

DUPLICATE

M. D. 2nd. DEPOT BATTALION, Depot Battalion, Eastern Ontario Regiment, Regt. No. 3321077..

le. m. m. b. 14-5-18

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1.)

16-4

1. Surname Fortier,
2. Christian name Rene Joseph, Edward.
3. Present address 407 Cumberland, St Ottawa Ontario.
4. Military Service Act letter and number P.A. 583926.
5. Date of birth 1st November 1889.
6. Place of birth Ottawa Ontario.
7. Married, widower or single Single.
8. Religion R.C.
9. Trade or calling Collector.
10. Name of next-of-kin Mrs. J. B. Fortier.
11. Relationship of next-of-kin Mother.
12. Address of next-of-kin 407 Cumberland, St Ottawa Ontario.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any Nil.
15. Medical Examination under Military Service Act:—
(a) Place Ottawa Ontario. (b) Date 18th October 1917. (c) Category "B11".

DECLARATION OF RECRUIT

I, Rene, Joseph, Edward, Fortier, do solemnly declare that the above particulars refer to me, and are true.

Handwritten signature of Rene Joseph Edward Fortier

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 27 yrs 11 mths.
Height 5 ft 2 1/2 ins.
Chest measurement fully expanded 40 1/2 ins.
range of expansion 4 ins.
Complexion Fair,
Eyes Blue,
Hair Brown.

Distinctive marks, and marks indicating congenital peculiarities or previous disease. Numerous small furu... -ole Scarce back of neck Linear scar -ape -dictomy small scar rs Forearm.

Handwritten signature of A. B. ...

2nd. DEPOT BATTALION, O. C. Eastern Ontario Regiment, Depot. Btln.

OTTAWA

APR 24 1918

Place Date

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1. Surname

2. Christian name

3. Present address

4. Military Service Act letter and number

5. Date of birth

6. Place of birth (town, township or county and country)

7. Married, widower or single

8. Religion

9. Trade or calling

10. Name of next-of-kin

11. Relationship of next-of-kin

12. Address of next-of-kin

13. Whether at present a member of the Active Militia

14. Particulars of previous military or naval service, if any

15. Medical Examination under Military Service Act—
 (a) Place

DECLARATION OF RECRUIT

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

Signature of Recruit

DESCRIPTION ON CALLING UP

Age

Height

Chest (fully expanded)

Measurement (range of expansion)

Complexion

Eyes

Hair

Remarks (Diseases, marks, and scars indicating congenital peculiarities or previous disease)

17-1-19
T.P.

DISCHARGE DOCUMENTS

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

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....2
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....1
- Proceedings on discharge...1
- Training*
Corps History Sheet...1
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Disc.*
Parchment Certificate.....1
- Medical Report for Invalids.....
- Medical History Sheet...2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate...1
- M.F.W. 129-1*
- a.F.B. 122-1*
- Dental History sheet - 1*

Name **FORTIER, RENE, JOSEPH, EDWARD**

Regt. No. 3321077 Rank Sgt.

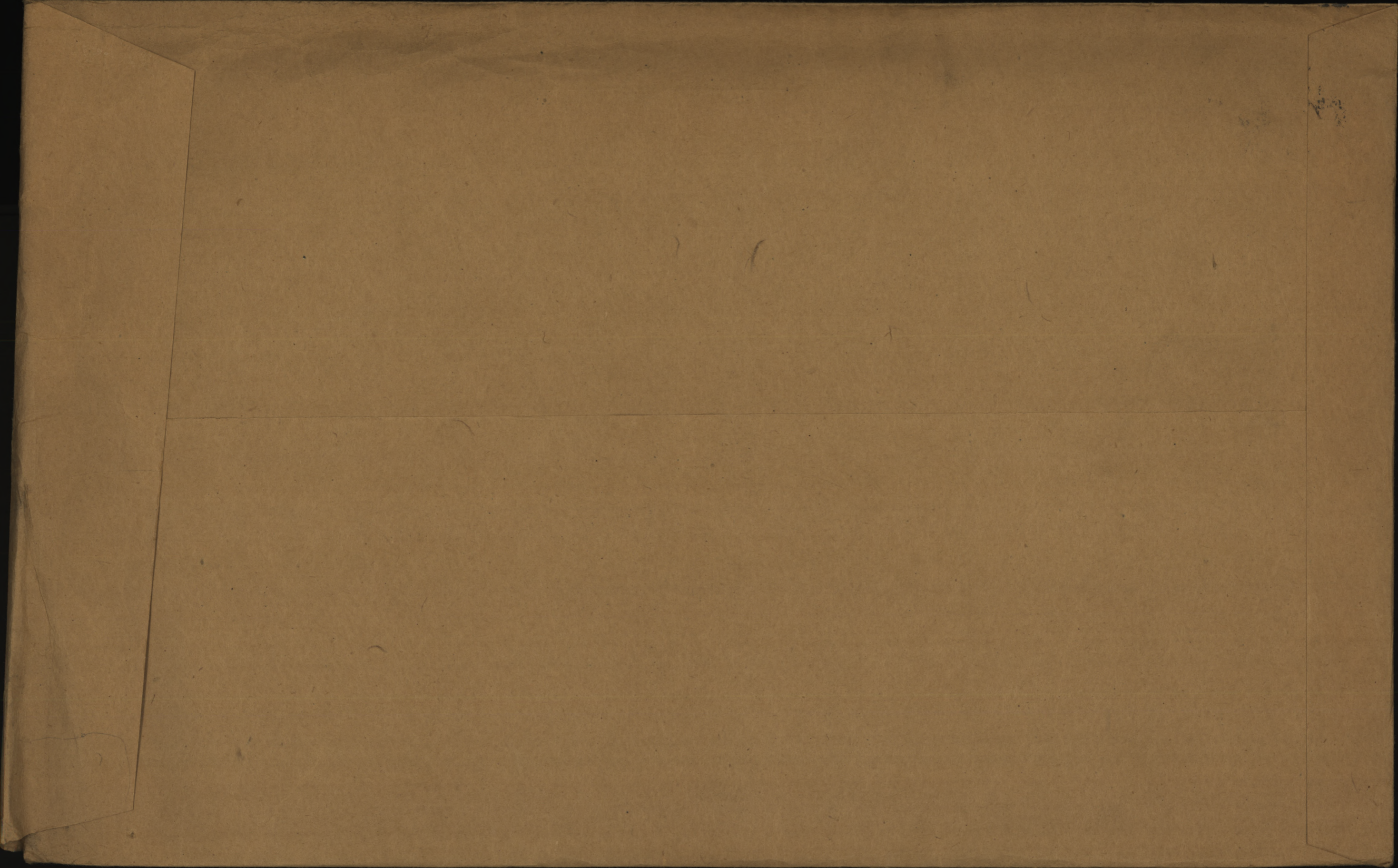
14282

Corps 2nd. Dep. Bn E. O. R

Demobilization



	1
9	11
9	11
2	11



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 Forster Christian name Joseph Edward
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule P.R 583926
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
- 4. Address (including street and number, if any) 407. Cumberland St Ottawa

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 18^o day of October 1917, by the undersigned medical board sitting at Ottawa.

- 5. Age as stated 27 Years 11 Months.
- 6. Apparent age 27 Years 11 Months
- 7. Height 5 Feet 2 1/2 Inches.
- 8. Weight 160 Pounds.

- 9. Chest measurement { Minimum 36 Ins. Maximum 40 Ins.
- 10. Complexion Fair { Eyes Blue Hair Brown

- 11. Physical development Good { Good Fair Poor
- 12. Smallpox marks None

- 13. Number of vaccination marks { Right arm none Left arm none
- 14. When vaccinated last None

- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Numerous small furuncles near back of neck. Lesions near frontal. Lesions near appendicomy small near Rt

- 16. Slight defects but not sufficient to cause rejection _____

The man denies having had { Rheumatism Tuberculosis Syphilis } We find no evidence of past { Rheumatism Tuberculosis Syphilis }
 (Strike out disease admitted or suspected.)

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

- 17. (a) Vision R. D/20 L. D/20
- (b) Hearing. R. Normal L. Normal

B.P. Davis Capt President.

A. B. Moffatt Capt Member.

B.P. Queen Capt Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
16-4-18		<u>J. W. Shillington M.O.</u>	16-4-18		<u>J. W. Shillington M.O.</u>
		M.O.	23-4-18		<u>J. W. Shillington M.O.</u>
		M.O.	30-4-18		<u>J. W. Shillington M.O.</u>

Joined 16th day of April 1918 at Ottawa

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd Depot Battalion</u>	<u>3321077</u>		<u>16-4-18</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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.

M. F. B. 313.

800M.—10-17.

1772-39-439.

Signature of Man Joseph Edward Forster

CASE HISTORY SHEET

Ottawa General Hospital. Waterloo Ottawa Ont Station.
 No. 3321077 Rank Sgt. Name Fortier, Rene J.E. Age 28
 Unit 2nd Dep't Batt 502 Completed years of service C. Where and how long 3 months
 Date of admission July 19th 18 Date of discharge Sept 10th 18
 Diagnosis Injury to left foot Place of origin C. July 18th 18

CONDITION ON ADMISSION AND PROGRESS OF CASE

When admitted suffered great pain in left foot due to injury at gymnastic school. rifle range Ottawa.
 Foot bruised and swollen.
 Lead and opium fomentations applied
 Condition being improved.
 Condition now cleared up.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

No tuberculosis, mental or nervous diseases in the family

TREATMENT

(Especially any specific or special form)

Lead and opium fomentations applied to left foot.
 Fomentations changed every three hours day and night.

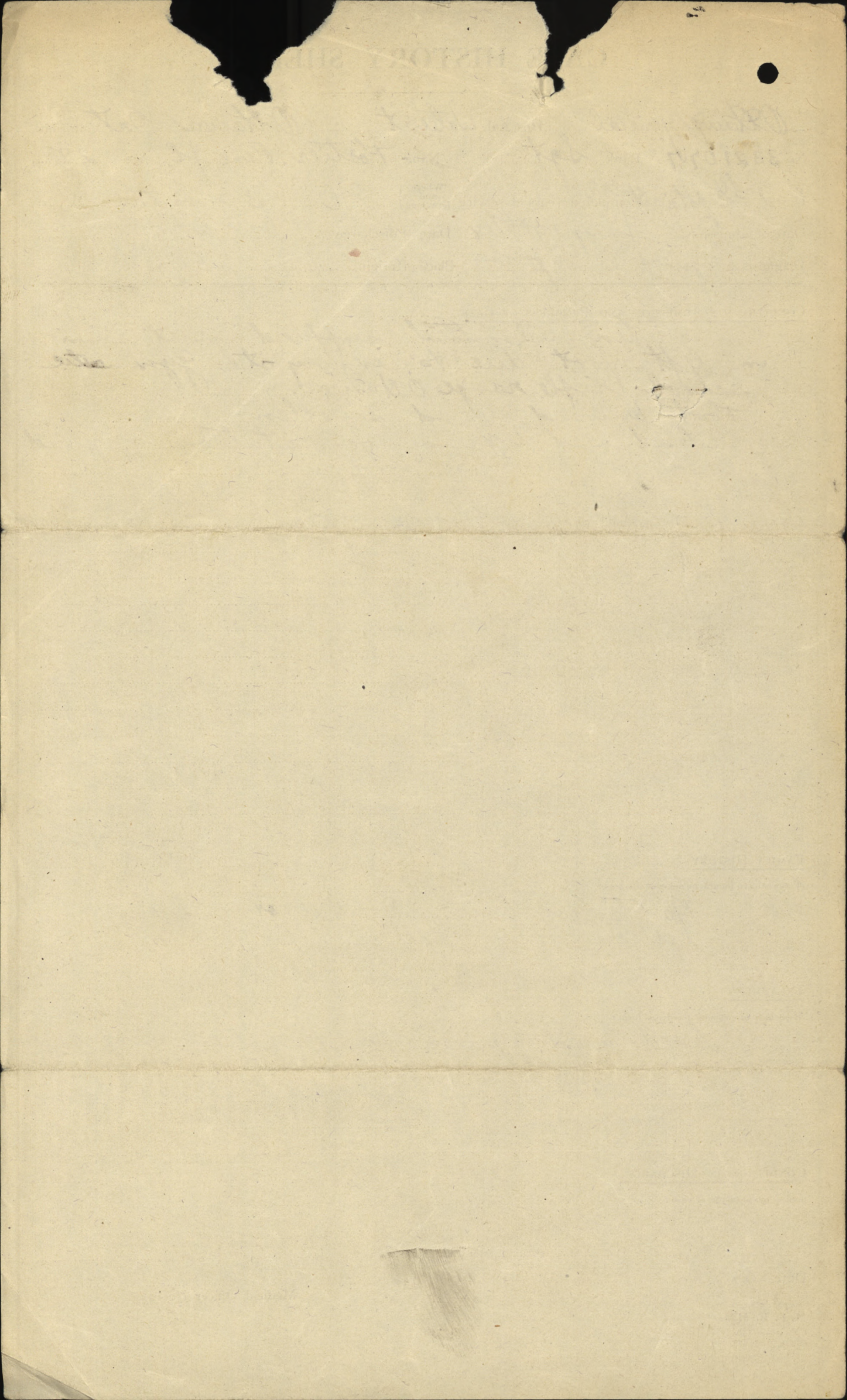
CONDITION ON DISCHARGE

(and disposal made of case.)

Condition cleared up.

Date Sept 10th 18

J.P. Chalot
Medical Officer i/c case.



MILITARY SERVICE ACT, 1917.

ORIGINAL

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 Fortier Christian name René Joseph Edward.
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. PR. 583926
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street and number, if any) 407 Cumberland St Ottawa

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 18th. day of Oct. 1917, by the undersigned medical board sitting at Ottawa.

5. Age as stated 27 Years 11 Months. 6. Apparent age 27 Years 11 Months
 7. Height 5 Feet 2 1/2 Inches. 8. Weight 160. Pounds.
 9. Chest measurement { Minimum 36 Ins. 10. Complexion Fair. { Eyes Blue.
 { Maximum 40 Ins. { Hair Brown.
 11. Physical development. Good. { Good
 { Fair
 { Poor 12. Smallpox marks None.

13. Number of vaccination marks { Right arm None. 14. When vaccinated last Never.
 { Left arm None.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Numerous small furuncles
 Back of neck.
 scars. Linear scar frontal. Linear scar appendectomy. small scar R forearm

16. Slight defects but not sufficient to cause rejection Eyes. Rt. 6/36. Lf. 6/6.
 The man denies having had { Rheumatism We find no evidence of past { Rheumatism Eyes.
 { Tuberculosis { Tuberculosis Rt. 20. 120.
 { Syphilis { Syphilis Lf. 20. 20.
 (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category B11.

Signature of Man
 J. P. Fortier
 407 Cumberland St Ottawa D. Coy

H. B. Moffatt Member. A. P. Quinn Capt Member.
H. B. Moffatt President.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
16-4-18		<u>M. Shillington</u> M.O.	16-4-18		<u>M. Shillington</u> M.O.
		M.O.	23-4-18		<u>M. Shillington</u> M.O.
		M.O.	30-4-18		<u>M. Shillington</u> M.O.

Joined 16th day of April 1918 at Ottawa

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd Depot</u>	<u>3321044</u>		<u>16-4-18</u>
Transferred to.....	<u>Battalion</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

EX. CERT.
 Ckd. by HA FEB 13 1918

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3321077 (Rank) Sergeant

Name (in full) Rene Joseph Edward Fortier enlisted in
the 2nd Depot Battalion Eastern Ontario Regiment, C.E.F.

CANADIAN EXPEDITIONARY FORCE at Ottawa, Ont., on the 16th
day of April 1819

HE served in Canada

and is now discharged from the service by reason of Demobilization under authority
of R.O. 1328

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

Age 29 Yrs. 1 month

Height 5' 2 1/2"

Complexion Fair

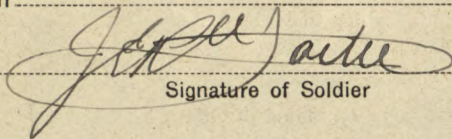
Eyes Blue

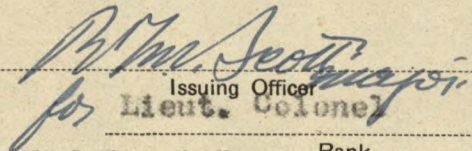
Hair Fair

Marks or Scars Scars back of neck

Linear scars appendectomy

Small scar right


Signature of Soldier


Issuing Officer
for Lieut. Colonel

Date of Discharge 28th November 1918

2nd Depot Bn., C.E.F. Rank

Appointment

Signed at Ottawa, Ont., this 28th day of November 1819

in Military District No. 3

File Reference No. 2 E.O.R. 1-B-76

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.

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, PARTICULARS CALLED
FOR ON BACK OF DISCHARGE CERTIFICATE
WILL NOT BE COMPLETED.
D.O.1676.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

NAME OF SOLDIER

Fortier, R. J. E.

REGIMENT

2 R.B. Co

RANK

Pte

No.

3321077



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) (G. F. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoca	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
												U	L	P			Gold	Porcelain				
												<i>Apr 18</i>	<i>1918</i>	<i>4</i>			<i>20.31</i>					
<i>Nov 13</i>	<i>1918</i>	<i>2</i>	<i>4.29</i>																<i>Lieut R. Patterson</i>	<i>OK.</i>		
<i>Nov 28</i>	<i>1918</i>																		<i>Condition on discharge same as above</i>			

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. 3371077 Rank Sergeant Surname Fortier
(Given name in full)
 Unit or Corps 2 Dept Bn Coy Birthplace Reed, E. - Ottawa, Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5 7/8 ft. Colour of Eyes Blue
 Nutrition Good
 Pulse 72
 Condition of arteries Good
 Vision Rt. 20/20 Left 20/20
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

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

Linear frontal scar - (1914) - motor accident.
Appendical scar - 1914 -
Numerous puncture scars back of neck - 1916.

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 Yes 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.

Defective Vision - R 20/20
L. 20/20
Bill

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(Canada)

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 a Medical Board).

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

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd Depo Battalion C.O.R.

Regimental No. 8321077 Rank Sergeant Name Fronter Joseph Edward
C. E. F.

Enlisted (a) 16-4-18 Terms of Service (a)..... Service reckons from (a) 16-4-18

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) Collector

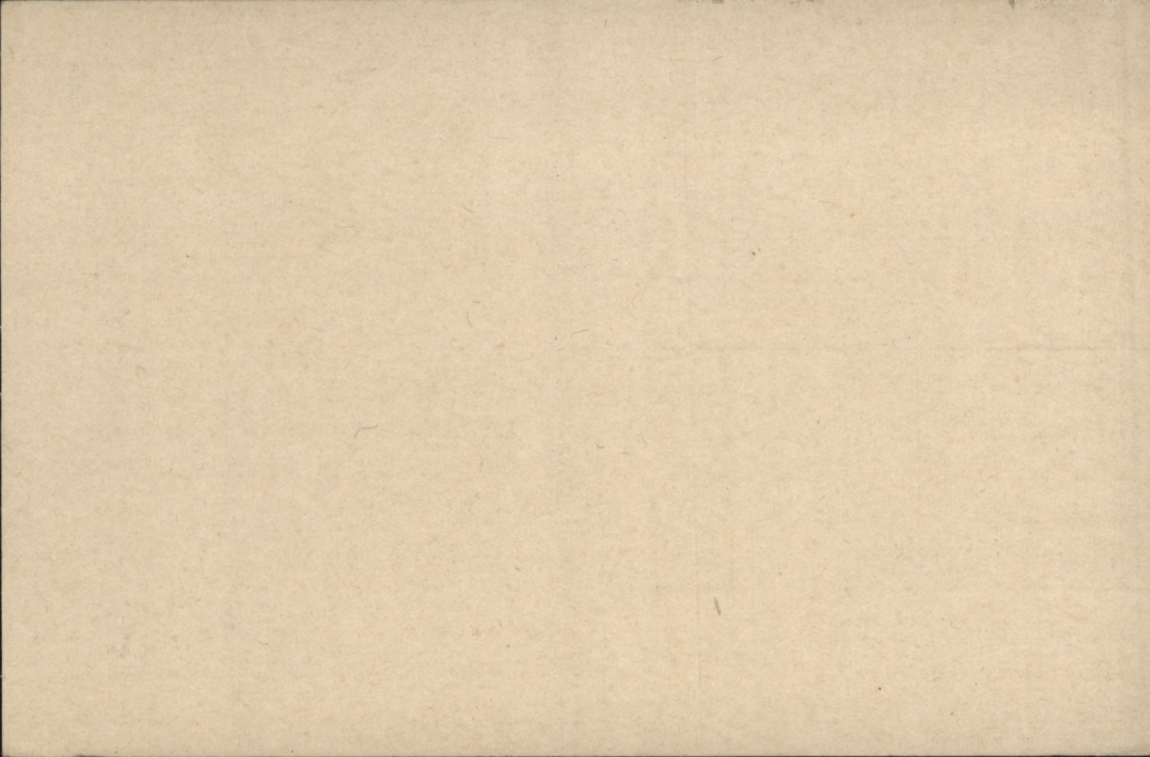
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<p>S.O.S. 2nd. Depot Bn. E. O. R., B. O. 9341</p> <p><i>Alm. Lerman</i> <i>1st. Ocl.</i></p> <p>O. C. 2nd Depot Bn., E. O. R.</p>					

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Surname Fortier H. Q.
Christian names R. J. M. D. No. 3
Regtl. No. 332 10770 Rank Pte T. O. S. Apr 16 19 18
Unit East Ont Regt 2nd Depo Bn D. O. Pt. II 106 of 16-4-18
Reason Desmob S. O. S. 28-11-19 18
Auth. W 10334 of 30-11-18

Next of kin Mrs. J. E. Fortier Relationship Mother
Address 407 Cumberland St Also notify:
Ottawa Ont.

BORN—Place Canada Ottawa Ont Date 1st Nov 1889
ATTESTED—Place Ottawa Ont Date
O/S R/C



LEDGER NO.

14

SERIAL NO.

B39278

REG. NUMBER

3321077

NAME

Harter R. J. et al

RANK

pte.

CORPS

25th Co. Col.

AGE

28

SERVICE

3/12

NAME OF HOSPITAL

General

PLACE

Ottawa

DATE OF ADMISSION

19-7-18.

DISEASE

Injury to foot.

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO

10-9-18.

IN CATEGORY

M. F. W. 2553.

50m.-6-18.
1772-39-1332.

P. T. O.

REMARKS:.....

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No. 3321077 RANK Pte

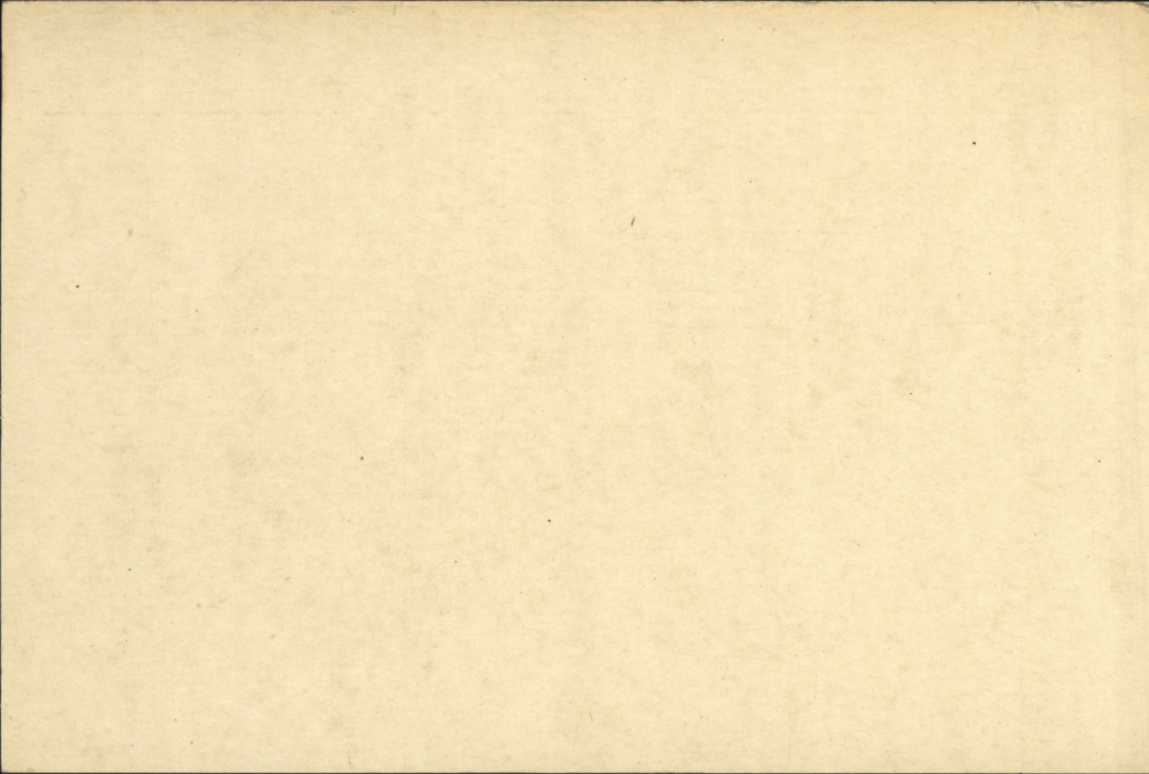
NAME Hunter R. J. E.

T. O. S.

UNIT 2nd Depot Battalion E. O. R.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Apr. 16	1918 Apr. 30	✓	Y o S	D.O. 106 of 16-4-18
	May.	✓		
June 1	June 5	✓	2/cpl. from 2-6-18	D.O. 153 of -8-18
June 6	June 30	✓	Cpl. from 6-6-18	D.O. 157 of -6-18
			1/sgt. from 19-6-18	D.O. 177 of -6-18



Rank _____ Name *Fortier Rene Joseph Edward* Regt'l No. *3321077*

T.O.S. *16* 18 B.O. No. _____ Serial No. _____

Examined at _____ Date *18 10 17* Co. *D*

Nationality _____ Born at _____ Date _____ Age *27* yrs. *11* mos.

Height ft. _____ Ins. _____ Chest _____ Ins. _____ Weight _____ lbs.

Complexion _____ Eyes _____ Hair _____

Distinctive Marks _____

Category *Bv*

Married or Single *S* Religion *RC* Occupation *Collector*

Next of Kin *Mr. J. Fortier mother* S.O.S. Date *28-11-18* B.O. No. *334*

207 Cumberland St. Ottawa Overseas. Date _____ B.O. No. _____

Transferred to _____ Date _____ B.O. No. _____

CANADIAN CONTINGENT EXPEDITIONARY FORCE

Nov.
F. 160
L. 17

LAST PAY CERTIFICATE

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

Regimental No. 3321077 Rank Sgt. Name Fortier, R.G.E.
 Corps 2 d Depot Bn. E.O.R. who was* Discharged
 On 28-11-18 191 , to 1-11-18 191
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-11-18 191 to 28-11-18 191 , the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	10	65
Advances by Cheques } No. <u>Cash</u> <u>15</u> <u>00</u>			Reg'tl. Pay <u>28</u> days at \$ <u>1.35</u>	37	80
Assigned Pay and Sep'n Allee. No. <u>Q.M.S.</u> <u>15</u> <u>00</u>			Field Allow. <u>28</u> days at \$ <u>.15</u>	4	20
Other charges <u>Mess Dues</u> <u>3</u> <u>00</u>			Separation Allowance* (Monthly)		
Payment on transfer or discharge No. <u>48</u> <u>67</u>			Other Allowances* <u>Civ. Clothing</u> <u>35</u> <u>00</u>		
Bal. Cr. (to be paid by the new unit)			Other Credits*		
Total	87	65	Bal. Dr. (to be deducted by new unit)		
			Total	87	65

*Give particulars.

A monthly stoppage of \$ 15.00 (†) has Nov. 1918 (‡) been paid on account of Assigned Pay for the month of Nov. 1918 (to) Assignee Mrs. G. E. Fortier and Sep'n Allee. for month of 191
 (Address) 407 Cumberland St. Ottawa, Ont.

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment 16-4-18
 (2) if married and if a Separation Allowance Card has been submitted No No
 (3) cause of discharge Demobilisation authority A.O.1328 D.O.334
 (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 Nov. 30th, 1918.
 Place Ottawa, Ont.

James P. Stewart Capt.
 Paymaster, 2nd Depot Bn. E.O.R.

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.

This space to be for numbers.

MILITARY REFERENCE
JAN - 9 1918
H.R. CANADA

Proceedings on Discharge.

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

No.	3321049
Rank	Sergeant
Surname	Porter
Christian name	Gene Joseph Edward
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2nd. DEPOT BATTALION, Eastern Ontario Regiment.
Date of discharge	28th November 1918
Place of discharge	OTTAWA

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....	29	years.....	—	months.	Descriptive marks H Chin back of neck Linear scar appendectomy small scar RT forearm
Height.....	5	feet.....	2 1/2	inches.	
Complexion	Fair				
Eyes	Blue				
Hair	Brown				
Trade	Collector				
Intended place of residence	407 Cumberland St., Ottawa Ont				
(To be given as fully as practicable.)					

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

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.

Authority for discharge..... **R.O. 1328**

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.

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

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

Good

Statement of Service

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.)

Collector

Ames

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

Nil

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

6. Medals and Decorations.....

Nil

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

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

(Place) OTTAWA

(Date) 28th November 1918

Commanding O. C. 2nd. Depot Bn. E. O. R.

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, and that I have received my permanent discharge certificate.

(Place) OTTAWA

J. P. Yates

(Signature of Soldier.)

(Date) 28th November 1918

J. P. Yates

(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.

J. P. Yates

(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) OTTAWA

(Signature) O. C. 2nd. Depot Bn. E. O. R.

(Date) 28th November 1918

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.)

List of Discharge Documents

John J. [Signature]

Reg. Conduct Sheet	Millita form B. 203	Attention Paper	Millita Form W. 23
Squadron Battery Company	Conduct Sheet	Particulars of Record	W. 133
Field Conduct Sheet	W. 178	Proceedings on Discharge	B. 218
Copies of Convictions, by C. P.	in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Med. Hist. Sheet	Millita form B. 313		
Casualty Form	W. 54		
Medical Report for Invalids	B. 237	(a) Proceedings on Discharge	
Dental History Sheet	B. 403		
Last Pay Certificate	W. 44	(b) Attestation	
Duplicate Discharge Certificate	W. 304		
Form of Will	W. 81	(c) Medical History Sheet	
Only if discharged "Medically unfit"			
Only if man has not been overseas			

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding

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.

1198

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.)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron Battery } Company }	Conduct Sheet,	or	
		Particulars of Recruit	" W. 133
	" B. 263a	Proceedings on Discharge	" B. 218
or			
Field Conduct Sheet	" W. 178		
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Casualty Form	" W. 54	(a) Proceedings on Discharge	
Medical Report for Invalid§	" B. 227	(b) Attestation.	
Dental History Sheet	" B. 465	(c) Medical History Sheet.	
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		
§Only if discharged "Medically unfit."			
‡Only if man has not been overseas.			

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

(Date) _____ (Signature of Witness) _____
When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes *Officer Commanding* 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 upward 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.

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.