

ATTESTATION PAPER.

No. 726131.

109th OVERSEAS BATTALION, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Hanthorn*
- 1a. What are your Christian names?..... *Robert Closson*
- 1b. What is your present address?..... *Gelert*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Markworth Ont.*
- 3. What is the name of your next-of-kin?..... *Robert Jas. Hanthorn*
- 4. What is the address of your next-of-kin?..... *Gelert, Ont. Canada*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *June 20 1898*
- 6. What is your Trade or Calling?..... *Farmer*
- 7. Are you married?..... *no*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes.*
- 9. Do you now belong to the Active Militia?..... *no.*
- 10. Have you ever served in any Military Force?.. *yes no*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *yes*
- 12. Are you willing to be attested to serve in the } *yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Robert Closson Hanthorn*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *July 29* 191*6*. *Robert C. Hanthorn* (Signature of Recruit)
George Jilly (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Robert Closson Hanthorn*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *July 29* 191*6*. *Robert C. Hanthorn* (Signature of Recruit)
George Jilly (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Minden* this *29th* day of *July* 191*6*.

R. H. Baker (Signature of Justice)

20

*Enlisted Jan 29/16
OK price*

507

Description of Robert Closson Hawthorn Enlistment.

Apparent Age 17 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 4 ins.

*scar on right fore finger
 " " " thumb.*

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

Complexion Fair
 Eyes Hazel
 Hair Dark Red

Religious denominations { Church of England
 Presbyterian Yes
 Methodist
 Baptist or Congregationalist
 Roman Catholic
 Jewish
 Other denominations
(Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.
 Date Jan 29 1916
 Place Minden
 McCulloch Capt. Medical Officer
 Hobson Medical Officer
 109th Overseas Battalion, C. E. F. Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Robert Closson Hawthorn having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

..... [Signature] Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.
 Date FEB 15 1916 1916

NAME

Frankborn Robert Closson

REGT. NO.

72613

UNIT

1097th Bn. (A.D.D.)

M. F. W. 2505 REFERENCE

07439

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category *Demobilization*

26/3/19

DESERTION

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

2 MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

2 PROCEEDINGS, ^{Med. Board} 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)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 *M.F.W. 192*

1 *I.S.C. Form 132*

1 *C.A.D.C. 5009a*

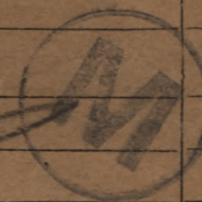
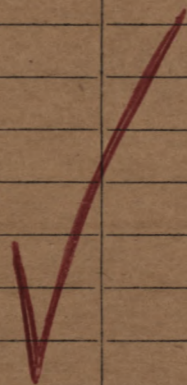
1 *Misc.*

1 *manw 67*

1 *ag card*

1 *in 2*

1 *Pay Card*



405965

13-29
20-29
28-29



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Name L.V.J. HANTHORN, Robert Closson Rank Pte. Regtl. No. 726131.

Fyle Depot 24-HA-814

Original unit Present unit 109th Bn M. or S. Age 20 Religion Presb H.Q.

Port, ship and date of arrival Halifax Belgic 2-3-19.

Next of kin Father Robt Jas Hanthorn Gelert Ont.

Address on leave Same

Address on discharge Same

Transportation issued No Yes Date 26-3-19 Character on discharge 601-ent

Previous occupation Farmer. Date and place of enlistment Minden Jan 29/16.

Diagnosis Demobilization Date of Medical Boards 21-3-19

Date.	Remarks	Pt. 2 Order No.
<u>T.O.S.</u>		
<u>23-2-19</u>	<u>Posted to Cas. Co. (Ex. Camp) 2-3-19.</u>	
	<u>Leave & Subs. from 6-3-19 to 20-3-19.</u>	<u>67</u>
<u>26-3-19</u>	<u>SOS DISCHARGED "DEMOB'N" ENTITLED TO V.S.G.</u>	<u>83</u>

Date.

Remarks

Pt. 2 Order

M. F. W. 192

150m.-5-18

1772-39-1243

401
Mud

Number *726131*

Rank *Pte*

Surname

HANTHORN

Christian Name

Robert Crossen

Units

21st Bn C Inf

Theatre of War

France

Date of Service

6/10/16

Remarks

Latest Address

9elent

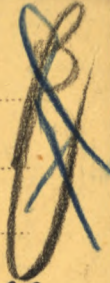
Haliburton Co

Roll No.

B. Page 17150.

Ont.

200m.-2-21.M.



DESP OCT 19 1922
REGN No. 44324

2

CARD NO. ✓

SURNAME. *Hanthorn*

CHRISTIAN NAMES *Robert Closson*

REGL. NO. *726131*

RANK *Pte.*

UNIT *109th*

Batt.

FORMER CORPS *Nil.*

S.O.S. file. 26-3-19
Hermok FOLL. #2-66
19-0-834 24/3/19

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Hanthorn, Robert James*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *Gelert, Ont.*

COUNTRY OF BIRTH *Canada, Warkworth, Ont.*

DATE *June 20th 1898.*

PLACE OF ATTESTATION *Minden*

DATE *Jan. 29th 1916.*

R/C 1-3-19 276/31 - 2 Pte.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

17 YEARS

— MONTHS

HEIGHT

5 FEET

4 INCHES

CHEST MEASUREMENT

35 INCHES

EXPANSION

3 INCHES

COMPLEXION

Fair

EYES

Hazel

HAIR

Dark Red

DISTINGUISHING MARKS

*Scar on right fore finger, and
scar on right thumb.*

MEDICAL EXAMINATION.

PLACE

Minden

DATE

Jan. 29th 1916.

REGT'L NO 726131

H. Q. FILE NO. 649-

NAME Hanthorn Robert Blosson

RANK AND CORPS Pte 21st. Bn.

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

No.	DATE	NATURE OF CASUALTY
08519	WSM Feb 8th	Posted to Garrison Duty Depot for permanent base.

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

916 No 47. Dis Rest Stat. 1-4-17. Tonsillitis

916 To Duty 6-4-17 Tonsillitis

No. 726 131. RANK

Pvt

NAME

Hanthorn R. C.

T. O. S. 29-1-16.

UNIT

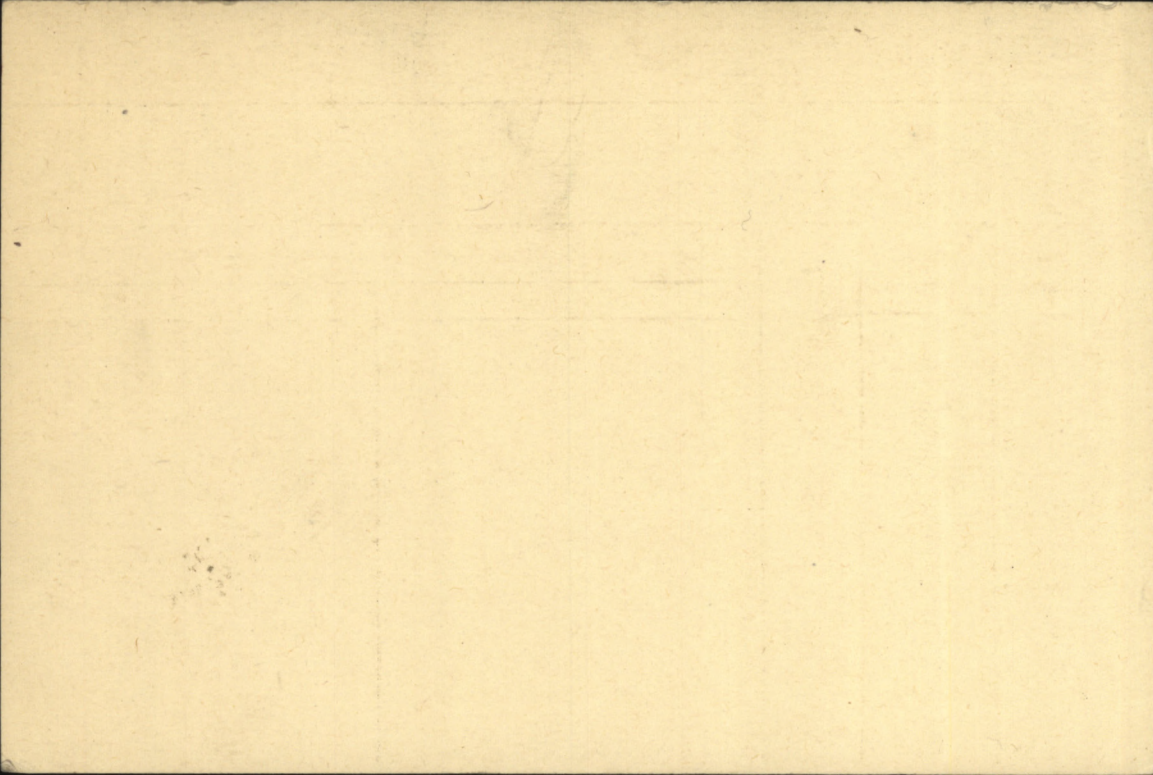
109th Battalion

D. O. S. 16-2-16

M. D. 19

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan 29	1916. Feb. 29	✓		
	Mar.	✓		
	April.	✓		
	May	✓		
	June.	✓		
	July.	✓		

UNIT SAILED
JUL 23 1916



DUPLICATE

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number **726131**.....

(3) Full Name of Soldier *Robert Clouston Bantson*.....

(4) Place of Birth *Roseneath*.....

(5) Are you married, or not? *No*.....

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

(b) Present Postal Address.....

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

(8) Have you any children? *No*.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? Yes
If so, state name and address Robert J. Hawthorn Yalcut

(10) Is your Mother alive? Yes
If so, state name and address Mrs. Helen Hawthorn Yalcut Ont

(11) If your Mother is a widow.....
Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
.....
.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
.....
.....
.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
.....

(15) Are you insured? no
If so, in what Company?.....
Have you made arrangements for payment of your Insurance premium.....
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date.....
JUL 11 1916

[Signature] Lt. Col.
O. C. 109th Overseas Battalion, C. E. F.
Officer Commanding

TLH. Rank _____ Name **HANTHORN, Robert Closson,** Reg'l No. **726131.**
 Unit **109th. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Minden, Jany. 29th. 1916.** Place of Birth **Warkworth, Ont.**
 Name and Address, Next-of-Kin **Robt. Jas. Hanthorn,**
Gelert, Ont. Canada. Relationship **Father.**

Assigned Pay Monthly \$ _____ Payable to _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

Relationship _____

Relationship _____

N/E. R.B. No. **7927**
 R.L. _____
 Category **OR. Can.**

Discharge, Date and Place _____ Reason _____ Character _____

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
5-10-16	109 th Bn	S.O.S. to 21 st Bata	Bramshott	5-10-16	Pt II. D.O. 279
9-10-16	21 st Bn	<i>Taken on strength.</i>	Field	6-10-16	Part II 58.
14-11-16	"	Classified P.B. transf to C.C.C. Shackham-on-sea	"	25-10-16	" 76. PB.
27-10-16	C.C.A.C.	<i>Taken on strength.</i>	"	26-10-16	" 471
7-11-16	"	Posted to G.D.S. P.B.S.	"	6-11-16	" 490
12-3-17	C.C.A.C.	S.O.S. on transfer to } East. Ont. Regiment attac. G.D.S.	Hastings	10-3-17	Pt II D.O. 118. E.O.R. S. Pt II D.O. 6. 17.3.17
28-2-17	4. Sub Bn	208. from Can G. D. S.	Seaford	28-2-17	Pt II 015
14-3-17	-u-	Embarked for France	Lu	14-3-17	29.

A.F.B. 103 C. 1916
 10 OCT 1916

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
25. 4. 14	4 th C.L.B.	Admt. H 7 Div Res. Sta	Field	1. 4. 17	CA + 16 Smith's
28. 4. 17	—	Disc D	"	6. 4. 17	- 16
<p>Sl. 3. 18, 4. th. Can. Lab. Bn. Designated, 2. nd. Can. Inf. Wks. Bn Pt 2, Do. 24 25. 9. 18 4CIWC TOSex 2CIWB 14, 9, 18 t O. T & 2CIW E F 10 99 D 25-9-18. Cunderp D O. 18 d / 22. 1. 19</p>					
7-1-19	4CIWC 07	4 th to Eng - Posted to Gen Dep	Pte. Field	7-1-19	503
22. 1. 19	Cunderp	O n Com. to 6 th Gen Bn	" Willey	7. 1. 19	- 18
1. 2. 19	Gen Dep.	Rehorted beans on Com. to Res. Bn.	" do	29. 1. 19	- 26
20-2-19	2 MDCU	J.O.S. From, Gen Dep	Pte R. Park,	15-2-19	43
22-2-19	— do	S.O.S. to Canada-	" — do —	22-2-19	P.O. 56

O. H. M. S.

REMARKS

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I.
Part I.

(1)*Substantive rank *Acting rank * [To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
---	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	(Authority) (date)

Initials and Rank of
an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No.
				Trade or Calling
				Married or Single
				Particulars of Trade Test
				Occupation Cards despatched on (date)
				Second Occupation Card despatched on (date)

(17) Next of Kin	(Place)	(Signature of Posting Officer)
(18) Demobilizer (f)	(Date)	
(19) Pivotal-man (f)	or (21) Corps trade and rate	
(20) Qualifications (g)		
(22) Extended }	(23) Re-engaged }	
(24) Miscellaneous entries:—		

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment, or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoemaking, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W 1889—PP 1150 IM 5/18 G. W. P. Co. (3,490)

4/26/31 *Hamilton P. G.*

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received.					

17-2-19	Gen Depot 8038		Sos. CCC Rly C M 8 2	Witley <i>J. W. Willey</i>	15-2-19	LIEUT. OFFICER 1/0 RECORDS.
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16 FEB 1919 Attached C.C.C. Kinmel Park for
return to Canada. Part 11 Orders
No. _____. Ceases to be attached
C.C.C. Kinmel Park on embark-
ing for Canada, Part 11 Order
No: 56 7/3/19
Spay Sergeant Reed
Commanding _____ Wing,
Kinmel Park Camp.

SH-1117 FEB 23/19
HE 111 X MAR 2 10
H. M. H. # 11111111

FEB 23 1919 O.S. T.O.S. No. 2 DISTRICT DEPOT, TORONTO

1919 PART II D. O. 67

M. A. M. A. M. A. M.
Lieut.
For O. C. No. 2 District Dep

26/3/19 S.O.S. (Discharged) No. 2 District Depot
For
O.C. No. 2 District Depot. Part II, D.O. No. 83

H. Sergeant Giff

Nothing to be written in this margin.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 726131 (Rank) Pte.

Name (in full) HANTHORN, ROBERT CLOSSON enlisted in
the 109th Bn

CANADIAN EXPEDITIONARY FORCE at Minden, Ont. on the 29th
day of January 19 16.

HE served in England and France

and is now discharged from the service by reason of Demobilization

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

Age 20 yrs. 9 mos.

Height 5' 4"

Complexion Fair

Eyes Hazel

Hair D. Red

Marks or Scars

Vacc. Marks.... L. ARM

R. C. Hanthorn

Signature of Soldier

W. J. Carson
Issuing Officer

O.C. No. 2 DISTRICT DEPOT

Rank

Date of Discharge Mar 26, 1919

Signed at Toronto this 26th day of March 19 19

in Military District No. 2

File Reference No. MAR 26 1919

TORONTO

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

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district,

ORIGINAL

MEDICAL HISTORY SHEET.

726131
H.A. C.A.C.
HAYTHORN

#764 ORIGINAL

Surname *Haythorn*

Christian Name *Robert Cotton*

Examined on *Jan 29* 191*6*
at *Warden*

Approved by *J. McCulloch*
J. McCulloch Capt.
Rank *109th Overseas Battalion, C. E. F.* Medical Officer M.O.

Birthplace { City or Town *Warkworth*
County *Percy*

Apparent age *17*

Trade or occupation *Farmer*

Height *5* Feet *4* Inches

Weight *125* Lbs.

Chest measurement { Minimum *32* inches

Maximum expansion *35* inches

Physical development *good*

Small-Pox Marks *none*

Vaccination Marks { Arm Right *none* Left *Two*
Number *Two*

When Vaccinated last *in childhood*

(a) Marks indicating congenital peculiarities or previous disease *Pigmented spot on left side of neck*

(b) Slight defects but not sufficient to cause rejection *Varicose veins in left scrotum. Slight flattening arch of left foot*

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<i>2-3-16</i>	<i>good</i>	<i>J. McCulloch</i> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>27-4-16</i>	<i>good</i>	<i>J. McCulloch</i> M.O.
<i>5-5-16</i>	<i>good</i>	<i>J. McCulloch</i> M.O.
<i>15-5-16</i>	<i>"</i>	<i>J. McCulloch</i> M.O.
<i>22-9-16</i>	<i>"</i>	<i>H. Boyd</i> M.O.

Enlisted on *29* day of *January* 191*6* at *Warden*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>109th Bn. C.E.F.</i>	<i>726131</i>		<i>29-1-16</i>
Transferred to..	<i>21st Bn</i> <i>4th Lab Bn</i>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>Sporeham by Sea</i>	<i>Jan 3/16</i>	<i>indisposal</i>	<i>P.B. Wetheridge Capt</i>
<i>Walden</i>	<i>Jan 22/17</i>	<i>indisposal</i>	<i>P. B. Wetheridge Capt</i>
<i>Walden</i>	<i>4-2-19</i>	<i>nil A</i>	<i>T.B. 1-6 Howey Capt</i>
<i>Exhibition Camp</i>	<i>Feb 21-19</i>	<i>nil A</i>	<i>D. Macdonell Capt.</i>

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective ; the date and cause being stated on next page.

CANADIAN

242

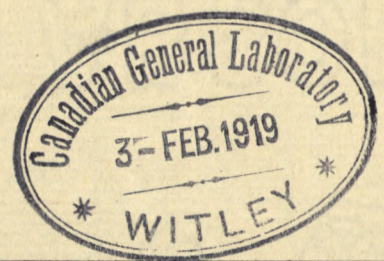
URINALYSIS REPORT
(for Board)

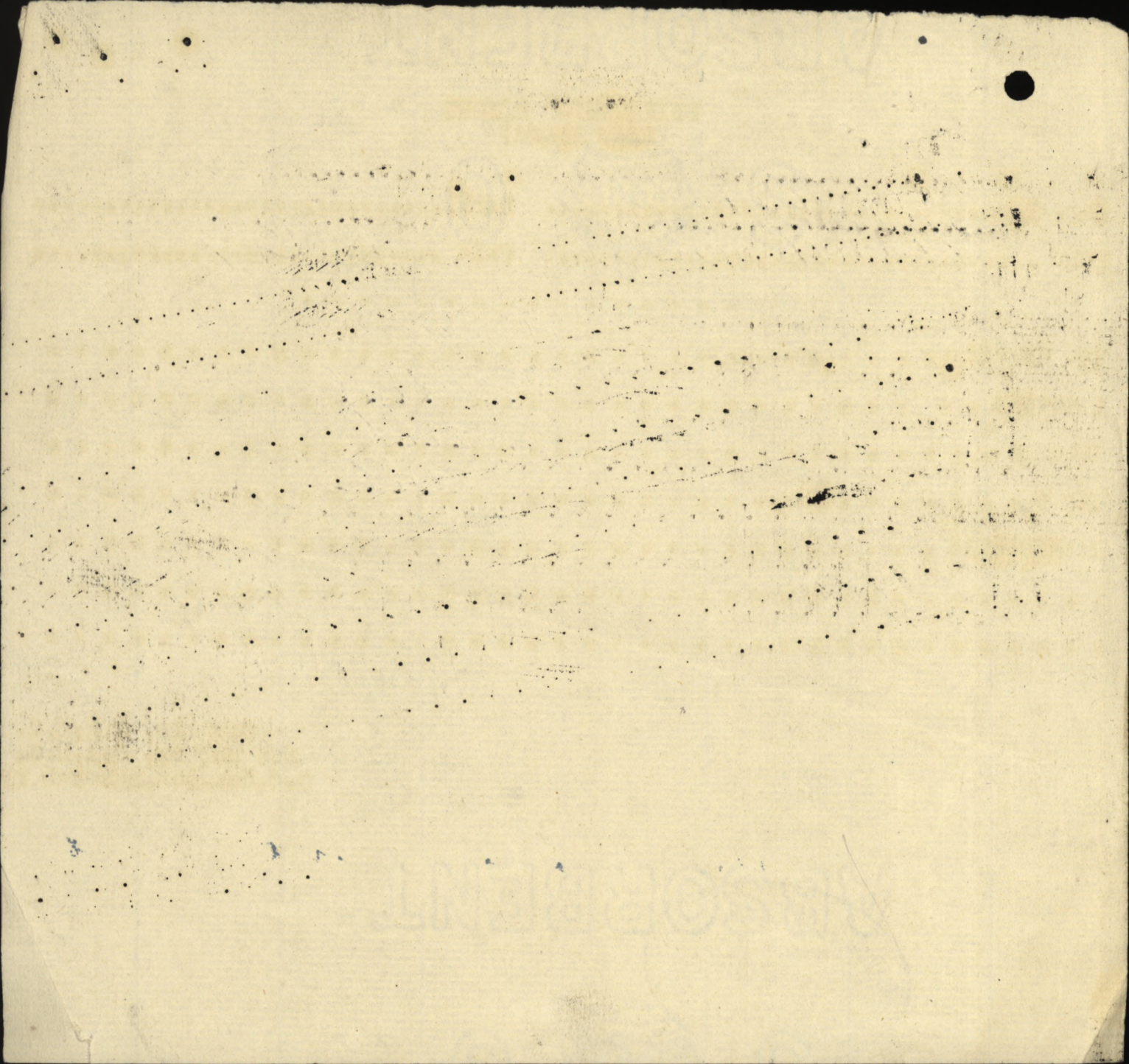
REG. No. 566131 Rank Pte
NAME Hawthorn Unit B. 12 G

Sp. Gravity 1010
Reaction neutral
Albumen nil
Sugar nil
Microscopic

Hawthorn

Captain, C.A.M.C.
for Major, C.A.M.C.
O.C. Can. Gen. Laboratory





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

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

Rank Pte Name Robt C. Surname Hanthon
Unit or Corps 2nd C.I. Wks. Gen Dpt (If a soldier) Regtl. No. 726/31
Born at Warkworth Ont on, date 20-6-1898
Signature (for identification) R. C. Hanthon

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

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

Weight 125 lbs.
Height 5 ft. 4 ins.

good

2. **NUTRITION AND DIATHESIS ?**

good

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

3. **NERVOUS SYSTEM ?**

nil

4. **RESPIRATORY SYSTEM.**

nil

5. **HEART ?**

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 72

Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening?

nil

7. **DIGESTIVE SYSTEM ?**

nil

8. **GENITO-URINARY SYSTEM ?**

Urinalysis—s.g. ? 1018

Reaction? heut

Albumen? nil

Sugar? nil

9. **SKIN, MIDDLE EAR, EYE**

or any other part?

V.R.E 6/6 Ears & hearing normal
V.L.E 4/6



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

varicose left. moderate

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

nil

Examined at Witles

Date 4.2.19

Signed H.W. Rogers Capt M.O.

Signed H.W. Rogers Capt M.O.

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

Medical Examination upon leaving the Service

of an Officer in the Army of the United States

and to be filled out by the Surgeon General's Office, Department of the Army, Washington, D. C.

Form No. 103 (Revised 1-1-41)

1. Name (Last, First, Middle Initial) _____

2. Grade _____

3. Branch _____

4. Station _____

5. Date of Examination _____

6. Name of Examining Officer _____

7. Name of Examining Officer (Rank and Name) _____

8. Name of Examining Officer (Rank and Name) _____

9. Name of Examining Officer (Rank and Name) _____

10. Name of Examining Officer (Rank and Name) _____

11. Name of Examining Officer (Rank and Name) _____

12. Name of Examining Officer (Rank and Name) _____

13. Name of Examining Officer (Rank and Name) _____

14. Name of Examining Officer (Rank and Name) _____

15. Name of Examining Officer (Rank and Name) _____

16. Name of Examining Officer (Rank and Name) _____

17. Name of Examining Officer (Rank and Name) _____

18. Name of Examining Officer (Rank and Name) _____

19. Name of Examining Officer (Rank and Name) _____

20. Name of Examining Officer (Rank and Name) _____

21. Name of Examining Officer (Rank and Name) _____

22. Name of Examining Officer (Rank and Name) _____

23. Name of Examining Officer (Rank and Name) _____

24. Name of Examining Officer (Rank and Name) _____

25. Name of Examining Officer (Rank and Name) _____

26. Name of Examining Officer (Rank and Name) _____

27. Name of Examining Officer (Rank and Name) _____

28. Name of Examining Officer (Rank and Name) _____

29. Name of Examining Officer (Rank and Name) _____

30. Name of Examining Officer (Rank and Name) _____

31. Name of Examining Officer (Rank and Name) _____

32. Name of Examining Officer (Rank and Name) _____

33. Name of Examining Officer (Rank and Name) _____

34. Name of Examining Officer (Rank and Name) _____

35. Name of Examining Officer (Rank and Name) _____

36. Name of Examining Officer (Rank and Name) _____

37. Name of Examining Officer (Rank and Name) _____

38. Name of Examining Officer (Rank and Name) _____

39. Name of Examining Officer (Rank and Name) _____

40. Name of Examining Officer (Rank and Name) _____

41. Name of Examining Officer (Rank and Name) _____

42. Name of Examining Officer (Rank and Name) _____

43. Name of Examining Officer (Rank and Name) _____

44. Name of Examining Officer (Rank and Name) _____

45. Name of Examining Officer (Rank and Name) _____

46. Name of Examining Officer (Rank and Name) _____

47. Name of Examining Officer (Rank and Name) _____

48. Name of Examining Officer (Rank and Name) _____

49. Name of Examining Officer (Rank and Name) _____

50. Name of Examining Officer (Rank and Name) _____

51. Name of Examining Officer (Rank and Name) _____

52. Name of Examining Officer (Rank and Name) _____

53. Name of Examining Officer (Rank and Name) _____

54. Name of Examining Officer (Rank and Name) _____

55. Name of Examining Officer (Rank and Name) _____

56. Name of Examining Officer (Rank and Name) _____

57. Name of Examining Officer (Rank and Name) _____

58. Name of Examining Officer (Rank and Name) _____

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. 226131 Rank Pte Surname HANTHORN
(Given name in full)

Robert Crosson

Unit or Corps # 200 Birthplace Markworth, Ont

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

1. GENERAL DESCRIPTION:

Physique good Weight 140 lbs.

Height 5 ft. 4 in.

Colour of Eyes Blue

Nutrition good

Pulse 70

Condition of arteries normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Brown birthmark
3/4" x 1/2" over belly of
left sternum - mastoid.

Opinion as to general health and physical condition good

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

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

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

No piles, hernia, varicose veins, or gaiter
varicocele L. moderate size. This
antedated enlistment - no service
aggravation.

APPROVED
MAF 22 1 12
J. M. Kristian
Supt.
Form 1 (D. 3)

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at *Toronto* (Canada)

Date *Feb. 21-19* Signed *D. Macdonell* M.O. *Capt.*

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 ... *P.C. Hanthorn* ... *Dr. H.C.*

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

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

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

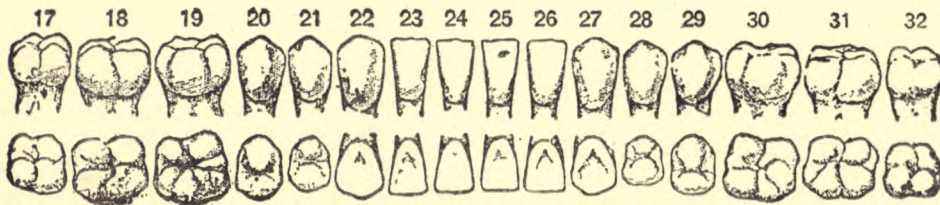
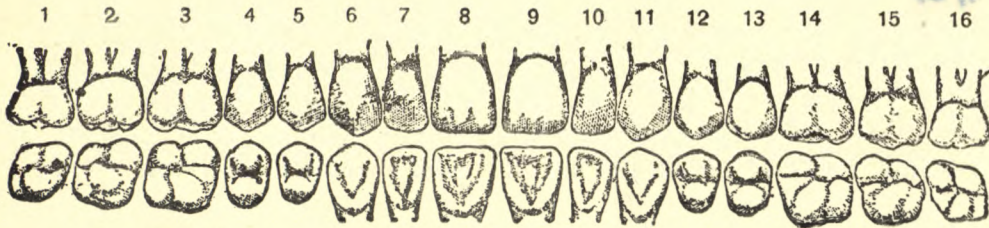
Canadian Printing and Stationery Services, London

2

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) HANTHORN R.C.
 REGIMENT Gen Depot RANK Plt. No. 426131
 Date of Examination in England 11/2/49 Date of Examination in France _____

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 2
2. EXTRACTIONS 14
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

- (a) In Canada ye
- (b) In England _____
- (c) In France _____

Signature of Dental Officer

[Handwritten Signature]



Faint vertical text on the left margin, possibly bleed-through from the reverse side of the page.

Faint horizontal text across the top of the page, likely bleed-through.

Large block of faint, illegible text in the upper middle section of the page.

Second large block of faint, illegible text in the middle section of the page.

- (1) For Office
- (2) For Office
- (3) For Office
- (4) For Office

Faint text at the bottom of the page, possibly bleed-through or a footer.

2

THE UNIVERSITY OF CHICAGO
LIBRARY

1891



PUBLIC ARCHIVES RECORDS CENTRE

War Veterans Allowance District Authority

Address To

Mark your reply:

For attention of:

Head,
Reference Section,
Public Archives Records Centre,
Ottawa 3, Ontario.

Re: HANTHORN, Robert Crossan Service No. 726131
(Surname) (Christian Names)

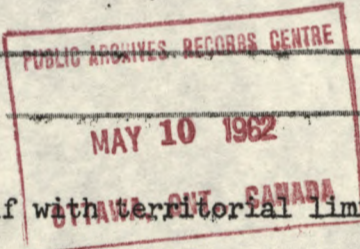
Veteran is stated to have served during WWI (State War or Wars)
in the following Units 109 Bn 121 Bn

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars concerning his services:

1. THEATRES OF SERVICE

(1) South African War
Date and port of embarkation for S.A. _____
Date and port of disembarkation in S.A. _____

(2) World War I -- (If Canada only, state if with territorial limitations).
Canada - Britain - France
Date(s) embarked for U.K. _____
If Canada and U.K. Only Date(s) disembarked in Canada _____
Period(s) of desertion in U.K. _____



(3) World War II -- (If Canada only, state if with territorial limitations).
Date of embarkation _____

- 2. Date and place of all enlistments. 29 Jan - 1916 - Minden, Ont.
- 3. Date of all discharges and reason. 26 Mar - 1919 - Demob.
- 4. Date and place of birth as per attestation paper. 20 June - 1898 - Warkworth, Ont.
- 5. Marital status; if married, name in full of wife. Single
- 6. Any other military service. nil
- 7. Decorations, if any. nil

Address

Mark your reply:

For attention of:

Head, Reference Section, Public Archives Records Centre, Ottawa, Ontario

Name (Canadian Name) (Surname)

Veteran is stated to have served during (State War or Wars)

In the following units (To ensure that the VETERAN'S ALLOWANCE DISTRICT AUTHORITY is determining the eligibility of the above named, you kindly furnish the following particulars concerning his services)

1. THEATRES OF SERVICE

- (1) South Atlantic (Date and port of disembarkation in S.A.)
- (2) World War I -- (If Canada only, state it with territorial limitation)

Date (a) embarked for U.K.
 U.K. only
 Date (a) disembarked in Canada
 U.K. only
 Date (a) of discharge in U.K.

(3) World War II -- (If Canada only, state it with territorial limitation)

Date of embarkation for

2. Date and place of all operations

3. Date of all discharges and reasons

4. Date and place of birth and age at application

5. Marital status, if married, name the wife

6. Any other military service

7. Recollections, if any

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1188 (D.P. 250M-12-18.
1772-89-908.

LAST PAY CERTIFICATE

Regimental No. 726131 Rank Pte. Name Hanhorn R.C.
(Surname first)
 Unit who was* DISCHARGED
 On 26/3/19 191....., to.....
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1 to MAR 26 1919 191...
 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		129.68
Regimental Pay..... <u>26</u> days at \$..... <u>1</u> c.....		28.60
Field Allowance..... days at \$..... c.....		
Separation Allowance.....		35
Clothing Allowance.....		70
Post Discharge Pay.....		12
*Other Credits		
Advances	132.09	100
Separation Allowance and Assigned Pay Cheque NO.....		
*Other Charges		
Balance on transfer or on discharge, cheque No.....	1237.02	1386.45
Total	<u>2257.28</u>	<u>2257.28</u>


*Give particulars.

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 50m.—4-16.
 H. Q. 1772-39-818.

To Whom Mrs. P. J. Hanthorn By Whom Assigned Hanthorn Q. C.
 Address Belleville Regtl. No. 726131
Ont. Rank Pte
 Corps 109 Batt A. Co.
 Rate \$10⁰⁰ **AUG 1 1916**

PAYMENTS

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

10/10/10
10/10/10

10/10/10
10/10/10

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-29-819.

Sheet No. 2.

Mrs. R. J. Hanthorn

Name of Soldier.

Hanthorn R. C.

L. L. Job 310.—Req. 6574.

PAYMENTS.

#726131 "10 Coy" Pte.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		F 15054	10	
Sept.		A. 16923	10	
Oct.		A 21465	10	
Nov.		1026517	10	
Dec.		M 31561	10	
Jan.	1917	L 39535	10	
Feb.		L 44612	10	
March		H 50660	10	10 P
April		22069	10	10.8.
May		79009	10	
June		L 15363	10	10 B.
July		N 22343	10	B.
Aug.		M 29618	10	
Sept.		V 35103	10	
Oct.		L 42159	10	
Nov.		T 49296	10	
Dec.		A 48587	10	
Jan.	1918			
Feb.			170	
March				
April				
May				
June				
July				

\$10.00 AUG 1 1916 109 Bath.

10 P
 10.8.
 10 B.
 B.
 2

150

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME: **HANTHORN** *Robt Crosson D*

EFFECTIVE DATE: *1.8.16* EFFECTIVE DATE: -

NUMBER: *726131*

AMOUNT: *10* AMOUNT: -

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

*Mrs R J Hanthorn
Silent Out (Mother)*

JK

Stoppa up 1-3-19

UNIT AND TRANSFERS

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

ORIGINAL UNIT: *109 Bn*

DATE ACCOUNT FIRST OPENED: *1-8-16*

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'SFD UNIT TRANSFERRED TO

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>6/1/19</i>	<i>1121</i>	<i>Do</i>	<i>4.66</i>				
<i>16/1/19</i>	<i>7819</i>	<i>Witly</i>	<i>9.93</i>				
<i>20/1/19</i>	<i>7967</i>	<i>Do</i>	<i>39.95</i>				
<i>29/1/19</i>	<i>16240</i>	<i>Do</i>	<i>9.75</i>				
			<i>63.05</i>				

Labour

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY PAY F.A. P.F.A. SUBSCE ALLCE

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALLCE
	<i>1</i>	<i>10</i>		

Regular \$ 252.60

PARTICULARS OF RENDERING NON-EFFECTIVE *Trans to Can 28/1/19 NA 2667 29/1/19 Witly & Witly MD2 28/1/19 179.55*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Nov 1918</i>	<i>Bal Bt fd</i>								<i>195.16</i>	<i>100</i>	
<i>Dec</i>	<i>BA</i>	<i>33</i>		<i>Can Csf</i>				<i>10</i>	<i>218.16</i>		
		<i>33</i>		<i>CR 51 2 C/W 15.4.18</i>	<i>3.57</i>				<i>214.59</i>		
		<i>33</i>		<i>" 107 " 30.4.18</i>	<i>4.46</i>			<i>10</i>	<i>210.13</i>	<i>105</i>	
					<i>8.03</i>						
<i>May</i>	<i>PP</i>	<i>34/10</i>		<i>Can Csf</i>				<i>10</i>	<i>234.23</i>		
				<i>CR 113 2 C/W 15.5.18</i>	<i>3.57</i>				<i>230.66</i>	<i>110</i>	
				<i>" 204 " 21.5.18</i>	<i>4.46</i>				<i>226.20</i>		
					<i>8.03</i>			<i>10</i>			
<i>June</i>	<i>PP</i>	<i>34/10</i>		<i>Can Csf</i>				<i>10</i>	<i>249.20</i>		
		<i>33</i>		<i>CR 285 2 C/W 15/6/18</i>	<i>3.57</i>				<i>245.63</i>		
				<i>" 313 " 30/6/18</i>	<i>4.46</i>				<i>241.17</i>	<i>115</i>	
					<i>8.03</i>			<i>10</i>			
<i>July</i>	<i>PP</i>	<i>34/10</i>		<i>Can Csf</i>				<i>10</i>	<i>265.27</i>		
				<i>CR 361 2 C/W 15.7.18</i>	<i>3.57</i>				<i>261.70</i>	<i>120</i>	
				<i>" 393 " 3.7.18</i>	<i>4.46</i>				<i>257.24</i>		
					<i>8.03</i>			<i>10</i>			
<i>AUG</i>	<i>PP</i>	<i>34/10</i>		<i>Can Csf</i>				<i>10</i>	<i>281.34</i>		
				<i>CR 440 2 C/W 15.8.18</i>	<i>3.57</i>				<i>277.77</i>	<i>125</i>	
				<i>" 465 " 31.8.18</i>	<i>4.46</i>				<i>273.31</i>		
					<i>8.03</i>			<i>10</i>			
<i>SEP</i>	<i>PP</i>	<i>33</i>		<i>Can Csf</i>				<i>10</i>	<i>296.31</i>		
				<i>CR 493 2 C/W 15.9.18</i>	<i>3.57</i>				<i>292.74</i>	<i>130</i>	
				<i>" 8. 6. 9. 30/9.</i>	<i>4.46</i>				<i>288.28</i>		
					<i>8.03</i>			<i>10</i>			

my

18
10-34

T. Winton
R. Arnold

CHECKED BY

over

Me
11/11

NUMBER 726131 RANK

Plc

NAME HANTHORN

RC

Month	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Net	<i>Loos, Pr</i>								28828	130-	
		3410		<i>cat</i>				10	27238		
				<i>AR 1404. 17 Amb 18-10-18</i>	746				26492	135	
		3410				746		10	30492		
Nov	<i>PP</i>	33		<i>cat</i>				10	32792		
				<i>AR 491. chg. 22-11-18</i>	1866				30926		
				<i>CP 75894 Lon 3-12-18</i>	146				15326		
Dec	<i>PP</i>	3410		<i>cat</i>				10	13776		
Jan		3410						10	28146	150	
		10120			16466			30			
July		3080						10	23226	155	
	<i>W. T. on Def Pa</i>	1034							24260		
				<i>AR 519. Res 17-1-19</i>	973				23287		
				<i>6- AR 7967 - 20-1-19</i>	3893				19394		
				<i>10 - 18210. chg. 29-1-19</i>	973				18421		
				<i>12 ON 1120 chg. 6-1-19</i>	466				17955		
		4114			6305			10			

S. S. Can 22-2-19. H. 23. 40.

CANADIAN
 ASSIGNED PAY AUDITED
OK
awgtharris
 AUDIT CLERK
 DATE *9-6-19*

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. 726131	
Rank Pte.	
Surname HANTHORN, ROBERT CLOSSON	
Christian name	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) 109th Bn(#2 D.D.)	
Date of discharge MAR 26 1919	
Place of discharge TORONTO, ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 20 years 9 months.	Descriptive marks
Height 5 feet 4 inches.	Vacc. Marks..... L. Arm
Complexion Fair	
Eyes Hazel	
Hair Dark Red	
Trade Farmer	
Intended place of residence (To be given as fully as practicable.)	Gelert, Haliburton Co. Ont.
2. The above-named man is discharged in consequence of	
Authority for discharge #2 D.D. Pt. 11 # 83	
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 G. R.	
200M.—5-18.	
H. Q. 1772-39-113.	
(OVER)	

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) TORONTO, ONT. *Robert Clooson Hanthorn* (Signature of Soldier.)

(Date) MAR 20 1918 *H Sargeant Cyp* (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).....TORONTO, ONT.....

(Date).....MAR 20 1918.....

(Signature).....*H Sargeant Cyp*.....

For
D.C. No. 2 District Depot

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

Res. Conduct Sheet	Militia form B. 303	Attestation Paper	Militia Form W. 33
Squadron Battery Company	Conduct Sheet	Particulars of Return	W. 111
Field Conduct Sheet	W. 178	Proceedings on Discharge	B. 31x
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	Militia form B. 313		
Casualty Form	W. 54		
Medical Report for Invalidity	B. 321	(a) Proceedings on Discharge	
Dental History Sheet	B. 405	(b) Attestation	
Last Pay Certificate	W. 44	(c) Medical History Sheet	
Duplicate Discharge Certificate	W. 39A		
Form of Will	W. 82		

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.

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 Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178 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.	Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133 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.	

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.

small 150 (m) 7, 10 (m) 10, 15 (m) 15

CERTIFIED CORRECT.
 26 APR 1917
 CAN. RECORDS, LONDON.

Date	From whom received	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.
15/2/17	ceac	Trans for Lab Bn			15/2/17	R/11 D.O. 42
27/2/17	cbab.	Trans 4th Can Lab Batin		Seaford	27/2/17	Part 2 S.O. 54
<i>Joseph Smith</i> <i>Major</i> Lt. Col., <i>Canadian Garrison Duty Depôt.</i>						
15-3-17.	M.L.O.	DISEMBARKED	FRANÇ	HAVRE	15-3-17.	Nom. Roll.
8-4-17.	O.C. Unit.	Evac. Sick.		Field.	1-4-17.)	
		Returned to duty.		"	6-4-17.)	B 213. D.C.S. No 6.
7-4-17.	47.D.R. Stn.	Inflamed Tonsils.	Adm. 47.D.R. Stn.	47.D.R. Stn.	1-4-17.)	A 36. " " 6.
			To Duty.		6-4-17.)	
2.12.17.	OC 4th Lab	Granted 14 days leave		Field	29.11.17.	B 213. R/11. S.O. No 105.
23.12.17	do	Retd from leave.		"	16.12.17.	B. 213.
		Designation changed to ^{2nd} Can Inf Works Bn				R/11. No 24. d/31.3.18.
		(Auth: War Office letter 121/Overseas/4840				
		(A.G. 12) d/11-3-18.				
22.6.18	adS	Class B1.		ad	22.6.18	W 3339/578.
		S.O.S. of 2 Cdn. Inf. Wks. Bn. on			13-9-18	D.O. 99 d/ } 25.9.18
		Transfer to 4 Cdn Inf. Works Coy				
		T.O.S. of 4 Cdn. Inf. Works Coy.			14-9-18	D.O. (d/)
		(Authy. War Office 121/O'seas/5940. (S.D. 2) d/27-8-18.				
		& O.B./1139/5 d/3-9-18. Ref. Cdn. Sec., K. R. 29998)				
7-12-18	OC	14 days leave to UK			4-12-18	B 213 R/11 037 71918.
6-1-19	CS & BD.	transf. to Eng. and posted to				
		CS & D. Willey has B. Napier			7-1-19	NR. E. 20 R/11. 3 dt 1919

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

PROCEEDINGS OF A MEDICAL BOARD.

No. 726131 Rank Pte Name HAKTHORN RC Dated at 3-11-16 1916. Local Unit Overseas Unit 21st Age 18

Examination held at Shoreham

DISABILITY. Overseas—Local (scratch one out) Underage.

PRESENT CONDITION.

6 weeks in France well nourished, stature medium Returned for underage. Otherwise fit

BOARD RECOMMENDS:—

- 1. Fit for Duty
2. Fit for duty after...weeks' physical training.
3. Fit for Temporary Base Duty...weeks.
4. Fit for Permanent Base Duty
5. Discharge

APPROVED CAPTAIN C.A.M.C. FOR D. OF R. & O. FOR BRIGADE GENERAL COMMANDING CANADIAN TRAINING DIVISION

Signatures:— [Signature] Capt President.

Members { [Signature] Capt

APPROVED

Dated at Shoreham 1-3 NOV 1916 1916. [Signature]

PROCEEDINGS OF A MEDICAL BOARD.

..... Dated at 1918.

..... No. Rank Name
 Local Unit Overseas Unit Age

..... Examination held at

DISABILITY.
 Overseas—Local
 (insert one out)

PRESENT CONDITION

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after..... weeks' physical training.....
3. Fit for Temporary Base Duty..... weeks.....
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

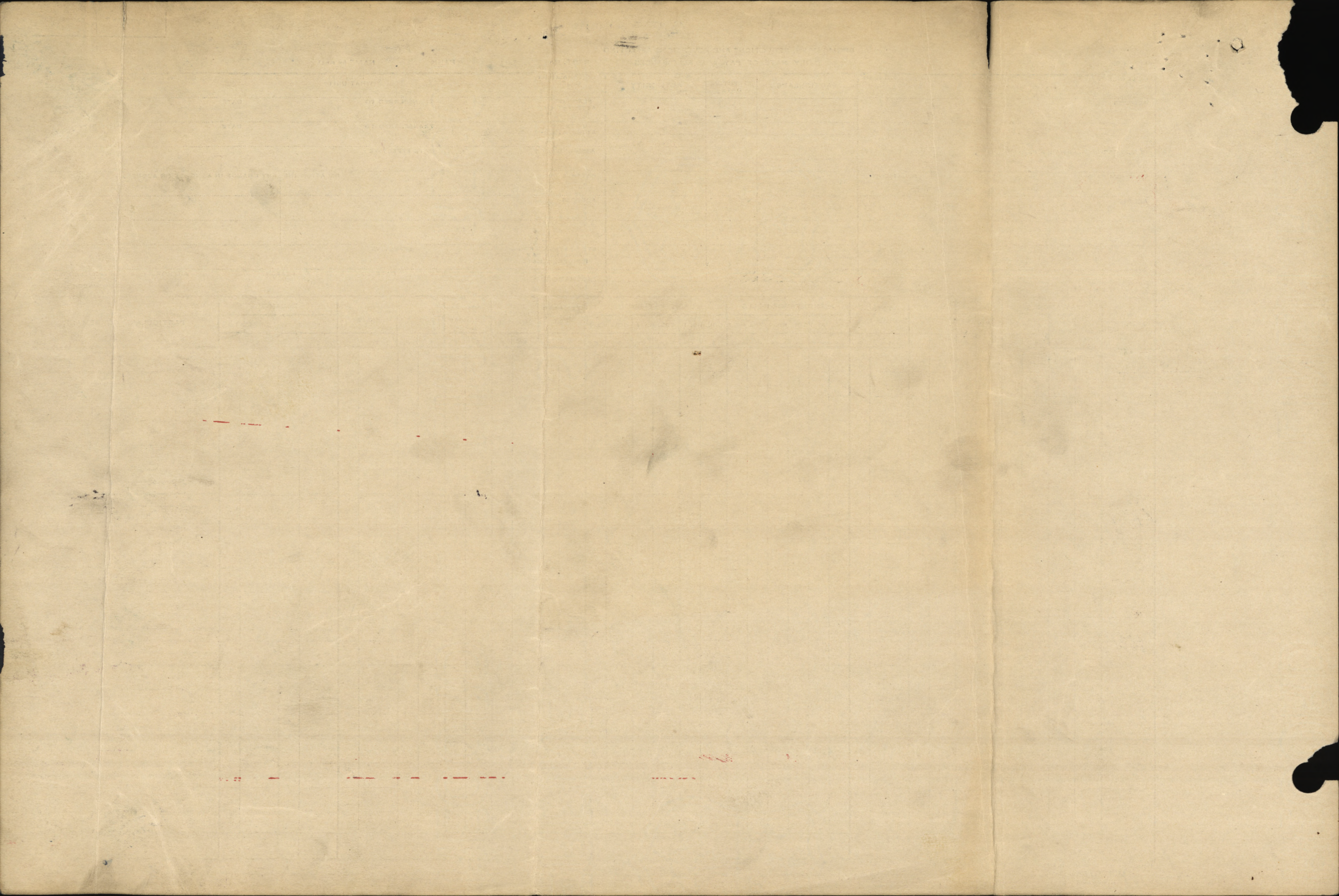
..... President.

Members

APPROVED

1-3 NOV 1918

..... Dated at 1918.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

H

2199

Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

10			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *426131*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *R. C. Hawthorn*
 Battalion *10a Bn. "D" Coy*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Wm R. J. Hawthorn*
 Address *Exempt Bn.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>			<i>170</i>	<i>170</i>	
<i>1918</i>					
<i>Jan</i>	<i>D 67771</i>		<i>10</i>	<i>10</i>	<i>MD M</i>
<i>Feb</i>	<i>K. 73223</i>		<i>10</i>	<i>10</i>	<i>A.</i>
<i>March</i>	<i>H 97628</i>		<i>10</i>	<i>10</i>	<i>A.</i>
<i>April</i>	<i>H 16849</i>		<i>10</i>	<i>10</i>	<i>A</i>
<i>May</i>	<i>B. 12079</i>		<i>10</i>	<i>10</i>	<i>A</i>
<i>June</i>	<i>A 14916</i>		<i>10</i>	<i>10</i>	<i>A</i>
<i>July</i>	<i>DI. 29842</i>		<i>10</i>	<i>10</i>	<i>A</i>
<i>Aug.</i>	<i>D 29411</i>		<i>10</i>	<i>10</i>	<i>A</i>
<i>Sept.</i>	<i>C 36837</i>		<i>10</i>	<i>10</i>	<i>A</i>
<i>Oct.</i>	<i>E 43699</i>		<i>10</i>	<i>10</i>	<i>A</i>
<i>Nov</i>	<i>G 51780</i>		<i>10</i>	<i>10</i>	<i>A</i>
<i>Dec</i>	<i>E 63682</i>		<i>10</i>	<i>10</i>	<i>A ✓</i>
<i>Jan.</i>	<i>G 71197</i>		<i>10</i>	<i>10</i>	<i>A</i>
<i>Feb</i>	<i>B 78162</i>		<i>10</i>	<i>10</i>	<i>A</i>
<i>Mar</i>	<i>E 83821</i>		<i>10</i>	<i>10</i>	<i>A</i>
			<i>320</i>	<i>320</i>	

CANADIAN ASSIGNED PAY AUDITED
Wk Co 28--2-19
J. J. Stewart
AUDIT CLERK
 DATE *9-6-19*

M. F. W. 128
 400M-6-17-1772-38-1141
 L. L. 2320-M. & D. 7583.

.....A/c Closed *3/13/19*
 Ret'd per *Belgio*
 Date *1/3/19* *7/3/19*
 Clerk *A. J. Swignel*

M.R.O. No. 75112. to Dest. rende 7/3/19. P.L.



