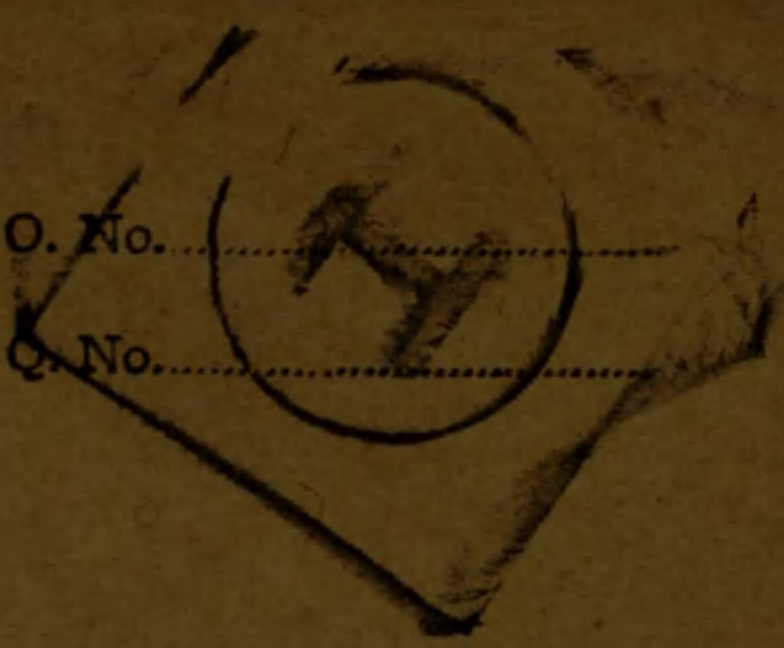


20-11-16

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



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

Attestation Papers.....

23

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

M & W - 39a - 1
A & B - 122 - 1
M & B - 465 - 1

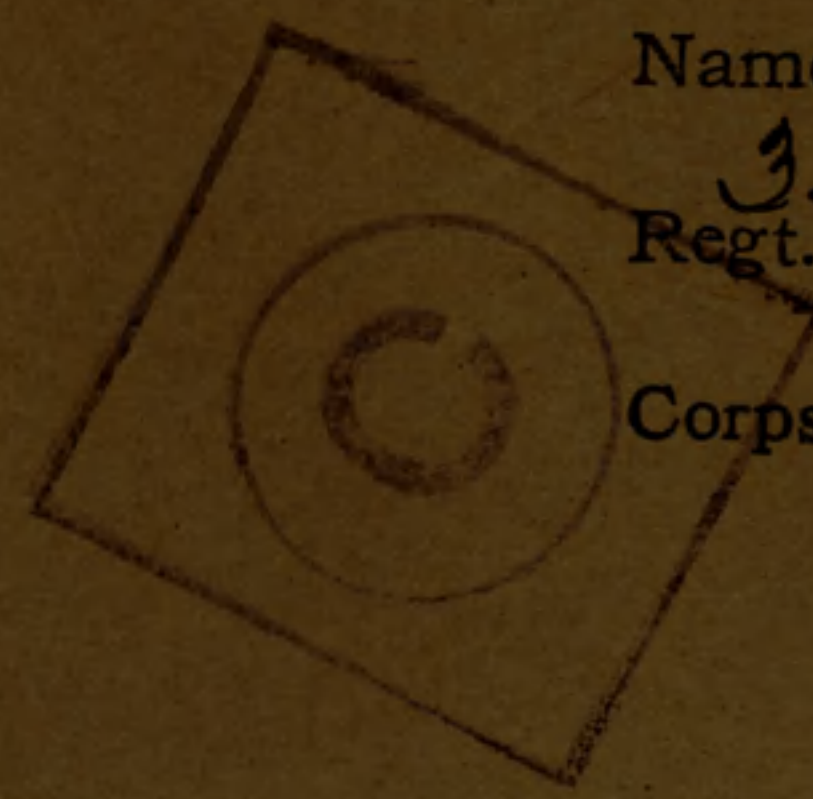
Name **BURNS, EARLE TREMAINE,**

Regt. No. 3233931 Rank Sapper

52506

Corps Can. Engineers

Med unfit



M. D. 2nd

Depot Battalion 1st C.O.R.

Regiment

Regtl. No. X-3233931

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

ORIGINAL

M.S.A.

1. Surname BURNS.
2. Christian name Earle Tremaine.
3. Present address Waterford, Ont.
4. Military Service Act letter and number 481004
5. Date of birth October 30, 1891
6. Place of birth Burlington, Ont.
7. Married, widower or single Single
8. Religion C of E.
9. Trade or calling Gardner
10. Name of next-of-kin Caroline Burns.
11. Relationship of next-of-kin Mother
12. Address of next-of-kin Waterford, Ont.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any No
15. Medical Examination under Military Service Act:—
(a) Place Simcoe, Ont. (b) Date Oct. 19-17 (c) Category B-2

DECLARATION OF RECRUIT

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

Earle T Burns (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 26 yrs.
Height 5 ft. 3 3/4 ins.
Chest measurement fully expanded 34 1/2 ins.
range of expansion 2 ins.
Complexion Dark
Eyes Brown
Hair Black

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

W. J. Rogers major
O. C. 2nd Depot Btl.
1st C.O.R. Regt.

Place Toronto, Ont. Date April 23, 1918.

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class Year)

M.S.A.

1. Surname
 2. Christian name
 3. Present address
 4. Military Service No. (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 (b) Date (year, day, month) (c) Category

DECLARATION OF RECRUIT

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

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age
 Height
 Chest (fully expanded)
 Chest (range of expansion)
 Complexion
 Eyes
 Hair

Distinctive marks and marks indicating congenital peculiarities or previous disease:

Depot Bn. O.C. Sd. 1918
 Regt. 1918

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3233931 (Rank) Sapper

Name (in full) Earle Tremaine Burns enlisted in
the Canadian Engineers
CANADIAN EXPEDITIONARY FORCE at Toronto, Ont. on the 23rd
day of April 1918.

HE served in Halifax, N.S.
and is now discharged from the service by reason of
being medically unfit.

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

Age <u>26 years 5 months</u>	Marks or Scars
Height <u>5 ft. 3 1/2 in.</u>	
Complexion <u>Dark</u>	
Eyes <u>Brown</u>	<u>None.</u>
Hair <u>Black</u>	

E. T. Burns.
Signature of Soldier

J. H. King
Issuing Officer
Major, C.E.
Rank
C.R.C.E.M.D.6.
Appointment

Date of Discharge October 29th, 1918.

Signed at Halifax, N.S. this 29th day of October 1918.

in Military District No. Slx. (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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. **323393I** (Rank) **Sapper** Name **Earle Tremaine Burns**

Unit **Canadian Engineers**

Address on Discharge **Waterford, Ontario**

Character and Conduct **Good.**

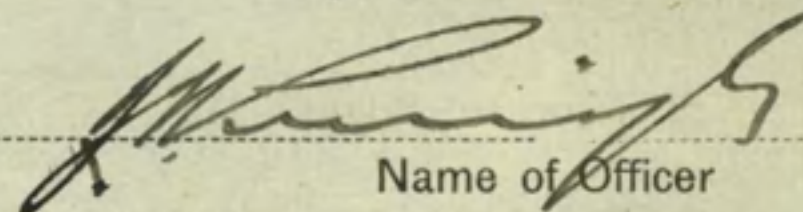
Former Occupation **Gardener.**

Special Qualifications of Value in Civil Life

Medals and Decorations **None.**

Remarks

Signed at **Halifax, N.S.** this **29th** day of **October** 19**18.**



Name of Officer

Major, C.E.

Rank

C.R.C.E.M.D.G.

Appointment

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

3233931

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 Burns Christian name Earl Tremaine
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. H 8100H
3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
4. Address (including street and number, if any) Waterford, Ont.

ORIGINAL

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

5. Age as stated 26 Years _____ Months. 6. Apparent age 26 Years _____ Months
7. Height 5 Feet 3 3/4 Inches. 8. Weight 132 Pounds.
9. Chest measurement { Minimum 32 1/2 Ins. 10. Complexion Dark { Eyes Brown
Maximum 34 1/2 Ins. { Hair Black
11. Physical development. Good { Good Fair Poor 12. Smallpox marks None
13. Number of vaccination marks { Right arm _____ 14. When vaccinated last Never
Left arm _____
15. Distinctive marks and marks indicating congenital peculiarities or previous disease V. D 20 R. D 20 L.
D. A. H. ? Deficient expansion.

Signature of Man Earl T. Burns

16. Slight defects but not sufficient to cause rejection _____
The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis 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 B 2.

W. Anderson President. W. D. Stoms Member. Fred. A. Brider Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/5/18</u>	<u>M.O.</u>	<u>W. D. Stoms</u>	<u>2/5/18</u>	<u>M.O.</u>	
	<u>M.O.</u>		<u>2/5/18</u>	<u>M.O.</u>	
	<u>M.O.</u>		<u>2/5/18</u>	<u>M.O.</u>	

DUPLICATE FROM MEDICAL BOARD

Joined 23 day of April 1918 at Toronto, Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd D. B'n.</u>	<u>X-3233931</u>		<u>B 23-4-18</u>
Transferred to.....	<u>Canadian Engineers</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Ex. Camp. Toronto.</u>	<u>7-5-18.</u>	<u>Examined.</u>	<u>Category C I</u>
<u>Halifax</u>	<u>Oct 23 1918</u>	<u>V. D. H.</u>	<u>Category E R 40 Stoms</u>

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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

No. 40

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25/15c, C.E.F., 1916).

Regimental No. 3233931 Rank Sapper Name Earl Tremaine BURNS
C.E. attached 16th. (Fortress)
 Corps Coy. Canadian Engineers who was* Discharged
 On October, 29th. 1918, to October, 1st 1918
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from October, 1st 1918 to October, 29th. 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....		<u>NIL</u>	Bal. Cr. from prev. month.....		<u>NIL</u>
Advances } No. <u>2675, 28-10-18</u>	<u>25</u>	<u>00</u>	Reg'tl Pay..... days at \$ <u>1</u> <u>00</u>	<u>29</u>	<u>00</u>
by } No. <u>2457, 12-10-18</u>	<u>8</u>	<u>00</u>	Field Allow. days at \$ <u>0</u> <u>10</u>	<u>29</u>	<u>90</u>
Cheques } No. <u>2626</u>	<u>15</u>	<u>00</u>	Separation Allowances* (Monthly).....		<u>NIL</u>
Assigned Pay and Sep'n Allice. No.....		<u>10</u>	Other Allowances* <u>Clothing</u>	<u>35</u>	<u>00</u>
Other charges.....		<u>NIL</u>	Other Credits*.....		<u>—</u>
Payment on transfer or discharge No.....	<u>2676</u>	<u>28</u> <u>80</u>	Bal. -Dr. (to be deducted by new unit).....		<u>—</u>
Balance Cr. (to be paid by the new unit).....		<u>—</u>			<u>—</u>
Total.....	76	90	Total.....	76	90

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has been (‡) been paid on account of Assigned Pay for the month of October 1918 and Sep'n Allice. for month of October 1918 } (to) Assignee Mrs. Carolyn Burns
 (Address) Waterford, Ontario

(†) 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 \$ NIL has been paid by Paymaster, Military District No. 6

REMARKS:—

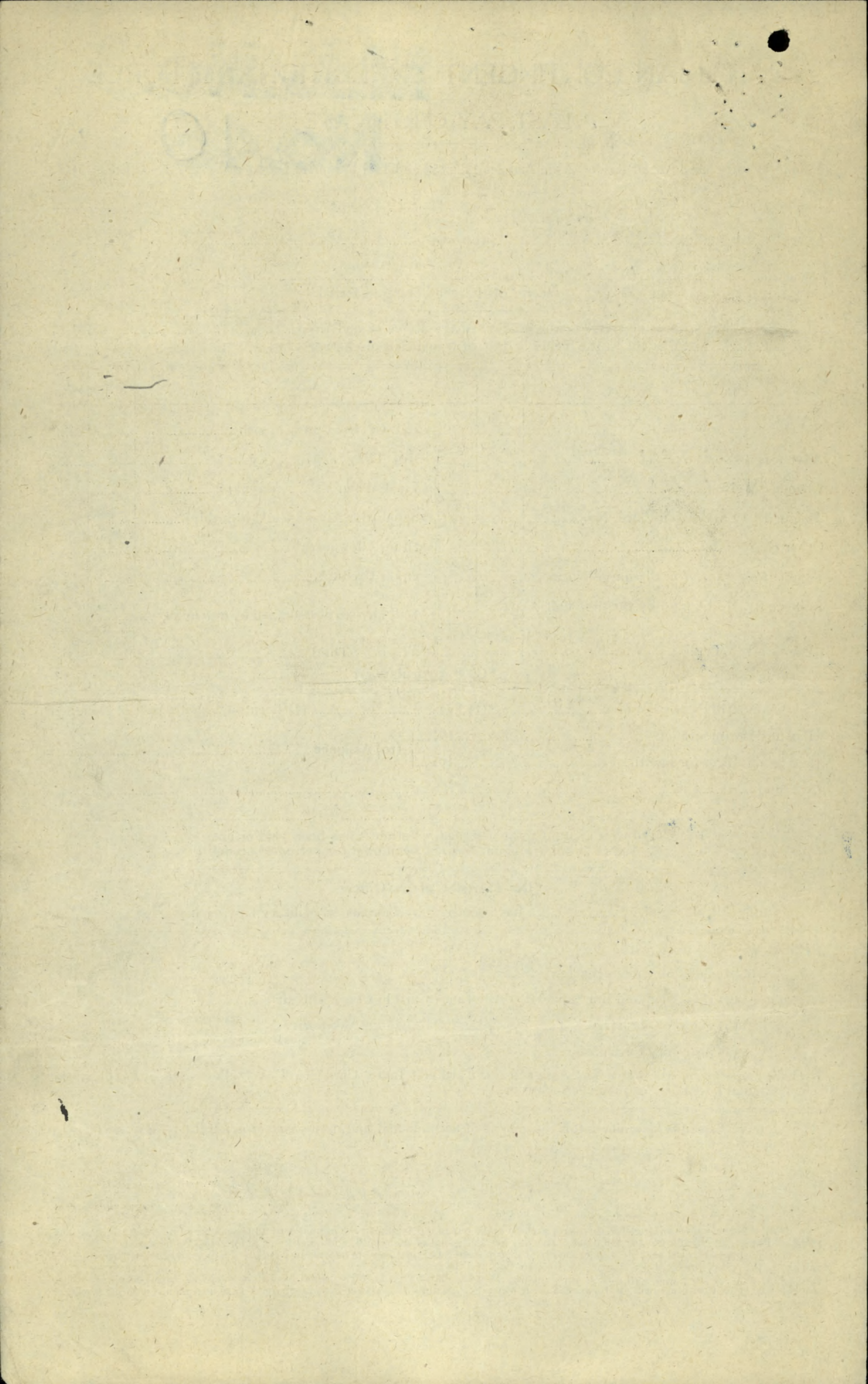
- State (1) date of enlistment 23-4-18
- (2) if married and if a Separation Allowance Card has been submitted Single No
- (3) cause of discharge medically unfit authority G.D. 59-B-1112
- (4) authority for transfer —

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, 29th, 1918
 Place Halifax, N.S.
R. Humphrey Major
 Paymaster, No. 5, Engineers Coy.

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.



M.S.A.

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 B'n. 1st C.O.R.....

Regimental No. N-3233931 Rank Pte. Name BURNS, Earle TREMAINE.
C. E. F.

Enlisted (a) 23-4-18 Terms of Service (a) D of W. & 6 months Service reckons from (a) 23-4-18

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) Gardner.

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				
<u>JUN 25 1918</u>	<u>2nd D. Bn., 1st C.O.R.</u>	<u>S.O.S. on TRANSFER to Canadian Engineers</u>	<u>TORONTO, Part II D.O. # 176</u>	<u>JUN 29 1918</u>	
<u>No Entries</u>		<u>Transferred to E.T.D. St. Johns, Que.</u>		<u>6-8-18</u>	<u>CAPTAIN C. E.</u>
<u>Discharged</u>	<u>29-10-18</u>	<u>"Medically Unfit" Certified correct 1-11-18</u>			<u>O. C. ENGINEERS' RECRUITING DEPOT TORONTO, ONT.</u>
		<u>Adjutant No. 6. Engineer Depot</u>			

(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.]

CASUALTY FORM - ACTIVE SERVICE

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

4121

No. 3233931 RANK *Pte.*

NAME *Burns E.* *5.*

T. O. S. *23-4-18*
D.O. 114, 24-4-18.

UNIT *2nd Depot Battalion 1st C.O.R.*

M. D. *2.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1918</i> <i>Apr. 23</i>	<i>1918.</i> <i>Apr. 30</i>	<i>mx.</i>		
<i>June 1</i>	<i>May.</i> <i>June 29</i>	<i>✓</i>	<i>Trans to C.C. 29-6-18</i>	<i>DD 176. 25-6-18</i>

SURNAME

Burns

CHRISTIAN NAMES

Earle Tremaine,

REGL. No.

3233931

RANK

Pte.

UNIT

1st. Gen. Ont. Regt. 2nd. Depo. Bn.

FORMER CORPS

nil

2.4.78-18.

CARD NO.

8-8-18. O.E.J.D.

S.O.S. No. 94. 27-10-18

0.0.39431-10-18

FOLL.

#6. Eng. Depo.

T. O. S. Apr. 23. 1918.

D. O. Part II No. 114.

NEXT OF KIN.

NAMES IN FULL

Burns, Mrs. Caroline.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Waterford, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada. Burlington, Ont.

DATE

Oct. 30th; 1891.

PLACE OF ATTESTATION

Toronto, Ont.

DATE

Apr. 23rd; 1918.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

OPINION OF THE MEDICAL BOARD—(Continued).

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

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.

PLACE Halifax DATE Oct 23 1918

APPROVED BY [Signature] ASSISTANT DIRECTOR OF MEDICAL SERVICES

DATE 25-10-18

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

PLACE DATE

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.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition.
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 Halifax N.S. DATE Oct 22 1918

1. 1 (a) Unit C.E. (b) Regimental No. 32 33931 (c) Rank Sapper

(d) Surname Carl Sremain (e) Christian name Burns

2. Age last birthday 26 Date of birth Oct 30 1891

3. Enlisted at Toronto on April 23 1918

4. Personal description: (a) Height 5-6 (b) Weight 135 (c) Complexion Dark (d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks None

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

6. Former trade or occupation Farmer

Table with 2 columns: Years, Days. Row 7. (a) Service

(b) Has he been overseas? No. 8. Original disease or disability O.P.H.

(a) Date of origin 15 years ago (b) Place of origin Waterford Ont.

(c) Cause* Unknown

(d) Present disease or disability O.P.H.

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.]

This man suffers from rheumatism of both an evolution - going up his a storming - He has some pain cordis pain - at night

9. Present condition.—(Continued.)

he suffers from retro action of the heart which prevents him sleeping.

I think there is a systolic murmur

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

Nervous. Yes Digestive. Yes Respiratory. Yes Cardiac. No
Genito-Urinary. Yes Skin, Middle Ear, Eye or any other part.

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

No

(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.

No

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

No treatment since enlistment.

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? (If not, briefly state why.)

Yes

17. Recommendations

Category E - Discharged Medically unfit

W. M. Gordon
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 Earl T. Burns 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.....

AT

Earl T. Burns
Signature of soldier examinee.

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.

(1) d.e. Earl Tremaine Burns.
(2) Pulse sitting 100 aft. body bending 17 times in 1/2 minute pulse 100 returning to former rate in 3 minutes. The cardiac dullness extends to nipple line. There is a systolic murmur transmitted to the axilla.
(11) He has been in the service since April 23rd 1918 and there has not been any aggravation.

19. Is the soldier fit for

- (a) General service, (Category A) (Yes or No). no
- (b) Service abroad, not general service, (" B) (Yes or No). no
- (c) Home service, (Canada only), (" C) (Yes or No). no
- (d) Temporarily unfit. (" D) (Yes or No). no
- (e) Unfit for service in Categories A, B and C, (" E) (Yes or No). yes

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).

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	or	
		Particulars of Recruit	" W. 133
		Proceedings on Discharge	" B. 218
Field Conduct Sheet	" W. 178	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.	
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
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.

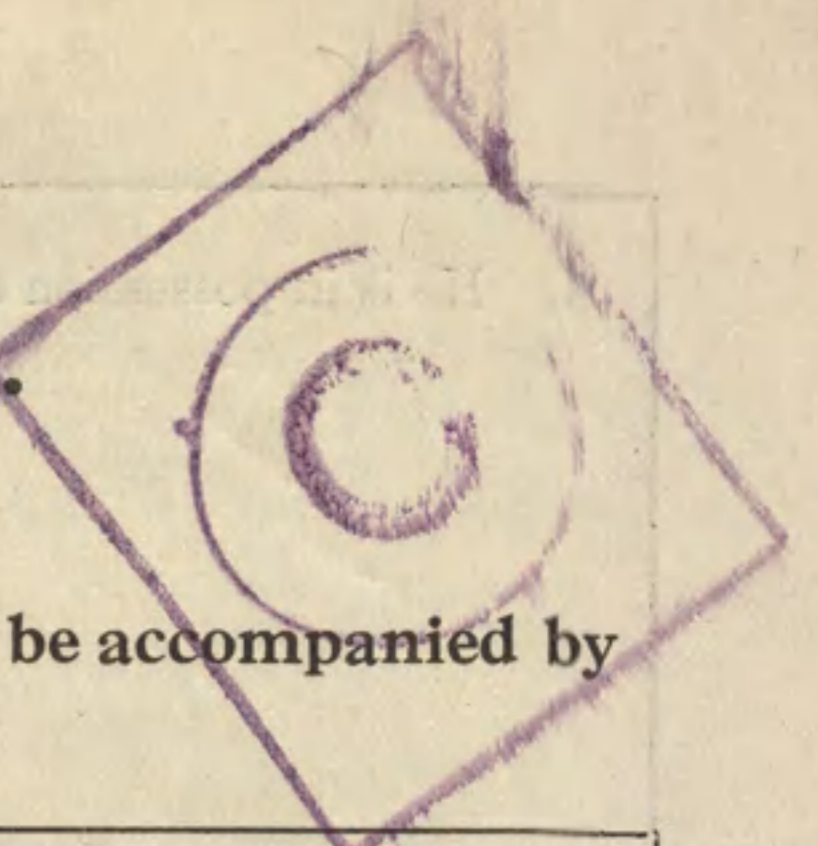
I hereby certify that the following documents are unobtainable.

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.

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. 3233931	
Rank Sapper	
Surname Burns	
Christian name Marie Tremaine	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) Canadian Engineers	
Date of discharge October 29th, 1918	
Place of discharge Halifax, N.S.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 26 years 5 months. Height 5 feet 3 1/2 inches. Complexion Dark Eyes Brown Hair Black Trade Gardener Intended place of residence Waterford, Ont. <small>(To be given as fully as practicable.)</small>	Descriptive marks None.
2. The above-named man is discharged in consequence of Medically unfit— Authority Medical Board at Halifax, N.S. 59-B.-III2. Authority for discharge K.R.-(Can)-Par:-322-Sec-9.	
<small>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.</small>	
3. Conduct and character while in the service have been, according to the records, etc. <div style="text-align: center; font-size: 2em;">Good</div>	
<small>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.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <div style="text-align: center; font-size: 1.5em;">Gardener.</div>	

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

None

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

6. Medals and Decorations.....

None.

None.

None.

None.

To be copied by the Commanding Officer on 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) Halifax, N.S.

M. Sherriff Major.C.E.

(Date) October 29th, 1918.

Commanding C.R.C.E.M.D.6.

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) Halifax, N.S.

E T Burnd (Signature of Soldier.)

(Date) October 29th, 1918 .

E. Broadshaw (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.

E T Burnd (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.... (the date to which the Record of Service is completed).....years.....days.

189 days
Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Halifax, N.S.

(Signature) *M. Sherriff* Major.C.E.
C.R.C.E.M.D.6.

(Date) October 29th, 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.)

None.

E T Burnd