

NAME *W. J. Bl. Sr.*

REGT. NO. *387*

UNIT

H. Q. FILE NO

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

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3 *W. J. Bl. Sr.*

1 *Receipt of Bill*

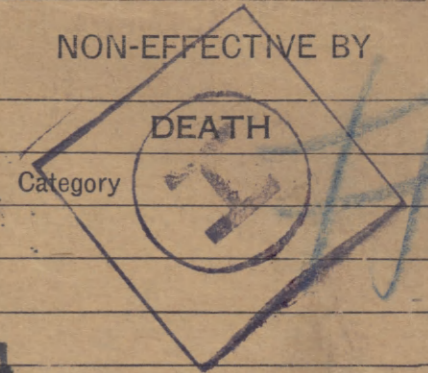
3 *Bill*

R. J. Bl.

Discharge 306-4

Commission

06384



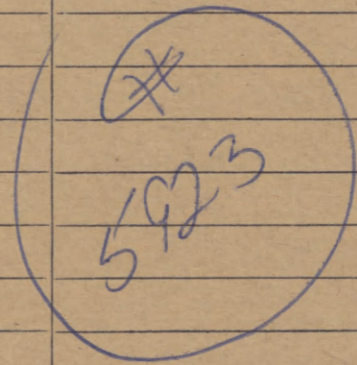
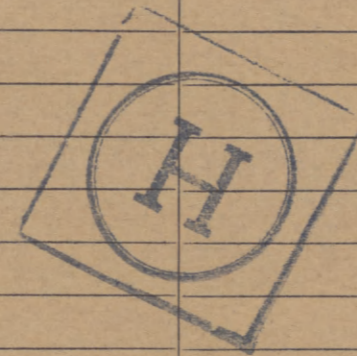
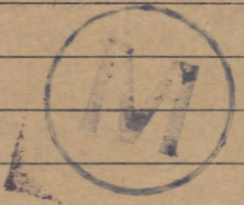
DISCHARGE

Category

S.O.S. To Comm in Inf. Army

Learn. RAF. 1

1 CA. 21/8/18



DESERTION

Original

C.A.D.C.

ATTESTATION PAPER.

No. 587.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Marion
- 1a. What are your Christian names?..... Robert Jamieson
- 1b. What is your present address?..... 183 Glendennan Ave.
515 Beverley St., Toronto Ont.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Wellington Co. Ontario, Canada
- 3. What is the name of your next-of kin?..... Mattha Marion
- 4. What is the address of your next-of-kin?..... 9849 87th Ave. Edmonton Canada
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... 26th October, 1898.
- 6. What is your Trade or Calling?..... Student
- 7. Are you married?..... No.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
- 9. Do you now belong to the Active Militia?..... C.O.T.C.
- 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 }
 CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Jamieson Marion, 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.

..... R. J. Marion (Signature of Recruit)
 Date..... FEB 8 1917 191 G. Kitchener (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Jamieson Marion, 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.

..... R. J. Marion (Signature of Recruit)
 Date..... FEB 8 1917 191 G. Kitchener (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..... Toronto this..... FEB 8 1917 day of..... 191 .
 [Signature] (Signature of Justice)

Description of Marion, Robert Jamieson on Enlistment.

Apparent Age... 18 years ... 2 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.

Mole left thigh
Mole right side.

Chest measurement { Girth when fully expanded..... 34 ins.
 Range of expansion..... 3 ins.

Complexion..... Medium

Eyes..... Brown

Hair..... Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date..... February 8th 1917.

[Handwritten Signature]

Place..... Toronto

[Handwritten Signature]

Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Robert Jamieson Marion.....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.

[Handwritten Signature] Major (Signature of Officer)

Date..... March 1st 1917.

[Handwritten Signature]

Major
 A. D. D. S., M. D. No. 6.

Duplicate

To be made out in duplicate.

H.Q. 54-21-23-53

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..... *C. A. D. C.*

(2) Regimental Number..... *584*

(3) Full Name of Soldier..... *Marion Robert Jamieson*

(4) Place of Birth..... *Wallace Township, Perth County, Ontario, Canada.*

(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?..... ~~Yes~~

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

*Martha Pearson
9849 - 87th Ave. Edmonton, Alberta
Canada.*

(11) If your Mother is a widow

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? *Yes*

If so, in what Company? *Prudential*

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 *March 1st / 4*

W. Thompson Major
Officer Commanding.

Geo. H. Brown Major
A. D. S., M. D. No. 6.

FORM OF WILL

I, Robert Jamieson Marion (Name in full)

Regimental Number 587 serving in C.A.D.C.

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

I devise all my real estate unto

.....
.....
.....

Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Mrs. M. Marion (Mother)
9849 - 87 Ave.,
Edmonton.

Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT NOTE

this 20 day of March A.D. 191 7
This must be signed
and Dated by
THE SOLDIER
HIMSELF. R. J. Marion Signature of Soldier.

*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.

Signature of First Witness William Gilbert. (Sergeant)

Address of Witness 18 Cambridge St., Galt, Ontario.

THE TWO
WITNESSES

Occupation of Witness Book-keeper.

MUST
SIGN HERE

Signature of Second Witness Ernest L. Walton. (Sgt.)

Address of Witness 148 Garden Ave., Toronto,

Occupation of Witness Clerk.

I hereby certify that this document is a true copy of an original document now in possession of this office.

Ed Marion Lt.

Director Military Estates.

FEB 12 1920

DATE...Feb. 12th. 1920.

H.Q. NO.....

RECEIPT FOR WILL.

Received from the Officer i/c Wills
the original Will of

NO 587

RANK Sergt.

NAME MARION, Robt. J.

UNIT C.A.D.C.

*Lately Lieut
R. A. F.*

Ch. Norton Lieut
SIGNATURE.

Sent to,-

The Secretary,
War Office,
Imperial Institute,
South Kensington,
London, S.W. 7.

ESTATES BRANCH

MAR 3 1920

MILITIA DEPT.

ADDRESS REPLY TO
THE SECRETARY, MILITIA COUNCIL
HEADQUARTERS,
OTTAWA, CANADA.

AND QUOTE NO.....

DEPARTMENT OF MILITIA AND DEFENCE

OTTAWA,.....

J.P Rank

Name MARION, Robert Jamieson

Reg'l No. 587.

②

Unit 6th Dft. C.A.D.C. If in perm. Corps }
What Unit? }

Married or Single Single.

Place and Date of Enlistment Toronto 8th Feb. 1917.

Place of Birth Wellington, Co. Ont. Canada.

Name and Address, Next-of-Kin Martha Marion.
9849..87th Ave. Edmonton, Canada.

Relationship Mother.

M/CO

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No. 803.
File R. L23-17-529
Category *Commiss*

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—9546-16.

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 14 5 17. S/S. JUSTICIA.
21.5.14.	C.A.D.C.	Taken on strength	a/sq. Folkestone	14.5.14.	P.F. II. O. 122.
1.6.17	"	S.O.S to CADC	B'shott	2.6.17	a/sq. " 132 + B'shott No 99 * 2.6.17
18.6.14.	4 th Rce	Attached for duty	a/sq B'shott	15.6.14	" 143
15.8.14	- - -	bease to be attached	" "	13.8.14	" 193.
13.8.17	CADC	S.O. of the case	B'shott on trans to the Royal Flying Corps.	13.8.17	R.F.C. 156
31.8.14	- - -	S.O.S. to Gen Depot	"	13.8.14	" 144. Gen Depot 193 d/28.9.17
29.8.17	"	On Com R.F.C	Denham	13.8.17	" 172. Gen Depot 193 d/28.9.17
24-11-17	N.F.	Discharged in The British Isles.		24-10-17	N.F. 144 d/24-11-17
		KANO, Para 392, Sec 25. Auto London Gazette 25-10-17			

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.				
29.11.17	Gm Depot	<p>Classed on Comd. to RFL Cadet Wing Durham S. O. S. Gm Depot. London Gazette 25 ¹²/₁₇</p>	<p>ofsgt. Scliffes</p>	<p>24 ¹⁰/₁₇</p>	<p>Pt II - 225</p>
					<p>(on appl to Com in RFL) KR40.392.XXV</p>

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps C.A.D.C.

Regimental No. 587 Rank Sergt. Name Marion, Robert Jamieson

C. E. F.

Enlisted (a) 8/2/17 Terms of Service (a) Duration of War Service reckons from (a) 7.2.14

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) Student

C. A. D. C. M. F. W. 54. H. Q. 1772-39-920.

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				
		Transferred from <u>C.A.D.C.</u> to <u>C.A.D.C.</u>		<u>M.D. 2</u> <u>M.D. 6</u>	<u>20/3/17.</u>
		<u>Embarked</u>	<u>Halifax</u>	<u>3.5.17</u>	<u>W. Thompson</u> <u>Major</u>
		<u>Disembarked</u>	<u>Liverpool</u>	<u>14.5.17</u>	<u>A.M.S. - 7628.</u>
<u>21.5.17</u>	<u>ADD</u>	<u>Sgt BADC Shoncliffe and attached to sign getting camp Liverpool</u>	<u>Shoncliffe</u>	<u>14-5-17</u>	<u>Pt. 4 WO. E no 12</u>
<u>1.6.17</u>	<u>ADD</u>	<u>Sgt. BADC Shoncliffe and reporting to BADC Bramshott</u>	<u>Shoncliffe</u>	<u>2.6.17</u>	<u>Pt. 4 WO no 132,</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

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				
4-6-17	at 105 Taken on Strength CADC from Shorncliffe Area		Bramshott	4-6-17	PT II No 99-46-17
13-8-17	A.D.D.S. Transf. to R.E.C.		Bramshott	13-8-17	PT II orders No. 156
31-8-17	A.D.D.S. S.O.S. C.A.D.C., Bramshott on transfer to General Depot, Shorncliffe.		Bramshott.	13-8-17	R.O. Part II No. 174.
28.9.17	Gen Depot	T.O.S. Gen Depot	Shcliffe	14.8.17	PO II 173 28.9.17
28.9.17	Gen Depot	Comd R & B cadet wing	Rusham	14.8.17	PO II 173 28.9.17
29.11.17	Gen Depot.	leaves comd SOS of General Depot. having been discharged in British Isles.	S.cliffe	24.10.17	PO II 170 224 29.11.17

DISCHARGED IN ENGLAND,
K.R. & O. PAR. 392, SER. XXV.

Lieut.
Officer Commanding,
No. 2 Canadian Discharge Depôt.

Ally Beckwith

for 6 Gen Depot
S.cliffe

(app'd to Com Imp Army)

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.



23-h 529

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

No. 587. Army Rank Asst. Lt.

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

Corps B.A. W.B.

Battalion, Battery, Company, Depot, &c. B.A. W.B. Gd. Dep.
(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 Oct. 24th 1917.

Place of discharge No. 2. G.D. W. London.

1. Description at the time of discharge.

Age 19. years 1 months

Height 5 feet 10. inches

Chest measurement { girth when fully expanded 37. ins.
range of expansion 3. ins.

Complexion Fresh.

Eyes Brown.

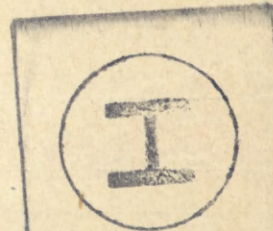
Hair Light Brown.

Trade Student.

Intended place of residence (To be given as fully as practicable) Leox & Co.

Descriptive marks.

none at the time.



(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 being appointed to
commission in the Imperial Army. 25-10-17. Auth Gen
Gaz. 25-10-17. P. 10987.
R.R. 40.392. XXV.

(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.)

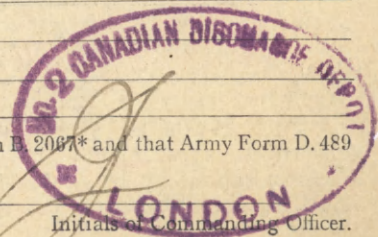
3. Military character:—

GOOD

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

MILITARY CHARACTER. GOOD

Certified that the above is an accurate copy of the character given by me on Army Form B. 2088* and that Army Form D. 489 was awarded in this case.



Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

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?

not applicable

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

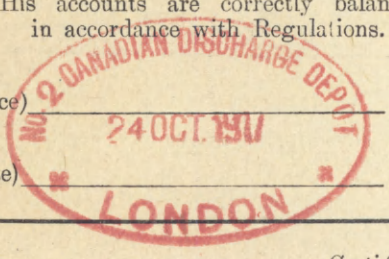
nil

Certificate of education *not available*

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

(Place) _____

(Date) _____



Commanding _____ Battn. _____ Regiment. _____

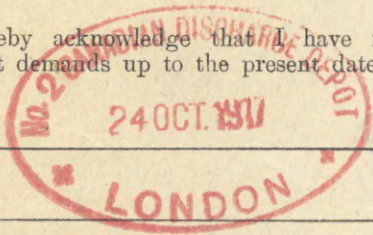


8. Certificate to be signed by the soldier on discharge.

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) _____



Geo J. P. C. (Signature of Soldier.)
J. Brown (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 *24-10-17* (the date of confirmation of discharge) *259* ..

Total *259* ..

11. Confirmation of discharge.

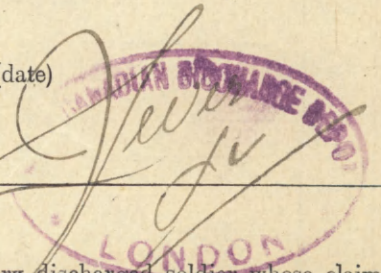
The discharge of the above-named man is hereby confirmed for *24-10-17* (date)

(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.)

Sub to Balshorn on L.P.b.

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. 2037) 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.

89-17
Denham

Original
A¹¹ 24/7/17

MEDICAL HISTORY SHEET

Surname Marion Christian Name Robert Jameson

Examined { on 19th day of December 1916
at Toronto

Approved by R. S. Sheard

Birthplace { City or Town Wellington Co.
County Ontario

Rank Capt M.O.

Apparent age 18 years, 2 months

Trade or occupation Student

Height 5 feet 8 Inches

Weight 124 3/4 lbs.

Chest measurement { Minimum 31 inches
Maximum expansion 34 inches

Physical development Fair

Small-pox Marks None

Vaccination Marks { Arm Right Left 3
Number 3

When Vaccinated last 1915

(a) Marks indicating congenital peculiarities or previous disease None

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS
<u>28/2/17</u>		<u>g. S. Venter Capt</u> M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12/2/17</u>		<u>g. S. Venter Capt</u> M.O.
<u>19/2/17</u>		M.O.
<u>21/2/17</u>		M.O.

Enlisted on 7 day of February 1917 at Toronto

	CORPS	REGTL NUMBER	HABITS	DATE
Joined on enlistment	<u>C.A.D.C.</u>	<u>584</u>		
Transferred to	<u>C.A.D.C.</u>	<u>M.D. 6</u>	<u>20/3/17</u>	

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
	<u>Jan 25 1917</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.

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 A/Adj. Name R. J. Surname Marion
 Unit or Corps 6ade (If a soldier) Regtl. No. 587
 Born at Palmerston Ont. on, date Oct 24th 1898
 Signature (for identification) R. J. Marion

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

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

Weight 149 lbs.
 Height 5 10 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? 84 Intermittence or irregularity? No

6. **ARTERIES.**—Any hardening? No

7. **DIGESTIVE SYSTEM?** No

8. **GENITO-URINARY SYSTEM?** No
 Urinalysis—s.g.? 1.020 Reaction? acid Albumen? No Sugar? No

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? Good

Examined at 13 Berrers St } Signed W. J. Coultter M.O.
 Date Nov. 22nd '17 } Signed capt. C. H. B. 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.

SURNAME.

Marion

CARD NO.

CHRISTIAN NAMES

Robert Jamieson.

S. O. S. No. 24-10-17.

Comm FOLL. 9. A.

16.25.3.95.

8-6-18

REGL. NO.

587.

RANK

A/Sgt.

UNIT

C. C. D. C. M. D. 2.

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Marion Martha

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

9849-87 Ave.

Edmonton Alta.

COUNTRY OF BIRTH

Canada. Wellington Co. ONT.

DATE

Oct. 26th. 1898.

PLACE OF ATTESTATION

Toronto Ont.

DATE

8/2/17

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

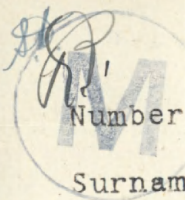
EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE



BBV by Air Min. Aut. 649-M-47801
rank Lieut.

Number 587

Rank a/Lgt

Surname MARION

Christian Name Robert Jamieson (Deceased)
21-4-18

Units C.A.M.C. Theatre of War England

Date of Service with Gen. Sps. Pt. II No. 225 d/29-11-17:
S.O.S. Comm Imp Army 24-10-17:

Remarks Authority W.O. N/W/9/1783 of 5-5-20
Imperial Commission W.O. Roll 2 Page 188

Latest Address H.S.K. Mrs. Martha Marion.

9849-87th Ave., Edmonton, Alta.

Roll No. A Page 5/25-

✓ . . . CANADIAN CONVALESCENT HOSPITAL,

AT

A. & D.
CARD.

Ramsgate.

Regt. No.

A. & D. No.

A68.

Rank

Lieut

Corps

14th Bn.

Name

Marion R. G.

Age 28.

Religion

R. C.

Service at Home

20/12

„ „ Front

15/12

Diagnosis

Shell Shock

Admitted

April 29 1916

Discharged

May 25/16

Place in Hospital

Room 51

M. H. Rec'd

(See Document card)

Transferred

Results

REMARKS:

To L. Horncliffe ~~Duty~~ 25/5/16
Board.

Mocher **ASSIGNED PAY.**

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 177-39-818.**SEPARATION ALLOWANCE**Name *Mrs M. Marion*Name of Soldier *Marion R. J.*Address *9849-87 ave.*Regtl. No. *587**Edmonton Alta*Rank *Sgt.*Corps *E. A. D. C.*

Relation to Soldier

wife, child or mother

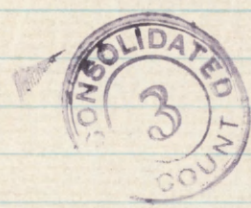
*20⁰⁰**MAY 1-1917*

To what Corps belonging

when called out

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				

\$20⁰⁰

(Mo.)

MILITIA AND DEFENCE

M. F. W. 12a.
50m.—7-16
1772—39—819.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Mrs

Sheet No. 2.

M. Marion
(Assignee)

Name of Soldier

Marion R. J.

PAYMENTS #

587. Sgt. C. A. D. C.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks
			20 ⁰⁰	MAY 1- 1917
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		T 13022	20	
June		M 119022	20	c
July		N 23993	20	cu
Aug.		Z 32919	20	
Sept.		Y 38008	20	cu
Oct.		K 43774	20	
Nov.		L 50345	20	
Dec.		P 58262	20	160 ⁰⁰
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

May 1-1917

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20-			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 587

Rank Sgt Promoted Reverted Discharge

Soldier's Name R J Marion

Eattalion CADG

Eeneficiary

Relationship

Address

Name Mrs M Marion

Address 984 9-87 Ave Edmonton Alta.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

1917					
Dec 31			160	160	
Jan 1918	<u>65397</u>		20	20	
					<p>L. 65397 leave Inc</p> <p>A/P stopped 1-12-17. 3 PM. Dec-18-17.</p> <p>Leave - appointed to com in Inf Army - Auth. Montreal</p> <p>officer - left PC branch 17/11/17.</p> <p>20⁰⁰ overpaid Dec/17</p> <p>overpaid \$20.00 refund requested</p> <p>Refund of \$20.00 received per Credit Slipp</p> <p>2763181 E.R. 19/2/18</p>

Ac Closed

Ret'd per Commander

Date 29/1/18

Place Montreal

M. F. W. 128
400M-6-17-1772-39-1141
L. L. 22520-M. & D. 7593.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion				
Beneficiary				
Relationship				
Address				

Name	
Address	
Change of Address	
1	
2	
3	
4	

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128
400x6-17-1172-88-1141
L. L. 22320-M. & D. 7388.

P. 559
MARRIED OR SINGLE

Single

PLACE OF BIRTH

Wellington Co. Ontario.

NAME AND ADDRESS OF NEXT OF KIN

Martha Marion

RELATIONSHIP OF NEXT OF KIN

9849-87 Ave Edmonton.

Mother

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

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED

DATE DISCHARGED

V. OR A.

NAME OF HOSPITAL

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS					
	No. OF DAYS	RATE	AMOUNT \$ c.	No. OF DAYS	RATE	AMOUNT \$ c.	No. OF DAYS	RATE	AMOUNT \$ c.				1 No. DATE	2 No. DATE	3 No. DATE	4 No. DATE		
1917																		
May	31	1915	46 50								46 50	46 50						
June	30		45 00									45 00						
July	31		46 50									46 50						
Aug	31		46 50									46 50						34 27/6 Del. Bishop
Sept	20		45									45 00						107 12/6 C.P.M. 21/1917
	153		229 50									229 50						42.14/7 Do R.A.

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	MONTH	PARTICULARS
Sept/17	Balance								61 37		
Oct	S/P	46 50							20		
				46 50 Del Bishop 27/7/17	9 43						61 37
				52 " " 10/8/17	24 33						46 50
				C.P. 1122 CAOC 23/10/17	19 47						107 87
Nov.		46 50		non assigned pay. 25/10 to 30/10/17	53 53				20		73 53
						10 50			20		34 34
						10 50			20		34 34
Mar.				Bal on discharge. AR 1318. 2 COTB for. 15-2-18	3 83.1						20
Aug				Adv of the	3 83.1						01



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BOX/BOÎTE 5923-31 REEL/BOBINE _____
FILE/DOSSIER MARION, ROBERT JAMIESON REG# 587
DATE July 2013