

ATTESTATION PAPER

No. 481582

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.....

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?.....
- 1a. What are your Christian names?.....
- 1b. What is your present address?.....
2. In what Town, Township or Parish, and in what County were you born?.....
3. What is the name of your next-of-kin?.....
4. What is the address of your next-of-kin?.....
- 4a. What is the relationship of your next-of-kin?.....
5. What is the date of your birth?.....
6. What is your Trade or Calling?.....
7. Are you married?.....
8. Are you willing to be vaccinated or re-vaccinated and inoculated?
9. Do you now belong to the Active Militia?.....
10. Have you ever served in any Military Force?.....
If so, state particulars of former service.
11. Do you understand the nature and terms of your engagement?
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Reed
Charles Henry
Central Butte, Sask.
Kentucky, U.S.A.
Belle Webb.
Central Butte, Sask.
Mother.
9th February 1895.
Farmer.
No.
Yes.
No.
No.
Yes.
Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Charles Henry Reed, 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 28th December 1915 Charles Henry Reed (Signature of Recruit)
Edmund King (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Henry Reed, 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 28th December 1915 Charles Henry Reed (Signature of Recruit)
Edmund King (Signature of Witness)

CERTIFICATE OF MAGISTRATE

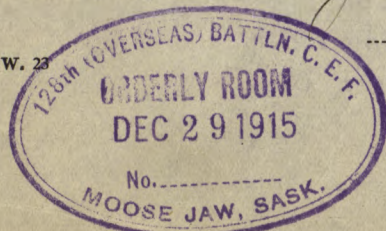
The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

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 and replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Moose Jaw this 28th day of December 1915

Woolman (Signature of Justice)

M.F.W. 23



DESCRIPTION OF Charles Henry Reed ON ENLISTMENT.

Apparent Age 20 years 10 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. 8 ins.

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

Complexion Dark

Eyes Brown

Hair Dark Brown

Church of England Yes

Presbyterian

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 declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date 28th December 1915.

Place Moose Jaw Sask

Capt
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.

Charles Henry Reed 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.

Date 28th December 1915.

J. Paulsen
Lt. Col.
Commanding 128th
overseas Batta. C.E.F.

(Signature of Officer)

REGIMENTAL DOCUMENTS

NAME

Reed Chas Henry

REGT. NO.

781582

UNIT

H. Q. FILE NO.



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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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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)

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DEATH

Category

DISCHARGE

Category

DESERTION

05070



36 19
24 20
10 20



NAME

RANK & NO.

CORPS

ENLISTMENT, PLACE

FORMER CORPS

COUNTRY OF BIRTH

NEXT OF KIN

ADDRESS OF NEXT OF KIN

DISCHARGE, PLACE

DATE

64-2-17194
 S.O.S. Disc. 7/2/18 Auth. Pte. #49718/18
 781582
 alt. Rgt. 5pt. unit Batt.
 NAME Reed Charles Henry
 RANK & NO. Pte.
 CORPS 128th
 ENLISTMENT, PLACE Moose Jaw Sask. DATE Dec. 28th. 1915.
 FORMER CORPS Nil.
 COUNTRY OF BIRTH U.S.A. Kentucky.
 NEXT OF KIN Hebb Mrs. Belle. (Mother)
 ADDRESS OF NEXT OF KIN Central Butte, Sask.

0/5. 15-8-16 5-10
 82

REMARKS:

NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REG'T'L NO

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 380 No 10 Co. F. Amb.

15-3-17

P. U. O.

A 390 to No 30 Gen Calais

12-5-17

N. Y. D. Slt.

A 396 " " " "

20-4-17

Influenza disch.

Name REED, Charles Rank

Private

Reg. No. 781582

Unit Henry
49th. Battalion.

Next of Kin **Canada.**

[illegible]

[illegible]

No. 781582 RANK *Pte.*NAME *Reed, G.**H.*T.O.S. 28-12-15- UNIT *128th Battalion, C.E.F.*
A.O.# 40 of 30-12-15-M. D. *10th 1916*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915- Dec 28 1916</i>	<i>1915- Dec 31 1916</i>	<i>R.</i>		
<i>Jan</i>		<i>✓</i>	<i>Sick leave 3-1-16 to 8-1-16.</i>	<i>A.O.# 2 of 3-1-16.</i>
<i>Feb</i>		<i>✓</i>	<i>Returned from sick leave 9-1-16</i>	<i>A.O.# 16 of 20-1-16.</i>
<i>Mar</i>		<i>✓</i>	<i>granted leave from 16/2/16 to 22/2/16</i>	<i>A.O.# 39 of 162-16.</i>
<i>Apr.</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug</i>		<i>70</i>	<i>018</i>	

UNIT SAILED

AUG 15 1916



Surname **Reed.** Christian Name or Names **C.H.** Reg. No. **781582.**
 Rank **Pte.** Unit **49th Bn.** Co. Troop Batty.
 Hospital **10 Can. Fd. Amb.** Date of Admission **18-3-17.**
 Transferred **30 Gen. Lais** Hosp. **12-4-17**
 Hosp.
 Hosp.
 Hosp.

Diagnosis **P.U.O.**

(1) Later Diagnosis (if changed) *Influenza*

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Disch 20-4-17 Date

REMARKS

C.L. 10-4-17. A.380.

- 20-4-17 #390
 - 27-4-17 @396.

A.M.D. 2 Dept.

Beh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

LTR

Rank _____ Name REED, Charles Henry ☒ Reg'l No. 781583 ☒

Unit 128th, Bn. ☒ If in perm. Corps, }
What Unit? } Married or Single Single. ☒

Place and Date of Enlistment Moose Jaw, 28th, December, 1915 ☒ Place of Birth Kentucky, U.S.A. ☒

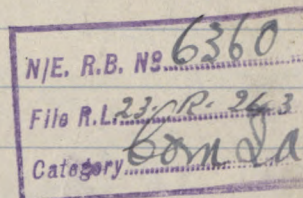
Name and Address, Next-of-Kin Belle Webb. ☒
Central Butte. Sask. ☒ Relationship Mother. ☒

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____



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 "S.S. GRAMPAN. 24-8-16						
5-12-16	128 th	Trans to 49 th Bn	Branchett	5-12-16	Pl II D.O. 100	
11.12.16	49 th Bn	Taken on strength.	Field	6.12.16	" " 96.	
10-4-17	" "	no 10 Canadian Field Amb	"	18-3-17	BLA 380 (P.O.)	
20-4-17	" "	no 30 Gen Hosp	Balais	12-4-17	" " 390 NYD SLI	
27-4-17	" "	Discharged		20-4-17	" " 396 Influenza	
14. 9. 17	" "	Attd for duty 20 th Sq. R.F.C	Pl Field	23-8-17	Pl II D.O. 105	
5.2.18	49 th	Transf to Eng. for disch. from C.S.T. and placed to a.R.O.	"	1.2.18	Pl II D.O. 11. (ORD No 44 d 13 7/8)	
1		Disch in Eng P.T.O.				

A.F.B. 103 CHECK
12 DEC. 1916

all M.E.

A.F.B. 103 CHECKED

12 DEC. 1916

781582

Reed b. H.

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.				
18.2.18	Alta RD	Beases On and RFC + SOS Disch in Eng. - Akptd to Comm in Imp Army amended to lead having been able to be in RFB	Bolton	7.2.18	W. 80 H 9. Rt 070 of 11.3.18

FORM OF WILL.

69575

I, Charles Henry Reed (Name in full)

Regimental Number 781582 serving in 128th OVERSEAS BATTALION

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

my mother Mrs Fanny B. Webb
Central Butte Sask
Canada } Name & Address
 of person or
 persons to whom
 it is to go.

absolutely, and my personal estate I bequeath to

my mother Mrs Fanny B. Webb
Central Butte Sask
Canada } Name & Address
 of person or
 persons to receive
 personal estate*
 (see note).

In Witness whereof I have hereunto set my hand
 this 20th day of November A.D. 1916.

CH Reed Signature.

* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Name of Witness A. H. Dunsford

Address of Witness 128th OVERSEAS BATTALION

Occupation of Witness Captain & Quartermaster

Name of Witness Henry Reynolds

Address of Witness 128th OVERSEAS BATTALION

Occupation of Witness Soldier

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..... **128th OVERSEAS BATTALION**

(2) Regimental Number..... **781582**

(3) Full Name of Soldier..... **Reed. Charles Henry**

(4) Place of Birth..... **Kentucky, U.S.A.**

(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?.....No.....

If so, state name and address

(10) Is your Mother alive?.....Yes.....

If so, state name and address.....Mrs. J. S. Webb,.....

.....Central Butte, Sask.......

(11) If your Mother is a widow.....No.....

Are you her sole support, or not?.....No.....

(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.....

JUN 22 1916

Paullett

Officer Commanding.

**Lt. Col.
Commanding 128th.
Overseas Battn. C.E.F.**

ORIGINAL MEDICAL HISTORY SHEET.

Surname Reed Christian Name Charles Henry

Examined { on 28th day of Dec 1915
at Moore Jaw

Approved by J M Seash
Rank Capt. M.O.

Birthplace { City or Town _____
County Kentucky U.S.A.

Apparent age 20 Yrs & 10 Months

Trade or occupation Farmer

Height 5 Feet 8 Inches. M.O.

Weight _____ Lbs. M.O.

Chest measurement { Minimum 34 inches. M.O.

{ Maximum expansion 36 inches. M.O.

Physical development Good M.O.

Small-Pox Marks _____ M.O.

Vaccination Marks { Arm Right Left _____ M.O.

{ Number _____ M.O.

When Vaccinated last Childhood 7/7/16 OK A. G. Denmark M.O.

(a) Marks indicating congenital peculiarities or _____ M.O.

previous disease _____ M.O.

(b) Slight defects but not sufficient to cause rejection _____ M.O.

_____ M.O.

_____ M.O.

_____ M.O.

_____ M.O.

_____ M.O.

_____ M.O.

Enlisted on 28th day of December 1915 at Moore Jaw

Joined on enlistment

Transferred to

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

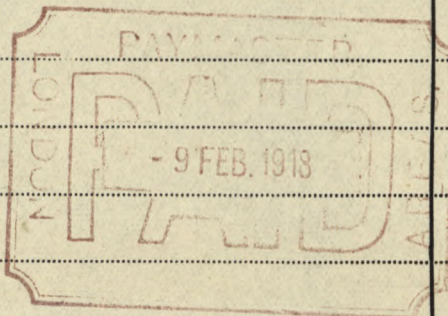
Surname

Christian Name.

[illegible]

STATEMENT OF PAY ACCOUNT.
SUPPLEMENTARY.

Regtl. No. 781582 Rank pte. Name Reed, C.H.
Unit 49th Bn. Original Unit in O.M.F. of C. 128th Bn.
Date of Discharge 7-2-1918. in England, in Canada
Authority for Discharge A.G. 3 & 2 2-R-1400 4-2-1918.
Reason for Discharge Disposal.

		Debits.		Credits.	
Original Balance shown on Last Pay Certificate 4-2-1918.				103	30
Charges or Credits received since issue of L.P.C.					
Particulars:- Cr. P & A 5-2-18 to 7-2-18.					
	3 days at \$1.10			3	30
					
Debit	to				
Credit Balance due by Chief Paymaster	221. 18. 14.	106	60		
Totals		106	60	106	60

Certified true extract of Credits for the soldier named

 London 7-2- 1918 (Sgd.) Richard Eagle. Lieut. Capt.
 for Chief Paymaster.

I hereby certify that the items as detailed above are acknowledged
Debit
as a Credit against my account, that I am satisfied with, and have no
reservations to make on same.

Place Date 7-2-1918.

COMPILED BY D.Cummings (Sgd.)
CHECKED BY A.E. Hoar " (Sgd.) C.H. REED.
Signature of Soldier.

NOTE:- THIS VOUCHER MUST BE ATTACHED TO THE ORIGINAL L.P.C.

251

Sept

place

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 Pvt Name CHARLES HENRY Surname REED
 Unit or Corps 49th BN (If a soldier) Regtl. No. 781582
 Born at Lewisville - Kentucky, U.S. on, date Feb. 9th/1896
 Signature (for identification) C. H. Reed

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

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. no

Weight 160 lbs.

Height 5 ft. 4 in.

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? no

4. RESPIRATORY SYSTEM? no

5. HEART?

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 72

Intermittence or irregularity? no

6. ARTERIES.—Any hardening? no

7. DIGESTIVE SYSTEM? no

8. GENITO-URINARY SYSTEM?

Urinalysis—s.g. 1023 Reaction? acid Albumen? none Sugar? none

9. SKIN, MIDDLE EAR, EYE
or any other part? no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

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

Examined at London { Signed W. J. Maynard M.O.
 Date 4-2-18 { Signed E. H. Hudson 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 general service or a Soldier fit for duty.

When 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.

Name CHARLES HENRY
 Grade Private
 Post or Station 1st Cavalry Regt.
 Born at St. Louis, Mo. on date May 15, 1878
 Signature for identification [Signature]

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

1. PHYSIQUE (See description of diseases, U.S. 100)

Height 5 ft. 10 in.
 Weight 160 lbs.
 Build Medium

2. NUTRITION AND DIATHESIS

After describing injury and disease, examination is any evidence of disease or impairment of the parts indicated below, if any.

3. NERVOUS SYSTEM

4. RESPIRATORY SYSTEM

5. HEART

Location Normal
 Size Normal
 Pulse rate 72
 Intensity or irregularity Normal

6. ARTERIES—Any hardening?

7. DIGESTIVE SYSTEM

8. GENITO-URINARY SYSTEM

Urethra, etc. Normal (Location) Normal (Discharge) Normal

9. SKIN, NAILS, EYE, EARS, NOSE, THROAT

Is there any evidence of impairment of hearing? No
 Is there any evidence of impairment of vision? No
 Is there any evidence of impairment of taste? No
 Is there any evidence of impairment of smell? No

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

Examined at St. Louis, Mo. on May 15, 1900

Witnessed by [Signature] and [Signature]

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

This space to be left blank
for the Chelsea Number.

7012
Army Form B. 268
23.2.18

Proceedings on Discharge.

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

No. 781582 Army Rank Private

Name Reed, Charles Henry

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

Corps 128th Bn. 49th Battalion 2nd Res.

Battalion, Battery, Company, Depot, &c. Alberta Regt Depot

(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 1st February 1918.

Place of discharge London England

1. Description at the time of discharge.

Age 23 years _____ months

Height 5 feet 7 inches

Chest measurement { girth when fully expanded 38 ins.

{ range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Brown

Trade Printer

Intended place of residence 40 Wilton Street

(To be given as fully as practicable) Victoria B.C.

Sp. Special Reserve Officer

(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.)

Descriptive marks.

None Lt. Arm

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

R. F. C. H. R. 392-XXV

Auth. A. G. 3A 2/2- R. - 1400 Dated 4/2/18.

(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 :—

VERY GOOD

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

MILITARY CHARACTER.

VERY GOOD

Certified that the above is an accurate copy of the character given by me on Army Form B. 2087* and that Army Form D. 489 was awarded in this case.

Army Form B. 2088 has been issued to*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... Class

6. Campaigns, Medals and Decorations

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place)

(Date)

Commanding

Batt.

Regiment

8.

Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place)

(Date)

(Signature of Soldier.)

(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 at 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 towards engagement to (the date to which the record of service is completed) years days.

Further service " " (the date of confirmation of discharge) " " " "

Total " " " "

11.

Confirmation of discharge.

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

(Place)

(Date)

Signature

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

E. H. Reed

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.

anna

H. Q. 1772-39-920

Unit, Regiment or Corps

Enlisted (a) 28/12/15 Terms of Service (a) War etc Service reckons from (a) 28/12/15 ^{ce}

Date of promotion to present rank.	Date of appointment to lance rank	Numerical position on roll of N. C. Os.
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Extended..... Re-engaged..... Qualification (b).....

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				
N.					

CERTIFIED CORRECT.
 18 DEC. 1916
 RECORDS LONDON.
 Date _____
 Proceeded _____

Embarked Canada	Halifax	15/8/16			
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Arrived England	Liverpool	24/8/16
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128th Bn
Overseas xx for service with 49th Bn
D.O. 100 Part 2
B'shatt
Battn. Dec. 5th 1916
Alborthington

O. C. C. B. D.	Landed in France.	Taken on	Nom Roll d/	6/12/16
strength 49th	Cdn. Bn.	6/12/16	P. H. 2596	11/12/16.

— do. —	Left for	unit. 13/12/16.	Nom. Roll	d/13/12/16.
O.C. Bn.	Arrived	" 13/1/17	B2/13d/	21-1-1700

10 C. F. A.	P.U.D.	adm	18/3/17	Co' 1	106.2A Barlen	18-3-17	u36	Dec 29 4.4.17
"	"	adm	18/3/17	Co' 1	106.2A Barlen	18-3-17	u36	" 299 7.4.17
"	"	"	18/3/17	Co' 1	Dutty	18-3-17	"	" 302 20.4.17

116. 49 116 116 6520	JOINED UNIT Left for Unit	Field. 26-4-17	1-4-17 B 213. D. C. S 299 NR.	date
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30 General	N.Y.D. Sick	adm.	30 General	12-4-17	M 3024-288
11 W.D.	Arrived at Co. Base Camp.	Have		22-4-17	N.R.

(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
20-4-17	30 General.	Influenza	dis	20-4-17	W3034-303-
5-5-17	Col. 49th	Rejoined Unit	Field	29-4-17	Bv12
18.8.17	-	20 2nd Bde Royal Flying Corps.		18.8.17	B203. RFC Uth CRFC 920/119(A)
4.9.17	open 1c. R.F.C. records 3rd ed.	attached to 20th Squad R.F.C.	Field	23.8.17	4/12.8.17. 232/62/205 4/4.9.17. H.T. 16-20431
24.9.17	A.F.C.	To School of Aerial Gunnery		5.9.17	P+Ad #1059.
9.10.17	"	To Aerial Musketry Range		19.9.17	3213 d. 8.9.17. Letter d. 9.10.17 F.C. Rec. 225/16/174 dated 10/10/17.
19-1-18	Cdn. Repost. 2nd Echelon	Transferred to England for discharge from the Canadian Forces, with a view to re-enlistment in Royal Flying Corps, and posted to Alberta. Regt. Depot, Braunschott.		1-2-18.	37-70; Adm. File KR.7864. Ref: H.Q., R.F.C.'s 2279/3.4.(A). dated 29-1-18. DO II 11, d 5/2/18.
		DISCHARGED IN ENGLAND, K.R. & Q. PAR. 392, Sec XXV. <i>[Signature]</i> Lient. Officer Commanding, No. 2 Canadian Discharge Depot, <i>[Signature]</i> H. O. Charter LIEUT. FOR LT: COL: /C RECORDS, C.O.M.F.			
		<i>[Signature]</i> Lieutenant for Lieut. Colonel Adm. Canadian Section G.H.Q. 3rd Echelon. <i>[Signature]</i> R.2.14.			

Payable to

REED Chas Hy.

78/582

Dependent

Address

Central Butte.

Address

Laak. Canada

[illegible]

FILE NO.

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Dependent

Address

Paid to

Address

Remarks

Balance Due

Payments

Gratuity

Cheque No.

Date

MARRIED OR SINGLE *S.*
PLACE OF BIRTH *Kentucky & S. C.*
NAME AND ADDRESS OF NEXT OF KIN *Mrs. J. S. Webb*
Central Butte, Sask. Canada
RELATIONSHIP OF NEXT OF KIN *Mother*
NAME AND ADDRESS OF NEXT OF KIN
RELATIONSHIP OF NEXT OF KIN
SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
PAYABLE TO

CASUALTIES, PROMOTIONS, &c.
PARTICULARS EFFECTIVE DATE AUTHORITY
THIS MAN has been attached to
IMPERIAL FORCES
and LEDGER SHEET
is NOT to be sent to CANADA
until specially advised.

ADMISSIONS TO HOSPITAL, &c.
DATE ADMITTED DATE DISCHARGED V. OR A. NAME OF HOSPITAL

REG'L NO. *781582* RANK *Private* NAME *Reed, Charles Henry*
IF IN PERM. CORPS WHAT UNIT *128 Bn.* TRANSFERRED TO *494 Batt* DATE *5/2/16* AUTHORITY
PERMANENT FORCE ALLOWANCES TRANSFERRED TO *Kniff 36* DATE *14/3/18* AUTHORITY
PLACE OF ATTESTATION *MOOSE JAW, SASK.* TRANSFERRED TO DATE AUTHORITY
DATE OF ATTESTATION *Dec 28/15* TRANSFERRED TO DATE AUTHORITY
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
PAYABLE TO RELATIONSHIP
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
PAYABLE TO RELATIONSHIP
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *Dec* EFFECTIVE REASON *Due to England*
DISCHARGE DATE AND PLACE *England 4/2/18 cancelled* REASON AND AUTHORITY *R.G. 3a. 2-R-1400*
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *England 7-2-18 at S.G. 22-R-1400* REASON *Disposal*
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) *4-2-18*

P. 697-25M.
3989-31-10-17.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No. of Acq. Roll	AMOUNT					Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	\$	¢			
<i>21/12/17</i>		<i>100</i>			<i>14 84</i>		<i>India</i>		
<i>21/1/18</i>		<i>42</i>			<i>8 03</i>				
<i>21/1/18</i>		<i>40</i>			<i>7 14</i>				
<i>15/1/18</i>		<i>40</i>			<i>7 14</i>				
<i>25/1/18</i>		<i>30</i>			<i>5 35</i>				
<i>1/2/18</i>		<i>200</i>			<i>25 68</i>				
<i>3/2/18</i>		<i>2</i>			<i>9 75</i>		<i>London</i>		
<i>4/2/18</i>		<i>10</i>			<i>12 67</i>				
					<i>139 89</i>				

May 31 34 10
June 30 33
333 30

S.	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
		1		2		3		4		1	2	3	4				CREDIT	DEBIT			
		No.	DATE	No.	DATE	No.	DATE	No.	DATE												
	24 10															24 10				Bal from Canada	
	33 00	5	4/16	93	30/16	68	13/16		21 96		7 30				38 93	18 17	15 00	3 17			
	34 10	157	16/1/16						4 86					226						Repayment to Ordnance No 302	
	33 00	240	14/1/16			290	29/1/16		7 30					5 50	12 62	39 65	30 50	9 15		Forfeiture of 5 Days Pay P.O. 48	
		216	4/1/16						4 87	4 87					17 04	55 61	45 60	10 11			
	44 40															60 01					
	29 70															89 71					
	34 10	2329	23/12	2329	15/1	96	99/11		349	349	7 36				1134	112 49					
	192 40								42 42	25 39	4 36			7 76	799 3						
	30 80	2520	29/1						2 62						2 62	140 65	90	50 65			
	34 10	2598	17/2	2686	2/3	3200	25/3	FR 253 573	349	349	2 62	29 20			40 54	134 21	105				
	33															167 21					
	34 10	24 94	18 75	18 75	27/4				349	178	697				12 24	189 07	135	54 07			
	33	273	21/5						536						536	216 71	150				
	24 10	357 40							5738	32 40	13 95	29 20		776	140 69						

W. S. & J. J. J. J.
Induced 6-5-19

MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS

EFFECTIVE DATE

AUTHORITY

THIS MAN has been attached to
IMPERIAL FORCES
and LEDGER SHEET
is NOT to be sent to CANADA
until specially advised.

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED

DATE DISCHARGED

V. OR A.

NAME OF HOSPITAL

REG'L NO. 781582

RANK

Private

NAME

Reed, Charles Henry

IF IN PERMT. CORPS
WHAT UNIT

UNIT 128 Bn.

TRANSFERRED TO 494 Bn.

DATE 5/12/16

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO Norkoff 26

DATE 11/3/18

AUTHORITY

PLACE OF ATTESTATION MOOSE JAW, SASK.

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION Dec 28/15

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

EFFECTIVE

REASON

Due to England

DISCHARGE DATE AND PLACE

England 4/2/18 cancelled
England 7-2-18 at 8.9. 22-8-1400

REASON AND AUTHORITY

R.G. 9a. 2-R-1400

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C1

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3	4				CREDIT	DEBIT			
			\$	C.			\$	C.			\$	C.				NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE												
1916																																			
Aug 31														24 10	24 10																	24 10			Bal from Canada
Sept 30	30	100	30 00		30	10	300								33 00	5 4 1/2	93 30 1/2	68 13 1/2					21 90	4 30						38 93	18 17	15 00	3 17		
Oct 31	31	100	31 00		31	10	310								34 10	157 14/10/16							4 86						226					Repayment to Ordnance 10302	
Nov 30	30	100	30 00		30	10	300								33 00	240 14/11/16	286 7/3	290 29/11/16					7 30					5 50	12 62	39 65	30 50	9 15		Signature of 5 Days Pay 10.48	
Dec 14	4	100	4 00		4	10	40								4 40	216 4/11/16							4 87	4 87						17 04	55 61	45 60	10 11		
5/31	27		27		27		270								29 70																60 01				
1917			12 20				12 20																												
Jan 31	31	100	34 10											24 10	34 10	2329 23/12	238 15/1	680 13/11					349	349	4 36					11 34	112 47				
Feb 28	28		30 80												30 80	2520 29/1							42 42	25 39	4 36				7 76	79 93					
Mar 31	31	100	34 10												34 10	2598 17/2	2686 2/3	1032 24/3	3240 24/3	FR 253 5/3			349	349	2 62	29 20				262	140 65	90	50 65		
April 30	30		33												33																	167 21			
May 31	31		34 10												34 10	24 9/4	188 7/5	342 24/4					349	178	697					12 24	189 07	135	54 07		
June 30	30		33												33	273 21/5							536								536	210 71	150		
			333 30											24 10	357 40																				

W. J. & J. J. J. J.
6-5-19

Pte Reed. C. H.

A 3 M. FORM REN'D *hit* EFFECT.....
 DISCHARGED TO *Eng* DATE *4/2/18*
 PAY BOOK VERIFIED *pro*
CR 5 BAL. 105.30 *6/2/18*
 AUTHY. *ag 2a 2-R-1400.*

Disposal
checked. J. L. H. Widen
L.P.B.