TRIPLICATE

3 M. D. 2nd. DEPOT BATTALION, Eastern Ontario Regiment Depot Battalion Regiment

Regtl. No. 3321745

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname 332 Mercier
2. Christian name Raoul
3. Present address 92 Charlotte St Ottawa Ont
4. Military Service Act letter and number Pe 996300
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth 23rd May 1897
6. Place of birth (town, township or county and country) Ottawa Ont
7. Married, widower or single Single
8. Religion R.C.
9. Trade or calling Law Student
10. Name of next-of-kin Mr J.A.N. Mercier
11. Relationship of next-of-kin Mother Father
12. Address of next-of-kin 92 Charlotte St Ottawa Ont
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any 2 years Capital Cadet Corp
15. Medical Examination under Military Service Act :—

(a) Place Hull Que (b) Date 19th Oct/17 (c) Category All

DECLARATION OF RECRUIT

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

Raoul Mercier (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	20 yrs.	5 mths.	Distinctive marks, and marks indicating congential peculiarities or previous disease.
Height	5 ft.	5 ins.	
Chest measurement	fully expanded 36 ins.		
	range of expansion 4 ins.		Nil
Complexion	Dark		
Eyes	Dark		
Hair	Black		

O. C. A.S. Russel Depot Btn.
2nd. Depot Bn. E. O. R.
Regt.

Place OTTAWA Date JUN 1 - 1918

M. F. W. 133.
500M.—5-18.
1772—39—1158.

TRIPLICATE

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

M. D. 3 ..... Depot Battalion ..... Regiment

Regtl. No. 3326206

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname ..... Mercier
2. Christian name ..... Raoul
3. Present address ..... 92 Charlotte St Ottawa Ont
4. Military Service Act letter and number M1 996200
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth ..... 23rd May 1897
6. Place of birth ..... Ottawa Ontario
   (town, township or county and country)
7. Married, widower or single ..... Single
8. Religion ..... R.C.
9. Trade or calling ..... Law Student
10. Name of next-of-kin ..... Mr J.A. Mercier
11. Relationship of next-of-kin ..... Father
12. Address of next-of-kin ..... 229 Dalhousie St Ottawa Ont
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 Hull Que ..... (b) Date 19th Oct/17 ..... (c) Category Ex1 ~~A1~~

DECLARATION OF RECRUIT

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

Raoul Mercier ..... (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age ..... 20 ..... yrs. ..... 5 ..... mths.

Height ..... 5 ..... ft. ..... 5 ..... ins.

Chest measurement — fully expanded ..... 36 ..... ins.

Chest measurement — range of expansion ..... 2 ..... ins.

Complexion ..... Dark

Eyes ..... Dark

Hair ..... Black

Distinctive marks, and marks indicating congential peculiarities or previous disease.

Nil

C.M. Burnaby ..... Lieut.

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

O. C. ..... Depot Btn.

OTTAWA JUL 6 1918 ..... Regt.

Place ..... Date .....

M. F. W. 133.
500M.—5-18.
1772—39—1158

AB 1419 Pte MERCIER RAOUL

O. H. M. S.

REGIMENTAL DOCUMENTS

REGT. No. (1) 3321745 (2) 3326206 UNIT 2nd D.B. C.O.R. 2nd D. Bn. C.O.R.

NON-EFFECTIVE BY ..... CATEGORY (2) Demob. by. K. to R.

(1) To enable him to re-enlist in R.A.F.

1st Enl. CONTENTS 2nd Enl.

2 ATTESTATION PAPER (M. F. W. 23, 133 OR 51) 2
1 CASUALTY FORM (M. F. W. 54 OR A. F. B. 103) 1
TRAINING HISTORY SHEET (M. F. W. 113) /
1 FIELD CONDUCT SHEET (M.F.W. 178 OR A.F.B. 122) 1
REGT. CONDUCT SHEET (M.F.B. 263 OR A.F.B. 121)
COMPANY CONDUCT SHEET (M.F.B. 263A OR A.F.B. 121)
MEDICAL HISTORY SHEET (M.F.B. 313 OR A.F.B. 178) /
DENTAL HISTORY SHEET (M. F. B. 465) /
MEDICAL REPORT (M. F. B. 227 OR A. F. B. 179) /
MEDICAL EXAMINATION (M. F. W. 129)
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)
1 LAST PAY CERTIFICATE (M. F. W. 44) /
PROCEEDINGS ON DISCHARGE (M. F. W. 218 OR A. F. B. 268) /
PARTICULARS OF CHARACTER (A. F. W. 3226)
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M. F. W. 39A)
DENTAL CERTIFICATE ON DISCHARGE (O. A. D. C. 5669)
UNIT INDEX CARD (M. F. W. 71 OR 192)

17811

1 M.7.18.82

M. F. B. 270.
850M-5-18
H. Q. 1772-39-67

H. Q. L

M. D. No. 3

Surname Mercier

Christian names Raoul

Regtl. No. 3326206 Rank Pte

Unit East Ont Regt 2nd Dpo Bn

T. O. S. July 6 1918

D. O. Pt. II 1617 of 6/12/18

S. O. S. Oct 14th 1918

Reason R. to R.

Auth. C.E.F.R.D. 289 of 16.10.18. 3

Next of kin Mercier J. A.

Relationship Father

Address 229 Dalhousie St.
Ottawa, Ont.

Also notify:

BORN—Place Canada Ottawa, Ont. Date May 23rd 1897.

ATTESTED—Place Ottawa, Ont. Date July 6th 1918.

O/S

R/C

W. 22—75M-5-18. 1772-39 839.

NAME. 91 Mercier Raoul

RANK. Pte

REC. FILE. 3 1

No.

CORPS. 3321745

T. O. S. May 1 19 1

H. Q. FILE.

D. O. Part II No 125

East Ont Regt 2nd Dpo Bn

ENLISTMENT, PLACE. Ottawa Ont. DATE. June 1st, 1918.

~~DISCHARGE~~ BIRTH, PLACE. Canada, Ottawa, Ont. DATE. May 23rd, 1897.

REASON.

S.O.S. Dis. 1/6/18 3
Pt. II 165 of 4/6/18 2/S.O.R.
T.E.

ADDRESS ON DISCHARGE.

DOCUMENTS.

NEXT OF KIN Mercier, J. A. N. RELATIONSHIP Father.

ADDRESS 92 Charlotte St., Ottawa, Ont.

L. L. 20496—M. & D. 7908—100m.

CHARGED OUT			RETURNED		CHARGED OUT			RETURNED	
TO	DATE	BY	RECEIVED BY	DATE	TO	DATE	BY	RECEIVED BY	DATE

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

2nd. DEPOT BATTALION,

Unit, Regiment or Corps ~~Eastern Ontario Regiment.~~

Regimental No. 3326206 Rank Private Name Mercer Raoul

C. E. F.

Enlisted (a) 6/7/18 Terms of Service (a) C.E.F. Service reckons from (a) 6/7/18

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) Law Student

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				
16-10-18	2nd Dpt Bn Ottawa	S. O. S. to R of R.	Ottawa	14-10-18	P.T.O. 289.

D Ruthie Capt.
for D of R

(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				

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd. DEPOT BATTALION, Eastern Ontario Regiment.

Regimental No. 3321745 Rank Pte Name Mercier Raoul

C. E. F.

Enlisted (a) 7-5-18 Terms of Service (a) 6 Ed. Service reckons from (a) 8-5-18

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. 8

Extended ..... Re-engaged ..... Qualification (b) Lab Hustler

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
8.5.18.	2nd D.B. Quebec	~~T.O.S.~~	Ottawa	8-5-18.	pte. to Lance 28.
14-6-18	S.O.S.	2nd. Depot Bn. E. O. R., B. O. & re-enlist in R.A.F.	Ottawa	1-6-18	P.T. DO 155

O. C. 2ND. DEPOT BN. E. O. R. LT. COL.

(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				

FORM OF WILL.

I, Raoul Mercier (Name in full)

Regimental Number 3321745 serving in 2nd. DEPOT BATTALION, Eastern Ontario Regiment. 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

Nil

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

absolutely, and my personal estate I bequeath to

Mrs Alice Mercier (Mother)
92 Charlotte St
Ottawa Ont,

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 first day of June A. D. 1918

Raoul Mercier 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 [illegible]

Address of Witness 2nd. DEPOT BATTALION, Eastern Ontario Regiment.

Occupation of Witness Soldier C E F

Signature of Second Witness

Address of Witness 2nd. DEPOT BATTALION, Eastern Ontario Regiment.

Occupation of Witness

M. F. W. 82
300M-5-16.
1772-39-983.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Oct.

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

Regimental No. 3326206 Rank Pte. Name Mercier R.

Corps 2nd Depot Bn. E.O.R. who was* Discharged

On Oct. 14th 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named ~~from~~ on Oct. 14th 1918., to ....191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No. N Co. No Pay Acct.			Regt'l Pay ....days at $....c.		
Advances by Cheques No.			Field Allow. ....days at $....c.		
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances*		
Payment on transfer or discharge No.			Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total			Total		

*Give particulars.

A monthly stoppage of $ Nil (†) has (‡) been paid on account of Assigned

{Pay for the month of ....191....
and Sep'n Allce. for month of ....191....} (to) Assignee

(Address)

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment 6-7-18

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

(3) cause of discharge Category C1 authority R.O. 977 D.O. 289

(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 October 17th, 1918.

Place Ottawa, Ont. R.S. Canty Capt.

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.

M.S.A. 15.

2nd. DEPOT BATTALION,
MILITARY SERVICE ACT, 1917.
Eastern Ontario Regiment. 3326206

32
227

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 Mercier Christian name Raoul

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule P.C. 99630.0

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) 92 Charlotte Ottawa Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 19 th day of OCT. 1917, by the undersigned medical board sitting at Hull Que.

Raoul Mercier
Signature of Man

5. Age as stated 20 Years 5 Months. 6. Apparent age Years Months

7. Height 5 Feet 5 Inches. 8. Weight 125 Pounds.

9. Chest measurement { Minimum 32 Ins. / Maximum 36 Ins. } 10. Complexion dark { Eyes dark / Hair Black }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks

13. Number of vaccination marks { Right arm none / Left arm none } 14. When vaccinated last

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

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 A1

R.D 20
L.D 20

R H Parent President.
E. L. Auby Member. J. A. Grahamsmith Member.

Examined and found fit by STANDING MEDICAL BOARD, OTTAWA.
President.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

P.C.

Joined 6 th day of July 1918 at Allenby Ont

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	2ND DEPOT BN.	3326206		6-7-18
Transferred to	E.O.R.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Ottawa	6/2/18	Hypertrophied tonsils	C1

EX. CERT.
Ckd. by...

FEB 4 1918

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.

Surname Mercier Christian Name A.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT No. 13

NAME OF SOLDIER Mercier L. Pamphile

REGIMENT 2nd. DEPOT BATTALION, Eastern Ontario Regiment. RANK Pte No. 3 32 6 2 0 6

M.F.B. 465.
200M—6-18.
1772-39-950.



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.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							

13-4

3-8-38.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. Regtl No 3316206 Serial No P.C 996300

2. Rank Pte.

3. Name Mercier Raoul

4. Unit 5 Ind Depot Battn. E.O.R.

5. Date of Discharge Oct 10 18 / Nov 13/1918 | Place Ottawa Ont

6. Reason for Discharge ~~DEMOBILIZATION~~
Struck off Strength
on return to Registrar's records Oct 17 1918
Daily Order No. 289 of Oct 16, 1918
Discharged
under authority P C-3051 of 11-12-18

7. Authority

8. Proposed Residence after Discharge 92 Charlotte Street
Ottawa Ont

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W. ?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Signature
(O. C. Discharging Unit.)

M.F.B. 218a—50M.-12-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

RECORDS OFFICE

15-4

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. Regt No 3376706 Serial No P.C. 996300
2. Rank Pte
3. Name Mercier Raoul
4. Unit 2nd Depot Bde C.E.R.
5. Date of Discharge ~~Nov 7, 1918~~ Place ~~~~ Ottawa Ont

6. Reason for Discharge DEMOBILIZATION
Struck off Strength
on return to Registrar's records Oct 24, 1918
Daily Order No. 789 of Oct 16, 1918
Discharged
under authority P C-3051 of 11-12-18

7. Authority

8. Proposed Residence after Discharge 92 Charlotte Street
Ottawa Ont

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W. ?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

MEDICAL & REGIMENTAL
DOCUMENTS SENT TO S.M.C.
NO D.D.S. DATE MAR 10 1919

Signature

(O. C. Discharging Unit.)

M.F.B. 218a—50M.-12-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

This space to be for numbers

15-4

3-8-38

Proceedings on Discharge.

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

No.	3321745
Rank	Pte
Surname	Mercier
Christian Name	Raoul.

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

Corps (Squadron, Battery or Company)	2nd Depot Bn C.O.R.
Date of Discharge	1-6-18
Place of Discharge	Ottawa Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	20 years 5 months.
Height	5 feet 5 inches.
Complexion	Dark.
Eyes	Dark.
Hair	Black
Trade	Law Student.
Intended place of residence (To be given as fully as practicable.)	92 Charlotte St. Ottawa Ont.

Descriptive Marks

Nil

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

To enable him to re-enlist in R.A.F.

Auth: A.M.O. 44-Dn-750

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)

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 Ont.

(Date) 1-6-18

A. M. Bruce LT. COL.
O. C. 2ND. DEPOT BN. E. O. R.
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) Ottawa Ont. R. Mercier *(Signature of Soldier.)*

(Date) 1-6-18 Alex I. McIntosh *(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) Ottawa Ont.

(Date) 1-6-18

(Signature) A. M. Bruce LT. COL.
O. C. 2ND. DEPOT BN. E. O. R.

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

R. Mercer.

(OVER)

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.

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. 3321745

Rank Pte

Surname Mercier

Christian Name Raoul

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

Corps (Squadron, Battery or Company) 2nd Depot-Bn. C.O.R.

Date of Discharge 1-6-18.

Place of Discharge Ottawa Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	20 years 6 months.	
Height	5' feet 5' inches.	
Complexion	Dark.	
Eyes	Dark	Nil
Hair	Black	
Trade	Law Student-	
Intended place of residence (To be given as fully as practicable.)	92 Charlotte St. Ottawa Ont.	

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

To enable him to re-enlist in R. A. F.

Authy. 3 M. D. 44-Dn. 75-0

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)

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 Ont.

(Date) 1-6-18

[redacted] LT. COL.
O. C. 2ND. DEPOT BN. E. O. R.

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) Ottawa Ont. R. Mercier *(Signature of Soldier.)*

(Date) 1-6-18 Alex. McIntosh *(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) Ottawa Ont.

(Date) 1-6-18

(Signature) [redacted] LT. COL.
O.C. 2ND. DEPOT BN. E. O. R.

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

R. Jensen.

(OVER)

List of Discharge Documents.

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Squadron / Battery / Company } Conduct Sheet,	"	B. 263a.
Copies of Convictions, by C. P.		in MS.
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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.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Ottawa, Ont DATE Oct 15th, 1918

1. (a) Unit 2nd Depot Batt E.O.R. (b) Regimental No. 3326206 (c) Rank Pte

(d) Surname Mercier (e) Christian name Raoul

2. Age last birthday 21 Date of birth May 23rd, 1897

3. Enlisted at Ottawa, Ont on July 6th, 1918

4. Personal description:—

(a) Height 5 ft 5 in. (b) Weight 125 (stripped) (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Dark (f) Identification marks

Small ~~pox~~ scars on back

5. Address after discharge (for the use of the Board of Pension Commissioners)

92 Charlotte St, Ottawa

6. Former trade or occupation Student

7. (a) Service	Years	Days

	Periods	
	From	To
2nd Depot Batt E.O.R.	July 6th/18	date

(b) Has he been overseas? no 8. Original disease or disability Incomplete right inguinal hernia

(a) Date of origin May, 1918 (b) Place of origin Ottawa, ont

(c) Cause* Statis that it developed after an attack of typhoid

(d) Present disease or disability Incomplete right inguinal hernia

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only. "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Subjective:-

Men complains of weakness in right inguinal region and pain on coughing. Says that

9. Present condition.—(*Continued.*)

he wears a truss all the time

Objective:- Right inguinal ring is relaxed and there is a marked impulse on coughing. Hernia at present is not descended. Man is wearing a truss.

(b) Are the following systems normal? If not, briefly state abnormality

Nervous Normal Digestive Normal Respiratory Normal Cardiac Normal

Genito-Urinary Normal Skin, Middle Ear, Eye or any other part as above

10. History: (a) of Condition referred to in "a" section 9.

Strain ~~Hist~~ trouble began in May, 1918 following attack of typhoid.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

not aggravated by service

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

14. Treatment (Case reports, general or special, should be secured and attached where possible).

Treatment by civilian doctors.

OPINION OF THE MEDICAL BOARD

14. (*Continued*).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?
(If the answer is "yes" state nature of treatment required and probable duration.)

no

16. Can the former trade or occupation be resumed ? Yes
(If not, briefly state why.)

17. Recommendations Fit for Category C I, no disability due to service.

E. B. Sneden Capt ame
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned ..... have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of .....

Raoul Lacombe
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report ? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes

19. Is the soldier fit for
(a) General service, (Category A) ~~(Yes or No)~~.
(b) Service abroad, not general service, (" B) ~~(Yes or No)~~.
(c) Home service, (Canada only), (" C) (Yes or No). C1
(d) Temporarily unfit, (" ~~D) (Yes or No)~~.
(e) Unfit for service in Categories A, B and C, (" ~~E) (Yes or No)~~.

20. It is certified that the soldier
(a) ~~Does require treatment~~. (Give the nature of the condition and of the treatment required and its probable duration).

(b) Does not require treatment.
(c) ~~Should pass under his own control.~~
(d) ~~Should not pass under his own control.~~
(Strike out condition not applicable).

OPINION OF THE MEDICAL BOARD—(*Continued*).

21. It is recommended that the soldier be ~~discharged~~. (When not for discharge add special recommendation).

Capt C I to disability due to service

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

W J Thurston Capt *President.*

PLACE Ottawa L Dawson Capt. } Members.

DATE 13/10/18

APPROVED BY G Gordon Capt for *Assistant Director of Medical Services.*

APPROVED BY

Director-General of Medical Services.

DATE

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned,.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE..... } Members.

DATE.....