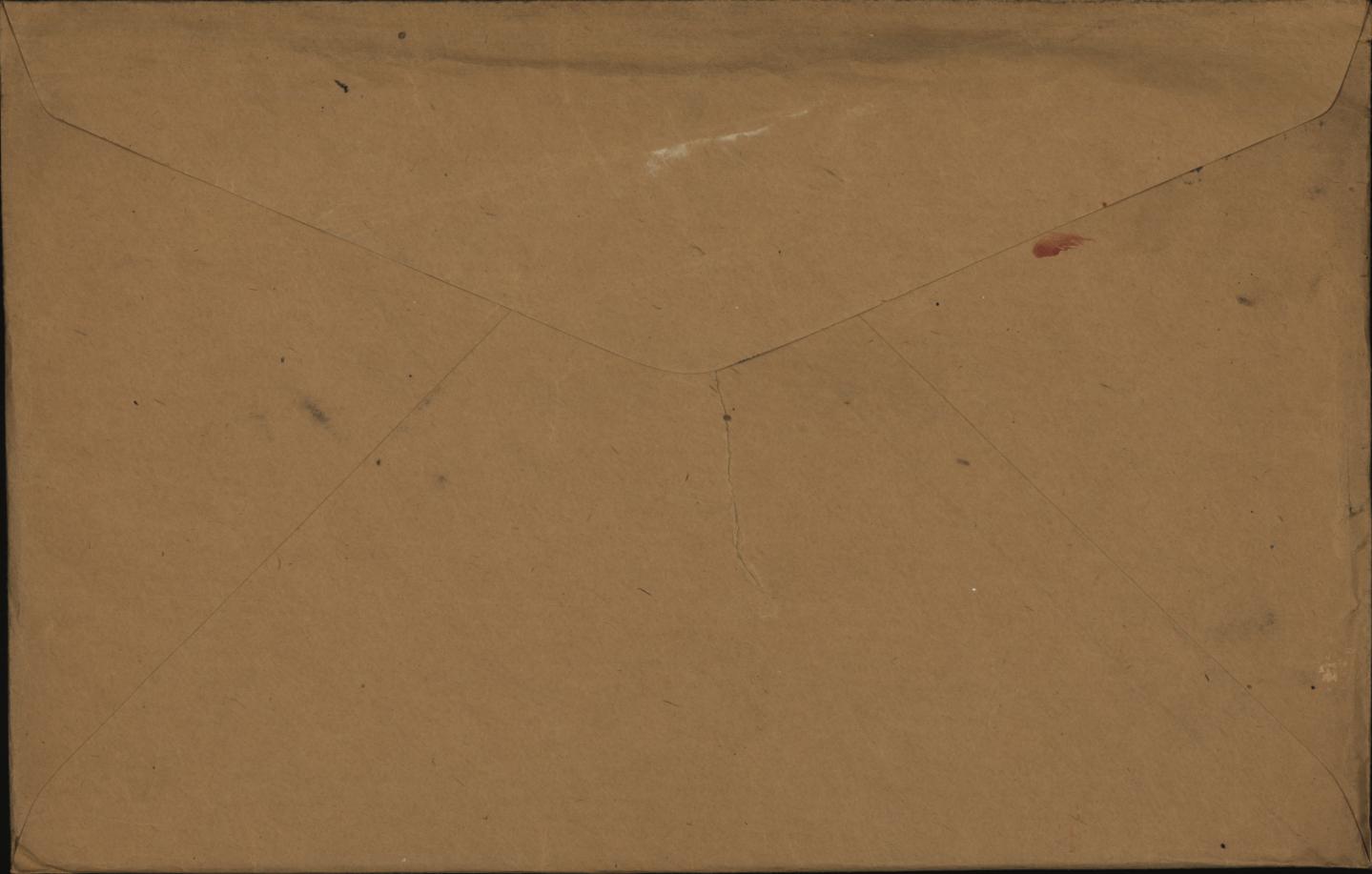
escription of latinegaco gnitacibal salvast 409th OVERSE Folio. CANADIAN OVER-SEAS EXPEDITIONARY FORCE. OUESTIONS TO BE PUT BEFORE ATTESTATION. 1. What is your surname?..... 1a. What are your Christian names?... 1b. What is your present address?..... 2. In what Town, Township or Parish, and in what Country 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 revaccinated 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? To apailing and DECLARATION TO BE MADE BY MAN ON ATTESTATION. 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. men (Signature of Recruit) (Signature of Witness) OATH TO BE TAKEN BY MAN ON ATTESTATION. , 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 Concrete and Officers and Successors, and that I will be raithful and in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, and that I will be raithful and successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, and that I will as in duty bound honestly and successors and obey all orders of His Majesty, His Heirs and Successors, and the successors are successors and the successors and the successors are successors. and of all the Generals and Officers set over me. So help me God. Management Signature of Recruit) (Signature of Witness) Date CERTIFICATE OF MAGISTRATE. bus bay 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. 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 ..... (Signature of Justice) M. F. W. 23 200 M-9-15 H. Q. 1772-39-841

To be de	ent Age	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
101.11	and section bot secs.)	(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		
۵. ۱	Girth when fully ex-	L. What is cour amendant.
Chest measure ment.	panded	te. West are your Greatmanners.
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Religious denominations	Roman Catholic	9. Do you now belong to Make Matthew Man
	Jewish	10. Have see every the seed to the seed by the seed of
	Other Denominations	He Do year and rearries as a second second
	(Denomination to be stated)	tiesupposes thoy
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	nd will briefly state below the cause of unfitness:—	will fill in the foregoing Certificate only in the case of those who have been
	nd will briefly state below the cause of unfitness:—	As of MIAO
	nd will briefly state below the cause of unfitness:—	In the second se
	CERTIFICATE OF OFFICE	ER COMMANDING UNIT.  having been finally approved and f Attestation, and every prescribed particular having

			REGIMENTAL DOCUMENTS	, 10		Nan
Sport	AME PATILIMENT HE	RBERT	REGT. NO. 725/89	INIT	H. Q. FILE NO.	HIN SE
(8	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
EX.	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	and the second	SON	17-6-20	2/19	DEATH
3	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)				1 1	
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				10 10	
	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)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)			15		Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129)			3/		Demol
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)	,	The state of the s		110/	
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)				4961	
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/	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
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#### 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
(1)	109th OVERSEAS BATTALION, C. E. F.
(2)	Regimental Number 725189
(3)	Full Name of Soldier Herbert Parliment
	rolls, Classification of the colors of the interest for both a great find the colors and a color of the colors
(4)	Place of Birth
	Ontario Canada
(5)	Are you married, or not?
(3)	Are you married, or not?
(6)	If married, state,  (a) Full name of your wife
	San and the same of the same o
	(b) Present Postal Address
(7)	Are you a widower?
(8)	Have you any children?
	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? No
If so, state name and address
(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.
added ACANON Canada and a colored account of thread to propose at 1 pilling angle for this colored
(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?
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.
- 1 Hollier
Date July 6th 1916 Overseas Battalion, C. E. F.

.... Theatre of War. Remarks ..... Latest Address Roll No

D	ESP EGN.	Date Z	Previous occupation.  Diagnosis.	Commercial	Address on discharge	Next of kinAddress on leave
	201	The second secon		Yes No Date		
		Remarks	enlistment Date of Medical Boards	Character on discharge		

<sup>\*-</sup>Name will be given in full; surname first.

REGT'L NO 725189 H. Q. FILE No. 649-FOLLOWS RANK AND CORPS NO. CAPLE NATURE OF CASUALTY No. DATE **FOLLOWS** 

L. L. 12767-M. & D. 7390.

M. F. W. 42—50M,—12-16, H. Q. 1772-39-893, LIST No REMARKS SURNAME. Parliment, CARD NO. CHRISTIAN NAMES Herbert REGL. NO. 725/89 RANK Ptel NAMES IN FULL Parliment, Miss Mabel Balsover, Ont, Canada. **ADDRESS** COUNTRY OF BIRTH Canada, Atherley, Ont. DATE Nov. 14 PLACE OF ATTESTATION Lindsay, OnRie 28,2

TRADE OR CALLING Student. fls. WIDOWER
RELIGION Presbyterian. DESCRIPTION. YEARS MONTHS APPARENT AGE FEET HEIGHT CHEST MEASUREMENT 35 INCHES EXPANSION 5 COMPLEXION Fair. EYES Blue. HAIR St. Brown.

DISTINGUISHING MARKS SCAR ON back of wrist of right MEDICAL EXAMINATION. PLACE Lindsay, Ont. DATE Jan. 25, 1916.

			D.M.S. 1300,
Surname	Christian Na	me or Names	Reg. No.
Parliament	H.		725189
	Jnit	Co.	Troop Batty
Pte	xxxxt	109th Bng	
Hospital	Andrews & bear		Date of Admission
R.V	.Netley		5-12-16
Transferred E	brom	Conval	Hosp. 14. 1. 17
/			Hosp.
			Hosp.
			Hosp.
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DISPOSITION		Dis. 2	6-1-17. Date
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- 14-2-17,	25-9.		
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	Army For	m B. 103.	Casualty Fo	orm—Active Se	ervice. Regi	mental Nu	mber 785189
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- waldel	Extended	{	Re-engaged {		nalification (b)		•
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To a second					Signature	of Officer	i/c Records.
	Date	Report From whom received	Record of promotions, rec &c., during active service, B. 213, Army Form A. 35, of The authority to be quoted in	ductions, transfers, casualties, as reported on Army, Form or in other official documents. in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 218, Army Form A. 36, or other official documents
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	(a) In the ca	ase of a man who has re-engage	ged for, or enlisted into Section	on D, Army Reserve, particula	rs of such re-engagement o	r enlistment will	be entered.

(b) Signaller, Shoeing Smith, &c. (938). Wt. 15012/5156. 1,000,000. 1/16. P. P. Ltd. Forms/B.103/3.

7251	89 Parliment	H		
Report  Date From whom received	Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B. 213, Army Form A. 38, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
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do

Reg'l No. 725189

Married or Single Single

Unit 109th BN.

Place and Date of Enlistment

If in perm. Corps, What Unit?

Linsay Jan. 25th.1916

Place of Birth Atherley ont.

Name and Address, Next-of-Kin Mahel Parliment

BolsowerOnt Ganada

Relationship

Sister /

Assigned Pay Monthly \$

Payable to

Relationship

25108

Separation Allowance \$

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Relationship

Discharge, Date/and Place

Reason

Character (

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Report. Record of promotions, reductions, transfers, REMARKS. casualties, etc., during active service. Place. Date. From whom Taken from Official Documents. The authority to be quoted in each case. Date. received. Arrived in England per H.M.T. 2810 Igla to Can Cow. Hosp Woodcote Park ccac 30-1-17 78-1-17 ao

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725189 Parliment H.

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Forms I. 1237

MEDICAL CASE SHEET.\*

9	MEDICAL CASE SHE	21.
No. in	Regimental No. Rank. Surname.	Christian Name.
Admission and Discharge	725/89 Pk Parliame	nt Herbert
Book.	Unit.	Age. Service.
Year		, /0
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12 1. 17	To Epson	

Station and Date. \*\*被電 The sales

# 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.

and the second of the second o	
No/25/89 Rank Spr	Surname PAR/iment
	(Given name in full)
	Herbert,
Unit or Corps 2 nd C. C.D.	Birthplace atherley Ont
(Examination of Officer or Other	Rank (stripped) to be made by one Medical Officer.)
. GENERAL DESCRIPTION: est	Tree of the contract of the contract of
Physique food Weight	lbs. Height 5 ft/O in. Colour of Eyes
Nutrition Scool	
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Left. 21ft.	and a transfer of the material states and the states are states and the states and the states are states are states and the states are states are states and the states are states ar
Opinion as to general health and physical	1 condition f a.d.
2. Has Officer or Other Rank ever suffere (Answer "Yes" or "No") (Subject	d from, or has he now, any affection of the following systems? ive evidence may be sufficient in certain cases.)
Nervous System	o Urinary System Cardio-Vascular System
Special Senses	umentary System
Disturbance of MentalityMusc	ular System
Osseous and Joint System JAny	other general condition
3. If the answer to any part of Section 2 a of origin; and also a description of t	above is "Yes," here give full particulars, with cause and date the present condition.
Dynamitis Kne	e R. 5-12-16
0	na disability

## EXAMINATIONS

### THIS SECTION FOR USE OVERSEAS-

Examined at Rifson (Overseas)
Date 13-6-19 Signed L-Tarret Jones MG
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 . H. Parliment.
(If not satisfied, M.F.B. 227 will be completed by Medical Board.)
THIS SECTION FOR USE IN CANADA—  Examined at King Star (Canada)  Date 30 7-19 Signed Wy Javel MO
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   Signature   (If not satisfied, M.F.B. 227 will be completed by a Medical Board.)
(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

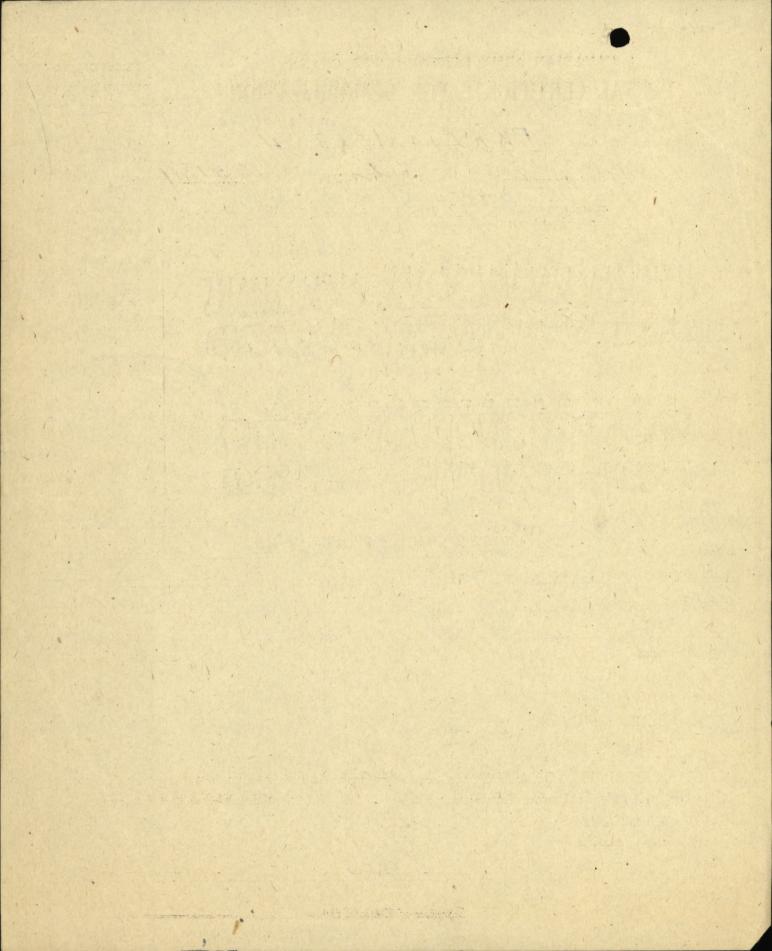
#### CANADIAN ARMY DENTAL CORPS. O.M.F.C.

DIRECTIONS TO

### DENTAL CERTIFICATE FOR DEMOBILIZATION

DENTAL OFFICERS Canadian Printing and Stationery Services, London ARLIAMENT 1. This form will be NAME OF SOLDIER (Block Letters) made out for each individual at the time of Demobili zation in England or France 2. Figures as per chart will be used Date of Examination in England Date of Examination in France. to designate teeth concerned. 11 12 13 14 3. In reference to Partial Dentures the numbers of teeth thereon wil be stated 4 JUN 1919 PRESENT DENTAL REQUIREMENTS 1. FILLINGS 2. EXTRACTIONS 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 20 (b) In England (c) In France

Signature of Dental Officer



Bank Account

# MILITIA AND DEFENCE ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12. 50m.—4-16. H. Q. 1772-39-819.

To Whom Bank of Montreal
Address Linds ay Ont

Rate \$15 00 AUG 1 1916

By Whom Assigned Parliament Ho.

Regtl. No. 725/89

Rank & TO

Corps 109 Bn

"B" Co

#### **PAYMENTS**

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	March				

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# Bank of Montreal OVERSEAS CONTINGENTS

L. L. Job 310.—Req. 6574.

PAYMENTS.

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	Nov.	(							
	Dec.		R60590	15					
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	Feb.				_				
	March		1	7 (-	7				
	April			10	N				
	May								
	June								
	July								



#### MILITIA AND DEFENCE

## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

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.					
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	Sept.					
	Oct.					
2	Nov.					
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# CANADIAN EXPEDITIONARY FORCE

# DISCHARGE CERTIFICATE A 2/3823

Name (in full) PARLIAMENT HERBERT	Rank) Sapper enlisted in
thethe	
CANADIAN EXPEDITIONARY FORCE at Linds	on the Twenty-sixth
day of January 19 16  2nd Battalion, Car  HE served in	nadian Engineers in France
and is now discharged from the service b	Demobilization.
THE DESCRIPTION OF THIS SOLDIER on t	he Date below is as follows:
Age	Marks or Scars
Height 5110"	Sear on Soch of litt
	Sear on back of left
Complexion Fair	herd
Eyes Grey	
HairBlack	
A Carliment Signature of Soldier.	1.7. Hiery L
Date of Discharge KINGSTON	for O. C. Dispussing Officer. H
JUL 31 1919 F	Rank
O STRICT OF	Date19

NB.- 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.

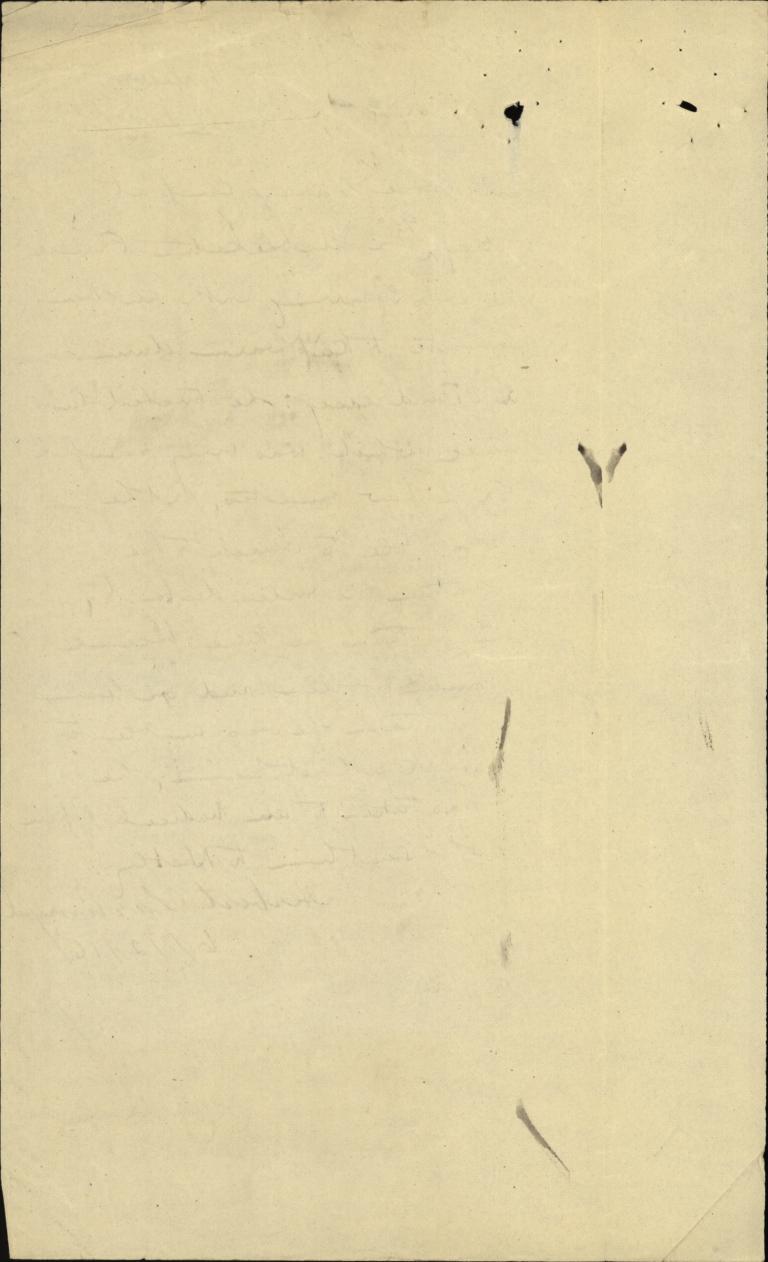
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and the install	

Personal statement of No 725-189 Pt Parliament Herbert "Rescudent" 38. Canadians Just before leaving camp at

5/12/16

Witten for embarkate France, he was & pary with another prote to keep warm during a Stand easy: he trusted his thee which was very pauful for a four muntes, buthe was able to much to the Statu 2 miles destant, in the true became much swoller and on learn the trans he was unble to walk what pen, he was taken to an hedreal office, The sething to Nether . 6/12/16



MEDICAL INSPECTION REPORT

Squadron, battery, or company

No.		Rank and Name (Christian name in full:		pleted rs of		If for	Whether	Lines			Disposal.
Regtl.		Surname first; M under name if married.)	Age.	Service.	Religion.	duty.†	a defaulter.	or barracks.	Room.	Disease.	Medical officer's remarks and signature.
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D. D. & L , London, E.C. P3887 Wt. W14391/M61 8,000,000 12/15 W 15 B, 256 †State nature of duty for which warned. In the case of men for medical inspection, the reason, such as "Soldiers for trial by Court-Martial," or "joining the station," &c., should be stated against their names.

Sq. Raw

<sup>\*</sup> Strike out whichever is not applicable,

### To be Discharged from Hospital to-morrow.

Únit.	Squadron, battery, or company.	Regt!. No.	Rank and Name.

CASUALTIES, PROMOTIONS, &c REG'L NO. 725189 RANK Ite NAME Parliament Herbert MARRIED OR SINGLE Single AUTHORITY UNIT 109 TRANSFERRED TO Can. For. Corps Date 21/4/17 AUTHORITY C.7.C

TRANSFERRED TO 5 Div Enginees Date 21/8/17 AUTHORITY Wolf & PLACE OF BIRTH Otherley Ont. IF IN PERMT. CORPS WHAT UNIT NAME AND ADDRESS OF NEXT OF KIN Mabel Carlinest PERMANENT FORCE ALLOWANCES Balsover out PLACE OF ATTESTATION Lendoug on TRANSFERRED TO RELATIONSHIP OF NEXT OF KIN Juster DATE OF ATTESTATION 25 - 1916 TRANSFERRED TO AUTHORITY NAME AND ADDRESS OF NEXT OF KIN ASSIGNED PAY MONTHLY \$ 15 100 DATE EFFECTIVE aug 1 st 1916 RELATIONSHIP OF NEXT OF KIN ADMISSIONS TO HOSPITAL, &c. DATE EFFECTIVE ASSIGNED PAY MONTHLY \$ SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE) PAYABLE TO PAYABLE TO RELATIONSHIP STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) RELATIONSHIP OF DEPENDANT DISCHARGE DATE AND PLACE REASON AND AUTHORITY ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) WORKING OR SPECIAL PAY FIELD ALLOWANCE BALANCE AMOUNT ASSIGNED PAY CREDITS AMOUNT NO. OF DAYS RATE \$ C. DAYS Balance from Canada 1286 1/286 1/6/ 1286v 973-2473 2223 730-730-2960 2563 973-730-3203 2770 nov 30 33 188 3170 1 16 26 19 3451 2+005-201, 1-11-16 Dec 31 3+ 10 240 15:111 2717 +1 +1 3410 6054 200 5854 Pll. 1-28 28 3080 30 80 15 15 - 7634 3410 15 - 9544 apl. 1/20 20 22 -TO C.7.C. 214/17. BO.91-184/17. C.7.C. 15 - 10244 5222 13.2 3592 31.3 158 27.1 5905 14.3 523 23.1 apl. 10. 17 11 58 78 54 66 May 31 34 10 15 73 76 138 19/4 39 59 77 17 15 33 48 66 14 60 7337 12 86 380 26 46 303 09 77 17

#725189 Pte. Parliament Herbert \$1500 assigned Pay DATE

NO. OF DAYS

PAY

FIELD ALLOWANCE

WORKING OR SPECIAL PAY

ASSIGNED PAY CREDITS

OF DAYS

ASSIGNED PAY CREDITS

OF DAYS

OF DAYS

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OF DAYS

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30 Sept. 7985 PARTICULARS 79.85 Oct. P.P. 3410 3.CCD. 0/25613.27/2/17 243 .1 243 V ap545. 12/9/17 15 5DE ap 60 28/4/17. 1947 -15 6489 5DE. ap 1418. 245/19. 3410 now ap " " 732 29/10/17 730 can at. 15 730 " " 777. 18/11/19 M 60. - - 831. 25/11/19 Can. al 29 20 15 7279 15 Jan P.P. 3410. AB 1023. 20.12.17 5 D.E. 12 17 " 970 15.17.17 " 243 15 77 29 3410 3080 11 105% 11.1.18 11 15 15 76 06 1 - 973 11 1087. 24.7.18 " 3080 mar. - 730 3410 1151 11.7.18 973 " 1194 73.7.18 " 15 58 66 19 47 " 7810 15.3.18 3410

P 820 12474-375M-13-2-18. ASSIGNED SEPARATION ENGLAND OR ENGLAND OR PARLIAMENT Serber ALLOWANCE. CANADA. PAY. CANADA. EFFECTIVE EFFECTIVE NUMBER: 725189 DATE:-DATE:-PARTICULARS OF RANK OR APPOINTMENT AMOUNT:- 15:00 AMOUNT :-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. EFFECTIVE RANK OR APPOINTMENT AUTHORITY UNIT AND TRANSFERS ORIGINAL UNIT :-DATE ACCOUNT FIRST OPENED DATE DATE LEDGER SHEET T'SF'D UNIT TRANSFERRED TO AUTHORITY 5th (Spi EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF YOUGHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK DATE OF NUMBER UNIT PAID BY AMOUNT UNIT PAID BY AMOUNT Ledger 108 08 X. P.G. 30 21 DAILY RATES OF PAY AND ALLOWANCES SUBS CE AUTHORITY P.F.A. PAY 7787 drausto Can hol 11567 K Lipon & Ripon 8 19 ms3 PARTICULARS OF RENDERING NON-EFFECTIVE - COMMENTED A BALANCE DR 2. DR. 3. DR. 4. DR. 1 PARTICULARS CR 1 | CR. 2. PARTICULARS 58 66 mari3 UPS. 18.4.18 16. Mis. De 446 3 5% "51 6.4.18 3 D.E CAR 15 may CERD 357 1134. 2.5.18 7970 1541.72.5.18 15 34 10 33 208 aR.4. 4/6/18. 208h 33 3410 15 1/7/18. 34. 119 34 15 ban. 1/9 4 46 2019 126 24 3 59 2 an 804. 2 6.6. 803 Oct. 3 73 4/10. 29/10 3 73 137 88 1101. 2 6.6. 15 34 10 34 10 Mor. 411 3 73 11 1222 2 6.8 Au . (

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	NUMBER 725189 RANK	Spr.	NAME Parliam	ent-	Herbert.
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### SHORT FORM.

### PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Dispersal Area	
Service Group	23
Occupational Group	19
THE MARS # 2	13823

1. No. <b>7</b> 25189	
2. Rank. SPR.	H.M.T.S. WINIFREDIAN
3. Name. PARLIMENT, Herber	18-(-12
4. Unit.	dian Command Depot.
5. Date of Discharge 31.7.19.	Place Kingstin
	Original Tate 109 Battale
6. Reason for Discharge	Category H.
	Next of Kin Sinks
DEMOBILITATION	Religion Alexander
De inch	
7. Authority. R-D-1894	odville, Ont
8. Proposed Residence after Discharge	
	SIGNED BY SOLDIER.
. 01.	ted place and date I received my discharge Certificate
M. F. W. 13. 29.,	
	& Parliment
	Signature of Soldier.
10. CONFI	RMATION.
The discharge of the above named ma	an is hereby confirmed.
AGAL AREA STA	
Place KINGSTON S	
Date	
STRICT SERV	A ( ), -
	1.t. theken to
Signature,	for O. O. D(O. C. Discharging Unit.)

M.F.B. 218a

(1184) Wt. /P53 5/19 25M (2) D.St.

CA-F-81, GALDAGAS And the Company of th come to Fred to with the said

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### LIST OF DISCHARGE DOCUMENTS.

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

Checked by No. 22.

Date 17/4/19



Ward
Name Pte. Parliament
Reg! or corps 38 Ganadian Jul.

On 6 12/16.

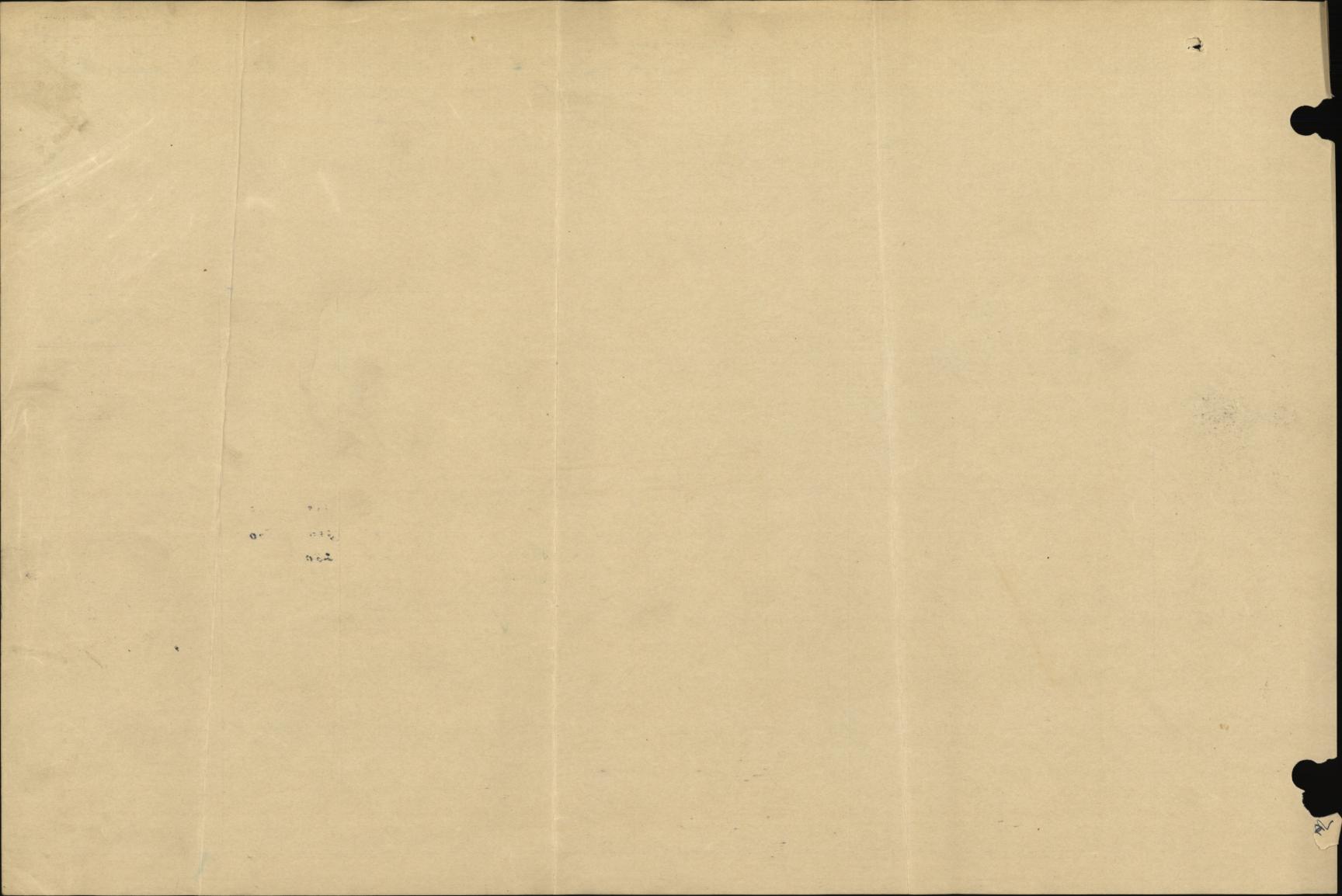
There is no bony injury.

Maldied

R. A. M. G.
I/c X-Rays
R.V. Hospi Netley

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING M. OR S. DAILY RATE OF PAY AND ALLOWANCES IF IN P.F. WHAT UNIT? NEXT OF KIN RELATIONSHIP EFFECTIVE DATE PARTICULARS AUTHORITY TRANSFERRED TO ADDRESS DATE AUTHORITY TRANSFERRED TO DATE AUTHORITY DATE EFFECTIVE DATE EFFECTIVE IS SEPARATION ALLOWANCE PAID? NO RELATIONSHIP TO WHOM PAID RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS ADDRESS STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE DATE V REASON IF ENTITLED TO POST DISCHARGE PAY AUTHORITY DISCHARGED Lemot. /drugglon 31-7-19 ACQUITTANCE ROLLS REGI-PAY AND F.A. CASH PAYMENTS TOTAL ASSIGNED BALANCE OTHER OTHER TOTAL MENTAL CREDITS PAY CHARGES CREDITS DEBITS MONTH CHARGES PARTICULARS OR REMARKS COL. NO. 1 COL. NO. 2 COL. NO. 3 COL. NO. 1 COL. NO. 2 COL. NO. NO. OF DAYS DEBIT CREDIT RATE Bal. per Eng L. P.C. 302 Clothing Alice, and 1st Payment W. S. G. Pay to Estimate date of discharge 487 500 12754 220 13741 Advances in England. aug Boat Money, Train Money 220 Overpaid 2 days on discharge 70 00 183 dip at Jour 350 70 140 70 -V 210 210-280 140 129-10-19 40 350 1335838 40 40 1851656 420 12.12.19

200M-3-19.—L. L. 58786-1.1. & D. 9985. M. F. W. 2596. 1772-39-1390.



RATE OF SEPARATION ALLOWANCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

aug 1/16

				RATE OF ASSIGNME
ank	account		15	
		001940		

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 725189 Name Bh of Mon	treal) in
Rank Ite Promoted Reverted Discharge Address Lindsay	Out I credit
Soldier's Name It. Parliament Change of A	Address
Battalion 109th Batter 18'Co	
Beneficiary 2	
Relationship 3	
Address 4	

1917		Cheque No.	Amount S/A		Amount A/P	Total			REMARKS	142	15-H-56
Dee 31					255	255					
Jan 18	-	64413			15	15					
Feb 18	0	7000			15-	15-					
mar	P	94499			15.	15-					
aper	P	10130			15-	15-	1				
May	W	12943			1.5	15	4	1			
June	0	25881			1.5.	15	C	1			
July	1	27901			1.5	15					
ang	2	34692			1.5	15	e	-			
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Oel -	C	4274 3	,		/5	15-	4	-			
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### MILITIA AND DEFENCE

Date of Assignment

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE	OF	SEPARA'	TION	ALLOW	ANCE

RATE OF ASSIGNM	ENT

### PARTICULARS OF SEPARATION ALLOWANCE

#### PARTICULARS OF ASSIGNMENT

No.				Name
Rank	Promoted	Reverted	Discharge	Address
Soldier's Name				Change of Address
Battalion				1
Beneficiary				2
Relationship			•	3
Address				4
	Cheque Amount	Amount		

	Relationship									3
	Address							- 19		4
	Date		Cheque No.	Amount S/A	Amoun A/P	t	Total			REMARKS
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725189

OMIGINAL MEDICAL HISTORY SHEET.

Examined at Smideray 1916 Approved Rank 199th Overseas Estation, C. E.G. Rank 199th Overseas Estation, M.O. Rank 199th Overseas Estation,	Surname Parliment.	Chri	stian.	Name	Heri	as	
Apparent age Y  Apparent age Y  Inches  Weight  Mo.  Chest measurement  Maximum expansion  S.S. inches.  Mo.  Chest measurement  Maximum expansion  S.S. inches.  Chest measurement  Maximum expansion  S.S. inches.  Mo.  Date  Result  No.  Date  Result  No.  Control  Control  Result  ANTI-TYPHOLD INOCULATIONS, Fre.  (b) Slight defects but not sufficient to cause rejection  No.  15/4/4  Mo.  16/4/4  Mo.  16/	Examined on 25 day of Janua Linds	y 1916	Appro	In	CUM	edical Officer	Capt
Apparent age 7  I F JEAN		ly	6	Rank	109th Ove	rseas Battalion	C.NE.OF.
Trade or occupation	County Ontain	iio	Date	Fit or Unfit	EXAMINE	o for Re-engagemi	ENT,
Trade or occupation    Height		COLUMN TO THE REAL PROPERTY OF THE PARTY OF	A Chen				M.O.
Height   S   Feet   S   Inches   M.O.		BOAT CONTRACTOR OF THE PARTY OF					
Chest measurement {  Minimum 32 inches.  Maximum expansion 3.5 inches.  Maximum expansion 4.6				24 E			
Control on enlistment  Chest measurement  (Maximum expansion 35 inches. M.O.  Physical development fals: M.O.  Small-Pox Marks M.O.  Vaccination Marks  (Arm Right. M.O.  Number Ord: Date Result Naccinations  (a) Marks indicating congenital peculiarities or previous disease M.O.  (b) Slight defects but not sufficient to cause rejection false for measurement M.O.  15/4/16 Jone M.O.  15/4/16 J							
Corps.    Corps.   Co	Thost massurament						
Small-Pox Marks  Vaccination Marks  Arm. Right. Mond Left. One  Number. One.  When Vaccinated last. fanuary 25 294 25/16 ford for Course.  (a) Marks indicating congenital peculiarities or previous.  M.O.  Date Result Anti-Typhold Inoculations, Erc.  (b) Slight defects but not sufficient to cause rejection with the first form.  M.O.  1/4/16 ford form. M.O.  2/5/1/6 ford form.  Enlisted on 25 day of fanuary. 1916 at Anti-Typhold Inoculations, Erc.  Corps. Result form. Habits. Date.  Joined on enlistment 10 4 B balt. 725/89.  Corps. Result form. Habits. Date.  EXAMINED OR DISCHARGED BY A MEDICAL BOARD.  EXAMINED OR DISCHARGED BY A MEDICAL BOARD.	( Maximum expansion	the second secon					
Vaccination Marks    Number   Date   Result   Vaccinations							
When Vaccinated last familiary 25 1916 25 116 4010 M.O.  (a) Marks indicating congenital peculiarities or previous disease M.O.  Date Result ANTI-TYPHOID INOCULATIONS, ETC.  (b) Slight defects but not sufficient to cause rejection for the sufficient of the sufficient to cause rejection for the sufficient of the							M.O.
When Vaccinated last familiary 25 1916 25 116 4574 M.O.  (a) Marks indicating congenital peculiarities or previous disease M.O.  Dato Result ANTI-TYPHOID INOCULATIONS, ETC.  (b) Slight defects but not sufficient to cause rejection falliful four familiary M.O.  25/4/16 four familiary M.O.  25/4/16 four familiary M.O.  25/4/16 four familiary M.O.  25/4/16 four familiary M.O.  1916 at fundbelly  Corrs. Rest'l Number. Harits. Date.  Joined on enlistment 10 9 B Balt. 725/89.  C. E. F.  Transferred to DATE.  DISEASE. RESULT.	Vaccination Marks Arm Right. 7207	Left. Onl	Date	Result	1	VACCINATIONS.	ma
(a) Marks indicating congenital peculiarities or previous disease    Date   Result   Anti-Typhold Inoculations, Etc.	(Number	nl.	15:1:11	Learn	Vm	cail	Larg
(a) Marks indicating congenital peculiarities or previous  disease  NONC:  Date Result Anti-Typhold Inoculations, Etc.  (b) Slight defects but not sufficient to cause rejection  NONC:  25/4/6 Gray grassulfied M.O.  25/4/6 Food M	When Vaccinated last famulary	25 1914	-	July 1	1		MO
Date Result Anti-Typhold Inoculations, Etc.  (b) Slight defects but not sufficient to cause rejection    Station.   Date   Result   Anti-Typhold Inoculations, Etc.     Date   Result   Anti-Typhold Inoculations, Etc.     Anti-Typhold Inoculations   M.O.	(a) Marks indicating congenital peculiarit	ies or previous		U			
(b) Slight defects but not sufficient to cause rejection    Elasted on   15   10   10   10   10   10   10   10	disease						M.O.
Transferred to  Transferred to  Date.    Station.   Date.   Disease.   Result.   Disease.   Result.	A Company of the Comp			Result	ANTI-TY	PHOID INOCULATIONS	s, ETC.
Enlisted on 25 day of January 1916 at Jundsey  Corps. Regtl. Number. Habits. Date.  Joined on enlistment 109 Balt. 725/89. 23:1-16.  EXAMINED OR DISCHARGED BY A MEDICAL BOARD.  Station. Date. Disease. Result.			1 /	Good	ma	Bulloch	M.O.
Enlisted on 13 and ay of January. 1916 at January.  Corps. Regt'l Number. Habits. Date.  Joined on enlistment 109 Balt. 725/89.  C. E. F.  Transferred to	Work.		25/4/16	lond			,
Enlisted on 15 day of January 1916 at Jindsey  Corps. Regt'l Number. Habits. Date.  Joined on enlistment 109 Balt. 725/89.  C. E. 7.  Transferred to			23/24/16	Tunn!	Buse	lla-1	
CORPS.  REGT'L NUMBER.  HABITS.  DATE.  Joined on enlistment  109 Balt. 725 189.  C. E. F.  Transferred to  EXAMINED OR DISCHARGED BY A MEDICAL BOARD.  STATION.  DATE.  DISEASE.  RESULT.							10/16,
Joined on enlistment  109 Balt. 725189.  23:1-16.  Transferred to  EXAMINED OR DISCHARGED BY A MEDICAL BOARD.  STATION.  DATE.  DISEASE.  RESULT.	Enlisted on 25 day of Janus	ary.	191	6 at 4	indse	ry	
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EXAMINED OR DISCHARGED BY A MEDICAL BOARD.  STATION.  DATE.  DISEASE.  RESULT.	Toined on enlistment 100 K. K. St.	40018	6			23:1.16	
EXAMINED OR DISCHARGED BY A MEDICAL BOARD.  STATION.  DATE.  DISEASE.  RESULT.	Joined on emissioned 104 - Bacci.	12810	7.			20,70.	
EXAMINED OR DISCHARGED BY A MEDICAL BOARD.  STATION.  DATE.  DISEASE.  RESULT.							
STATION. DATE. DISEASE. RESULT.	Transferred to						
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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.

M. F. B. 313. 150m.—8-15. H. Q. 1772-39-439.

# TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of
Hospital	Day	Month	Year	Day	Month	Year		Hospital	including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Medical Officer
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WAB. Class A

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

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

250м.—1-16. Н. Q. 1772-39-920.

## Casualty Form-Active Service.

Enlisted Date of	tal No. 425  (a) 25 · / - /  promotion to ent rank.	Date of appointment to lance rank		Numeri	s from (a) 23-1-1.6.  ical position on of N. C. Os.
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	Date.	(A) Report From whom received	(B)  Authority of Part II. of Orders	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
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