

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

War Service Badge

Class "A" No. 144870

THIS IS TO CERTIFY that No. 107278 (Rank) Sapper

Name (in full) HORNER Geoffrey enlisted in  
the 2nd Canadian Mounted rifles

CANADIAN EXPEDITIONARY FORCE at Victoria BC on the eighth  
day of December 1914

HE served in 2nd C.M.R's and 3rd Canadian Divisional Signal Co

and is now discharged from the service by reason of Demobilization. France.  
~~Medical Unfitness.~~

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age 27 years

Height 5 ft 7 1/2 in

Complexion Fresh

Eyes Hazel

Hair Dark brown

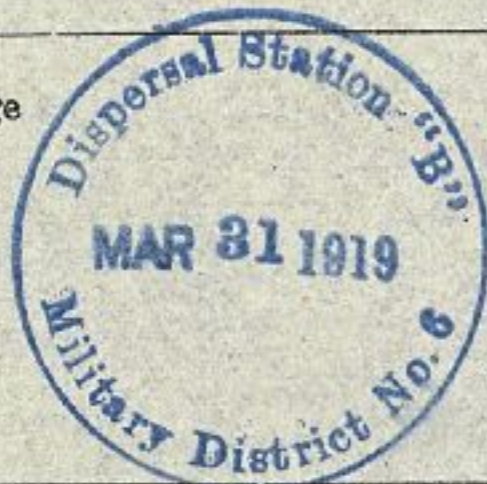
Marks or Scars four vacc marks left  
arm, small scar front of left knee

*G. Horner*

Signature of Soldier

*[Signature]*  
Major  
G. C. Dispersal Station B  
Issuing Officer

Date of Discharge



Rank

Date MAR 25 1919 1919

N.B.—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.

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

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

350M.—5-16

H. Q. 1772-39-970.

# Casualty Form—Active Service.

Unit, Regiment or Corps. 2<sup>nd</sup> Coy R's  
 Regimental No. 107278 Rank Spr Name Homer, G.  
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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).....

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				
17.3.19.	O/S,	T. O. S. G. D. D.			
		Postal Dirip St B.	Half's	25.3.19.	D. O. 897
31.3.19.		S. O. S. on discharge			" 48.
			Collected at 10 <sup>th</sup> Beach		

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

15

Rank Name HORNER Geoffrey 278.  
107317 Reg'l No. R-122.  
 Unit 2nd C.M.R. If in perm. Corps, Single  
 What Unit? Married or Single  
 Place and Date of Enlistment Victoria, B.C. Dec. 8<sup>th</sup> 1914 Place of Birth England  
 Name and Address, Next-of-Kin Edward Horner  
 Pebmarsh, Bures, Essex. Relationship Father

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

7360  
N/E. R.D. No.  
File No.  
Date  
**CAN. OR**

Discharge, Date and Place Reason Character

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				
31. 3. 15	of 2 <sup>nd</sup> M.R.	In hospital 1 <sup>st</sup> 3 <sup>rd</sup> inclusive	Victoria		Pt 2 O# 88
14. 9. 15	do	Dual <sup>d</sup> as bomb thrower Embarked for France.	Shorncliffe		Pt 2 O# 199
5. 4. 16	2 <sup>nd</sup> Bn C.M.R.	N <sup>o</sup> 4 Coy: Hpl	Baniers	27. 3. 16	62 A 135 G.S.W Back OENKN 14
15. 4. 16	do	Trans. Conv. Camp	Etaples	6. 4. 16	" 143 "
26. 4. 16	do	Dis to Base Detail	"	16. 4. 16	" 150 "
7. 6. 16	do	To Unit.	"	23 5. 16	- 181 "
6. 6. 16	do	N <sup>o</sup> 10 Can. Flw. Amb.	Field.	17. 5. 16	- 180 S.W. Patton O.N. 27
do	do	To Divl. Hq. Stn	"	17. 5. 16	- 180
22. 2. 17		Adm 30 has clearing Stn		3. 12. 16	64 A 377 V.D.G.

107278

Horne F.

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				
26.2.17	20119 <sup>d</sup>	Trans 39 Gen Hoop	Havre	15.2.17	CLA380. NYDG
25.3.17	3 <sup>rd</sup> Div. Sig Coy	Att'd from 2 <sup>nd</sup> Emb R	Field	21.11.16	Pr II 029. 4 <sup>th</sup> 2 <sup>nd</sup> Emb R. Pr II 0. 30.
"	"	beasts to be att'd on adm to Hoop.	"	3-12-16	— 29. 2 <sup>nd</sup> Emb R. Pr II 0 30.
16-4-17	2 <sup>nd</sup> Emb R	Report from Base Return to Unit	"	1-4-17	CLA423. VDG.
21.5.17	3 <sup>rd</sup> C. D. Sig Coy	T. O. S.	"	18.5.17	Pr II D.O. 45. <sup>42<sup>nd</sup> C.M.R.</sup> Pr II 0597/21 57
13.3.19	200	Sol to Canada <sup>spz</sup>	Bramshott	15.3.19	200 26
		A.L. 41. L.O.A-B. Effect Date		17.3.19	

# 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.

No. 107278 Rank Pvt. Surname Horner  
(Given name in full)  
 Unit or Corps 3rd Co. Regt. Herk Co. Eng. Birthplace Worcester, Mass.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

**1. GENERAL DESCRIPTION:** Exhausted

Physique Good Weight 165 lbs. Height 5 7 1/2 ft. Colour of Eyes Blue grey  
 Nutrition Good  
 Pulse 80 regular  
 Condition of arteries soft  
 Vision Rt. 6/12+ Left 6/12+  
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
Small scar 2" to  
4" of rt shoulder 27-3-15

Opinion as to general health and physical condition very good

**2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)**

Nervous System no Genito Urinary Sytem yes Cardio-Vascular System no  
 Special Senses no Integumentary System yes Respiratory System yes  
 Disturbance of mentality no Muscular System no Digestive System no  
 Osseous and Joint System no Any other general condition no

**3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.**

W.D.V. 7-12-16 recovery 25-1-17  
Sho. Back 27-3-16 recovery 18-4-16  
Sho. Rt. Buttocks " 23-5-16  
Influenza 14-2-15. " 4-3-15

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS

Examined at *Medford* (Overseas)

Date *7-3-19*

Signed *R. B. ...* M.O.

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 *G. G. ...*

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

## THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date .....

Signed ..... M.O.

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 .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

*Hum*

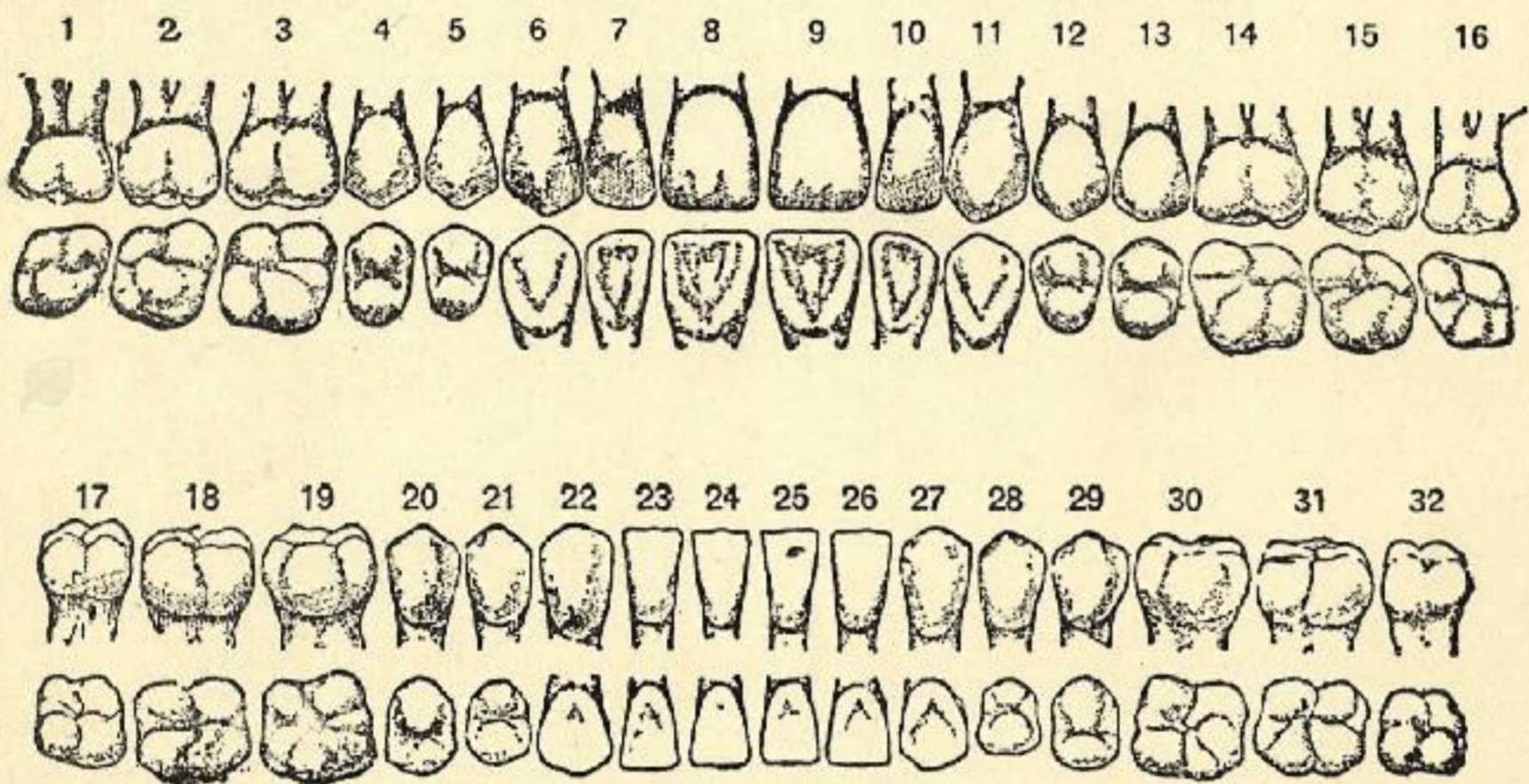
# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) HORNER GEOFFREY  
 REGIMENT 3rd Can Div Sig Co RANK Sapper No. 107278  
 Date of Examination in England \_\_\_\_\_ Date of Examination in France 17/1/19

### DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



### PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS 6
- 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 \_\_\_\_\_
- (b) In England \_\_\_\_\_
- (c) In France \_\_\_\_\_

Signature of Dental Officer [Handwritten Signature]  
[Handwritten Initials]

2140

## MEDICAL HISTORY SHEET.

Surname Jones Christian Name GeoffreyExamined { on 8 day of Dec 1914  
at VictoriaBirthplace { City or Town Essex  
County Eng.Apparent age 24Trade or occupation RancherHeight 5 Feet 7 1/2 InchesWeight 168 Lbs.Chest measurement { Minimum 34 1/2 inches{ Maximum expansion 39 inches

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right Left  
Number 1

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by W.W. KennedyRank RECAPT M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS,
<u>20/1/14</u>		<u>D. Kennedy</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>21/1/14</u>		<u>D. Morris</u> M.O.
		M.O.
		M.O.

Enlisted on 8<sup>th</sup> day of Dec 1914 at Vernon

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>2<sup>nd</sup> CWR</u>	<u>107278</u>		
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.



Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Willows Camp Victoria No 4 Seal											
Hoop Carriers		27	3	16	6	4	16	4.S.W. Back	10	Trans to Low. Camp Etaples	A 135
Low Camp Etaples		6	4	16	16	4	16	" "	10	Dis to Base Details Haver	A 143 - A 150
Dir Rest Station		17	5	16	23	5	16	S.W. Buttocks	6.	Dis to Unit	A 180-181.

*Remitted*

18 Feb 1915 4 March 1915 Lo Gripps 14

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

158

To Whom *Manager*  
Address *Bank of Montreal*  
*Vernon B.C.*

By Whom Assigned *Horner G.*  
Regtl. No. *107278 (A.S.)*  
Rank *Trooper*  
Corps *2<sup>nd</sup> C.M.R. A Squad*

*Jordan*  
Rate ~~8.00~~ *20.00*

JUL 1 1915

*Cancelled 371 30 7/15 - 7/15* PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
				<i>8974-9-16</i>
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July		<i>11362</i>	<i>20</i>	
Aug.		<del><i>03226</i></del>	<del><i>20</i></del>	<i>Cancelled</i>
Sept.		<i>No Closed</i>		
Oct.		<i>Ret'd per</i>		
Nov.		<i>Date 26.3.19</i>		
Dec.		<i>Closed M. P. Kernan</i>		
Jan.	1916			
Feb.				
March				

*M D 6*

Rank Name **HORNER Geoffrey**

Reg'l No **107217**

P-56

Unit **2nd C.M.R.**

If in perm. Corps,  
What Unit?

Married or Single **Single**

Place and Date of Enlistment **Victoria B.C. Dec 8<sup>th</sup> 1914.** Place of Birth **England**

Name and Address, Next-of-Kin **Edward Horner**

**Febmarsh, Bures, Essex.**

Relationship **Father**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place Reason Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
July	31	31	1	31	31	10	3 10		34 10		5	10		15	9 10		
Aug 1	31	31	1	31	31	10	3 10	13	34 10		19 46			19 46	14 64	adpt-g Epoh	
1 Sept	30	30		30	30		3 00		33 00		31 63			31 63	25 24		
Oct 1	31	31		31	31		3 10		34 10		5 29			5 29	54 05		
11/15	20/11/15	30	1	30	30	10	3 -		33 -		29 62			29 62	57 43	Fam Remo \$24 <sup>00</sup> 11 <sup>06</sup> .	
Dec 1	31	31		31 -	31		3 10		34 10		15 89			15 89	75 64		
1 Jan	31	31		31	31		3 10		34 10		6 97			6 97	102 77		
Feb 1	29	29		29	29		2 90		31 90		6 98			6 98	127 69		
March	31	31		31	31		3 10		34 10		3 49			3 49	159 30		
		275 00			275 0				13 302 63			124 33 20			144 33		

W  
No. 107278 - Lt Col. Horner, G. S. J.

49983

14  
2ND CAN. MTD. RIFLES.

WILL

In the event of my death  
I give the whole of my  
property & effects to my father,  
Edward Horner, Pebmarsh,  
Burs, Suffolk, England.

(Signed)

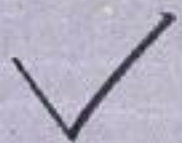
Geoffrey S. J. Horner.

S. Cpl. No. 107278

2ND CAN. MTD. RIFLES.

Sept: 24<sup>th</sup> 1916.

lets me see  
now please 57



D.A. - B -  
O.G. - 1.

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

1. No.	107278	
2. Rank.	Pvt.	
3. Name.	Herner Geoffrey	
4. Unit.	3rd C.D. Sig.	
5. Date of Discharge	3/3/19.	Place <del>London</del> Halifax - N.S.
6. Reason for Discharge	Demobilization	
7. Authority.	R.O. 1420	
8. Proposed Residence after Discharge	Halifax, B.C. <del>Almon B.C.</del>	
9. CERTIFICATE TO BE SIGNED BY SOLDIER.	I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.?	
	Signature of Soldier: <i>G. Herner</i>	
10. CONFIRMATION.	The discharge of the above named man is hereby confirmed.	
Place	HALIFAX, N.S. MAR 25 1919	
Date		
Signature	Major O.C. Discharging Unit.	

**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.....	Militia Form W. 44
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.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C. A. D. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260)D).
9. Copy of Discharge Certificate (M.F.W. 592).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). *in duplicate*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... B

Checked by No. .... 15

Date..... 14-5-19

Olympian 25-3-19

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. REGT. No. 107278 RANK Spc. NAME (IN FULL) Homer Geoffrey

ORIGINAL UNIT C.E.F. Can. Engns. IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ 20.00 DATE EFFECTIVE 1-1-19

PAYABLE TO Mrs. B. Homer RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Mrs. B. Homer, 1234 Main St., Halifax, N.S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

Halifax MAR 31 1919 Demot. 1287

MONTH	NO. OF DAYS	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
		AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
		\$	C.			NO.	DATE	NO.	DATE	NO.	DATE					\$	C.	
5/1/19	10	191	76	35 00 70 00	296 76				487	5 00	286 89				296 76			Balance & P.P. 6/10/19 allowance N.S. Gratuity Oct 1-21/19 and train expense, Oct 3 cheque in arrears.
				W.S.G. S.M.					WAR SERVICE GRATUITY			70 00			350			Final payment N.S. Gratuity
												40 00			250			Apr 30/19 129473
												40 00			210			May 27/19 592001
												40 00			124 0			June 25/19 600601
												70 00			70			Oct 26/19 895067
												70 00			nil			Nov 26/19 26/8/19
												40 00						

Certified that all payments due on this account have been paid.

*[Signature]* CAPT.  
For Senior Officer Pay Services M. D. 6