

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname: Fricker
2. Christian name: Hebert Haman
3. Present address: Neil's Harbor, N.S.
4. Military Service Act letter and number: 616852 G.C.
5. Date of birth: August 26th., 1896
6. Place of birth: Neil's Harbor, N.S.
7. Married, widower or single: Single
8. Religion: Anglican
9. Trade or calling: Fisherman
10. Name of next-of-kin: Joseph Fricker
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Neil's Harbor, N.S.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: None
15. Medical Examination under Military Service Act:—
(a) Place: Sydney, N.S. (b) Date: June 4/18 (c) Category: "E"

DECLARATION OF RECRUIT

I, Hebert Haman Fricker, do solemnly declare that the above particulars refer to me, and are true.

Hebert Haman Fricker (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 22 yrs 10 mths.
Height: 5 ft 6 ins.
Chest measurement: fully expanded 37 ins., range of expansion 2 ins.
Complexion: Medium
Eyes: Blue
Hair: Black
Distinctive marks, and marks indicating congenital peculiarities or previous disease.

J. Macpherson Major
For O. C. 1st Depot Btl. Nova Scotia. Regt.

Place: Sydney, N.S. Date: June 4/18.

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT 1917

Class

1. Surname _____

2. Christian name _____

3. Present address _____

4. Military service Act letter and number _____

5. Date of birth _____

6. Place of birth _____

7. Married, widower or single _____

8. Religion _____

9. Trade or calling _____

10. Name of next-of-kin _____

11. Relationship of next-of-kin _____

12. Address of next-of-kin _____

13. Whether or present a member of the *Armed Forces* _____

14. Particulars of previous military or naval service, if any, including _____

15. Medical examination under Military Service Act _____

(a) Place _____

(b) Date _____

(c) Category _____

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars refer to me, and are true.

Signature of Recruit

DESCRIPTION ON CALLING UP

Approximate age	_____	in	_____
Height	_____	in	_____
Chest measurement	_____	in	_____

Complexion	_____		
Eyes	_____		
Hair	_____		

Particulars of marks and marks indicating physical peculiarities or previous disease

Depot _____

Rank _____

BRITISH ARMY IN CANADA

- 24/08
- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
 - Attestation Papers..... 3
 - Declaration of change of name.....
 - Authority for special enlistments.....
 - Documents of re-enlisted men.....
 - Regimental Conduct Sheet.....
 - Compulsory Stoppages.....
 - Casualty Forms.....
 - Proceedings on discharge..... 1
 - Corps History Sheet.....
 - Date and No. of Deposit Receipt for Purchase Money and Amount.....
 - Parchment Certificate.....
 - Medical Report for Invalids.....
 - Medical History Sheet..... 3
 - Proceedings of Regt. Court Martial.....
 - Copies of Convictions by Civil Power.....
 - Company Conduct Sheet.....
 - Clothing Transfer Certificate.....
 - Inventory of Kit.....
 - Last Pay Certificate.....

DIS

20337

R. O. No.....
H. Q. No.....

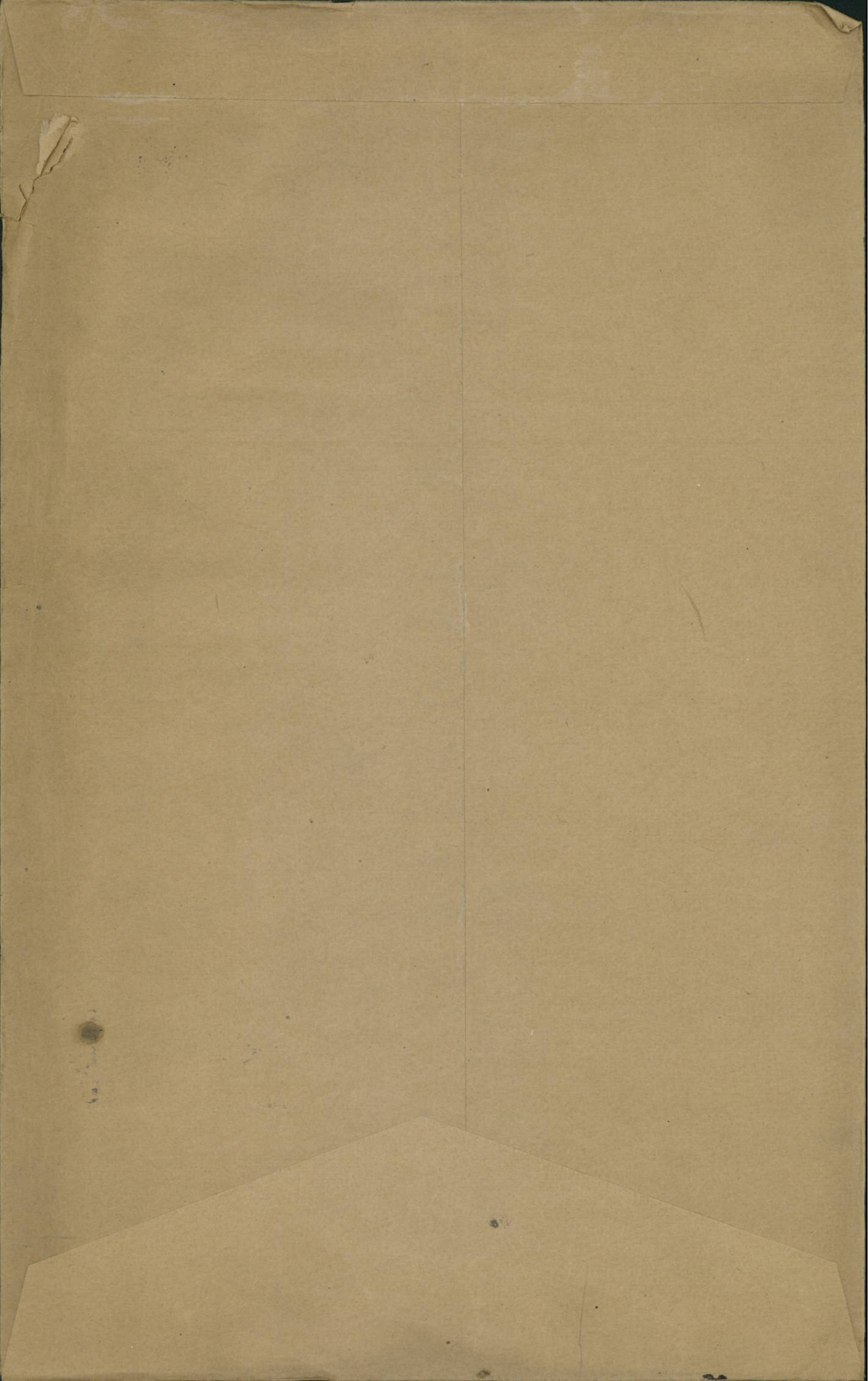
Name *Fric Ker Herbert Hajman*
Regt. No. *3187657* Rank *Pte.*
Corps *1st Depot Bn. H.S.R.*



Med units 7

Index Card.....
Casualty Card.... /
Non-Effective Card
Part II Order Card..... /
Change of Address Card.....
Honour & Award Card





MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Fischer Christian name Robert
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
 3. Consecutive number on schedule of men reporting for service (if he appears on it).....
 4. Address (including street and number, if any)..... Trails Harbor C.B.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 4 day of June 1917, by the undersigned medical board sitting at Sydney C.B.

5. Age as stated 22 Years 10 Months. 6. Apparent age 22 Years 10 Months
 7. Height 5 Feet 6 Inches. 8. Weight 160 Pounds.
 9. Chest measurement { Minimum 35 Ins. 10. Complexion medium { Eyes Blue
 { Maximum 37 Ins. { Hair Black
 11. Physical development Good { Good Fair Poor 12. Smallpox marks —

13. Number of vaccination marks { Right arm —
 { Left arm — 14. When vaccinated last —

15. Distinctive marks and marks indicating congenital peculiarities or previous disease
Asthma or sinusitis

16. Slight defects but not sufficient to cause rejection
 The man denies having had { Rheumatism We find no evidence of past { Rheumatism
 { Tuberculosis { Tuberculosis
 { Syphilis { Syphilis
 (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

E

W.H. Riebold Member. B. Spanner W. Spanner President. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined — day of — 191 — at —

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N. B.—This sheet is 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.

Signature of Man Robert Fischer

m.

Surname *Tricker*
 Christian names *Herbert H*
 Regtl. No. *3187650* Rank *Pte*
 Unit *MS Regt 1st Dep Bn* Reason *Bal-B*
 H. Q.
 M. D. No. *6*
 T. O. S. *June 4 1918*
 D. O. Pt. II. *154 of 5-6-18*
 S. O. S. *4-6-* 19 *18*
 Auth. *O/C. m.s.t.*
2064 2-3-19
Cancelled 00127 7/5/18
708 P.D.

Next of kin Relationship

Address Also notify:

BORN—Place Date

ATTESTED—Place Date

O/S R/C

REMARKS:

H Q. M. D. No. *6*
 Surname *Tricker* T. O. S. 19
 Christian names *Herbert H.* D. O. Pt. II of
 Regt. No. *3187650* Rank *Pte.* S. O. S. *2.3.19*
 Unit *No. 8. Regt. 1st. Div. Bn.* Reason *b. of d.*
 Auth *D.O. Pt. lot of 5.3.19*

No. of Kin Relations ip
 Address Also notify :

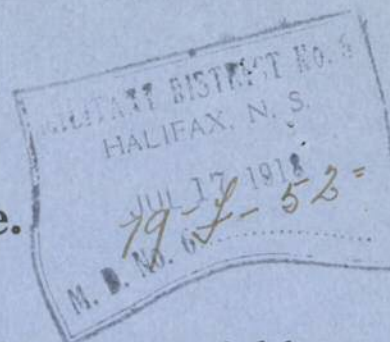
BORN-Place Date
 ATTESTED-Place Date
 O/S *24/4/19* R/C

*Failed to report
 no a. p. available
 M. D. 6. 5.00-201*

20.4.19

This space to be for numbers.

Proceedings on Discharge.



(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	3187650	
Rank	Private	
Name	Fricker, Hebert Haman	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	1st Depot Battn. N.S. Regt.	
Date of Discharge	June 4th., 1918.	
Place of Discharge	Sydney, N. S.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	22.....years.....10.....months.	Descriptive Marks
Height.....	5.....feet.....6.....inches.	
Complexion	Medium	
Eyes	Blue	
Hair	Black	
Trade	Fisherman	
Intended place of residence <small>(To be given as fully as practicable.)</small>	Neil's Harbor, N. S.	
2. The above-named man is discharged in consequence of		
Medical Category "E" Authority R.O. 237.22.2.18 Reference H.Q. 1064-30-71.		
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>		
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc.	
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

Four horizontal dashed lines for listing medals and decorations.

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

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

(Place) Sydney, N.S.

J. Buchanan Major
For O.C. 1st Depot Battn. N.S.R.
Commanding

(Date) June 4/18

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Sydney, N.S. *Herbert Hayman Fraicker* (Signature of Soldier.)

(Date) June 4 /18. (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

Herbert Hayman Fraicker (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) Sydney N.S.

(Date) June 4, 18

(Signature) *H. J. Lowers*
O.C. 1st DB. N.S.R.

Reservations referred to at Para. 8.

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

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.