C.E.F. REGIMENTAL DOCUMENTS

NAME ALLEN, JOHN REGT. No. 724001 UNIT 109 BN. H. Q. FILE No. 5965

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					DIED
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					9-8-18
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

Staff

ATTESTATION PAPER.

No. 724001

Folio.

ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... John Allen
2. In what Town, Township or Parish, and in what Country were you born? ..... County Down Ireland
3. What is the name of your next-of-kin? ..... Wife. Clara Helen Allen
4. What is the address of your next-of-kin? ..... 234, Queens Rd, Battersea London, S.W. England
5. What is the date of your birth? ..... 1st April 1883
6. What is your Trade or Calling? ..... Fireman
7. Are you married? ..... Yes
8. Are you willing to be vaccinated or re-vaccinated? ~~I. Inoculated~~ ..... Yes
9. Do you now belong to the Active Militia? ..... 45th Reg. (1 year)
10. Have you ever served in any Military Force? .. If so, state particulars of former Service. ..... Royal Irish Guards (6 years)
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

John Allen (Signature of Man).

H B MacDonnell (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Allen, do solemnly declare that the above answers made by me to the above questions 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.

John Allen (Signature of Recruit)

Date FEB 24 1915 191 . H B MacDonnell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Allen, 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.

John Allen (Signature of Recruit)

Date FEB 24 1915 191 . H B MacDonnell (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 Lindsay this 24 day of FEB 1915 191 .

(Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

Lt. Col. (Approving Officer)

O.C. 109th Overseas Battalion, C.E.F.

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841.

Description of John Allen on Enlistment.

Apparent Age 32 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 6 ft. 1 ins.

Chest measurement: Girth when fully expanded 39 ins.
Range of expansion 4 ins.

Complexion Ruddy

Eyes Brown

Hair Dark Brown

Religious denominations:
- Church of England Corp C
- Presbyterian
- Wesleyan
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

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).

None

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 March 10 1915 J McCullock

Place Lindsay, Ont. Capt.

Medical Officer.
109th Overseas Battalion, C. E. F.

*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.

John Allen 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.

A. H. Allen Lt. Col. (Signature of Officer)
O. C. 109th Overseas Battalion, C. E. F.

Date JAN 17 1916 191

CASE HISTORY SHEET
QUEEN'S MILITARY HOSPITAL April 5/18.

Name Sgt./Major Allen J.

Reg. No. 724~~507~~ 001

Q. M. H. File

C.R. No.

Corps

Diagnosis Suspected T.B.

Ward 35- 2.

Bed

A. & D. No.

Transfer in Hospital

Family History Father died when patient was very young. Two children died when young.

Past History Negative.

History of Present Illness Man reported sick Oct. 1916, while at Borden Camp, England. Had a bad hemorrhage, sent to Frenchan Hospital, then to England, to Aldershot Hospital. After 16 days returned to duty. Boarded and returned to Canada, to Elmhurst Home. Man there 3 months and then sent to duty with Special Service, Co.

Present Condition Man says he has lost 45 lbs in last 8 weeks. Has been on duty. He has cough in morning, especially, considerable sputum, at times night sweats. Sputum frequently fair. No dulness on percussion. Few crepitations in ~~left~~ right infraclavicular and right apex posteriorly also occasionally in left infraclavicular. Urinalysis normal. Sputum - positive.

X ray shows:-

Wassermann ++

Admission April 5th/18.

Transferred to Mowat May 14th/1918.

46

042223

S.M. Asselstine, Captain A.M.C.

Interne

* N. B.—This form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board

assembled at Kingston, Ontario

on the 10th. day of August, 1918

by order of the G.O.C., M.D. #3.

for the purpose of inquiring into and reporting upon the cause of death of #724001 R.S.M. John Allen (W.O.). 124th. Batt'n. C.E.F.

PRESIDENT.

Major R.B.Richardson A.M.C.

MEMBERS.

Capt. H.A. MacKay A.M.C.

Capt. V.H. Craig A.M.C.

The Board having assembled pursuant to order, proceed to inquire into and report upon the cause of death in the case of the R.S.M. noted above.

Find that:-

1. He was admitted to the Mowat Memorial Sanitorium, Portsmouth, on May 14th.,1918, suffering from acute Pulmonary Tuberculosis.

2. The disease was progressive.

3. Death occurred at 3:40 A.M., August 9th.,1918, due to Pulmonary Tuberculosis.

R.B. Richardson
.....Major A.M.C.
President.

H.A. MacKay
.....Capt. A.M.C.
Member.

V.H. Craig
.....Capt. A.M.C.
Member.

M. F. B. 303.
150M.—7-16.
H. Q. 1772—39—133.

The Assistant Adjutant-General,
Military District #3.

Forwarded

I concur in this report.

Major A.M.C., D/A.D.M.S.
For A.D.M.S., Military District #3.

The Secretary, Militia Council,
Militia Headquarters,
Ottawa, Ontario.

Forwarded

Lieut-Colonel.
For G.O.C., Military District #3.
(A.O.L.).

Forms
I. 1237
11

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
32.	724001.	B.S.M.	Allen	J.
Year	Unit.		Age.	Service.
1917.	124 Bn.		32	14

Station and Date. Jan. 2. M.H.B.

Disease Phthisis.

Complaint:-

Family History: Born in Ireland, and lived in Canada ten years. Father died when patient was a child from unknown causes. One brother and one sister dead - sister from unknown cause, brother after an injury.

Previous Illness:- Was sick in 1906 and was four months in hospital at that time with cough and haemorrhage from the lungs. This recurred six months later and at intervals since then. Patient was well for a year before enlisting.

Present Disability:- Began four months ago with a pulmonary haemorrhage amounting to about a cup full. Has a continued slight hacking cough. Has had one haemorrhage since then, about five weeks ago. Has lost 25 lbs. since August.

Present Condition:- Well nourished man. Mouth and throat in good condition.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station and Date.	
	Chest:- Inspection:- Well shaped and developed. Both apices somewhat shrunken. Expansion equal and fairly good.
	Palpation:- Tactile fremitus increased at rt apex.
	Percussion:- Dulls note at rt apex anteriorly and posteriorly
	Auscultation:- Increased vocal resonance at ~~rt~~ apex
	Rales under the scapula posteriorly
	Patient is otherwise fit, appetite is good for all meals except breakfast. Bowels tend to be constipated.
	[illegible] Capt.

Forms
I. 1237
10

379

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
440	724001	B.S.M.	Allen	J
Year	Unit.		Age.	Service.
~~1917~~	124th Batt		35	22/12

CANADIAN MILITARY HOSPITAL HASTINGS SUSSEX.

Station and Date. 5.1.17

Disease Tubercle of Lung

Enlisted in

Date 20/12/14

Place Lindsay Ont

Transferred 93rd Batt tp 109th Batt tp 124th Batt

~~Arrived~~ In England ~~from Canda~~ 31/8/16

In France ~~from England~~

In England ~~from France~~

Hospital Transfers

Farnham Connaught ~~Bramshot~~ 6/10/16
Unit 27/10/16
Bramshot 2/1/17
Hastings 5/1/17

Remarks & M.O. Report.

Pleura 1917

Capt. C.A.M.C.
M.O.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station
and Date.

Forms
I. 1237
10

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T127	72001	Pte	Allen	J.
Year	**Unit.**		**Age.**	**Service.**
1916	109 C.E.F.		34	6/12

Station and Date.

Disease ~~Debility~~ Haemoptysis

Primary at Aldershot 26.8.16

Haemoptysis – ½ teacupfull, Aug 13th.
First noticed 1906, 5–6 times a year since then.
Appetite good. Has gained weight lately.
No signs in chest.
Tuberculin ·005, ·01 negative.
Discharged.

31.8.16

[illegible] Adrian
3/11 RAMC

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station
and Date.

Witley Camp
Nov 24. 1916.

C.O.

Bramshott. Hospital.

Sgt. Allow. 724001. 10th Batt.

Says he has had chest trouble since 1906. Had a Haemorrhage on Nov 5th. 1906. Care of Major Weston. Irish Guards. He was discharged from the Guards on 12 March 1907. on this ofc
Had another Severe Haemorrhage on Easter Monday Same year.
Says has had Haemorrhages off & on since.
Sputum examined & said to be Bacillus in 1913.

Harry J. Watson

.....C.A.M.C.,
M.O. i/c No. 2 Sick Detention Hut
Witley Camp, Surrey.

(9) Is your Father alive? No.

If so, state name and address Nil.

(10) Is your Mother alive? Yes

If so, state name and address Mrs. Ellen Aiken

22 St. Leonard St., Belfast, Ireland.

(11) If your Mother is a widow Yes.

Are you her sole support, or not? Yes.

(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.

Nil.

(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.

Yes.

(15) Are you insured? Yes.

If so, in what Company? The Brotherhood of Locomotive Firemen and engine men.

Have you made arrangements for payment of your Insurance premium Yes.

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Lt. Col.
Officer Commanding.
O. C. 109th Overseas Battalion, C. E. F.

Date 19th July, 1916.

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 109th Overseas Battalion, C.E.F.

(2) Regimental Number 724001

(3) Full Name of Soldier JOHN ALLEN

(4) Place of Birth Countydown, Ireland.

(5) Are you married, or not? Yes.

(6) If married, state,
(a) Full name of your wife Clara Helen Allen

(b) Present Postal Address Lindsay, Ont. Canada.

(7) Are you a widower? No.

(8) Have you any children? Yes.

If so, give number of boys and girls 1 girl, 1 boy

Also their names and ages Katheleen Beyrl aged 8 years,
Cecil Walter aged 2 years.

M. F. W. 67.

300M.—5-16.
1772 39-954.

(SEE OTHER SIDE.)

To Capt Boyd
109th Battalion

X-Ray Report of Sgt. Maj. Allen -

Right diaphragm not so active as the left. Right apex does not light up so well as the left - Right lung markings more pronounced than the left - Would advise thorough physical examination of Right Side

J. D. Connell Capt
X-Ray Dept
B. Military Hosp.

Nov 24/16

D.M.S. 1348 (Revised).

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

1-12- 1916.

No. 724001 Rank B. Sgt. Maj. Name Allen, Jno.

Local Unit 109th Overseas Unit Age 35

Examination held at Bramshott, Hants.

DISABILITY.

~~Overseas~~—Local.
(scratch one out)

Haemoptysis.

PRESENT CONDITION.

Troublesome since 1906, drs. Guards was discharged because of this. Another haemorrhage Easter Monday 1906. Has had occasional haemorrhage since. Sputum was negative in 1913. Five weeks ago had recurrence. X ray negative but points to Rt Chest. Has lost 25 lbs since coming over.

Board recommends:

1. Fit for Duty.
2. Fit for duty after ..... weeks physical training.
3. Fit for Base duty ..... weeks.
4. Fit for Permanent Base Duty.
5. Discharge. Class E.

Signatures:

C. E. Cooper Cole Maj CAMC Pres.

Members { H. Maclaren Capt.
W. Hugh Jackson Capt.

Approved.

Bramshott Dec 1st 1916.

for A.D.M.S. V.G.O.C.
Canadian Troops, Bramshott.

Form to be used instead of blank space on Army Form 179

3

Proceedings of Medical Board at Discharge Depot.

Number Rank Name and Corps of disabled soldier.

#724001 R.S.M. W.O. Allen, John. 124th Bde.

Previous Civilian Occupation.

Fireman.

Cause of disability:-

649-a-2871

Suspected T.B. C lungs.

Condition in detail which prevent the soldier earning a Full livelihood:-

No complaints.

Lungs:- As far as we can make out his lungs are absolutely clear. No cough. No expectoration. No loss of weight. No night sweats. Says he has always had a little back for the last 14 yrs. Past Hist:- One haemorrhage from Lungs in England Oct, 1916. None since. Sputum x an. three in # all negative. Tuberculin Test:- No reaction. Requires further observation. Other systems normal.

Opinion of the Board.

Patient says he feels as fit as he ever felt.

Degree of incapacity (Please state in fractions.)

?

Probable duration of incapacity:-

?

Does it render him permanently unfit for "Military Service? ?

Would operation, special treatment or the use of appliances, etc., lessen incapacity. Convalescent Home

Signature. W. G. Ralfe Capt — President.

Stanley Kirkland Capt — Members.

J. B. Morton Capt

Station. Quebec

Date March 12, 1917.

Approved.

21

Date Mar 12/17 — Assistant Director Medical Service.

Date 23/3/17 — Director General Medical Service.

Dir. Med. 27-8-17.

9-67
21-371

A/W O CLI

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 109th Battalion C E F

Regimental No. 724001 Rank R S M C. E. F. Name Allen John W C

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				
1-6-17	Unit M.H.C.C.	TAKEN ON STRENGTH NO. 3 SPECIAL SERVICE CO. Auth 3 MD 88-A-32 23-5-17			
					E M Freeman Lieut. & Adjutant No. 3 Special Service Company, C.E.F.
22-4-18		Transferred to Unit M.H.C.C. and struck off strength. DC 113 23-4-18			E M Freeman Lieut. & Adjutant No. 3 Special Service Company, C.E.F.
18-4-18		T.O.S. Posted to Hosp. Section Queens.	Kingston	5-4-18	H.Q. 8.
2-5-18		Delete & cancel strength minute			H.Q. 15.
2-5-18		addendum to H.Q. 8. Hosp. section Queens.			H.Q. 15.
31-7-18		discharged to I.S.C.			
9-8-18		Amend - Delete & cancel "Discharge"			H.Q. 114.
9-8-18		Deceased (Pul. Tub) Home in Lindsay.			R. P. Dyte Lt. & A/Adjt. No. 3 Special Svce Coy

(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.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

Army Form W. 3212. (In books of 100.)

724001.

Regtl. No., Rank and Name R. S. May Allen J. Corps

CANADIAN CONVALESCENT HOSPITAL, SANITORIUM SECTION, HASTINGS

Disease Tuberculosis. Hospital

To Officer i/c Laboratory. Ward

Please carry out an examination of the accompanying specimen of Sputum.

with special regard to T. B.

Date 9. 1. 17. O. i/c Ward.

LABORATORY REPORT.

not T B found

11/1/17. no T. B found

15 JAN 1917 no T. B. found.

12 JAN 191

Date of Examination

Thos. R. Little Capt.

O. i/c Laboratory.

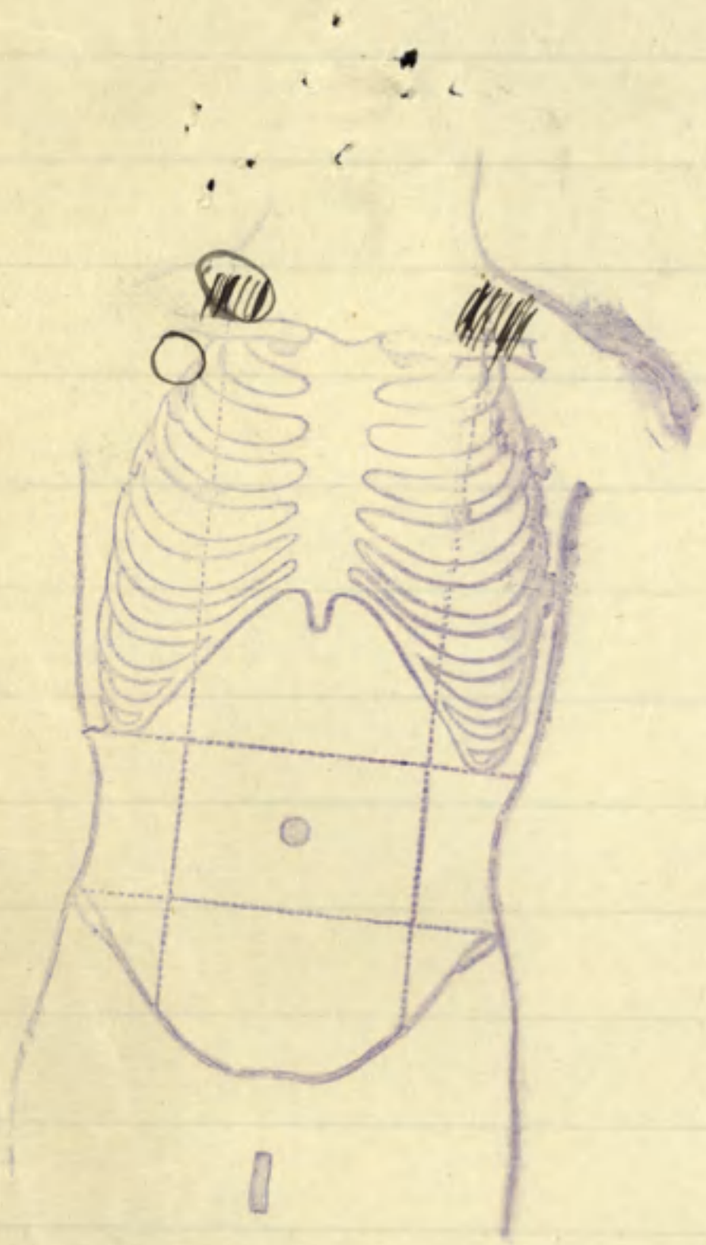
W 12965—6740 200,000 11/15 H W V (M 875) Forms/W. 3212/1
1439—480 200,000 5/16

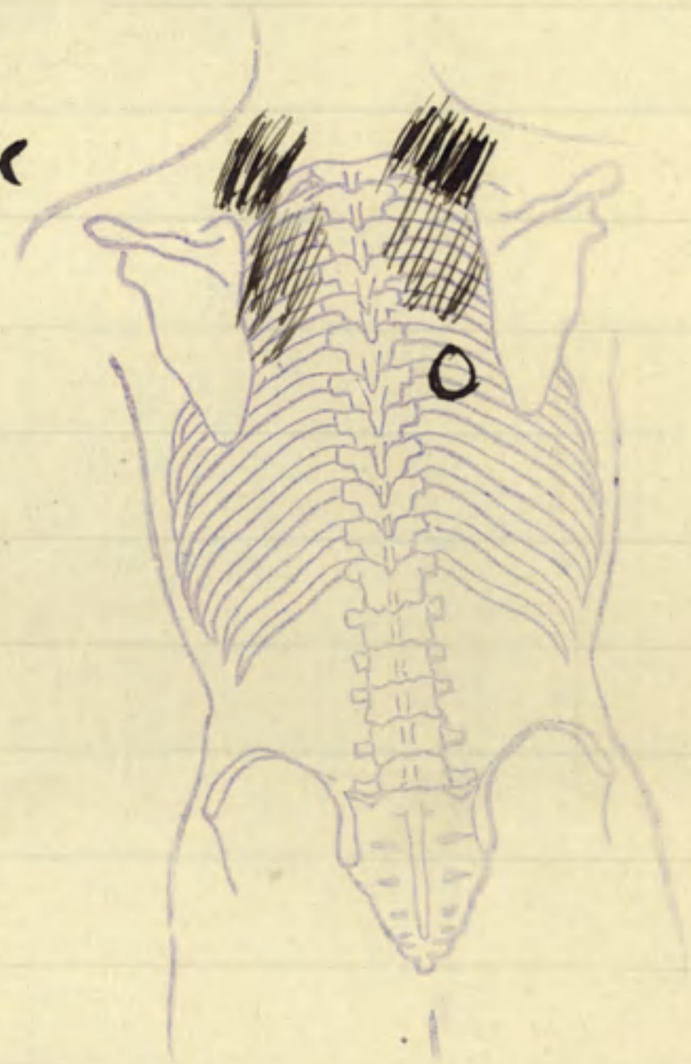
9

R. S. M. Allen.

Heavy shading : dullness.
Light " : impaired resonance

O : râles.





73780

724001 W.O. Allen, J. 109th Battalion, C.E.F.

Will detached by Regt. Paymaster,

H. J. Williamson CAPT.
Paymaster, 109th Overseas Battalion, C.E.F.

— 20 —

Perforated sheet for Will from Pay Book of Reg.

No. 724001

Name John Allen

Unit 109th Bn. Can. Inf.

Military Will.

In the event of my death I give all my property and personal effects to my wife.

Clara A. Allen
20 Sussex St
Lindsay, Ont
Canada

Boy 11.

Witness (Pte R. Sandercock)

Signature J. Allen

Rank and Regt B.S. Major - 109th Bn

Date 13/10/16

R—122

A.G.R.

Rank B.S.M./W.O. Name ALLEN, John Reg'l No. 724001

Unit 109th Bn. If in perm. Corps, What Unit? Lindsay, Married or Single Married

Place and Date of Enlistment 24th Feb., 1916. Place of Birth Co., Down, Ireland.

Name and Address, Next-of-Kin Clara Helen Allen,

~~234 Queens Rd., Battersea, London S.W., England.~~ LINDSAY. ONT. CANADA Relationship Wife. 666

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 2974
File R.L.
Category Infantry

R. 139 29/33

PC 367 R 29.27

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	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.
		Arrived in England per H.M.T. 2810 31-7-16			
5.8.16	O.C. 109th	Apptd Prov. B.S.M. & W.O.	Witley	5-8-16	Pt. II D.O. 218 D.O. 285
18.8.16	"	Admitted to Hospl	Borden	17.8.16	Pt. II D.O. 231 C.L. #8
28.8.16	109th C.L.	Trnfd. to Connaught Hospl	Aldershot	22.8.16	C.L. #8
1.9.16	O.C. 109th	Discharged from Hospl.	~~Connaught~~ Bramshott	31.8.16	Pt. II D.O. 245 C.L. 25
15.11.16	"	Pt. II D.O. 218 amended to read B.M./W.O.	Witley	5-8-16	Pt. II D.O. 320
8.12.16	"	S.O.B. on trfr. to 124th Bn	"	8.12.16	Pt. II D.O. 343
9.12.16	O.C. 124th	S.O.B. " " fr 109th "	"		" 265
2.1.17	"	Adm. B.M. Hsp.	"	2.1.17	" C.L. 35 Suspected TB
20.1.17	"	Dis. " " " 124th Bn	Bishott	5.1.17	C.L. B 84
					Pt. II D.O. 26

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.				
16-1-17	124 Bn	Tfd to CCAC Leaving procedure to Disch Depot.	Witley	16-2-17	~~Pt II~~ DO. 16.
27.1.17	"	SOS ~~to CCAC on ACH 109~~	"	8.12.16	— 5
27.5.17	CCAC	SOS to Can for Discharge	Hastings	19.2.17	— 194
	Dis Dep	10 Conv Home	MD #3 Kingston	5.3.17	nR 217.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Allen (Surname) John (Christian Name)

Regimental Number 724001. Rank Sgt. Major

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 0721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
300M-1-19
1772-39-1140

File No. 0236-J-28.

WAR SERVICE GRATUITY.

Iud. 2. 12. 20.

Register No. A 1305

Reg. No. .....

Name .....

Address .....

Pay Soldier $ .....

Clerk .....

Dependent .....

Address .....

Pay Dependent $ .....

Days ..... Rate ..... Due .....

Less P.D.P. credited .....

Less further Dr. Bal. .....
or overpayment.

Net .....

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1						1				
2						2				
3						3				
4						4				
5						5				
6						6				

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

R. Evans
2 12/20

Register No. DA393

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 0236 J28

Regt'l No. 724001 Name John (Christian Name) Allen (Surname)

Unit 109th Bn Rank Gnr. Date of enlistment

Date of casualty 9-8-18 B.P.C. File No. 48275

Was service performed overseas ? Yes

DEPENDENT

Name Mrs Clara A. Allen Relationship widow

Address P O Box 11
68 Adelaide St
Lindsay Ont

Amount of Special Pension Bonus $ 103 34 Abstracted by M K Thompson

Eligible for Gratuity $ 210.

Less amount of Special Pension Bonus paid $ 103 34

Less Debit Balance of S. A. or A.P. $

Total deductions $ 103 34

Balance due $ 106.66

Cheque No. 9.1903837 Date issued FEB 25 1921

Clerk

REMARKS :

Audited by

Date

M.F.W. 2652
25M—6-20.
H.Q. 1772—39-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
300M-1-19
1772-39-1140

Remarks:

Register No. DA 393

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

(1)

A.P. File No. 0236 J 25

Regt'l No. 724001 Name John Allen
(Christian Name) (Surname)

Unit 109 Battn Rank Bn. Sgt. Maj. Date of enlistment Dec 28 1914.

Date of casualty Aug 9 1918 B.P.C. File No. 48275

Was service performed overseas? Yes.

DEPENDENT

Name Mrs. Clara Helen Allen Relationship Widow

Address Post Office Box 11
68 Adelaide St
Lindsay Ont

Amount of Special Pension Bonus $ 103.34 Abstracted by [illegible]

Eligible for Gratuity $ 180-

Less amount of Special Pension Bonus paid $ 103.34

Less Debit Balance of S. A. or A.P. $

Total deductions $ 103.34

Balance due $ 76.66

Cancelled

Cheque No. Date issued

Clerk [illegible] 8/1/19

REMARKS: Passed to W.

Audited by

Date

M.F.W. 2652
25M—6-20.
H.Q. 1772—30-1473

DA 134
9-10-20

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
		Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
300M-1-19
1772-39-1140

Name Allen. RSM (WD) John

M. F. W. 41
1 0M—7-16
1772-39 889.

387

Regimental No. 724001

Unit 109 Btn

Date of enlistment —

Place of " —

Married (yes or no) S/Ato 31/3/17

Amount of pay assigned monthly $35 Jany 1917

To whom payable Mrs Clara A Allen
Box 695 Lindsay O.

Name and address of next-of-kin
PO Box 11
Lindsay
Ont

Date and place discharged

Reason for discharge 649. Cl. 2871

Character on discharge Ex Esquibo 5/3/17

ob 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	9/2/17							137 30						100 -		Leave
10/2/17	28/3/17	19	2.00	38 -	19	.30	5 70	- -				Balance		81 50		To Colliet 1.4.17.
									181 50						181 50	
	S.L.P.C. to M.D. 3, 23.7.18,															
~~20/4~~	~~Transf to Supply Tobacco~~							3 38	3 38			Missing dues		3 38	3 38	Sup L.P.C. ~~P.D.P. 9/7~~
												Supp. ack. by mo 3-2-8-18.				

M. F. W. 41
1 0M — '-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

L- L. Job 310—M. 8[illegible]6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

107

Wife

To Whom Clara Helen Allen

Address Box 695
Lindsay Ont

Rate $30.00

AUG 11 1916
AUG 1 1916

By Whom Assigned Allen John

Regtl. No. 724001

Rank S. M.

Corps 109 Bn

Staff N.C.O

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Stop Payments Feb 1/17
Sept.				Discharged to Canada
Oct.				3M 6/1/17 C.A.C. 5/2/17
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. Clara Helen Allen Wife

Name of Soldier Allen, John 105

724001 S. M. 109 Bn.

L. L. Job 310.—Req. 6574.

#30.00

AUG 1 1916

AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		D 15043	30	
Sept.		D 15103	30	
Oct.		D 19488	30	
Nov.		D 24393	30	
Dec.		D 31880	30	
Jan.	1917	G 35735	30	Stop a/c Feb 1/17
Feb.		~~G 42305~~	~~30~~	~~G 41R2305~~ Cancelled
March			180	
April				
May				
June				
July				Retd on Esquibo 19/2/17 F.X. 2/3/17
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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.					
Oct.					
Nov.					
Dec.					
Jan.	1920				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					

~~Command form~~. 1. 6. 17.

L. L. Job 4503.—[illegible] & D. 6832

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-813.

File

SEPARATION ALLOWANCE

Name Clara Allen

Address Lindsay
Box 695 Ont.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Allen, John

Regtl. No. 724001

Rank Sgt-Major

Corps #3 Special Service Coy.

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				See also Discharge Ledger.
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915				
Feb.					
March					
Apl.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1916				
Feb.					
March					

~~Command form~~. 1. 6. 17.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—6-16.
1772—39—818.

Sheet No. 2. Clara Allen Wife

Name of Soldier Allen John

Sgt-Major 724081. #3 S.S. Coy.

L. L. Job 4503.—Req. 6832.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				See also Discharge Ledger.
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					see original sheets filed in #3 S.A. discharged Ledger for previous payments.
Jan.	1917				
Feb.					
March					
April					
May					
June					
July					
Aug.		B 17053.	75		
Sept		A 19274	25	R	
Oct.			25	T Bo	
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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.						
Oct.						
Nov.						
Dec.						
Jan.	1920					
Feb.						
March						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						

1-3-16 24-2-15

L. L. Job 4503.—[redacted] D. 6332.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name: Allen Clara. Helen

Address: PO Box 695
Lindsay
Ont.

Relation to Soldier wife, child or mother: wife

Name of Soldier: Allen John

Regtl. No.: 724001

Rank: ~~Pr. Sgt Major~~ ~~Promoted W.O. 4/2/16~~ Pm L 28-11-16

Corps: 109 Bn.

To what Corps belonging when called out: W.O. 6/9/16 (649-a-7870)

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June		K 1283	152	Sgt Maj in 45th Reg. original acct in Dio.
July		N 1441	25	
Aug.		J 14248	25	
Sept.		J 11737	25	
Oct.		E 18227	25	
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		E 34132	25	277

ACCOUNT CLOSED
DATE..... PER..... W

CORRECTED
3
CASUALTIES.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.–6-16.
1772—39—818.

Sheet No. 2.

L. L. Job 4503.–Req. 6832.

Clara. H Allen wife

Name of Soldier Allen Jno.

Month.	Year.	Cheque No.	Amt.	Remarks.
			244	
April	1916	G153	25	H O File 649-A 2871 shows date of Enl 24-2-15 OK by OB 24/4/17 & adj from that date. RMB 30/4/17
May		H4950	25	
June		C1780	25	
July		K9641	25	
Aug.		A11520	25	
Sept.		C14977	25	
Oct.		C18475	25	
Nov.		~~C21700~~	~~25~~	C 21700 Cancelled
Dec.			452	deduct 252 O/P in 45 Bn.
Jan.	1917			From W O 5/9/16 so Rate 30 per month.
Feb.				
March				
April				Acct closed Rtnd on
May		A.4577	171 —	RSS Esquibo 19/2/17 JK 8UE 23/3/17 mailed 22-5-17
June				
July				From D of Enl 24-2-15 to 19/2/17.
Aug.				Sold. Entitled to $623
Sept				received $452
Oct.			623	underpaid $171
Nov.				Capt Conger notified. RMB per JMK
Dec.				
Jan.	1918			This W.O. Dept is entitled to a total payment of $623.00 Payment Made as shown, 452 leaving bal to Close 171.00 Please issue Cheque for balance & Close a/c. H/q file 649-A-2871 Letter Capt Ammond & Ruling 5 M OB 11/6/17 19/5/17 [illegible]
Feb.				
March				
April				
May				
June				
July				

FINALLY DISCHARGED

ACCOUNT CLOSED

DATE ..... PER ..... W

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

L. L. Job 88773—M. & D. 6195.

~~1-3-16~~ 24-2-15

MILITIA AND DEFENCE

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

96

SEPARATION ALLOWANCE

Name Allen Clara Helen

Address P.O Box 695
Lindsay Ont.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Allen John

Regtl. No. 724001

Rank ~~Bandsman Sgt Major~~ ~~Bonded Warrant Officer~~ R.M.C. 29/6/16

Corps 109th Battn

To what Corps belonging when called out } Promoted W. O. 5/9/16 (649-G-2871)

PAYMENTS

	Month	Year	Cheque No.	Amt.	REMARKS
	Aug.	1914			
	Sept.				
	Oct.				
	Nov.				
	Dec.				
	Jan.	1915			
	Feb.				
	March				
	Apl.				Sgt. Maj. - 15th Regiment original acct in Discharge
	May				
	June		K. 1283.	25 2	$252.00 of paid. This man is not in unit of the Canadian Exp. Force O.M.L. 25/9/15
	July		N 1441.	25	
	Aug.		F 14248.	25	
	Sept.		J. 11737.	25	
	Oct.		E. 18227.	25	
	Nov.				
	Dec.				
	Jan.	1916			
	Feb.				
	March		E 34132	25 -	25

Destroy

See current acct

ACCOUNT CLOSED
DATE ..... PER W.

MILITIA AND DEFENCE 24-2-15

(2)

M. F. W. 11a.
60m.—12-15.
1772—39—818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. Clara Helen Allan Wife

Name of Soldier Allan Johns

PAYMENTS.

B of Jn. W. D.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.		Remarks.
					Sergt
April	1916	G 153	25 —	25	Hq. File 649-9-2871 shows
May		H 4950	25	25	dbfend 24-2-15 and OR 24/7
June		C 1780	25	25	to adj a/c from that date
July		K 9641	25	25	£30 4/7
Aug.		a 11520	25	25	
Sept.		c 14977	25	25	
Oct.		c 18475	25	25	c 21700 cancelled
Nov.		c 21700	25	25	~~Deduct~~ *252. o/pd. in 45th Bat'n
Dec.					
Jan.	1917				Promoted W.O. 5/9/16 so
Feb.					Rate - 30.00 per month.
March					
April					a/c closed setd on Esquibo
May					19 2/17
June					J.A. E.O.C. 23/3/17.
July				27	~~This man is still unpaid~~
Aug.					~~*93.00 accounts notified~~
Sept.					
Oct.					From dofend 24-2-15 to 19 2/17
Nov.					soldier entitled to $623.00
Dec.					rec'd 452.00
Jan.	1918				undepd — $171.00
Feb.					
March					Capt Conger notified 30 4/7 of under
April					payment
May					
June					£30 4/7
July					

Dep Adj't

~~210~~ 483

ACCOUNT CLOSED

DATE..... PER.....

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

41560 THE MORTIMER SYSTEMS
OTTAWA, CANADA

28/12/14

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Clara Helen Allen

Address 40 Russell St.
(Box 695)
Lindsay Ont.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Allen, John

Regtl. No.

Rank Sergt. Maj.

Corps 45 Regt.

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				The amount of $252.00 has been requested to be returned at once HD/. 23/12/15
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915				This amt. being deducted in L-a/c - 10qr - Bfk
Feb.					
March					
Apl.					
May					
June		K1288	152 -	152	
July		N1441	25 —	25	
Aug.		F14248	25	25	
Sept.		D 11737	25 -	25	
Oct.		E18209	25 -	25	
Nov.					Account Closed. This man is not a unit of The Canadian expeditionary Force. Bletti. P.M.L. 3rd Divn 25/9/15
Dec.					
Jan.	1916				
Feb.					
March					

Destroy

*Name Allen J. Rank R.S.M. Regt. No. 724001

Fyle Depot 3-A-17

Original unit 124th Bn Present unit 3 S.S. Coy. M. or S. Age 36 Religion Ref. H.Q.

Port, ship, and date of arrival

Next of kin Mrs Clara H. Allen Box 692 Lindsay Ont.

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Fireman Date and place of enlistment Dec 20th 1914 Lindsay Ont.

Diagnosis (1) Pulmonary (2) Syphilis Date of Medical Boards Apr 5th 1918

Date.	Remarks	Pt. 2 Order No.
T.O.S.		
18-4-18	Posted to Hospital Section - Queen's M.H.	Appendix to H.S.1.
14-5-18	Trans from Queens to Kingston	H.S 30
22-4-18	Granted leave with subsistence to 13-5-18	HS35
14-5-18	" " " "	HS76

*—Name will be given in full; surname first.

(over)

Date.	Remarks.	Pt. 2 Order No.
9-8-18	Deceased, Cause of death Pulmonary Tuberculosis at his home in Lindsay	N.S. 117

M.F.W. 192.
60M-3-18 (D.P.) 353.
1772-39-1243.

D.M.S. 1500.

Surname	Christian Name or Names	Reg. No.
Allen	J.	724001

Rank	Unit	Co.	Troop	Batty.
B.S.M.	109th Bn. (124 Bat. Pioneers)			

Hospital	Date of Admission
Frensham Hill Military	17.8.16
Transferred Connaught Aldershott	Hosp. 22.8.16
Bishot hill.	Hosp. 2.1.17.
	Hosp.
	Hosp.

Diagnosis

(1) N.Y.D."Q"

Later Diagnosis (if changed)

(2) Haemorrhage from lungs.

(3) Susp. Phthisis

Additional Diagnoses: If more than one state present

DISPOSITION		Date
	Dis.	31-8-16
C.L. 28.8.16	8	Dis. 5.1.17.
C.L. 27-10-16	25	
4.1.17.	35.	
16.5.17.	1384.	

REMARKS

DH

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

R. 149.

Name Allen, John. *Rank* B.S.M. *Reg. No.* 724001

Unit 124th Battn.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917 2-1. Jan.5,	Mil Hosp. B'shott. Discharged		NYD. Phthisis	35 B.84.		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
	G. Duty Dn.					

R. 149.

Name Allen John Rank Pte Reg. No. 72

Unit 109 Bn

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
17-8-16	Mil. Frensham		Sick			
22-8-16	Connaught.	Aldershot				
31-8-16	He is		Haemorrage from Lungs.	25		

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

No. Rank Sgt Maj. Name Allen John.

T. O. S. Unit 93rd Battalion C. E. F.

M. D. 3

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1915 Nov. 1	1915 Nov. 24	✓	pro. to C.P.M. 1-11-15	S.O. # 12 - 12-11-15.

UNIT SAILED
JUL 15 1916

No. 724001. RANK Bast. S. M. NAME Allen. John.

T. O. S. UNIT 109th. Battalion.

Transfd from 93rd Bn. 25-11-15.
D. O. S. 25-11-15.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov. 25	1915. Nov 30	✓		
	Dec.	✓		
1916 Jan.	1916	✓		
Feb.		✓	Prov. Cpl. P. S. M.	D. O. 109. 27-3-16.
Mar.		✓		
April.		✓		
May.		✓		
June.		✓		
July.		✓		

UNIT SAILED
JUL 23 1916

No. 724001 RANK R.S.M. NAME Allan J

T. O. S. UNIT Special Service Battalion #3 Albany

Transfd from M.H. G.C. "C" Unit 1-6-17 no 15 4 of 28-6-17

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
June 1	June 30	"		
July		"		
Aug.		"		
Sept.		"		
Oct.		"		
Nov.		"		
Dec.		"		
1918	1918			
Jan.		"		
Feb.		"		
Mar.	no date	"		
apr.	apr 22	"		

not eligible for '14/15' Star.

ALLEN, John, R.S.M. No. 724001, H,Q.649-A-2871.

8071

MD3

MEDAL, (widow) Mrs. Clara Helen ALLEN,
68 Adelaide Street, S.
Lindsay, Ontario,

PLAQUES,(widow) As above.

(Ser.# 806352.)

C. o S.(widow) As above.

Scroll Desp MAY 2 - 1921 Requ. No 2.40464

Desp MAY 21 1920 68415 SEP 15 Recon. No 96740

OK

NAME REG. NO. FILE NO.

DATE IN	DATE OUT	P.A. OR B.F.	DATE REQUIRED	REMARKS

M

LEDGER No. 1741 SERIAL No. B 42723 46 (21)

REG. No. 724001 NAME allen John

RANK R.S.M. CORPS 124th Bde AGE 35 SERVICE 6 15/12 6 8/12

	HOSPITALS	DATE OF ADMISSION
1	Elmhurst Mill Hosp Kingston	16-4-17
2		
3		

DIAGNOSIS ~~Lung~~ T.B.

TRANSFERRED TO 88 Co. 21-5-17.

DISPOSITION CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1322.

P.T.O.

REMARKS:

(2)

ad Queens Mil Kingston 5-4-18 P.B. Lung 9/5

Trans to Inowatt ..

Date of Enlistment

1-6-17

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

35			

RATE OF ASSIGNMENT

PL 1014 LAST

PARTICULARS OF SEPARATION ALLOWANCE

No. 724001

Rank Sgt-Maj Promoted Reverted Discharge

Soldier's Name John Allen

Battalion #3 Spec. Service Co.

Beneficiary Clara Allen

Relationship Wife

Address Box 695 Lindsay Ont

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Pd on 109 Brought fwd 1917		623 00	180 00	803 00	See also Discharge Ledger
Pd on #3 S.S. Co. Sept 30 17		100		100	
Dec	U 66243	75		75	made 6/2/18 a.P. Cp stopped Feby 1/17. Returned on Enquiries 19/2/17
1918 Jan.	M 70833	25		25	Bo S.A. cpt closed. 75.00 Cheques to Oct-nov & Dec 25.00 Future, cpc open

See Ledger 0236-J-28.

Book 7.7. 16/2/18

PAYMASTER PAYING

From 1-2-13

To .....

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22520—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
400M.—17—1772 39-1141
L. L. 22520—M. & D. 7982.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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.

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. #724001.

Rank RSM

Surname Allen.

Christian Name John.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 109th Battalion.

Date of Discharge 31-7-18.

Place of Discharge Kingston, Ontario

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 36 years 3 months.
Height 6 feet inches.
Complexion Fair
Eyes Brown
Hair Fair
Trade Engineer.
Intended place of residence (To be given as fully as practicable.) Lindsay. Ont.

Descriptive Marks

Tattoo mark "True Love" on right arm, Scar on top of head.

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

Being Medically unfit for further Service, and in order that further treatment may be carried on by the I.S.C.

Auth 3MD 88-A-32. dated 23-7-18.

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

vg.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

NIL

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

6. Medals and Decorations ..... NIL

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) Kingston, Ontario. .....

(Date) 31-7-18 *Commanding* .....

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) Kingston, Ontario. ..... *(Signature of Soldier.)*

(Date) 31-7-18. ..... *(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.

..... *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) 2 years 248 days.

Total 2 years 248 days.

11. **Confirmation of Discharge.**

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

(Place) Kingston, Ontario

(Signature) .....

(Date) 31-7-18 .....

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.)

(OVER)

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 depôt 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, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(b) Character certificate (Army Form B. 2067) if entitled.
(c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

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

No. ~~[illegible]~~ 724001 Army Rank ~~Private~~ R.S.M. W.O.,

Name ~~[illegible]~~. Allen.John.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 124th Battalion.

Battalion, Battery, Company, Depôt, &c. C.C.A.C.
(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

Place of discharge Canada.

1. *Description at the time of discharge.*

Age years months
Height 6 feet 1 inches
Chest measurement { girth when fully expanded 39 ins. / range of expansion 4 ins.
Complexion
Eyes
Hair
Trade Fireman
Intended place of residence (To be given as fully as practicable) Lindsay Ont.

Descriptive marks.

(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 no longer fit for War Service.

K.R. & O. 392 XVI.

(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.)

To be filled in on the soldier quitting the Colours.

3. Military character :— Original documents not available.

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

Original documents not available.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* 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.

Wt. W. 13141/283 430,000 3/15 M.&C. Ld.

Forms B. 268 S9

[OVER.

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

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

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

6. Campaigns, Medals and Decorations _____

Certificate of education ..... _____

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

(Place) _____

(Date) _____ *Commanding* _____ *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*) _____ _____ (*Signature of Soldier.*)

(*Date*) _____ _____ (*Signature of Witness.*)

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

9. *Additional Certificate in the case of a soldier who takes his discharge at his own request.*

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

_____ (*Signature of Soldier.*)

10. *Statement of service.*

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

Further service „ „ _____ (the date of confirmation of discharge) ... ... _____ „ _____ „

Total ... _____ „ _____ „

11. *Confirmation of discharge.*

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

(Place) _____

Signature _____

(Date) _____

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.)

Continued:-

marked depression of intercostal spaces, most noticeable over rt. chest. Rt. side ~~of~~ lags in breathing and there is marked increase of V.R. & V.F. over whole of rt.chest. with fine and coarse râles over inter scapular region and above the nipple in front. There is some rigidity of intercostal muscles in lower axillary region rt. Percussion note over greater portion rt. lung, relatively dull.

2. There is recently healed scar on right side of glans' penis.

Sputum analysis made at Provincial Laboratories, Toronto, dated April 3rd.1918, shows presence of T.B.C. Copy of report attached.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned,.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation ; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

88-a-32

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

ORIGINAL

174

MEDICAL HISTORY OF AN INVALID

GW

STATION Fort Henry, DATE April 5th.1918

1. (a) Unit No.3 S.S.Coy. (b) Regimental No. 724001 (c) Rank R.Sgt.Major, W.O.
   (d) Surname Allen (e) Christian name John.
2. Age last birthday 36 Date of birth April 1st.1882.
3. Enlisted at Lindsay, Ontario. on December 20th.1914.

4. Personal description :—
   (a) Height 6 feet. (b) Weight 170½ (stripped) (c) Complexion Fresh.
   (d) Colour of hair Auburn. (e) Colour of eyes Brown (f) Identification marks Nil.

5. Address after discharge (for the use of the Board of Pension Commissioners) Lindsay, Ontario.

6. Former trade or occupation Engineer.

7. (a) Service

	Years	Days
	Periods	
	From	To
45th.Regiment.	Dec.20,1914.	Oct.1915.
93rd.Battalion.	Oct. 1915.	Nov.16,1915.
109th.Battalion.	Nov.16,1915.	Dec.8, 1916.
124th.Battalion.	Dec.8,1916.	Feb.1917.
No.3 Cas.Unit.	March 16,1917.	To date.

   (b) Has he been overseas ? 8 mths.England.

8. Present disease or disability (use authorized nomenclature if possible)
   1.Pulmonary Tuberculosis. 2. Syphilis?
   (a) Date of origin Previous to enlistment. (b) Place of origin England.
   (c) Cause* Infection.
   *(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important to be a full description of the present disabling condition or conditions).

Subjective:- Complains of cough and expectoration and sometimes streaks and clots of blood. Chest is painful when attempting to take a deep breath. Pain is most troublesome beneath the right scapula. Going upstairs or walking rapidly causes marked shortness of breath. Appetite very poor. Sleeps poorly.

Man states:- He has lost 45 lbs. in last eight weeks.

2. None at present.

Objective:- There is noticeable emaciation with.

(see page 4)

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

75M.-12-17.
1772-39-117.

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market ? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty 1. Prior to enlistment. 2. Off duty.

13. Was a Court of Inquiry held ? 1. N/a. 2. No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ? 1. Yes. 2. N/a.

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

1. Impossible to say. 2. N/a.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? No.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? 1 &2. Impossible to say.

17. Treatment (Case reports, general or special, should be secured and attached where possible).

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

1 & 2. Yes.

19. Can the former trade or occupation be resumed ? No.

20. Recommendations

That this warrant officer be placed in Category D for further hospital treatment.

W. J. Logan

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned John Allen. have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

J. Allen

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report ? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

YES

22. Is the soldier fit for

(a) ~~General service~~,	(Category A)	(~~Yes or No~~).
(b) ~~Service abroad, not general service~~,	(" B)	(~~Yes or No~~).
(c) ~~Home service, (Canada only)~~,	(" C)	(~~Yes or No~~).
(d) Temporarily unfit,	(" D)	(Yes or ~~No~~). Yes.
(e) ~~Unfit for service in Categories A, B and C~~,	(" E)	(~~Yes or No~~).

23. It is certified that the soldier

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

Should have Sanitarium treatment for at least one year.

(b) ~~Does not require treatment.~~

(c) ~~Should pass under his own control.~~

(d) Should not pass under his own control.

(Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

That this warrant office be placed in Category "D" for further hospital treatment.

W. J. Logan — *President*

W. J. Smith — Members.

STATION Fort Henry, Barriefield.

DATE 5th. April, 1918.

APPROVED BY

DATE APR 15 1918

W. Craig — Captain A. M. C.

For A. D. M. S. Military District No. 3 — *Assistant Director of Medical Services.*

APPROVED BY

DATE

Director-General of Medical Services.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned,.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation ; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

TRIPLICATE

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Mowat Sanatorium, Portsmouth, Ont. DATE May 20/18.

1. (a) Unit 124th. Battalion. (b) Regimental No. 724001 (c) Rank Pte.
   (d) Surname Allen (e) Christian name John.
2. Age last birthday 36 Date of birth April 1/82.
3. Enlisted at Lindsay on Dec. 20/14.

4. Personal description :—
   (a) Height 6' (b) Weight 156 lbs. (stripped) (c) Complexion Fair.
   (d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks
   See question 10.
5. Address after discharge (for the use of the Board of Pension Commissioners)
   Lindsay, Ont.
6. Former trade or occupation Engineer.
7. (a) Service

	Years	Days

	Periods From	Periods To
109th. Battalion.	Dec. 20/14.	Dec. 1915.
124th. Battalion.	Dec. 1915.	Date.

   (b) Has he been overseas ? Yes.
8. Present disease or disability (use authorized nomenclature if possible) 1. Pulmonary Tuberculosis. 2. Syphilis.
   1st. presumable evidence,
   (a) Date of origin 1. 1915. 2. 1917. (b) Place of origin 1. Canada. 2. Canada.
   (c) Cause* 1. Unknown. 2. Unknown. *(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important. to be a full description of the present disabling condition or conditions).

General condition fair, man says he has been losing weight rapidly during last 8 weeks, 45 lbs., has cough with considerable sputum, occasional night sweats, otherwise is all right, temperature normal, pulse ~~xxxxxxxxxxxx~~ 96, sputum negative, blood pressure, Systolic120, Diastolic 68. Pulmonary Condition:- Infiltration throughout upper and middle lobes and apex of lower lobe on the right, inactive lesion at left apex, sputum report from Queen's Military Hospital positive, wassermen from Queen's positive.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

75M.-12-17.
1772-39-117.

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Tattoo mark on right arm, words "True Love", scar on top of head.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market ? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

100%

12. Did the disability arise on or off duty ? 1. & 2. On duty.

13. Was a Court of Inquiry held ? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ?

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

1. Not applicable. 2. Not applicable

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ?

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? 1 & 2. Permanent.

17. Treatment (Case reports, general or special, should be secured and attached where possible).

English hospitals.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

Yes.

19. Can the former trade or occupation be resumed ? No.

20. Recommendations

Six months sanatorium treatment.

Donald Hyslop Capt. A.M.C.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned ..... have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

J. Allen
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report ? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes.

22. Is the soldier fit for

~~(a) General service,~~	(Category A)	(Yes or No).
~~(b) Service abroad, not general service,~~	(" B)	(Yes or No).
~~(c) Home service, (Canada only),~~	(" C)	(Yes or No).
~~(d) Temporarily unfit,~~	(" D)	(Yes or No).
(e) Unfit for service in Categories A, B and C,	(" E)	(Yes or ~~No~~).

23. It is certified that the soldier

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

~~(b) Does not require treatment.~~

~~(c) Should pass under his own control.~~

(d) Should not pass under his own control.

(Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Recommended that this soldier be placed in Category "E" for the disposal of the Board Of Pension Commissioners, and transferred to the Invalid Soldiers' Commission.

W. Mackay Capt. A.M.C. *President*

W. W. MacKay Capt. A.M.C. } Members.

Capt. A.M.S. }

STATION Portsmouth, Ont.

DATE May 22nd, 1918.

APPROVED BY

DATE MAY 24 1918

W. Craig Captain A. M. C.
For A. D. M. S. *Assistant Director of Medical Services.*

APPROVED BY

DATE

Director-General of Medical Services.

25/5/17
A 336
Q 17 26/5/17

345-25-5

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. }

Administrative Medical Officer.

Militia Form B. 227.
200m. 8-16.
H. Q. 1772-39-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids.

97

Address: Box 11. Lindsay, Ont.

MEDICAL HISTORY OF AN INVALID.

1. Station. Kingston, Ontario.
2. Regiment or Corps. 124th. Batt'n, C.E.F.
3. Regimental No. and Rank. E.S.M.724001.
4. Name. J. Allen.
5. Age last Birthday. 36
6. Enlisted on 28th. Dec. 1914.
   at Lindsay, Ontario.
7. Former trade or occupation. R.R. Fireman. Date. 15-4-17

8. General remarks on his:—
   (a) Conduct.
   (b) Habits.
   (c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

9. Service. Years. Days.

PERIODS

	From	To
46th. Regiment.	28 Dec-1914.	October 1916.
93rd. Batt'n.	October 1916.	16th. Nov. 1916.
124th. Batt'n.	8th. Dec. 1916.	date.

10. (a) Disease or disability. Suspected T.B. Lungs.
    (b) Date of origin. 2nd. October, 1916.
    (c) Place of origin. Orney Camp, England.
    (d) Cause. Unknown.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

N.C.O., has no complaints.

On examination: N.C.O., in in good physical condition- Lungs clear. No expectoration. No night sweats. Had haemorrhage in England October 1916. None since 10 Sputum Examinations in England negative. Tuberculur test no reaction. Has gained 10 pounds since 16.5.17. Now weighs 183. Man says he feels fit.

21

12. (a) Is the disability the result of service or climate? In service.
    (b) Has it been aggravated by intemperance, vice or misconduct? No.

Discharged 24-8-17. GPB.

M. F. B. 227.
200m. 8 16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Tattoo on right forearm.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held ?

Not applicable.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable.

14. Treatment.

English Hospitals.
English Conv.Home, Mar.16-17 to date

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

Not applicable.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

No disability.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

No disability.

18. State if for discharge on account of unfitness for Service.

No.

W. McJones
Capt. A.M.C.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report ? If not, give differing opinion.

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18. Is he unfit for Military Service. No.

Recommendations :

On account of history of suspected T.B. of lungs, but of which there is no evidence, the Board finds that this N.C.O., is fit for service in Canada only in Special Service Coy, according to Category C.I. There is no indication for treatment.

Signatures :— A. Rossalquin Major A.M.C. President.

W. McJones Capt. A.M.C.

Station. Kingston, Ontario. Members.

Date. May 15th.1917.

E. Ryan

Date. May 15th.1917. Assc. Director of Medical Services.

Approved. 14/6/17 D. G. MacLeod Lt Col

Date. Director-General of Medical Services.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Well nourished and well developed man.
Chest well formed and of good expansion.
Percussion: Both apices very marked dullness in front and back, posteriorly some impairment on percussion both sides down to and including scapular region. Vocal fremitus increased on right side. Vocal resonance increased posteriorly in whole weakened impaired region.
Auscultation: Breath sounds diminished posteriorly in upper half of lungs. Expiration prolonged. Right apex posteriorly and in supra-clavicular region — sounds are harsher and numerous fine moist crepitations heard. Rales are heard in infra-clavicular region right side near acromial end of clavicle. Also small dullness at angle of right scapula between it and vertebral column where occasional rales can be heard. Heart normal.
Cough & expectoration slight by night.
Sputum.

14. If the disability is an injury, was caused

(*a*) In the presence of the enemy?
(*b*) On active service?
(*c*) On duty?
(*d*) Off duty?

} Not applicable.

15. Was a Court of Inquiry held on the injury?

If so—(*a*) When?
(*b*) Where?
(*c*) Opinion?

} Not applicable.

16. Was an operation performed? If so, what?
17. If not, was an operation advised and declined?
18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

} Not applicable.

19. Do you recommend

(*a*) Fit for duty? No
(*b*) Fit for base duty? No
(*c*) Invalided to Canada? Yes
(*d*) Discharge as permanently unfit? No

Thackett Capt CAMC
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station _____

Date _____

_____
Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. (1) no (2) no

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? not applicable.

21. Has the disability been caused or aggravated by

(*a*) Intemperance? no
(*b*) Misconduct? No

22. Is the disability permanent? yes.

23. If not permanent, what is its probable minimum duration? not applicable.

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? Total for six months.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? not applicable.

26. Do the Board recommend

(*a*) Fit for duty? —
(*b*) Fit for base duty? —
(*c*) Invalided to Canada? —
(*d*) Discharge as permanently unfit? yes

27. Remarks.

Old condition aggravated by service.

Signatures:—

W. Bethune Capt. President.

Station Hastings
Date Jan 25-17

H. M. Reaburn Capt.
_____
} Members.

Approved.

Station SHORNCLIFFE—
(12, Westbourne Gardens, Folkestone.)

Date 26 JAN 1917

S. L. Walker
Administrative Medical Officer.
FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

SUPPLEMENTARY LEDGER SHEET.

AUDITOR | PAYMASTER

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

M. OR S.

REGT. No. 724001 RANK RSM. WO1. NAME (IN FULL) ALLEN, John. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID Mrs. Clara Helen Allen, (Wife) RELATIONSHIP

ADDRESS 68 Adelaide Street, Lindsay, Ont.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 109th Bn | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION Lindsay-Ont | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 28.12-14 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Died | DATE 9-8-18 | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
Adjt S.A. 1.6.17 to 31-1-18					40 00				40 00												40 00										40 00						Cheque No. 46413 17-2-21 Undercredited:- Separation Allowance 1.6.17 to 31.1.18. paid @ $25.00 per month Should be $30.00 p.m. $40.00. Particulars on Fyle No. A.F.0236-J-28.

200m-3-19.—L. — 38268—... & L. 9983.
M. F W 2.96.
1772-39-1390.

Married or Single: Married

Place of Birth: Co Down Ireland

Name and Address of Next of Kin: Clara Helen Allen, Lindsay Ont

Relationship of Next of Kin: Wife

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

Reg'l. No. 724001 Rank ~~A.S.M.~~ W.O. Name Allen John

If in Permt. Corps What Unit | Unit 109th Bn Transferred to L.P.C. Branch Date 9-2-17. Authority C.C.L. 788 3-2-17

Permanent Force Allowances Transferred to Date Authority

Place of Attestation Lindsay Ont Transferred to Date Authority

Date of Attestation Dec 28th/1914 Transferred to Date Authority

Assigned Pay Monthly $ 30.00 Date Effective Aug 1/16

Payable to Clara Helen Allen Lindsay Ont Relationship Wife

Assigned Pay Monthly $ Date Effective

Entered on N.E. Card Index L.H.

Payable to Relationship Sister

Stop-Payment Form (Assigned Pay) Rendered (Date) 6-2-17 Effective 1-2-17 Reason Discharge to Can

Discharge Date and Place ~~6-2-17~~ 9.2.17. Canada Reason and Authority PA. 59-1-0

Account transferred to Non-Effective Branch (Date) ~~19-2-17~~ 10.2.17.

Account transferred to Officers' Pay Branch (Date)

PAY OFFICE, N.E. BRANCH, FEB 20 1917, CANADIAN CONTINGENT

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Rate	Amount $	Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
July 31															5 30																5 30				Bal from Canada
Aug 31	31	2.00	62		31	30	9 30								71 30	1	9/8/16							9 74				30		39 74	36 86				
Sept	30		60				9								69	34	31-8-16	65	7-9-16					29 20	9 73			30		68 93	36 93				
Oct	31		62		31		9 30								71 30	105	30/9/16	144	15/10/16					14 60	9 73			30		54 33	53 90				
Nov	30		60		30		9								69	173	30/10/16							19 47				30		49 47	73 43				
Dec	31		62				9 30								71 30	219	16/11/16							14 60				30		44 60	100 13				
1917																								87 61	19 26										
Checked	Jany 6	2.00 30	12				~~30~~	~~1 80~~							13 80													30		30	83 93				
															371 00															287 07					
Feb 1-8	8		18 40											57 50	75 90																159 83				
9-2-17	1	2.00 30	2 30												2 30											24 33 x				24 33	137 80				
																															137 80				
																															Nil				
M.E. March 17																																			
Balance transferred to N. E. Branch.																																			
																												137 80	137 80						
May 17.																												3 38	3 38						
Sept 1917.														3 38	3 38																Nil	3 38			

Trans^d to "Canada Disc'ge a/c"

Trans^d to "Canada Disc'ge a/c"

Discharge to Can 6-1-17. Auth PA. 59-1-0

S.P.E. fund. 6/1/17 effec 1/2/17 Cr. $2.50 – P.A.A. 7/1/17 to 31/1/17 not cr. – Id to L.P.C. Branch. C.C.L. 788 – 3/2/17 x Indict from nominal roll. Credit Balance $137.80

Discharge to Canada 9.2.17

R.P.C. fund. 9.2.17 6^r Bal. 137.80.

3 38 arrears of messing dues. Sgt's Mess log Thos. Cutler. Letter from D.A.G. Kingsway House Kingsway S.W.1. dated 5/5/17. C.R. file P.R. 81-4.

S.L.P.C. 22/5/17 Cr Bal 134^{62}

D.L. 3 38 R.D. 16-10-17.

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 (A.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (A.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5035a).
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 (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (M.F.W. 251). 1 Bkp
13. Pay Book (A.F.B. 34).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group E

Checked by No. 9

Date 1 7 19

10/7/45

95-31

WAR SERVICE BADGE CLASS "A" No. 278796

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Dispersal Area "I"

Occupational Group

13-5-31

1. No. 648027
2. Rank. Private
3. Name. ALLEN. John
4. Unit. 58th Cdn.Inf.Bn.
5. Date of Discharge JUL 12 1919 Place TORONTO, ONT. North Bay, Ont.
6. Reason for Discharge DEMOBILIZATION
7. Authority. No.2 District Depot, Part II, D.O.No. 197.
8. Proposed Residence after Discharge P.O. North Bay Ont.

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.? .....

John Allen

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place No. 2 District Depot Toronto, Ont.

Date JUL 12 1919

Deceased 29-10-58

W C Cohen Lieut. C.E.

Signature .....

(O. C. Discharging Unit.)

M.F.B. 218a

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

9531

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Concur

19. Is the invalid fit for

(a) General service,	(Category A)	(~~Yes or No.~~)
(b) Service abroad, not general service,	(" B)	(Yes ~~or No.~~)
(c) Home service (Canada only),	(" C)	(~~Yes or No.~~)
(d) Temporarily unfit.	(" D)	(~~Yes or No.~~)
(e) Unfit for service in Categories A, B and C	(" E)	(~~Yes or No.~~)

Yes B II

20. It is certified that the invalid
(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(b) Does not require treatment.
(c) ~~Should pass under his own control.~~
(d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be ~~discharged.~~ (When not for discharge add special recommendation.)
RTC. with a G.T.I. 9.8.5 of 11/11/18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

President.

PLACE Witley

DATE June 4 1919

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE.....

DATE.....

Members

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

9531

THIS FORM WILL BE USED FOR ALL RANKS

Original

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley DATE June 2/19

1. 1 (a) Unit 58th Bn (b) Regimental No. 648027 (c) Rank Pte.

(d) Surname ALLEN (e) Christian name JOHN

(f) Home address North Bay Ont.

(g) Next of Kin Mrs Bessie Allen (h) Relationship Wife

(i) Address of Next of Kin North Bay Ont.

2. Age last birthday 36 Date of birth January 11 1883

3. Enlistment, or Appointment (if an Officer) (a) Place North Bay (b) Date Oct 1/15.

4. Personal description: est

(a) Height 5-8 (b) Weight 140 (stripped) (c) Complexion Medium

(d) Colour of hair Brown (e) Colour of eyes Gray (f) Identification marks, Scars, etc. ~~Ed~~ Scar left ankle

5. Former trade or occupation Labourer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	249

	Periods From	To
Canada	Oct 1915	Nov 1916
England	Nov 1916	Jan 1918
France or other theatres of War	Jan 1918	May 1919

7. Original disease, or injury MYOPIA RIGHT

(a) Date of origin During Enlistment (b) Place of origin unknown

(c) Cause unknown

M. F. B. 227.
-11-18.
D.S.S.

9531

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Defective Vision Right

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective: Specialist report – 7/6/19 – VR. Fingers 2 ft OU 6/6 with glasses VR 6/60. Category B. High myopia right since childhood. Condition was present prior to enlistment and has not been caused by service. Has not been aggravated by service. J. S. Brannan Capt CAMC

Subjective: ~~[illegible]~~ Unable to read with right eye

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no — Cardio-Vascular System no (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses no — Respiratory System no — Integumentary System no

Disturbances of Mentality no — Digestive System no — Muscular System no

Osseous and Joint Systems no — Any other general condition no

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Has had present eye condition since childhood

9531

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

S.S. Genil – 23/7/18 – 9/9/18 – I.C.T. foot – left

(*c*) (Here give a description of wounds, scars and deformities.)

Scar left foot

11.—(*a*) Did the disabling condition have its origin before enlistment? yes

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

no

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) no (b) no

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? yes
(If not, briefly state why)

17. Recommendations

D. M. Lew Capt CAMC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned John Allen have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

John Allen Rank.
Signature of invalid examined.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/10/17		EFFECTIVE DATE:-	
AMOUNT:- $20.00		AMOUNT:-	

NAME:- ALLEN, John

NUMBER:- 648027

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.

Mrs Bessie Allen, (Wife) A2M
198 John St. North Bay, Ont.
Stopped E/G 1-7-19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 159th Bn

DATE ACCOUNT FIRST OPENED:- 1/11/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			58th Bn
163 28/9/18	1-10-18	23-10-18	Can Lab Pool

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
~~14/5~~	~~433~~	~~Deura F 50~~	~~8 72~~				
~~21/5~~	~~8064~~	~~Rijon " 1~~	~~4 87~~				
~~1-6~~	~~5537~~	~~Wetley " 2~~	~~9 73~~				
~~4-6~~	~~6584~~	~~" " 5~~	~~24 38~~			LP6 6r	3 23
			~~47 65~~			LS Bal	50 88

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis to Can 1/3/19 Nil. 10510. 6/4/19. Willy to Wetley MD 2. O Wing

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Balance fwd								40 06		
Apl	P.P.	33		AP				20			
				AR 2. 8/4/18 58th Bn	3 57						
				" 70 19/4/18 " "	4 46				45 03		
		33			8 03			20			
May	P.P.	34 10		AP				20			
				AR 139. 9/5/18 "	3 57						
				" 200 19/5/18 "	4 46				51 10		
		34 10			8 03			20			
June	P.P.	33		AP				20			
				Rem. 164. 1/6/18. 58 Bn.	2 43						
				AR 263. 7/6/18 "	3 57						
				" 168. 21/6/18 9 C I B	4 46				53 64		
		33			10 46			20			
July	P.P.	34 10		AP				20			
				AR 328. 5/7/18 7 C I B	3 57				64 17		
		34 10			3 57			20			
Aug	P.P.	34 10		AP				20	78 27		
		34 10						20			
Sept	P.P.	33		AP				20			
				AR 1941. 19/9/18 C I B D	8 92						
				" 8194. 15/9/18 Det-Boulogne	4 46				77 89		
		33			13 38			20			
Oct	P.P.	34 10		Bal				20	91 99		
				AR 200 C I B D. 3.10.18	4 66				87 33		
				4539 Lab Pool 5.10.18	9 33				78 -		
				4765. " 15.10.18	4 66				73 34		
		34 10			18 65			20			
		0 00									

COMPILED BY ...
CHECKED BY ...

NUMBER 648027 RANK NAME ALLEN, JOHN

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Forward								73 34	nil	
Nov	"	33		bal				70	86 34		
				AR 5639 15.11.18 GHQ 3rd Tech	9 33				77 01		
				AR 79873 9.12.18	68 13				8 88		
				AR 6221 GHQ 3 Tech 7/18	9 33				45		
Dec	"	34 10		bal				15	18 65		
Jan	"	34 10		"				15	37 75		
		101 30			86 79			50			
				Dec Jan ab. u dr.				10	27 75		
				AR 7172 7.1.19	9 33				18 42		
				7778 15.1.19	4 66				13 78		
				7768 15/19 GHQ 3 Ech	9 33				4 45		
				AR 7719 3rd Echelon 7.2.19	73 34 4 66				78		
Feb	"	30 80		CAP	27 98			20	10 59		
Mar		34 10		CAP				20	24 69		
				AR 8034 GHQ 3 Tech 15/19	9 33				15 34		
		64 90			37 31			50			
Apr	"	33		bal				20	28 34		
May	"	34 10		"				20	42 44		
				AR 190 " 19/4/19	4 56				37 88		
		67 10			45 6			40			
June		33						20	50 88		
				AR 433 14/5/19 GHQ 3 Ech	8 72						
				AR 8722 20/6/19 Ind Owing	24 33						
				AR 8064 21/5/19 2 Rdg.	4 84						
				AR 5532 1/6/19 Owing.	9 73						
				AR 6584 4/6/19 "	24 33				21 10		
		33			71 98			20			
				S. O. S. to Canada 7/7/19							

EMPRESS OF BRITAIN 11/7/19

A2350

"DEFERSAL"

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 648027 | RANK Pte. | NAME (IN FULL) ALLEN, J. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

Ist allowance by Ottawa 31.7.19 | do Adjt.

TO WHOM PAID | RELATIONSHIP

ADDRESS

Same

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.E.F. | IF IN P.F. WHAT UNIT? ~~R.O. North Bay Ont.~~

PLACE OF ATTESTATION | TRANSFERRED TO | DATE Same | AUTHORITY

DATE OF ATTESTATION 1/10/18 | TRANSFERRED TO | DATE 3/9/19 | AUTHORITY

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE

~~15.00~~ Released by Ottawa 31.7.19

PAYABLE TO Mrs Bessie Allen | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS ~~[illegible] North Bay Ont~~ 31 Mc Intyre St W North Bay | 31 McIntyre St W North Bay 3/9/19

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Toronto. | DATE 12/7/19 | REASON Demob. | AUTHORITY D. O. # 197 | IF ENTITLED TO POST DISCHARGE PAY Yes.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS 3.7.19 197
BALANCE FROM PREVIOUS ACCOUNT							3	23	3	23																									3	23	Credit L.P.B.
30.6.19																																					Retaining allow. 1st qtr.
18.7.19	18	4.10	19	80	35 00				124	80	8722						24	33	4	87	5	00	20	00							54	20					Bal. Trans. L.P.B.
											289306						73	83													73	83					Bal. as per
									128	03																					128	03					
					W.S.C.	S.A.																					W.S.C.	S.A.									
																									3/7/19	70 00											W.S.C. arrears
																										6 60											Less Pay Acct.
																											19 00										19 days Leave
183 days			4 30		1 80		6 00																								95 60		34 40		16 1		Balance Dep.
											ar 109		Aug 11		987602						987603		63 40		41		2 00		2 80		1 20						
											A.R. 129		4/9/19		1347331						1347332		70		30		3 00		2 10		90						
											A.R. 156		Oct 6		1357577						1357573		70		30		4 00		1 40		60						
											A.R. 181		Nov 5		1364684						1364685		70		30		5 00		70		30						
											A.R. 206		Dec 4		1369724						1369725		70		30		6 00										
			4 20		1 80		6 00																4 30		1 80		6 00		80								

W.S.C. CALCULATION FULL

FOR PAYMASTER WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

P. 559.

MARRIED OR SINGLE: Married

PLACE OF BIRTH: Liverpool England

NAME AND ADDRESS OF NEXT OF KIN: Mrs Bessie Allan, 198 John St North Bay Ont

RELATIONSHIP OF NEXT OF KIN: Wife

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
appd A/Lce/Sgt (30)	4.12.17	DO 341, 7/12/17
Reverts to private on proceeding O/Seas (10)	12-1-18	DO 11 11/1/18

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 648027 RANK ~~Corpl.~~ Pte ex Lce/Sgt NAME Allan John

IF IN PERMT. CORPS WHAT UNIT — UNIT 159th Bn

TRANSFERRED TO 8 Res. Bn. DATE 1-2-17 AUTHORITY P.O. 69 22-1-17

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO 58 Batt DATE 1-2-18 AUTHORITY DOS. 17/1/18.

PLACE OF ATTESTATION North Bay Ont

TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 1/10/15.

TRANSFERRED TO DATE AUTHORITY

Vo^cr Eff Oct 1/17 & W.M. recd. 3/10/17

ASSIGNED PAY MONTHLY $ ~~15.00~~ DATE EFFECTIVE Nov 1/16

PAYABLE TO Mrs Bessie Allan 198 John St North Bay Ont RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON E.L.

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1916	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	c	Remarks
														6 20	6 20																620					Bal from Canada
Nov 1-30	30	1 10	37 -		30	1 10	3								36			15	17/11/16						1460			15		2960	1260				
Dec 1-31	31	1 10	34 10		31	1 10	3 10								37 20			46	8/12/16						243			15		1743	3237				
1917 Jany 1/15	15	1 10/10	6 10 18 -												18 -	91	23/1/16							14 60				15 -		29 60 7663	2077				
Jan. 16/31	16	1 10/10	19 20												19 20																3997		715		Trans. 8 Res. Bn. P.O. 69. 22-1-17
Feb 1-28	28	1 60/10	33 60												33 60													15		15	5857 ✓		865		
Mar 1-31	31	1 10/10	37 20												37 20	177	5/4/17	4 95	3/5/17 2 78	1/3/17				9 73	14 60 9 73			15		49 06	4671		1015	36 56	
Apr 1-30	30	1 10/10	36												36													15		15	6771				
May 1-31	31	1 10	37 20												37 20	18 93 278 186	14.4.17 28.4.17 20/5/17 14/3/17							9 73 9 73 7 30 14 60				15		34 46	7045				
June 1-30	30		36												36													15		36 90	6955		14 65	54 90	
July 1-31	31		37 10 ~~20~~												37 10 ~~37 20~~	510	27.6.17							14 60				15		29 60	7405		16 15	57 90	Underbredited 3rd (see Pte) adjusted in Aug.
Aug 1-31	"		37 20											3 10	40 30													15		15 -	99 35		17 65	81 70	Dr 3rd & adjusted under credit July: Paid as 3rd only.
Sept 1-30	30		36												36	378 592 668	14.6.17 14.7.17 30.7.17				877 79½	30.8.17 15.8.17		9 73 7 30 7 30 104 62	12 17 9 73 63 26			15 165 165		61 23 332 88	74 12		19 15	55 97	
			397 70											9 30	407 -									104 62	63 26					332 88					

~~Lat 91~~ Pte
64802 ~~Corpl~~ Allen John

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS			CR. 1	CR. 2	PARTICULARS								DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SER. ALLCE. ENG.														
1917 Oct 1	Bal fwd			~~94 12~~														74 12	1915															
	Cpl. Pay.			37 20		A.P.										20																		
						aR135 13/1/17 - 15th Bn								12 17																				
						aR183 29/1/17 - 15th Bn								9 73																				
				37 20		aR956 14-9-17								14 60	26 50	20		54 82																
Nov	Cpls Pay			36 00		AP										20																		
						aR1259-11-11-17 8 Res								7 30																				
						aR1114-15-10-17- 8 Res								4 87																				
						aR1054-15-10-17- 8 Res								2 43																				
Dec	Cpls Pay			37 20		Dec. AP										20																		
	adjust pay					aR1011. 8 RB. 25.9.17.								4 87																				
	D.O. 341 7-12-17 38 days @ 10d			2 80		aR. 1321. 25/11. 8 Res.								7 30.																				
						" 1160. 27/10/17 do.								4 87																				
				76 00		Q4005/2121 9/9/17								62	32 26	40		58 56																
JAN	Sgt Pay 11 days			14 30		AP										20																		
	Res Pay 20 ~			22 00		aR1450 16/12 8 Res								9 73																				
						1382 9/12 ✓								4 87																				
						2n aR 1458 16/12 ✓								4 87																				
				36 30		✓ 1357 8/12 ✓								4 87	24 34	20		50 52																
Feb	RP			30 80					AP							20																		
						aR1003-17/1/18 2 CCRC								3 87																				
						✓ 975-27/1/18								3 57																				
						✓ 1694- 6/1/18 8 Res								9 73 16 87																				
						✓ 1047- 7/2/18								4 46				39 99																
				30 80											21 33	20																		
Mar									AP							20																		
	P.P.			34 10		aR1103- 15.2.18								3 57																				
						✓ 1717. 11.1.18 8 Res								2 43																				
						✓ 1165. 9.3.18.								3 57																				
						✓ 1226-18.2.18								4 46				40 06																
				34 10											14 03	20																		