

ATTESTATION PAPER.

No. 725-522

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION (ANSWERS.)

ORIGINAL

1. What is your name?..... Albert Edwin Simper.
2. In what Town, Township or Parish, and in what Country were you born?..... London England.
3. What is the name of your next-of kin? (Wife) Margaret Ann Simper
4. What is the address of your next-of-kin?..... P.O. Fenelon Falls Ont.
5. What is the date of your birth?..... June 2nd 1877
6. What is your Trade or Calling?..... Laborer
7. Are you married?..... Yes
8. Are you willing to be vaccinated or re-vaccinated? & inoculated..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?.. No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

Albert Edwin Simper (Signature of Man.)
H. J. Bissonnette (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Albert Edwin Simper, do solemnly declare that the above answers made by me to the above questions 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 November 15th 191 5
Albert Edwin Simper (Signature of Recruit)
H. J. Bissonnette (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Edwin Simper, 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 November 15th 191 5
Albert Edwin Simper (Signature of Recruit)
H. J. Bissonnette (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 Fenelon Falls this 15th day of November 191 5.

Wm. McArthur (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

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

Description of Albert Edwin Dumper on Enlistment.

Apparent Age... 38 years 4 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. 5 ins.

None

Chest measurement. { Girth when fully expanded..... 36 1/2 ins.
 Range of expansion..... 2 1/2 ins.

Complexion..... Dark

Eyes..... Blue

Hair..... Brown

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

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..... November 15th 1915.

Place..... Favelon Falls

W. H. Wash..... Capt.
W. H. Wash Medical Officer
W. H. Wash Medical Officer,
 109th Overseas Battalion, C. E. F.

*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.

Albert Edwin Dumper.....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.

W. H. Wash Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.

Date..... JAN 12 1916 1916.

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

- S** Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- 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

Name Simper, Albert, Edwin
 Regt. No. 725522 Rank Private
 Corps (109th Bn) C. C. A. C.

Permanently Unfit
15-2-17

H

2 X sent to B.P. 6 2-4-18

20426

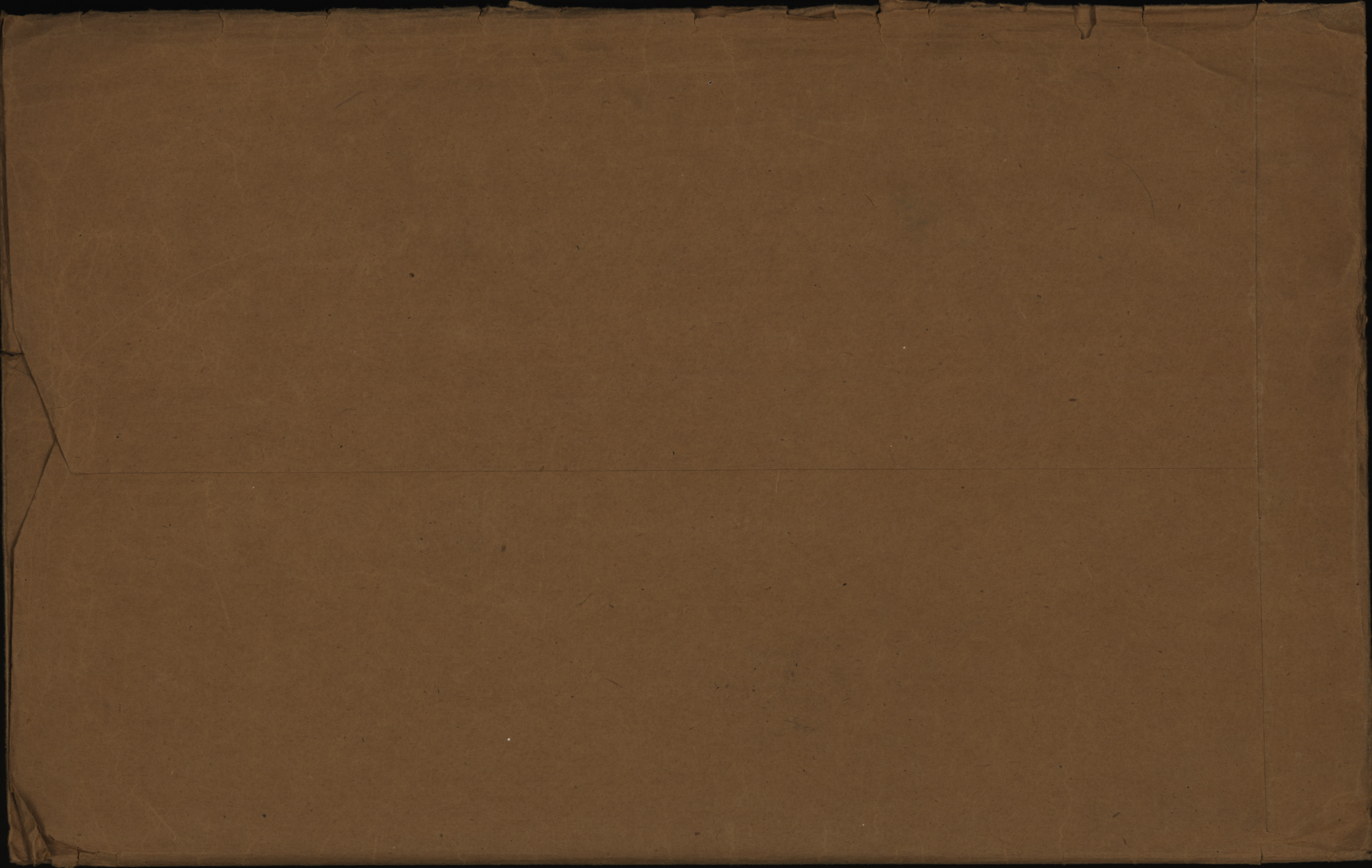
H

M. F. W. 67-23
27 B. 179

M. F. W. 62.
 60M-9-16.
 H. Q. 1772-39-485.

Ans 1348
M. F. W. 67-1
Bayard

M.C.
9/11



No. 725522 RANK

Pte.

NAME

Simper. A

C.

T. O. S.

UNIT

Discharge Depot. Dublin

M. D. 5

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROM

PAID
TO

SIG.
OR
REC'T

PARTICULARS

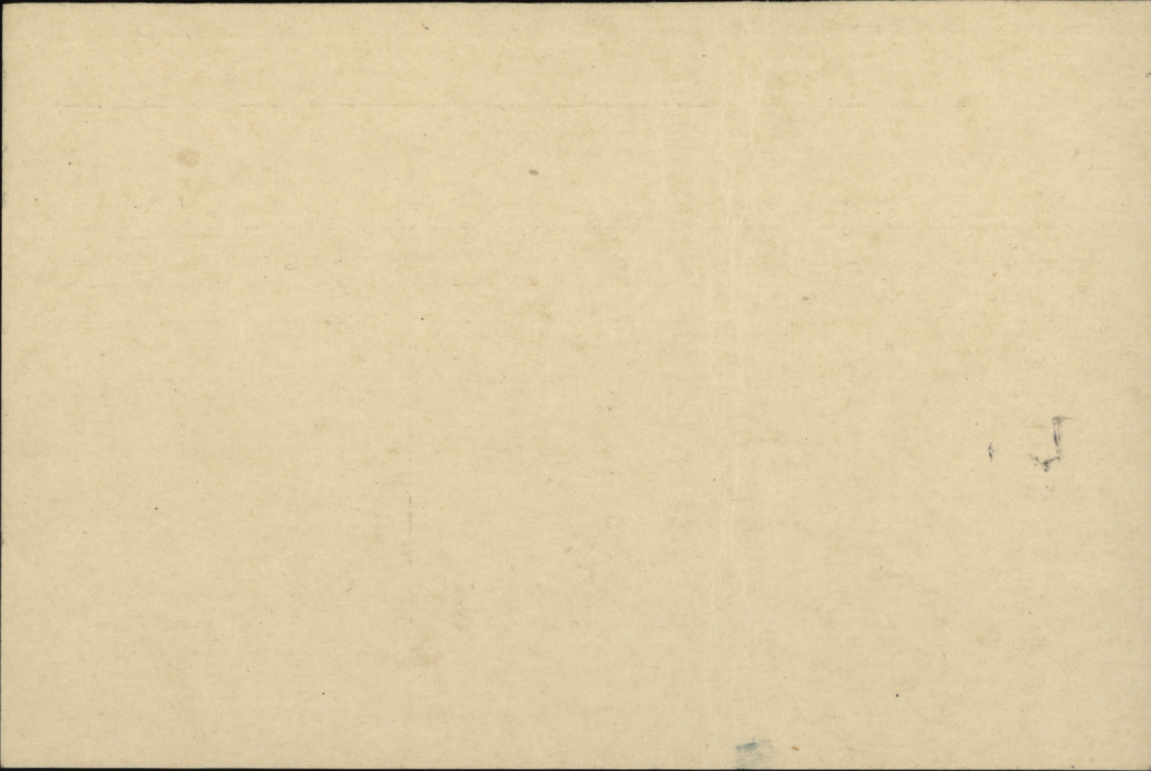
AUTHORITY

1917
Jan 5

1917
Feb. 15

✓

93rd. Bn



CARD NO.

SURNAME.

Simper

CHRISTIAN NAMES

*Albert Edwin*S.O.S. Dis 15-2-17. 5

REGL. NO.

725522

RANK

Pte.

UNIT

*109th**Batt.*

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Simper. M^{rs} Margaret Ann

RELATIONSHIP TO SOLDIER

Wife.

ADDRESS

Fenelon Falls, Ont.

COUNTRY OF BIRTH

England London,

DATE

June 2nd 1877

PLACE OF ATTESTATION

Fenelon Falls, Ont.

DATE

*Nov. 15th 1915**Sailed from Halifax per S.S. "Olympic"*

L. L. 90589.—M. & D. 6312.

*23 - 7 - 16 ⁴⁸⁸ 32**A/C. 23-1-17 M. F. W. 22. 100m.—1.16. H. Q. 1772-39-8.39. 20.5.*

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

38 YEARS

4 MONTHS

HEIGHT

5 FEET

5 INCHES

CHEST MEASUREMENT

35 1/2 INCHES

EXPANSION

2 1/2 INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Jenelon Falls, Ont

DATE

Nov. 15th 1915

No. 725522 RANK

Pvt

NAME

Simpson A

E

T. O. S.

UNIT

109th. Battalion

Transferred from 93rd Ptn
 25-11-15. D. O. S. 25-11-15.

M. D. 3

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID FROM	PAID TO	SIG OR REC'T	PARTICULARS	AUTHORITY
1915 Nov 25	1915 Nov 30	✓		
	Dec.	✓		
1916.	Jan. 1916	✓		
	Feb.	✓		
	Mar.	✓		
	April	✓		
	May	✓		
	June	✓		
	July	✓		

UNIT SAILED

JUL 23 1916



FR

Number 725522

Rank Cpl

Surname SIMPER

B

Christian Name Albert Edwin

Units 109th Bn. Can. Coy Theatre of War England

Date of Service 31-7-16

Remarks

Latest Address Fenelon Falls.

Que.

Roll No A Page 1835

DEPARTMENT OF VETERANS AFFAIRS

To Copy for H.O. file.

Attention of

NAME SIMPER Albert Edwin.

SERVICE 725522

C.P.C. No. 106848

NAVY

NUMBER 93RD. BN. (CEFW) V.A. No. 14877

ARMY

R.C.A.F.

OTTAWA 4, ONTARIO.
Date... ~~DECEMBER 7, 1964~~

P.A.

The DEPARTMENT has received information from

~~P. M. E. C. P. C. SUNNYBROOK HOSPITAL, TORONTO 12, ONTARIO, DECEMBER 3, 1964.~~
(State authority and source of information of death)

regarding the death of the above mentioned veteran.

BO 148 2642

Particulars are as follows:

Date of Death... NOVEMBER 29, 1964.....

Cause of Death.....

Place of Death... NOT STATED.....

Name and Address of next of kin (if known).....

Copies to: W.S.R.
V. I.
~~INDEX~~
~~INDEX~~
H.O.

} Destroy form if advice of death already received.

C. O. Richards

for
Chief, Central Registry

U. S. GOVERNMENT PRINTING OFFICE



1917

1.

1917

1917

1917

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

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

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 25522 Rank Private Name Siniper Albert Edwin
C. E. F.

Enlisted (a) 25-11-15 Terms of Service (a) D of W Service reckons from (a) 25-11-15

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) Laborer

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				
			Halifax	24.7.16	
			Swinpool	31.7.16	
8/12/16.	2109 ²	Transferred to 124 th B. I.	Witley	8/12/16	LtO. Lt II No. 443 ³
23-126	ceac.	attached C. O. P.			

W. Aseltine Capt

ADJUTANT
109th Overseas Battalion, C. E. F.

Klikman A:

(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.

Casualty Report

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		<p>DISCHARGED. under Para 392, Sec. 16, K. R. & O. 1912. Being no longer physically fit for war service.</p> <p><i>W. A. Reed</i> Capt. for Commandant. Canadian Casualty Discharge Depot,</p>			

DEPT. MILITIA & DEFENCE
FEB - 8 1917
645-9829
CANADA

Proceedings of Medical Board at Discharge Depot.

Number 725522 Rank Pte Name and Corps of disabled soldier. Simper, Albert Edwin, 109th Bu.
Previous Civilian Occupation. Laborer.

Cause of disability -

Asthma.

Condition in detail which prevent the soldier earning a Full livelihood:-

Invalid man of rather poor physique & poor chest expansion. There is shortness of breath on extra exertion as hurrying in walking or on running &c.

Examination reveals condition of old Bronchial Asthma, with bronchial rales & impaired vesicular breath sounds with few small moist rales over whole chest. Heart normal. Has had ~~recurrent~~ attacks of acute asthma since childhood. No worse now than at time of enlistment.

Opinion of the Board.

Is able to resume civilian occupation. Slight deformity left index finger accident prior to enlistment also scar lower lip.

Degree of incapacity (Please state in fractions.)

1/5 - not due to service

Probable duration of incapacity:-

Permanent.

Does it render him permanently unfit for Military Service? yes

Would operation, special treatment or the use of appliances, etc., lessen incapacity? no

Signature.

E A Roberts Capt President.
W H Ogden Capt Members.
W D Dyer Capt

Station. Que

Date

Jan 29/17

Approved.

Date

Jan 29/17

W. W. Carrick Major
Assistant Director Medical Service.

Date

21 2 17

D J M Kay Capt
Director General Medical Service.

5
leander
7-2-17
D.S.

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number _____ Rank _____ Name and Corps of disabled soldier.

Previous Civilian Occupation.

Cause of disability -

Condition in detail which prevented the soldier earning a full livelihood:-

Opinion of the Board.

Degree of incapacity (Please state in fractions.)

Probable duration of incapacity:-

Does he render him permanently unfit for Military Service?

Would operation, special treatment or the use of appliances, etc., lessen incapacity?

Signature. _____ President.

Members. _____

Station. _____

Date _____

Approved. _____

Date _____ Assistant Director Medical Service.

Date _____ Director General Medical Service.

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

DUPLICATE

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.....**725522**

(3) Full Name of Soldier.....**MR Albert Edwin Simper**

(4) Place of Birth.....**London England**

(5) Are you married, or not?.....**Yes**

(6) If married, state,
 (a) Full name of your wife.....**Margaret Ann Simper**

(b) Present Postal Address.....**Fenelon Falls Ont. Canada**

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

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

If so, give number of boys and girls.....**None**

Also their names and ages.....**Nil**

(9) Is your Father alive?..... **No**

If so, state name and address..... **Nil**

(10) Is your Mother alive?..... **No**

If so, state name and address..... **Nil**

(11) If your Mother is a widow..... **Nil**

Are you her sole support, or not?..... **Nil**

(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.

..... **None**

(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.

..... **Nil**

(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.

..... **Yes**

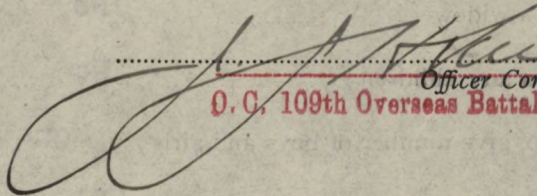
(15) Are you insured?..... **Yes**

If so, in what Company?..... **Can. Order of Oddfellows**

Have you made arrangements for payment of your Insurance premium..... **Yes**

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

Date..... **6th July 1916**

.....  **Lt. Col.**
Officer Commanding.
O. C. 109th Overseas Battalion, C. E. F.

LTR

Rank Name SIMPER, Albert Edwin ✓
 Unit 109th, Bn. If in perm. Corps, }
What Unit? } Reg'l No. 725 522 ✓
 Married or Single Married.
 Place and Date of Enlistment Fenelon Falls, 15th, Nov, 1915. Place of Birth London, England. ✓
 Name and Address, Next-of-Kin Margaret Ann Simper. ✓
P.O. Fenelon Falls, Ontario, Canada. ✓ Relationship Wife. ✓
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

ccac

7229

N/E R.B. No. _____
 File R.L. _____
 Category *LCR 272*

Discharge, Date and Place

Reason

Character

LCR 272

H. W. & V., Ld.—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					
9-12-16	O. B. 124 th	L. D. Souther for 109 th Bn. S.O.S. and despatched to	Witley	8-12-16	PA 2265
23-12-16	"	Discharge Depot. C.B.L.C.		23-12-16	" 279
16-1-17	ccac	503 on Com 109 th pending dis.	Hastings	21-12-16	" 26
13-1-17	CDO	503, then to Com for dis. M.U. S.O.S. proceeding to Canada M.U.	Buxton	13-1-17	PA 20 1/2
18-2-17	C.B.L.C.	reasons attached to 109 th Bn.	Hastings	13-1-17	PA 20 85
—	Discharge Depot.	Finally Discharged.	Quebec etc.	15-2-17	175. Fenelon Falls.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

35912/717

Name *Simpson A. S.*
Surname Christian Name

Regimental Number *725522* Rank *Plt*

Unit *109th Bact*

Address (in full)
*Henley Falls, Ont.
County Victoria*

Original Unit

District where paid *10/22/19*

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem: Field Allowance \$ per diem. Separation Allowance \$ per month.

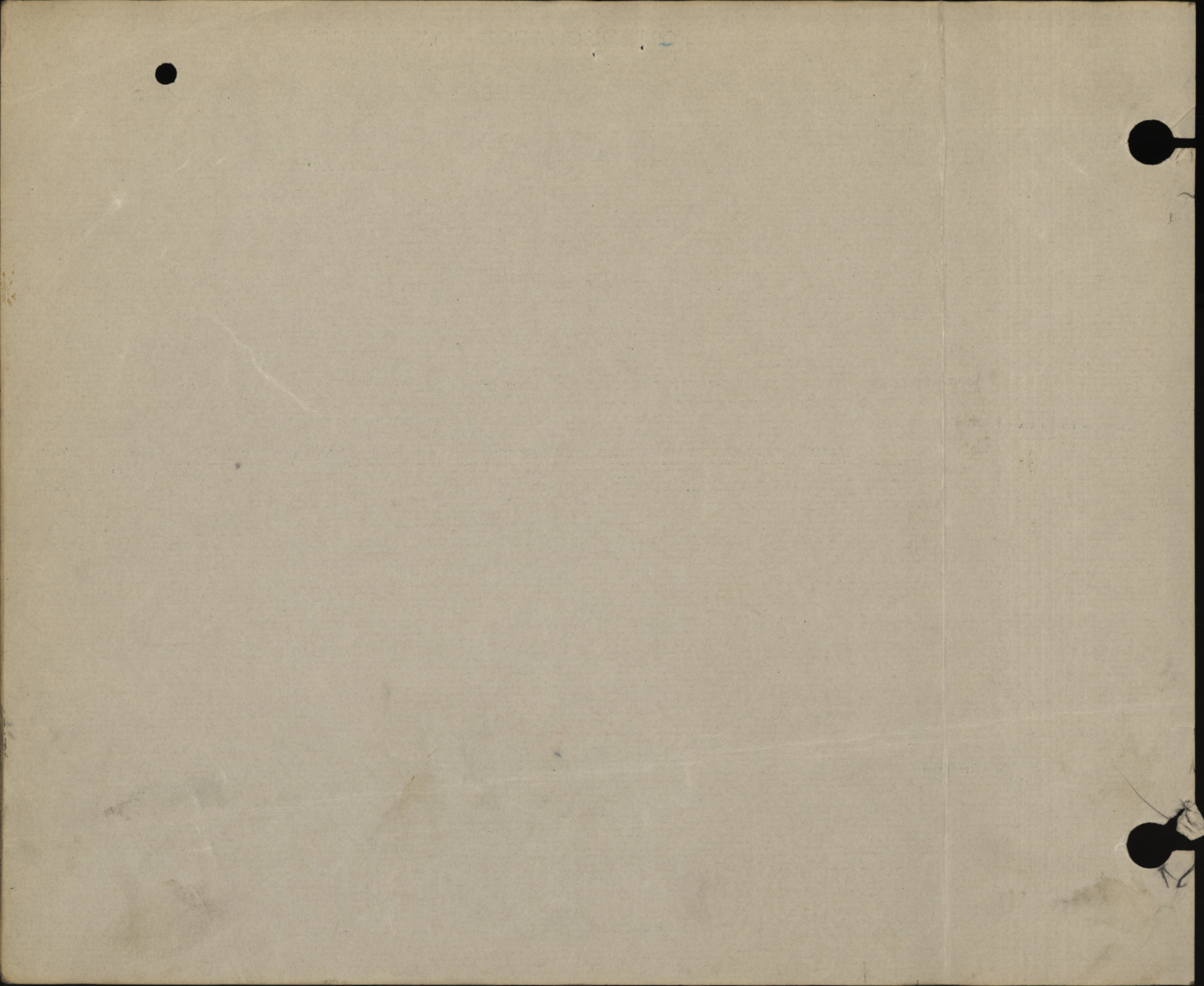
L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

S. P. Hill 9679

M. F. W. 127.
25M.-8-18.
1772-98-1140.

Remarks: *No record of P.D.P. Ledger sheet made from N.S. Declaration 4/6/19 GP*



File No. 16831-A-1

22/8/19

WAR SERVICE GRATUITY.

Register No. 35912/717

Reg. No. 725522 *Pte.*
 Name Simper, Albert Edwin
 Address Freelon Falls,
Victoria Co., Ont.

Dependent Mrs. A. E. Simper.
 Address same.

Pay Soldier \$ 119.90
Default.
Haydon.

Pay Dependent \$ 120.00
 Days 122 Rate 100.00 Due 400.00
 Less P.D.P. credited 160.10
 Less further Dr. Bal. or overpayment.
 Net 239.90

RW 109
25-10-19

Clerk C. R. Kemp. 22/8/19.

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1 30/8/19	11552	510414	119 90		130/8/19	11553	510411	90 00
2 ✓	✓	✓	—		2 ✓	✓	✓	✓
3					3 ✓	✓	✓	✓
4					17/9/19	25035	519897	30 00
5					5			
6					6			

GEN'L AUDITOR
 Posting checked by
[Signature]
 Date 22/8/19

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

ae

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ _____ per diem; Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
 300M-1-19
 1772-39-1140

Remarks:

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

9. 3420 = 15 = Ladyfa J. M. F. W. 12a.
 50m. - 4-16.
 1772-39-819.

Sheet No. 2.
 L. L. Job 310.-Req. 6574.

Margaret Simper (Wife)

Name of Soldier *W. E. Simper.*
725522 (Pte) 709 13 ln

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>X15354</i>	<i>15</i>	
Sept.		<i>F18466</i>	<i>15</i>	
Oct.		<i>623103</i>	<i>15</i>	
Nov.		<i>H28656</i>	<i>15</i>	
Dec.		<i>732537</i>	<i>15</i>	
Jan.	1917			<i>15.00 Acct Closed</i> <i>Redd Northland 13/1/17 BX 20. 18/1/17</i>
Feb.				
March				
April		<i>15-L A3420</i>	<i>15/5</i>	<i>to adv. for Jan.</i>
May		<i>711876 bon 711876</i>	<i>15</i>	<i>Written error. Cheque for #15 issued to</i> <i>account for Jan. per Capt. Cooper's</i> <i>letter of 29-3-17. File 649-5-9829</i> <i>Assigned Pay charged by</i> <i>England to 31-1-17</i> <i>P.S.P. 19/6/17 P.S.S.</i> <i>7/1/17 2-4-17</i>
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

24

File

AUG 1 1916

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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.				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

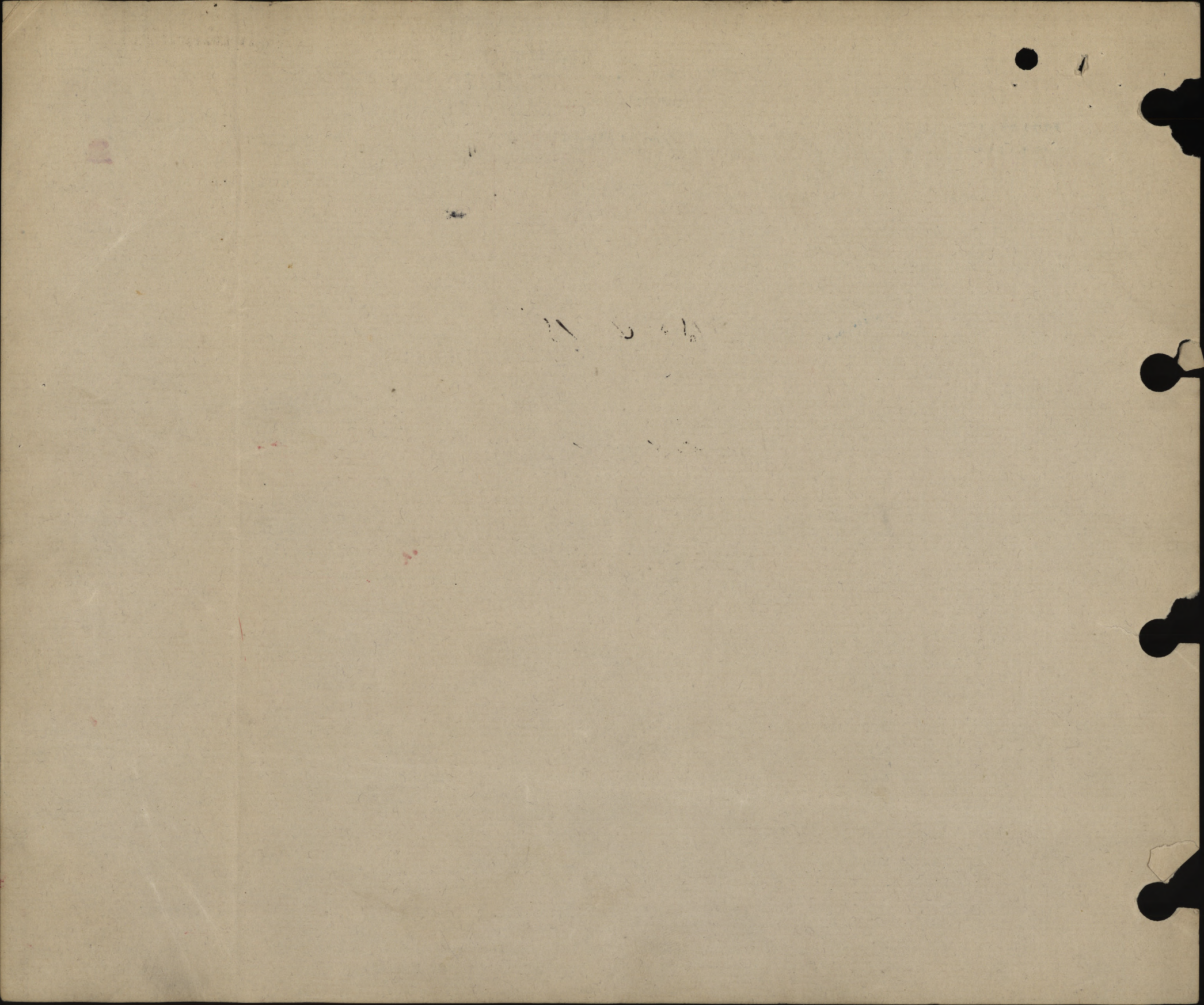
To Whom *Margaret Simper*
Address *Fenelon Falls
Ont.*

By Whom Assigned *A. E. Simper*
Regtl. No. *725522*
Rank *pte*
Corps *109 Btn. Coy*

Rate *\$15.00* **AUG 1 1916**

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Disch'd to Canada } 5th Feb 17 Stop paym't 1/2/14 3m. from Jan 4/14 FN noted previous to 3m } Clew</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			<i>Closed</i>
Feb.				
March				



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job: 89002.-Req. 623

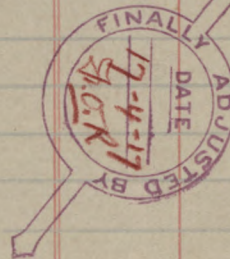
Name of Soldier

PAYMENTS.

PTE 425523

Wife
*Simper Margaret Ann**Simper Albert Edwin*

Month	Year.	Cheque No.	Amt.	Remarks.
April	1916	73401	20	20
May		4 1224	20	20
June		25955	20	20
July		B 8175	20	20
Aug.		X 12442	20	20
Sept.		I 16265	20	20
Oct.		P 20948	20	20
Nov.		Y 23986	20	20
Dec.		Z 24589	20	20
Jan.	1917	U 29825	20	20
Feb.				
March				
April		A. 2977	10	220 18 mailed. 17-4-17 Dec 15 17 Per Capt Conger letter 29 17 pay SA to date of Dis per O.B. 12/4/17 Johann 13/4/17
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



ACCOUNT CLOSED

DATE.....PER.....

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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.				

SEPARATION ALLOWANCE

Name *Simper Margaret Ann*Name of Soldier *Simper Albert Edwin*Address *Stanlan Falls.*Regtl. No. *725522*Rank *Pte*Corps *109th Battrn.*

Relation to Soldier

To what Corps belonging

wife, child or mother

when called out

} *Wife*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>24363</i>	<i>20</i>	<i>20</i>

ACCOUNT CLOSED
 DATE.....PER.....
W-

10

11

12

725522

Pte Simper A. E.

109th Bn. C.E.F.

Will removed by Regt. Paymaster

78724

J. J. Williams CAPT.
Paymaster, 109th Overseas Battalion, C.E.F.

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 725522

Name Albert Edwin Simper

Unit "B" Coy 109th Bn Can Inf.

Military Will.

I hereby give and bequeath all
my belongings and effects to
my wife, Margaret Ann Simper
Fenelon Falls, Ontario Canada

H. K. Ryan
witness

Signature *Albert Edwin Simper*

Rank and Regt. *Pte 109th Bn Can Inf.*

Date *1st Oct 1916*

MEMORANDUM

From

From

To

To

ANSWER

.....19

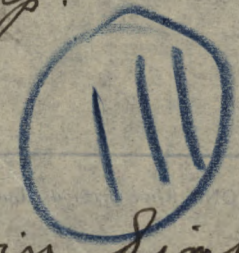
.....19

Reserved for M.H.C.

Regt. No. 725522 Rank Pte. Surname Simper Christian Name Albert Edwin
 Unit or Corps—(a) Overseas from United Kingdom 109th Bn. C.E.F. (b) In United Kingdom
 Born at—Town London. County or Province Country England
 Date of Birth—Day 2 Month June Year 1875 Age 41 yrs. 6 months.
 Joined at Fendon Falls Ont Date Nov 15/15
 Former Trade or Occupation Labourer

Permanent marks or peculiarities that will serve for future identification:—

Scar on lower lip.



Height—feet 5 inches 5 Colour of eyes Blue Grey.
 Signature of Soldier (for identification purposes) Pte Albert Edwin Simper

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

- Disabilities Group (a).
- Disabilities Group (b). Asthma
- Disabilities Group (c).

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i) As to Group (a) above.			
(ii) As to Group (b) above.	<u>Natural</u>	<u>London Eng.</u>	<u>about 30 years ago</u>
(iii) As to Group (c) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914)

3. Is the disability due to disease contracted or injuries received prior to Active Service?

- (i) As to Group (a) above? If yes, has Active Service aggravated it?
- (ii) As to Group (b) above? yes If yes, has Active Service aggravated it? yes
- (iii) As to Group (c) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

- (i) As to Group (a) above?
- (ii) As to Group (b) above? no
- (iii) As to Group (c) above?

3
Revised
7-2-17
DS

5. If a cause of disability was an injury received on Active Service, was it received—

Not applicable

(i) While on duty?

(ii) While off duty?

(iii) Was a Court of Inquiry held?

(iv) Where?

(v) When?

(vi) Opinion of the Court?

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

*Has had asthma since childhood.
Cannot sleep at night.
Getting worse in England.*

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

*Is in good health at present.
Feels well between attacks.
Has slight rheumatism.
All systems working normally.*

8. OPERATION. (i) Was one performed?

(ii) If so, state what.

Not applicable.

(iii) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i) Is there loss or decay of teeth attributable to Active Service?

(ii) If so, describe.

Not applicable

10. DO YOU RECOMMEND:—

(a) Fit for duty?

(b) Fit for base duty?

(c) Invalid to Canada?

(d) Discharge from the Service as permanently unfit?

yes.

Date of Report *Dec. 7* 191*6*.

Signed *H. B. Boyd Capt*

Officer in medical charge of case.

Station *Netley Camp*

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

Dated at *Bramshott*

Station, on *18-12-1916*

{ Officer i/c Hospital } Strike out one
{ S.M.O. Brigade } of these.

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly" are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I (1)?
If not, indicate it. **Yes.**

DEPT MILITIA & DEFENCE
FEB 29 1917
6498-9829

12. Is the cause of the disability fully indicated in Part I (2)?
If not, indicate it. **Yes.**

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? Aggravated? } **No.**
(b) Misconduct of the Soldier { Caused? Aggravated? } **No.**

14. THE ENTIRE DISABILITY. Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%)
30%

15. THE PENSIONABLE DISABILITY—(see Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/5, 2/5, 3/5, 4/5, or all).
Less than a quarter if the above.

16. Permanency of the Pensionable Disability estimated next above in (15).
(i) Is it permanent? **Apparently see section 6, but very variable more marked in England.**
(ii) If not permanent, what is its probable duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?
Not applicable.

18. Remarks.
Will be as well on return to Canada as on enlistment. Will never make an Aii soldier.

19. Recommendation:—(a) ~~XXXXXXXXXX~~
(b) ~~XXXXXXXXXX~~
(c) Invalidity ~~XXXXXX~~?
(d) Discharge from Service as permanently unfit? **Yes.**

Classification for the Military Hospitals Commission.
Not Classified.

Date of Board **21 NOV 1916**

Signatures of the Board

C. E. Cooper ^{Pres} President.
H. Marshall Capt
H. Ingleton Capt

Station **Bramshott.**

Approved **21 NOV 1916**

[Signature] Major,
D.A.D.M.S. for A.D.M.S.,
For G.O.C. & A.D.M.S.
Bramshott Camp

Dated at **Bramshott.**

Station **Bramshott.**

21 NOV 1916

0264-10-2-17

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the 27 day of 10 1917

Members of the Board :-

A162-10/17

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :-

Signature of
President

Dated at

this

day of

191

Signatures of
the Board

President.

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

DEPT MILITIA & DEFENCE
FEB. 23 1917
H. S. 9829

22-11-649-18-1916

No. 725522 Rank Pte. Name Simper. A.C.

Local Unit 109th Bn. Overseas Unit _____ Age 41

Examination held at Bramshott, Hants.

DISABILITY.

~~Overseas~~—Local.
(scratch one out)

Asthma

PRESENT CONDITION.

Asthma has troubled him ever since childhood. He cannot sleep at night with it. Worse since coming over.

Board recommends:

1. ~~Fit for Duty.~~
2. ~~Fit for duty after _____ weeks physical training.~~
3. ~~Fit for Base duty _____ weeks.~~
4. ~~Fit for Permanent Base Duty.~~
5. Discharge. E

B179

Signatures:

C.E. Cooper ^{Major} Cole ^{Chairman} Pres.

Members

H. Mackenzie Capt

H. Huxford Capt

Approved.

Bramshott 22-11- 1916.

Lawrence Col

for A.D.M.S.

Canadian Troops, Bramshott.

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT

1898

Name

Local Board

Examination held at Bramshott (Hosp.)

DISABILITY

Of the 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th

PRESENT CONDITION

Board resolution

1. Report

2. For the purpose of the Board

3. For the purpose of the Board

4. For the purpose of the Board

5. Discharge

Signature

Pres

Members

Approved

Signature

1898

W. A. D. M. S.

General Secretary

255
card
M. F. B. 313
MEDICAL HISTORY SHEET. ORIGINAL

Surname Dimper

Christian Name Albert Edurn

Examined { on 15th day of November 1915
at Fenelon Falls

Approved by J. McCulloch
J. McCulloch
Rank Medical Officer Capt. M.O.

Birthplace { City or Town London
County England

Apparent age 38 years

Trade or occupation Laborer

Height 5 Feet 5 Inches.

Weight 110 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 35 1/2 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right None Left Four
Number Four

When Vaccinated last November 15 1915

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Date	Fit or Unfit	109th Overseas Battalion, C. E. F. EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
15-11-15	Nil	J. McCulloch M.O.
29-3-16	Good	J. McCulloch M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
29-11-16	Good	J. McCulloch M.O.
8-3-16	Good	J. McCulloch M.O.
16-3-16	Good	J. McCulloch M.O.

Enlisted on 15th day of November 1915 at Fenelon Falls

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>93 Battalion</u> <u>C. E. F.</u>	<u>725522</u>		<u>15-11-15</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u>	<u>22-11-16.</u>	<u>Asthma</u>	<u>Discharge (E)</u>
<u>21 DEC. 1916</u>	<u>21-12-16.</u>	<u>As above</u>	<u>Discharge as permanent</u>
APPROVED.			<u>with certificate</u>
<u>Major,</u>			<u>PRESIDENT.</u>
<u>D. A. D. M. S. for A. D. M. S.,</u>			<u>MEDICAL BOARD, BRAMSHOTT.</u>
<u>Canadian Troops, Bramshott Camp</u>			

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.

Surname

Burpeter

Christian Name

Albert Edwin

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
									<p>DISCHARGED. under Para 392, Sec. 16, K. R. & O. 1912.</p> <p>Being no longer physically fit for war service.</p> <p><i>W. H. Seedart</i> for Commandant. Canadian Casualty Discharge Depot,</p>		

1000

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

W. E. M.

Name **Simper, Albert E.**
Surname Christian Name

16831-A-1

Regimental Number **725522** Rank **Pte.**

Address (in full) **Fenelon Falls,
 Ont,**

Unit **C.C.A.C.**

Original Unit **14th Bn.**

District where paid **Ottawa**

Date of Discharge **15 2 17.**

P. D. P. Filing Number **16 S10**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **20.00** per month.

L. L. 22373—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
<i>16010</i>	<i>2265</i>	<i>7/8/17</i>	<i>5300</i>	<i>2216</i>	<i>4/9/17</i>	<i>5300</i>	<i>2189</i>	<i>5/10/17</i>	<i>5410</i>		<i>16010</i>

M. F. W. 127.
 60M - 6 17.
 1772 39-1140.

Remarks:

CERTIFICATE OF DISCHARGE DOCUMENTS.

Reg'tl No. 725522

Name in Full Simper, Albert

Rank Pte

Reserve Unit 109th Bn

Place of Residence in Canada Fenelon Falls, Ont.

Military District. 2

(Information named on page 4 should be enclosed.)

Classification of Disability 3

(or) Reason for Discharge Permaner

est

(Class changed subsequently by authority.)

Commandant C. D.D. will assume responsibility for the column that documents listed below have been destroyed.

If original document initial in column, initial in column.

If original not available, initial in column.

(If Reserve or Permanent Staff of the Territorial Force, &c., or to General Service of the Army, it should be so stated.)

Initials of C. D.D.

List of

1.

Description at the time of discharge.

Age 41 years 6 months
Height 5 feet 6 inches
Chest measurement { girth when fully expanded 38 ins.
range of expansion 3 ins.
Complexion Dark
Eyes Blue
Hair Brown
Trade Laborer

Descriptive marks.

Scar on lip
Scar end. 2. index finger

Intended place of residence (To be given as fully as practicable)

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

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

Para. 392, Sec. 16, K. R. & O. 1912.

Being no longer physically fit for war service.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

Good

LIEUT.
for O/C Discharge Depot, Quebec.

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

CANADIAN DISCHARGE DEPOT

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer

Army Form B. 2088 has been issued to*

Cancelled
7-2-17
J.S.

DISCHARGE DOCUMENTS.

Reg'tl No. 725522

Rank Pte

Present

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 725522 Army Rank Pte

Name Simps Albert
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 66th
Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge FEB 15 1917

Place of discharge QUEBEC

1. Description at the time of discharge.

Age <u>41</u> years <u>6</u> months	Descriptive marks. <u>Scar on lip</u> <u>scar. end. 2. index finger</u> <u>30-1-22</u>
Height <u>5</u> feet <u>6</u> inches	
Chest measurement { girth when fully expanded <u>38</u> ins. range of expansion <u>3</u> ins.	
Complexion <u>Dark</u>	
Eyes <u>Blue</u>	
Hair <u>Brown</u>	
Trade <u>Laborer</u>	
Intended place of residence (To be given as fully as practicable)	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of _____
Para. 392, Sec. 16, K. R. & O. 1912.
Being no longer physically fit for war service.
 (The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— Good Approved LIEUT.
for O/C Discharge Depot, Quebec.

4. Character awarded in accordance with King's Regulations:—

TO BE FILLED IN ON THE SOLDIER QUITTING THE COLOURS.

CANADIAN DISCHARGE DEPOT,
Quebec

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case. Lieut. Col.

Initials of Commanding Officer _____

Army Form B. 2088 has been issued to* _____

W. S. G. Complete 10/6/19 J. m. d.

Cancelled 7-2-17 J.S.

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.

Simper a &

LIST OF DISCHARGE
DOCUMENTS.

1. Proceedings on discharge.
(Army Form B. 268.)
2. Proceedings on transfer to reserve (if any).
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).
Army Form B. 136.
7. Authority for continuance, or extension, of service (if any).
Army Form B. 221.
8. Court of Inquiry on an injury (if any).
(Army Form A 2.)
9. Regimental conduct sheet.
(Army Form B. 120).
10. Company conduct sheet.
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.
(Army Form B. 178).
13. Medical report on invalid (if any).
(Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required.
See section 11 on second page.
19. Active service casualty form.
(Army Form B. 103).
20. Employment sheet.
(Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).
(Army Form B. 178).

Instructions as to the preparation, dispatch,
and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.