of Feb 1917.

[signature] (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772 89 341.

A Justice of the peace in and for the City & County of Halifax, N. S.

Description of Frank Freling on Enlistment.

Apparent Age 26 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6½ ins.

Chest measurement.
- Girth when fully expanded 36 ins.
- Range of expansion 3 ins.

Complexion Dark.

Eyes Brown

Hair Black

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

4th toe on left foot off

Weight 160 lbs

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 19-2-1917. Dan. Murray

Place Halifax N.S. Capt. C.A.M.C.

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.

Frank Freling 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.

D. H. Sutherland Lieut-Col. (Signature of Officer)

No. 2 Construction Batt'n. C. E. F.

Date 22/2/17 191 .

REGIMENTAL DOCUMENTS

NAME TRELING, FRANK. Pte REGT. NO. 931418 UNIT 12 Const Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	17-3-19 J R A				DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
2	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demobd
1	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
1	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M & B 192					
1	Dental Certificate					
1	R-122					

16736

W. 2539
100M-11-18
1772-39-1377

Number 931 418 Rank Pte. Spr

Surname TRELING

Christian Name Frank.

Units C.O.R.C.C. Theatre of War France

Date of Service 17/5/17

Remarks

Latest Address 23 West 136th St.
New York City
U.S.A.

Roll No. B Page 17006

200m—2—21.M.

SURNAME. Treling 649-T-13632

6. CARD NO. X Demot.

SOS, 8/2/19.
FOLL.
DO. 39 = 8/2/19.
688.

CHRISTIAN NAMES Frank

REGL. NO. 931418 RANK Pte.

UNIT No. 2 Constr. Bn.

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Treling, Miss Julia

RELATIONSHIP TO SOLDIER Sister

ADDRESS ~~Phillipsburg, St. Martin's Island~~
17 West 136th St New York City, ~~W. I.~~ U.S.A.
54-21-38-1-9/10/18.

COUNTRY OF BIRTH Holland, Amsterdam DATE Dec. 22nd 1890

PLACE OF ATTESTATION Halifax, N.S. DATE Feb. 19th 1917

R/C. 25/1/19. 256/71.

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

From Halifax per S.S. "Southland" 28/3/17.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Sailor RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 26 YEARS 2. MONTHS

HEIGHT 5 FEET 6½ INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3. INCHES

COMPLEXION Dark EYES Brown HAIR Black

DISTINGUISHING MARKS 4th toe of left foot off.

MEDICAL EXAMINATION. PLACE Halifax, N.S. DATE Feb. 19th 1917.

Present address: ~~Halifax, N.S.~~
C/o. Mrs. C. Treling #23 West 136 St. New York City. Auth. Letter 8 3/20

*Name Freling, F. Rank Pte Regtl. No. 931418

Fyle Depot

Original unit U.S.R.D. Present unit #6 D.D. M. or S. Age 28 Religion R.C. Ref. H.Q.

Port, ship and date of arrival Halifax, N.S. "Empress of Britain" 22/1/19

Next of kin Miss Hilda Freling (Sister)

Address on leave 5 Gerrish St. Halifax N.S.

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Sailor Date and place of enlistment Halifax N.S. 19/2/17

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
29/1/19	T.O.S. from 12/1/19 Posted Casy Co	29
8-2-19	DISCHARGED at Halifax, N. S	39

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

(over)

Date.	Remarks	Pt. 2/Order No.

M. F. W. 192
150m.—5-18
1772-39-1243

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

AWWW

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps No. 2 CONSTRUCTION, B'n. C.E.F.

Regimental No. 931418 Rank pte Name Frank Treling
C. E. F.

Enlisted (a) 19-2-17 Terms of Service (a) Period of war 6 months & 6 months Service reckons from (a) 19-2-17

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: Date	Report: From whom received	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.
		Embarked, Canada	Halifax N.S.	25/3/17	
		Disembarked, England	Liverpool	7/4/17	
	O.C. #2 Const Bn	Proceeded overseas	Seaford		Pt 2 A.O.#
					H. B. Macleane Jr Captain Adjutant, No. 2 Construction Batn, C.E.F.
		Landed fn France 17-5-17 N.R.			
12.10.18	Unit	Granted 14 days leave to	St Nazaire	14-9-18	B213 [illegible] 57 Oct 1918
28-9-18	do	Returns from leave	Field	28-9-18	B213
11 12/18	MAG	Trans to Eng & posted to N.S. Reg Depot	Bramshott	14 12/18	KR 344

CERTIFIED CORRECT. MAY 1 6 JUN 1917 CAN. RECORDS, LONDON.

MAY 17 1917

Ca Hewett
Lieut. for Lt.-Col. A.A.G.
Canadian Section, G. H. Q. 3rd Echelon, B.E.F.

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
14.12.18	N.S.R.D.	T.O.S. + attached to 2 C.C.D for Qrs + Rations	B'shott	14.12.18	D.O 305.
	N.S.R.D.	ON COMMAND TO C.D.D. Kinmel Park Rhyl	BRAMSHOTT		PART II D.O. N.S.R.D. 313 27/12/18
					C.A. Knight LIEUT, OFFICER I/c RECORDS, NOVA SCOTIA REGTL. DEPOT.
12/1/19		S.O.S. O.M.F.6 on transfer to C.E.F. Discharge Sailing Sailing No 4 R.M. Hammond Lieut	Kinmel Park		
		Embarked for Canada. 12/1/19.			
12.1.19	Oseas. T/O/S.	No. 6 D.D. Hlfx. Casy Co. 22.1.19 Do 29.			A.M. Ferguson Lieut ASST. ADJT. No. 6 DISTRICT DEPOT

DISCHARGED at Halifax, N.S. Do 39 (Incl. DISCHARGE SECTION NO. 6 DISTRICT DEPOT)

8-2-19

Form R 122
2353—100M—9-12-16.

C.T.

Rank Name TRELING Frank - Reg'l No. 931418 -

Unit No.2.Construction Bn. If in perm. Corps, What Unit? Married or Single Single -

Place and Date of Enlistment Halifax.N.S.19th Feby.1917 - Place of Birth Amsterdam,Holland

Name and Address, Next-of-Kin Miss Julia Treling, -
17 West 136th Street New York City U.S.A. Aush. Rh 29 T d/11/9/18
~~Phillipsburg, St Martin, B.W.I.~~ - Relationship Sister -

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 6758
File R.L.
Category OR CAN

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	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.
		Arrived in England per. S.S. Southland		7.4.17	A.W.W.W.
14.6.17	No 2 Constr Bn	Arrived in France	Field	17.5.17	Pt II 115
16.12.18	NSRD.	TOS from 2nd CCC.	pte Bishop	14.12.18	DO 305 471 d/19.12.18 2nd CCC.
27.12.18	N.S.R.D	O/C to C.D.D Rhyl	—	27.12.18	— 313
25.1.19	N.S.R.D	Ceases o/c to Rhyl. + SOS to C.E.F. Canada	—	Ripon. 12.1.19	— 18.

A.F.B. 103 ... 30 MAY 1917

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.					

CANADIAN CONTINGENT EXPEDITIONARY FORCE

No 6 DISTRICT DEPOT

LAST PAY CERTIFICATE

1918

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

Regimental No. 931418 Rank Pte Name Yreling, J.

Corps 2nd L. Bn. who was* Discharged

On 8-2-19. 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19. 191..., to 8-2-19 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	11	15
Advances by Cheques No. 13317	100	67	Regt'l Pay 39 days at $ 1 c.	39	00
Cheques No.			Field Allow. 39 days at $ c. 10	3	90
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges		05	Other Allowances* Clothing	35	00
Payment on transfer or discharge No.			Other Credits* L.P.L.	11	67
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		72
Total	100	72	Total	100	72

*Give particulars.

A monthly stoppage of $ 15.00 (†) has (‡) been paid on account of Assigned Pay for the month of Jan 1919 and Sep'n Allce. for month of 191... (to) Assignee Miss J. Yreling

(Address) 17 W. 136 St New York U.S.A

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

M.D. No. 6 No. 55

On Transfer of an Officer

Outfit Allowance of $ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment

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

(3) cause of discharge Demob. authority D.O. 39.

(4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 11-2-19.

Place HALIFAX, N. S.

OAI

No. 6 DISTRICT DEPOT.

Paymaster.

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

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

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

300M—2-18.
H. Q. 1772-39-903.

RECEIVED FEB 18 1919 HALIFAX, N.S.

C.A.D.C. 5009 A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

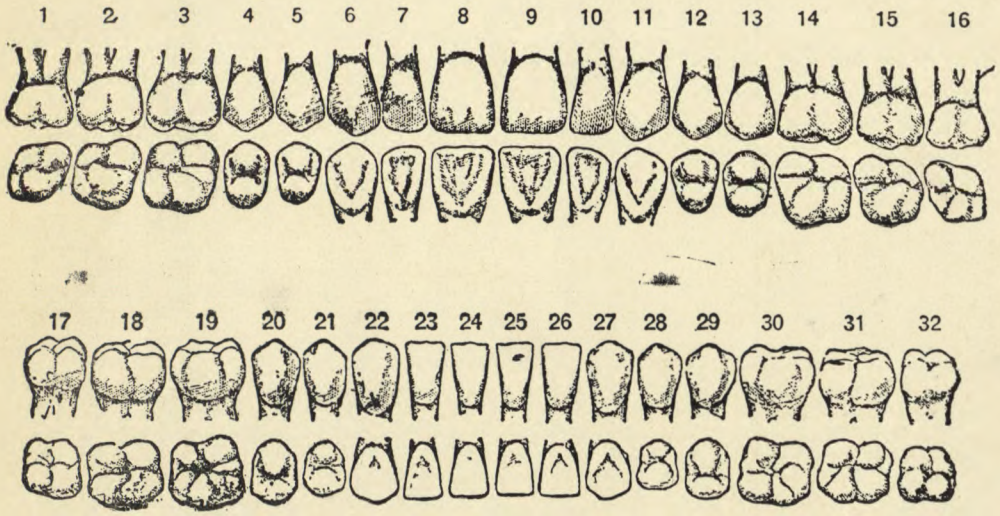
Canadian Printing and Stationery Services, London

M W6

NAME OF SOLDIER (Block Letters) 2RELING N.

REGIMENT No 8 Const RANK Pte No. 931418

Date of Examination in England 6-1-19 | Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 5, 16, 32,
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (*a*) In Canada
- (*b*) In England No
- (*c*) In France

KINMEL PARK, NORTH WALES.

Signature of Dental Officer C C Graham Lt

ORIGINAL 931418

MEDICAL HISTORY SHEET

Surname Tinling Christian Name Frank

Examined { on 19th day of Feby 1917 / at Halifax NS

Approved by Dan Murray

Rank Capt a.m. M.O.

Birthplace { City or Town Amsterdam / County Holland

Apparent age 26 years.

Trade or occupation Sailor

Height 5 feet 6½ Inches

Weight 160 lbs.

Chest measurement { Minimum 33 inches / Maximum expansion 36 inches

Physical development Good

Small-pox Marks Nil

Vaccination Marks { Arm Right Left / Number

When Vaccinated last Never.

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
14/3/17	L&R	M.O.
23/3/17	L&R	Dan Murray M.O.
26/3/17	L&R	Dan Murray M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
14/3/17	L&R	Dan Murray M.O.
23/3/17	L&R	Dan Murray M.O.
3/4/17	L&R	Dan Murray M.O.

Enlisted on 19 day of February 1917 at Halifax NS

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	No 2 Consl. Batn C.E.F.	931418		19/2/17
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 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.

Surname Truelucy Christian Name Frank

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				

D.M.S. 1375.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

☞ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank pte Name Trayling Surname Frank.

Unit or Corps 17th Reserve. (If a soldier) Regtl. No. 931418

Born at Amsterdam. Holland. on, date Dec 22nd 1890.

Signature (for identification) F. Treling

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 160 lbs.

Height 5 ft. 7 ins.

no

2. NUTRITION AND DIATHESIS?

Good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM?

no

4. RESPIRATORY SYSTEM.

no

5. HEART?

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 80 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? no

7. DIGESTIVE SYSTEM?

no

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1018 Reaction? acid Albumen? nil Sugar? nil

9. SKIN, MIDDLE EAR, EYE or any other part?

no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

no

11. Opinion as to the health and physical condition of the one examined? Good

Examined at Kinney Park Signed [illegible] M.O.

Date 2-1-19 Signed [illegible] M.O.

☞ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 931418 Rank Pte. Surname Greling
(Given name in full) Frank
Unit or Corps 6 D.O. Birthplace Holland

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

1. GENERAL DESCRIPTION:

Physique Good Weight 145 lbs. Height 5' 6½" Colour of Eyes Brown

Nutrition Good

Pulse Normal

Condition of arteries Normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 15 ft.

Left 15 ft.

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

Part toe of left foot. Off.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Nil

152 Creighton St. Halifax N.S

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at ....Halifax.....(Canada)

Date .....6/2/19..... Signed ....W A Rennebell Capt.....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature ..F. Treling.....

(If not satisfied, M.F.B. 227 will be completed by a Medical Board).

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

DUPLICATE

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 ..... No. 2 CONSTRUCTION Bn. C.E.F.

(2) Regimental Number 931418

(3) Full Name of Soldier ..... Frank Freling

(4) Place of Birth ..... Amsterdam, Holland

(5) Are you married, or not ? ..... Single

(6) If married, state,
(a) Full name of your wife X

(b) Present Postal Address X

(7) Are you a widower ? ..... No

(8) Have you any children ? X

If so, give number of boys and girls X

Also their names and ages X

M. F. W. 67.

200M.—3-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? No

If so, state name and address x

(10) Is your Mother alive ? No

If so, state name and address x

(11) If your Mother is a widow x

Are you her sole support, or not ? x

(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.

x

(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.

(1) Miss Victoria Davis (Aunt)
110 & 112 W. 137 th St. New York, U.S.A.
(2) Miss Julia Treling (Sister) Philipsburg, St Martin D.W.I.

(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.

x

(15) Are you insured ? No

If so, in what Company ? x

Have you made arrangements for payment of your Insurance premium x

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

J. S. Davis
Capt.
No. 2 Construction Batt'n, C. E. F.
Officer Commanding.

Date MAR 3 - 1917

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931418 (Rank) Private

Name (in full) Frank Treling enlisted in

the No. 2, Construction Battn

CANADIAN EXPEDITIONARY FORCE at Halifax N.S. on the 19th

day of February 1917

HE served in France

and is now discharged from the service by reason of Demobilization

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

Age 28 years 1 month

Height 5 feet 6½ inches

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars 4th toe of left foot off.

Frank Treling
Signature of Soldier

C W MacAlmon CAPTAIN.
O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.
Issuing Officer

Rank

Appointment

Date of Discharge February 8. 1919

Signed at Halifax N.S. this 8th day of February 1919

in Military District No. 6

File Reference No.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G.O.C. District.

P. 559

MARRIED OR SINGLE S.

PLACE OF BIRTH Amsterdam, Holland

NAME AND ADDRESS OF NEXT OF KIN Miss Julia Treling. Phillipsburg, St. Martin. B.W.I.

RELATIONSHIP OF NEXT OF KIN Sister.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 931418 RANK NAME Treling Frank.

IF IN PERMT. CORPS WHAT UNIT UNIT 2nd Coast Bty

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Halifax N.S.

DATE OF ATTESTATION Feb. 19th 1917

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1.4.17. (Draft on St. Kitts. B.W.I.) English

PAYABLE TO Miss Julia Treling Phillipsburg, St. Martin, Dutch W.I. RELATIONSHIP Sister

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

TRANSFERRED TO	DATE	AUTHORITY

DATE	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
							Depot.						7 85	7 85													a/s.			7 85				Balance from Canada
Apl. 1/30	30	1/-	33	00										33 00													15 -		15 -	25 85			25 85	
May 1-31	31	1/-	34	10									1 20	35 30	42 1/15 15 19/4								9 73 4 87				15 -		29 60	31 55			31 55	2 do Sub Allce C60. D.O. 113. 12-5-17
June 1-30	30	-	33	00										33 00	78 83 14/5								4 87				15 -		24 74	39 81			39 81	
July 1-31	31	-	34	10										34 10													15 -		15 -	58 91			58 91	
Aug -	-	-	34	10										34 10													15 -		15 -	78 01			78 01	
Sep 1-30	30	-	33	-										22 -													15 -		32 85	78 16			78 16	
			201	20									9 85	210 35									24 34	17 85			90 -		132 19	78 16				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED ALLCE.	SER. PAY CHQ.
Sep	Bal	~~78 86~~							78 16		
Oct	P.P.	34 10		Foreign Assgt.					15 -		
				AR582. 27/7/17 2 Bonus to Th. Att C4C.	3 57						
				" 631 11/8/17 " " " "	3 57						
				" 491 13/8/17 " " " "	3 57						
		34 10			10 71				15 -		

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 26/11/19

Re G31418 Trelling. J.

DW Indies
Freyr...
15/-

N to be
retained
Amsterdam Holland

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS				CR. 1				CR. 2				PARTICULARS			DR. 1		DR. 2		DR. 3		DR. 4		BALANCE											
	Bal																							86 55											
Nov.	P.P.				33								Assigned Pay Lloyds.											15 —											
													A.R. 831. 28/9 CAC			3 57																			
													— 886 12 10/17 —			3 57																			
DEC	—				34 10								— 977. 25 10/17 —			3 57								15 —						11294					
					67 10											10 71								30											
JAN	1918	P.P.			34 10																			15 —							—				
													+ 1105. 16 11/17. 2 Bon to CAC CFC.			3 57																			
													" 1410. 25 11/17 " " " "			12 49																			
													- 1440 - 21 12/17 - - -			7 14														10884					
					34 10											23 20								15 —											
													Assigned Pay																							
FEB	—				30 80								Assigned Pay Lloyds.											15 —											
													- 882 - 4 4/18. CFC			7 14																			
													V. 21569 SR. Lou. 21 2/18 Asgnr. 25.																		92 50					
					30 80											32 14								15											
MAR	1918	"			34 10								Assay Lloyds CFC											15											
													~~AR 2016 4 4/18 - Jura~~																							
													" 2017 14 2/18. CFC. Jura			7 14																			
													" 2334 18 3/18 "			7 14																			
					34 10											14 28								15						97 32					

P 820
12474—378M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ~~ENGLAND or CANADA.~~	SEPARATION ALLOWANCE. * ENGLAND or CANADA.	NAME:- TRELING Frank
EFFECTIVE DATE:- 1 APR 1917 1/8/18	EFFECTIVE DATE:-	NUMBER:- 931418
AMOUNT:- 15 00	AMOUNT:-	PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.
Miss Julia Treling Sister	
~~Philipsburg, St Martin~~	
~~Dutch W.I.~~	
~~Dratt on St Kitts B.W.I.~~	
17 West 136th St. New York. Aff. 1/8/18. USA.	
Stopped off 1/1/19	

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2 Construction Bn

DATE ACCOUNT FIRST OPENED:- 1 APR 1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
T.P.C.		28/5/19	Can Lab

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS — UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
1918							
9/12	6636		£66				
18/12	3091		£23				
			£139				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Canada 4/1/19 N.R.161 17/12/18 Ledger 9/66 76 27

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Balford								97 37		
Apl	P. Pay.	33 -		Lloyds - £3/1/8			15 -				
				aR 9. 9/4 C.F.C Jura	3 57						
				- 272 22/4 - .. -	3 57				108 18		
		33 -			7 14		15 -				
May	P. Pay	34 10		Lloyds £3/1/8.			15 -				
				aR 464 9/5 C.F.C Jura	3 57						
				- 428 . 23/5 - .. -	3 57				120 14		
		34 10			7 14		15 -				
June	P. P.	33 -		Lloyds - £3.1.8			15 =				
				aR 714. 7/6 CFC 5.	3 57						
				✓ 877 27/6 - Jura	3 57				131 00		
		33			7 14		15				
July	PP	34 10		Lloyds £3-1-8			15				
				aR 954 10/7 CFC 5 ✓	3 57						
				aR 1099 25/7. ✓ ✓	3 57				142 96		
		34 10			7 14		15				
Aug	PP	34 10		~~Lloyd £3-1-8~~			~~15~~				
				aR 1262 10/8 CFC 5	3 57						
				aR 1476 25/8 ✓	3 57						
				Can aP.				15	154 92		
		34 10			7 14			15			
Sep	PP	33		Can aP				15			
				aR 1678 5/9 CFC 5	3 57						
				aR 1679 5/9 ✓	3 57						
				aR 1850 17/9 CFC 5	107 07				587 11		o/a
		33			114 24			15			

CANADIAN ASSIGNED P.A.V. AUDITED Ottawa ALDT 26/5/19 DATE

NUMBER 931418 RANK Sgte NAME TRELING J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
OCT 1918				Forward					58 71		
	Sgte pay	34 10		C.A.P.				15	11 64		
				2263 13/10 L.Z. L.S	3 73						
				2328 26/10 ✓	3 73				40 35		
		34 10			7 46			15			
Nov	✓ ✓	33		C.A.P.				15			
	✓ ✓ Dec	34 10		2699 11/11 ✓	3 73						
	✓ ✓	✗ ✗		2917 26/11 ✓	13 06						
				C.A.P.				15	90 66		
				6636 10/12 C.G.R.D.	4 66						
				3591 16/12 Rio	9 43				76 27		
			M.	C.A.P.				✗			
		67 10			31 18			30 M			
		101 20						45			
				174 10/1 Rhyl Endorsed	9 73				66 54		
					9 73						

Sd L 12/1/19 Bo 19 25/1/19 NSKD

This space to be for numbers 12-3-19 M

Proceedings on Discharge.

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

No. 931418

Rank Private

Surname Treling

Christian Name Frank.

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

Corps (Squadron, Battery or Company) No. 2, Construction Battn

Date of Discharge February 8, 1919.

Place of Discharge Halifax N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 28 years 1 months.

Height 5 feet 6 1/2 inches.

Complexion Dark

Eyes Brown

Hair Black

Trade Tailor

Intended place of residence (To be given as fully as practicable.) ~~154 Creighton St.~~ ~~Halifax N.S.~~ 23 West 136 St. New York City. auth. Letter 8 3/20

Descriptive Marks

4th toe of left foot off

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

Demobilization

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.

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)

Rev. noted by Ind C. 15/3/19.

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).....

(Date).....

.....

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) Halifax N.S. Frank Furlong .....(*Signature of Soldier.*)

(Date) February 8th 1919 H.W. Smith .....(*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) Halifax N.S.

(Date) 27.2.19

8-2-19.

(*Signature*) .....LIEUT, COL.

No. 6 DISTRICT 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.)

nil Frank Treleaving

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263.
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a.
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."

Attestation Paper,	Militia Form	B. 235.
Proceedings on Discharge	"	B. 218.

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.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

T 6904 1-8-18

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion #2 Const. Batt.

Beneficiary

Relationship Sister

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MISS JULIA TRELING,
17 WEST 136TH ST.,
2 NEW YORK,N.Y.U.S.A. 15 15.00
% 931418 PTE F.TRELING
3 FIFTEEN DOLLARS
4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Oct	Z 69832		15	15	-	18194-F-11 L.P.6728 to adj. A.P. for Aug. + Sept. mailed 23-10-18
Oct	Z 71591		30	30	L.P.6728	
Nov	Z 84402		15	15	-	
Dec	Z 100594		15	15	-	
Jan	Z 114947		15	15	-	
			90			

ENTERED IN
OCT 8 1918
VOUCHER SECTION

A/c Closed Empress Britain MD6
Ret'd per
Date 22/1/19 M.F.W.187 28/1/19
Closed 18194-F-11
MO 51772 - 28/1/19

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 26/5/19

AUTHORITY FOR NEW ACC'T. A2M (59/18) on File 18194-F-11 W.H. Smith. 8/10/18

M. F. W. 128.
400M.—6-17—1772 39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
400M.—4-17—1772 39-1141
L. L. 22320—M. & D. 7993.

Taken on Strength JAN 12 1919 E. C. 29

AUDITOR | PAYMASTER

M. OR S. Emp. of Britain 21-1-19. PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 931418 RANK Pte. NAME (IN FULL) Trehing F. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil DATE EFFECTIVE

TO WHOM PAID Charge RELATIONSHIP

ADDRESS 154 Creighton St. Halifax N.S.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
1		
10		L.P.R.

ORIGINAL UNIT C.E.F. 2 C. Bn. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15 00 DATE EFFECTIVE FEB 1 1919

PAYABLE TO Mrs J. Trehing RELATIONSHIP

ADDRESS 17 W 131 St. New York City U.S.A.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE — DATE 8.2.19 REASON Demob AUTHORITY D039 IF ENTITLED TO POST DISCHARGE PAY

ANY CHANGE IN ASSIGNEE OR ADDRESS? 154 Creighton St. C/o Clark Trehing Halifax N.S. 23 West 126 St New York City, N.Y.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					Ch. Pd. D039
Jan.					11	20			11	20																05					05			11	15	
1/2/19	39	1.10	42	90	35 11	67		11	15	100	72							33 100	67							05					100	72					X-L. L.P.R.
	122	280							280	00							Feb 12/19		5329	70														140	00	
																	Mar 8, 1919		5348	70																
																	Mar 28/19		145899	70														70	00	
																	April 14/19		6136	70														Nil.		
	280	—							280	—										280	—												280	—			

Allowed

Certified that all payments due on this acct. have been paid.

Capt.

For Senior Officer Pay Services, M.D. 6

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	