

REGIMENTAL DOCUMENTS

NAME

*Alexander, Ezekiel, Kyle*

REGT. NO.

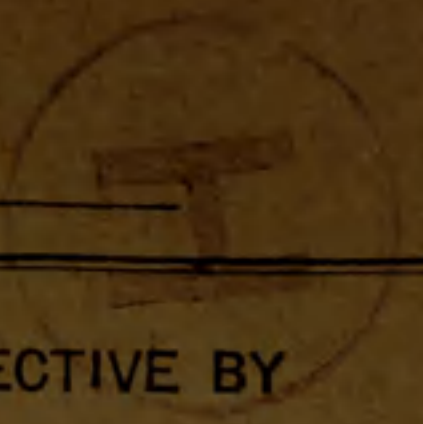
*726009*

UNIT

*109<sup>th</sup> Bn*

H. Q. FILE NO.

*4077*



**S**

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DATE RECEIVED

TO WHOM FORWARDED

**M**

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

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FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

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5 *Pay Sheets*

*Handwritten initials and scribbles in the center of the page.*

DEATH

Category

DISCHARGE

Category

*Disch*

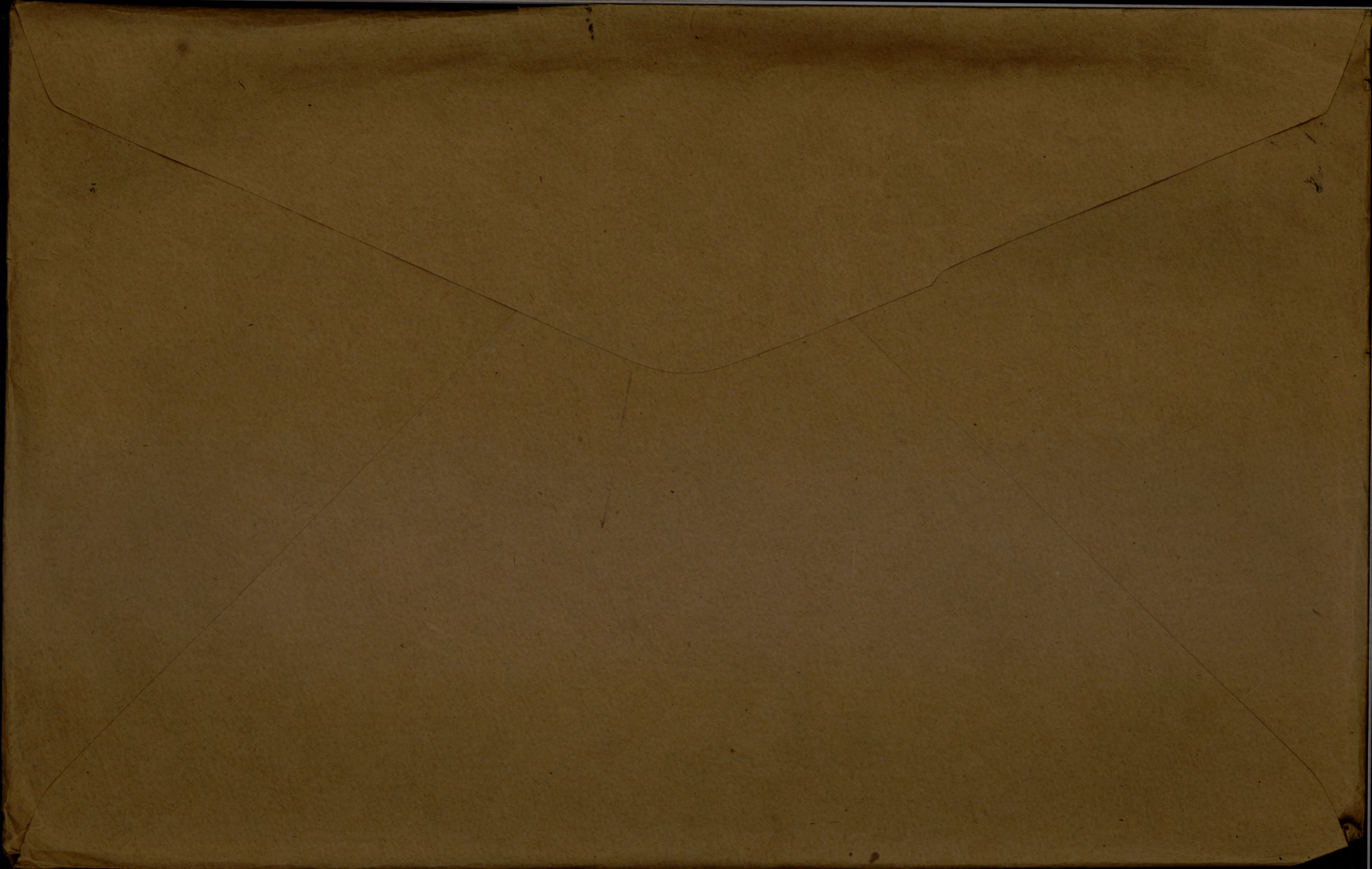
DESERTION

*24-22*

*24-22*

*30-22*

*1*



"W" Coy.  
No. 426009.  
Folio.

# ATTESTATION PAPER.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

**ORIGINAL**

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Alexander
- 1a. What are your Christian names?..... Ezekiel Wylie
- 1b. What is your present address?..... Haliburton
- 2. In what Town, Township or Parish, and in what Country were you born?..... Co. Antrim Ireland
- 3. What is the name of your next-of-kin?..... Miss Annie Alexander
- 4. What is the address of your next-of-kin?..... Ballynboog Ligoniel Belfast
- 4a. What is the relationship of your next-of-kin?..... Sister Ireland
- 5. What is the date of your birth?..... 31<sup>st</sup> October 1892 Co. Antrim
- 6. What is your Trade or Calling?..... Lumberman
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... Yes

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Ezekiel W Alexander, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date: December 3<sup>rd</sup> 1915. Ezekiel W Alexander (Signature of Recruit)  
H. Bissonnette (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ezekiel W Alexander, 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.

Date: December 3<sup>rd</sup> 1915. Ezekiel W Alexander (Signature of Recruit)  
Ezekiel H. Bissonnette (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 Haliburton, this 7<sup>th</sup> day of Dec 1915.  
G. N. Potts (Signature of Justice)

Description of Ezekiel Wylie Alexander on Enlistment.

Apparent Age 23 years 1 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 9 ins.

*Scar on forefinger, Left hand.*

Chest measurement { Girth when fully expanded 39 1/2 ins.  
 Range of expansion 5 1/2 ins.

Complexion Dark  
 Eyes Brown  
 Hair Black

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Dec 7 1915

Place Lindsay

*J. M. Mullock* 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.

Ezekiel W. Alexander 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.

*J. H. [Signature]* Lt. Col. (Signature of Officer)  
 O. C. 109th Overseas Battalion, C. E. F.

Date JAN 12 1916 1916

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 726009. (Rank) Spr.

Name (in full) ALEXANDER BROKIEL WYLIE. enlisted in  
the 109th. Bn.

CANADIAN EXPEDITIONARY FORCE at Haliburton, Ont. on the 7th.  
day of December. 19 15.

HE served in England and France.

and is now discharged from the service by reason of  
" Demobilization."

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

Age 26.

Height 5' 9"

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars

None. scars on left Arm.

*A. W. Chas. Sanchez*

Signature of Soldier

*J. R. Robson Lieut*

Issuing Officer

Date of Discharge Feb. 25th. 1919.

*O. C. Discharge Sections,  
No. 2 District Depot*

Appointment

Signed at Toronto, Ont. this 25th. day of Feb. 19 19

in Military District No. 42.

File Reference No. \_\_\_\_\_

**DISTRICT DEPOT**

R.L.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

War Service Badge

Class A.

No. 89885 issued Feb. 25, 1919

CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

No. \_\_\_\_\_ (Rank) \_\_\_\_\_ Name \_\_\_\_\_

Unit \_\_\_\_\_

Address on Discharge \_\_\_\_\_

Character and Conduct \_\_\_\_\_

Former Occupation \_\_\_\_\_

Special Qualifications of Value in Civil Life \_\_\_\_\_

Medals and Decorations \_\_\_\_\_

Remarks \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19

\_\_\_\_\_  
Name of Officer


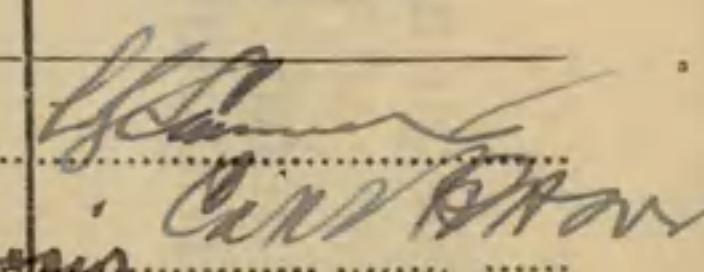
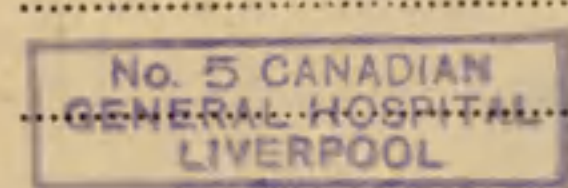

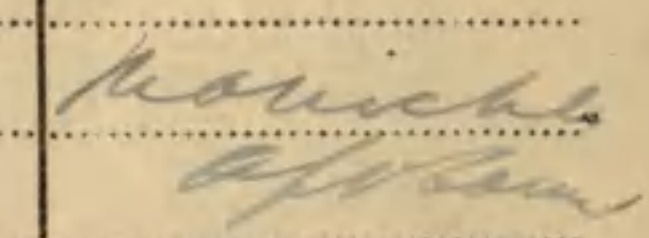
Rank \_\_\_\_\_

*C. C. Discharge Section  
No. 2 District Dep.*

Appointment \_\_\_\_\_

On demobilization the particulars called for on the back of this certificate will not be completed.

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
	8	11	18	22	11	18	Syccosis	15	<p>transferred to below                      breast. Sept 1918 "Pustuloface". On admission here, redness, slightly indurated &amp; slightly raised eruption in beard - lying with scaling. Has improved slightly. No Yersinophyton found - or Ectothrix present. (transferred to Canada Co. No. 5, San. Gen. Hospital, Major Camp.)</p>	
	22	11	18				Syccosis Barbas.			
				12	12	18			21	
			18 DEC 1918				Syccosis Barbas.		<p>Both sides of face exhibit large amt of induration (nodular) associated with inflammation. Improvement slow. General condition good</p>	
H. M. A. T. "ESSEQUIRIAN"			13 1919	JAN	25	1919	do	13	<p>Condition unchanged</p>	

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Alexandra Christian Name Wyle Eyehut

TABLE I.—General Table.

Birthplace { Parish.....  
County.....

Examined { on.....day of.....191  
at.....

Declared Age .....years.....days.

Trade or Occupation.....

Height.....feet.....inches

Weight .....lbs.

Chest Measurement { Girth when fully Expanded .....inches  
Range of Expansion .....inches

Physical Development.....

Vaccination Marks { Arm..... RIGHT | LEFT  
Number.....

When Vaccinated.....

Vision { R.E.—V= .....  
L.E.—V= .....

(a) Marks indicating congenital peculiarities or previous disease—  
.....

(b) Slight defects but not sufficient to cause rejection—  
.....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature
<u>Yaplow Dec 1918</u>	<u>Discharged following 1 year's service in the Canadian Expeditionary Force. Chilled. Col. President</u>

Approved by .....  
Rank .....  
Medical Officer.

TABLE IV.—Service Table.

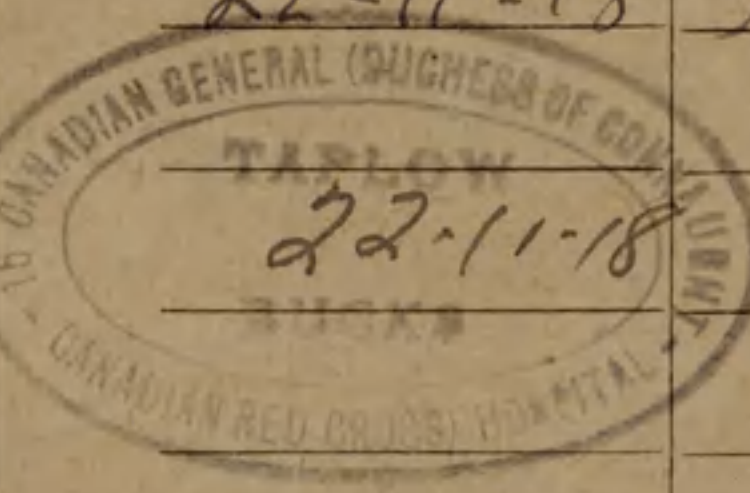
Enlisted	Station or Troopship		Date of arrival or embarkation	Date of departure or disembarkation
	at.....	on..... day of..... 191.....		
Joined on enlistment	Corps	Regtl. No.		
	<u>11th Team R.L.</u>	<u>726009</u>		
Transferred to				
Became non-effective by				
on..... day of..... 191.....				
(Signature).....				
(Rank).....				



*Isolation*  
*Isolation*  
*22-11-18* *Capt Summers*  
**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
<i>7 Can 249/18</i>	<i>726009</i>	<i>Spr</i>	<i>Alexander</i>	<i>Nylos</i>
Year	Unit.	Age.	Service.	
<i>1918</i>	<i>11 Can R E B Coy</i>	<i>26</i>	<i>2 1/2</i>	

Station and Date.	Disease
<i>Hard Hoath 24-11-18</i>	<i>Syphilis</i>
	<i>To be transferred to Montreal to be treated by Dr. ...</i>



*22-11-18 Transferred to Taylor* *[Signature]*  
*Admitted here from Devonport Hosp.*  
*Boarded for invaliding to Canada.*  
*12/12/18 Transferred to No. 5, San Gen. Kirtzdale* *[Signature]*  
*Cap. Cairns*

*16/12/18. Face shows a large amount of nodular induration associated with inflammation. General condition good.*  
*W. W. [Signature]*

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

Station  
and Date.

426009

ORIGINAL MEDICAL HISTORY SHEET ORIGINAL

Surname Alexander Christian Name Ezekiel Wylie

Examined { on 7<sup>th</sup> day of December 1915  
 at Haliburton Ont

Approved by J. McCulloch Capt.  
J. McCulloch Medical Officer  
 Rank 109th Overseas Battalion, C.M.E.O.F.

Birthplace { City or Town Co. Antrim  
 County Ireland

Apparent age 23

Trade or occupation Lumberman

Height 5 Feet 9 Inches

Weight \_\_\_\_\_ Lbs.

Chest measurement { Minimum 34 inches.  
 Maximum expansion 39 1/2 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right none Left Three  
 Number Three

When Vaccinated last Feb. 10<sup>th</sup> 1916

(a) Marks indicating congenital peculiarities or previous disease none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>2 DEC. 1915</u> M.O.
		<u>3 DEC. 1918</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS,
<u>10-7-16</u>	<u>Nil</u>	<u>J. McCulloch</u> M.O.
<u>10-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2-5-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>22-7-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

Enlisted on 3<sup>rd</sup> day of December 1915 at Haliburton Ont.

	CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Batt.</u>	<u>426009</u>		
Transferred to..	<u>C.E.F.</u> <u>124th OVERSEAS BATTALION C.E.F.</u> <u>P O-S</u>			

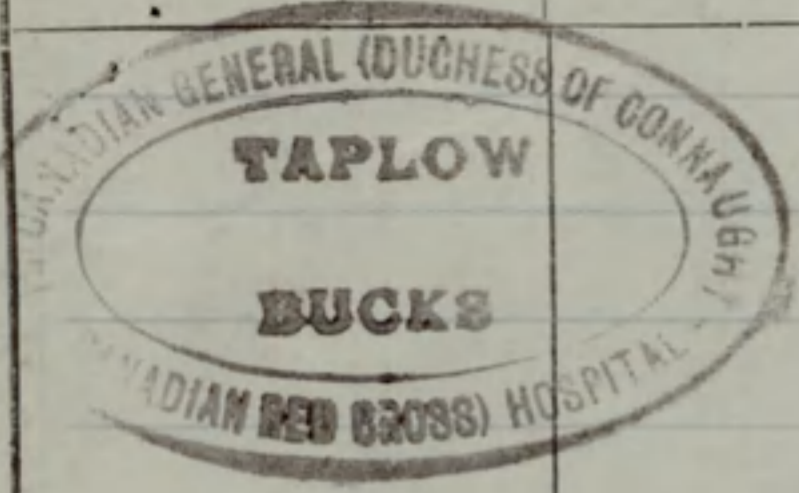
EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

CANADIAN

Surname: *Alexander* Christian Name: *Ezekiel Uylie*

STATION.	Date of Arrival at the Station.	DATES OF,						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
		22	11	18					<i>Dyscosis Barbae.</i>  <i>12 12 18.</i>  <i>Sycosis Barbae.</i>	<i>Quite considerable induration present &amp; loss of hair. Has improved. Forwarded to Canada.</i> <i>10.5 can Hosp. Kirkdale</i>	<i>De Kence</i> <i>Major Clinch</i>
								21			
<i>W.S. Anacker</i> <i>General</i>	<i>Spadina Military Hospital</i> Toronto	12	2	19	17	2	19				



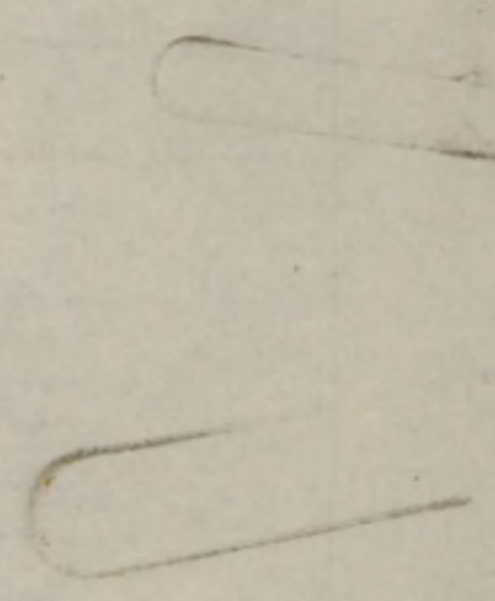
MENTAL HISTORY SHEET

CALIFORNIA MENTAL HEALTH CENTER

DATE: \_\_\_\_\_

1. NAME: \_\_\_\_\_

2. SEX: \_\_\_\_\_



To be made out in duplicate.

I.L.O. 51-21-20-53

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..... **726009**

(3) Full Name of Soldier..... **Cyril Wylie Alexander**

(4) Place of Birth..... **Ballytang Ligoniel,  
Belfast, Ireland.**

(5) Are you married, or not?..... **no**

(6) If married, state,  
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?..... **no**

(8) Have you any children?..... **no**

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? *No*  
If so, state name and address .....

(10) Is your Mother alive? *No*  
If so, state name and address .....

(11) If your Mother is a widow.....  
Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.  
.....  
.....

(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.  
*Miss Annie Alexander,*  
*Rickamore, N. S.*  
*Templepatrick, Ireland.*

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.  
.....

(15) Are you insured? *No*  
If so, in what Company?.....  
Have you made arrangements for payment of your Insurance premium.....  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *July 10<sup>th</sup> 1916*

*[Signature]*  
.....  
Officer *Lt. Col.* Commanding.  
O. C. 109th Overseas Battalion, C. E. F.



# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 726009 Rank Sapper Surname Alexander  
(Given name in full)  
Ezekiel Wylie  
 Unit or Corps 2# D.D. Birthplace Belfast, Ireland.

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

1. GENERAL DESCRIPTION:

Physique muscular Weight 165 lbs. Height 5 ft. 9 1/2 in. Colour of Eyes brown  
 Nutrition good  
 Pulse 72  
 Condition of arteries healthy  
 Vision Rt. D 15 Left D 15  
 Hearing (conversational voice) Rt. 30 ft.  
 Left 30 ft.

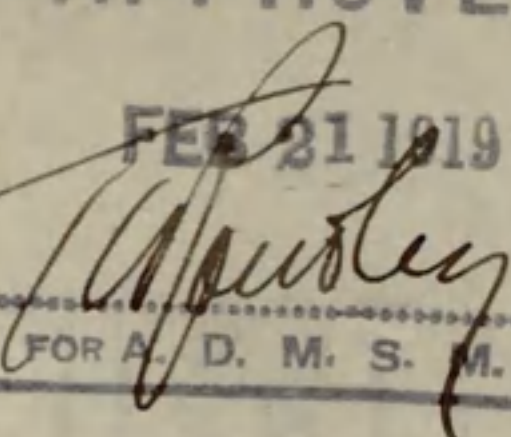
Identification marks, scars, or deformities.  
 (Give cause and date of origin).

Opinion as to general health and physical condition... a 1.

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

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

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

APPROVED  
 FEB 21 1919  
  
 CAPT.  
 FOR A. D. M. S. M. D. 2

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at .....(Overseas)

Date .....

Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *E.W. Alexander*.....

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

## THIS SECTION FOR USE IN CANADA—

Examined at *Toronto*.....(Canada)

Date *Feb. 13<sup>th</sup> 1919*.....

Signed *E.W. Walker Capt.*.....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature *E.W. Alexander*.....

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

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

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.  
1188 (D.P.) 250M.-12-18.  
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 756009 Rank. Spr Name. Alexander E. Muir  
 (Surname first)  
 Unit ..... who was\* .....  
 On FEB 25 1919 191....., to.....  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan 1 1918 to FEB 25 1919 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		3074
Regimental Pay..... <u>56</u> days at \$..... <u>1</u> c.		56 00
Field Allowance..... <u>56</u> days at \$..... <u>c. 10</u>		56 00
Separation Allowance		35 00
Clothing Allowance		70 00
Post Discharge Pay		12 00
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No. <u>ap for Feb</u>	3000	
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>23747</u>	179 34	
Total		<u>209340.934</u>

\*Give particulars.

A monthly stoppage of \$..... 15 (†) has..... (‡) been paid on account of  
 Assigned Pay for the month of..... Feb 191..... } (to) Assignee Mrs Johnston Spelton  
 and Separation Allice. for month of..... 191..... }  
 (Address) Ballytoag Ligoniel Belfast Ireland  
 (†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No. ....

REMARKS:—

State (1) date of enlistment ..... married or single.....  
 (2) Separation Allowance, entitled or not no (3) Reason for discharge.....  
 (4) Authority for discharge or transfer Do 53

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date FEB 24 1919  
 Place TORONTO, ONT.

Macoy Lockman CAPT.  
 PAYMASTER, No. 2 DISTRICT  
 Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.  
 (B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.  
 (C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.  
 (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.



DISCHARGED

## WAR SERVICE GRATUITY.

A

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names ..... Ezkiel..... 2. Surname ..... Alexander.....
3. Rank .. Sapper..... 4. Original Unit .. 109th Batt..... 5. Reg. No. 726009.....
6. Address, in full, to which future payments of gratuity are to be forwarded ..... 148 Broadview Ave.  
..... Toronto, Ont......
7. Date of enlistment in the C.E.F. .... 3-12-15.....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..... Not applicable.....
9. Relationship of such dependent ..... Not applicable.....
10. Address, in full, of such dependent ..... Not applicable.....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? ..... Not applicable.....
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—  
..... Yes, left Canada with 124th Batt. 20-7-16.....  
..... Returned to Canada 24-1-19.....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? ..... No.....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service ..... Not applicable.....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ..... 3 yrs 2 mos. 23 days.  
..... 109th. Bn. 124th. Bn 11th. Bn......
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ..... No.....
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? ..... No.....

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. .... *No* .....
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid .... *No* .....
20. Have you been issued with a War Service Badge? If so, what class? .... *No* .....
21. Have you, during the present war, served in the Imperial Forces? .... *No* .....
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled .. *No* .....
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? .... *No* .....
- (b) If so, was such reversion in consequence of misconduct or inefficiency? .....
24. Are you now serving in the C.E.F. .... *No* .....
- If not, give:—(a) Date of discharge  
*Feb. 25th. 1919.* (b) Reason for discharge  
*"Demobilization."*
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit. .... *No* .....
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit. .... *Yes* .....
- 124th Batt from 12-3-17 Trans. 11th Batt. C.E.*  
*Left France 21-10-18 (France)*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? .. *No* ..
- (b) If so, are you in receipt of full pay and allowances from that Department? .... *No* .....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant:

*W Alexander*

Place of Residence:

*148 Broadview Ave., Toronto, Ont.*

Declared before me at:

*Park School Barracks, Toronto*

This

*20th*

day of

*February*

19*19*.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

*J Devonshire*

**POST DISCHARGE PAY.**

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

District Paymaster.

Ala. for clearing Dec 18-19

*[Faint, illegible handwritten text]*

Oct 1919

# CASE HISTORY SHEET

SPADINA MILITARY HOSPITAL

Hospital.

Station.

No. 726009 Rank Sapper Name ALEXANDER, Ezekiel W. Age

Unit #2 D.D. Completed years of service Where and how long

Date of admission 12-2-19 Date of discharge

Diagnosis Eruption of face Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE Adm. from Clearing Depot 12-2-19

Present condition. Face healed several scars on both sides of face result of syphilis leucobae. Can be written up for discharge. Write up for board immediately below.

17/2/19 Boarded for Discharge on MFW 129 ff C. Walker Capt. Smith Capt.

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

## TREATMENT

(Especially any specific or special form.)

## CONDITION ON DISCHARGE

(and disposal made of case.)

Date

Capt. C. W. WALKER, M. O.  
Medical Officer i/c case.

434  
839322



(2)

**Casualty Form—Active Service.**

Regiment or Corps 11th Batta C.E.

Rank Spr Surname ALEXANDER Christian Name E. W

Religion ..... Age on Enlistment ..... years ..... months

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

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and Rate .....

Occupation ..... Signature of Officer .....

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
5-11-18	25 Gen'l	Impitigo adm	25 Gen'l.	5-11-18	W940-M3422
4-11-18	do.	Sycostis to	England	4-11-18	W1154-M4004
4-11-18	D.C. A.T.	Invalided Sick and	Posted to		W3083-6466
	"Vielér de Coninck"	Can. Engrs. Regt. Dept.	Seaford	4-11-18	P.O. 35 d/20-11-18
		Lt. Hewett Lieut. for Lieut - Colonel A.A.G. Can. Sec, G.H.Q., 3rd Ech.			

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c  
 (17591.) Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)



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

M. F. W. 54.

150M. 10-15.  
H.Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps

109th OVERSEAS BATTALION, C. E. F.

Regimental No. 726009 Rank Private Name Alexander Ezechiel Dwyer

Enlisted (a) 3.12.15 Terms of Service (a) D of W. Service reckons from (a) 3.12.15

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) Lumberman.

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.
--------	--	-------	------	--

Embarked Canada Halifax 24.7.16.

Disembarked England. Liverpool 31.7.16.

8.12.16 No. 109<sup>th</sup> Transferred to 124<sup>th</sup> Bn Witley 8.12.16 DO. Pt. 2. 45  
3

*A. W. Aseltine* Capt.  
ADJUTANT  
100th Overseas Battalion, C. E. F.

CERTIFIED CORRECT.  
27 MAR 17  
CAN RECORDS LONDON.

9-12-16 124th Bn. Taken on strength of 124th Bn., C.E.F. Witley Camp 8-12-16 Part II Orders 265

9-3-17 124th Bn. Proceeded for Overseas Service. Witley Camp 9-3-17 Part II Orders No. 69  
*A. W. Aseltine* MAJOR ADJUTANT,  
124th BATTALION C.E.F.  
Lieut., Asst. Adj. 124th. CCBC (Pionrs)

11-3-17 M.L.O. Disembarked Boulogne 11-3-17 N.R.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Casualty Form - Active Service

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				
2.6.18	06.124 Bn.	With Unit	Field	26.5.18	N.118-12012
26.5.18	do.	To Course - Can Corps Sch.	do.	25.5.18	B.213
22.6.18	3 C.F.A.	P. Soriasis adm.	3 C.F.A.	21.6.18	A.36/F.8174
	W.O.	205.124 Bn. to 11 Bn. C.E.		29.5.18	D.O. H2 d. 27.18.
	do.	T.O.P. 11 Bn. C.E. from 124 Bn.		30.5.18	D.O. 1 d. 27.18.
21-6-18	12 C.F.A.	adm S/artyreas Rubra <sup>3</sup> to 3rd C.F.A.		21-6-18	A4509/79075
1-7-18	3 C.F.A.	adm P Soriasis Remaining 3rd C.F.A.		21-6-18	A4789/9222
29-6-18	O.C. 11th Bn C.E.	Evac sick to C.F.A.		25-6-18	B.213
15-6-18	O.C. 11 Bn C.E.	Rejoined from Can Corps school		12-6-18	B.213
7-7-18	3 C.F.A.	P Soriasis to Duty		6-7-18	A 5131 G.830
13-7-18	O.C. 11th Bn C.E.	Rejoined unit	Field	6-7-18	B.213
24-7-18	do.	granted 14 days leave to U.K.		26-7-18	B.213 D.O.*9 d/5-8-18.
14-8-18	do.	Rejoined Unit	Field	14-8-18	B.213
23-10-18	12 C.F.A.	S/Impitigo face adm	12 C.F.A.	21-10-18	A36-M145
		to 14 C.F.A.	14 C.F.A.	23-10-18	
24-10-18	14 C.F.A.	do. adm	14 C.F.A.	24-10-18	A36-L.9969
28-10-18	do.	do. to	C.C.S.	28-10-18	A1430-M624
28-10-18	54 C.C.S.	do. (remaining) adm	54 C.C.S.	28-10-18	A1540-M1036
26-10-18	11 Bn C.E.	Sick to F.A.	Field	21-10-18	B.213
2-11-18	54 C.C.S.	Impitigo face adm	54 C.C.S.	28-10-18	A1672-M2944
		to A.T. 1	A.T. 1	2-11-18	
3-11-18	83 Genl.	do. adm	83 Genl	3-11-18	W838-M3199
5-11-18	do.	do. to	25 Genl	5-11-18	W95Y-M3288.

\*Name I. ALEXANDER, Ezekiel Wylie Rank Spr. Regtl. No. 726009  
 Fyle Depot 24-AL-131

Original unit [Redacted] Present unit C.E.R.D. M. or S. S Age 26 Religion Pres. Ref. H.Q.

Port, ship, and date of arrival Essequibo Halifax 26-1-19

Next of kin Sister Miss Annie Alexander, Ballynboag Ligoniel Belfast

Address on leave 148 Broadview Av. Toronto.

Address on discharge same.

Transportation issued Yes No Date  Character on discharge

Previous occupation Lumberman Date and place of enlistment Haliburton Dec 7-15

Diagnosis Sycosis & Bardbae Date of Medical Boards 13--2-19.

Date.	Remarks	S.M.H.	Pt. 2 Order No.
T.O.S.			H.S. 35
13-1-19	Posted to Hosp Sec 26-1-19		30
	Leave & Subs from 29-1-19 to 12-2-19		

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

Date.

Remarks.

Pt. 2 Order No.

20-2-19 HOSPITAL SECTION TO C.C.P.S.

51

25-2-19 SOS DISCH. ON DEMOB'N ( ENTITLED TO WSG. )

53

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

ALEXANDER?

E.W.

726009.

RANK

UNIT

Co.

TROOP

BATTY.

Spr. HOSPITAL

C.E. 124P (11088)

DATE OF ADMISSION

3. C.F. Amb.

21-6-18.

12 b 7 Amb.

21.10.18

1. 14. b. 7. Amb.

HOSP. 24.10.18.

83 y. Boulogne.

3-11-18.

2. 25 Jan Hardelot-

HOSP. 5-11-18

3. 15 C.G. Telford

HOSP. 23-11-18

4. 5 C.G. Liverpool

HOSP. 13-12-18

DIAGNOSIS Psoriasis. at

1. Impetigo face at

2.

3.

DISPOSITION

Dis 6-7-18

DATE

C.L. 25-6-18. A249.

REMARKS

13-7-18 A 264

30-10-18. A 358.

Imm. to Canada 13. 1. 19.

11-11-18 A 368-2.

13-11-18 A 370-3.

27-11-18 13889.

18-12-18 13400

17. 1. 19 B 423-3

A.M.D. 2 DEPT.  
Dep. of O.G.M.S. O.M.F.C. London.

# EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.



LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A249	3 <sup>rd</sup> Can. Hd. ampt.	21-6-18.	Psoriasis
A264-1	" " " Dis.	<del>6-7-18</del>	"
A358	12 CA	21-10-18	(ICEB) Impetigo face
A358	14 CA	24-10-18	"
A368.	83 Gen; Boulogne	3-11-18.	Impetigo Face
A370.	25 Gen; Harbledot	5-11-18	"
B382-1	#15-Cau. Gen. Etaples	23-11-18	"
B400.	5 Gen Gen: Liverpool	13-12-18	"
B423.	Invalided to Cau	13-1-19.	"

REGT'L. No.

726009

NAME

Alexander, E. W.

H. Q. FILE NO 649

RANK AND CORPS

Plt. (124) Cav. Eng

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

Ezekiel, Mylie

Name ALEXANDER Rank SprReg. No. 726009Unit ~~12th Pnc. Bu Co~~ 11th Bu CoNext of Kin Mrs Annie Alexander, Ballynboag, Legonich, Belfast Co Antrim

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
21 6	3 ban 7th Aute	Pompanis		A 249		32102
6-7	Disch. to duty	do		A 266		32917
1918						
21 10	12 6 7 A	Impetigo (Face)		A 358		38659
24 10	14	do		A 368		38600
3 11	53 4 2 B. Jones	do		A 370		5404/18
5 11	25 Gen. Hosh. Haidelot	do		A 370		5452/16
23 11	15 6 4 2 Taplow	do		B 382		1799
13 12	5 6 4 2 Kirkdale	do		B 400		3063
1919						
13 1	Included to Canada	do		B 423		60315



<sup>1</sup>/<sub>145</sub> ~~#~~  
LEDGER NO. ....

<sup>2</sup>/<sub>10518</sub>;  
.....

SERIAL NO. ....

839322  
~~839183~~

REG. NUMBER.....

726 009

NAME.....

Alexander G W

RANK.....

Spr

CORPS.....

2 D D

AGE.....

SERVICE.....

NAME OF HOSPITAL.....

Madonia Mil Hosp

PLACE.....

Fronto

DATE OF ADMISSION.....

12-2-19

DISEASE.....

Eruption of face } Influenza

TRANSFERRED TO OTHER HOSPITALS.....

OPERATION.....

DISCHARGED TO.....

20-2-19

IN CATEGORY.....

"A 1"

REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

### ASSIGNED PAY and/or SEPARATION ALLOWANCE

Payable to *Mrs. J. Skelton*  
Address *Ballyteag Logoniel*  
*Belfast, Ireland*

Name *ALEXANDER E-W*  
From Canada: No. *726009* Rank *Pte* Unit *62*

Rank	Authority	Unit

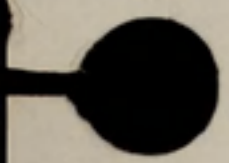
ASSIGNED PAY AND SEPARATION ALLOWANCE BEING PAID IN ENGLAND UNTIL ADVISED FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN.

*Noted on L.P.C.*

#### ASSIGNED PAY

Authority	Dol.	Effect
ASSIGNED PAY	"	"
SEPARATION ALLOWANCE	"	"
<i>15</i>	"	"
<i>1. 1. 19</i>	"	"

Month	Cheque No.	Assigned Pay	Amount Separation Allce.	Total A.P. and S.A.	REMARKS
DEC. 1919					DISCHARGED TO CANADA.
JAN.	<i>E85699</i>	<i>15</i>		<i>15</i>	<i>A.R. 16</i>
FEB.	<i>F50048</i>	<i>15</i>			
MARCH	<i>G31046</i>	<i>15</i>			
APRIL	<i>Stop Disch 25/2/19.</i>				
MAY	<i>Auth Cable 1009 14/3/19.</i>				
JUNE					
JULY					
AUG.					
SEPT.					
OCT					
NOV.					
DEC.					
JAN.					
FEB.					
MAR.					
APRIL					
MAY					
JUNE					
JULY					
AUG.					





A.G.R. Rank Name ALEXANDER, Ezekiel Wylie Reg'l No. 726009  
 Unit 109th Bn. If in perm. Corps, }  
 What Unit? } Married or Single Single.  
 Haliburton,  
 Place and Date of Enlistment 3rd Decr., 1915. Place of Birth Co. Antrim, Ireland.  
 Name and Address, Next-of-Kin Miss Annie Alexander,  
 Ballynboagy, Ligoniel, Belfast, Ireland. Relationship Sister.

Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. 4941  
 File No. CAN. 150  
 Category

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

*Supra 98*

*Cardmore*

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England per H. M. T. 2810		31-7-16	
8.12.16	109th Bn	S.O.S on trans. to 124th Bn.	Witley	8.12.16	Pt II DO 343
9.12.16	124th Bn	S.O.S. from 109th Bn.			
9-3-17	124th Bn	Emb for France	Witley	9*3*17	Pt II DO 68
		Now know asl 4th Bn			
		Etn Can-ENG 10-3-18			
2.7.18	11th Bn. C.E.	T.O.S from 124th Bn	Sp. Field	30.5.18	DO. 124/P. 42/278
20-11-18	~	S.O.S. to R.E.R.D.	" "	7-11-18	DO 35 + 62 P. DO 313/278
17-1-19	S.E.	Transferred to Can 24 7th Coy Lt Liverpool		13-1-19	6-LB 423 + R.E.R.D. DO 21-21/19

A.F.B. 103 CHECKED  
 21 MAR 1917



35656

MILITIA AND DEFENCE  
ASSIGNED PAY.

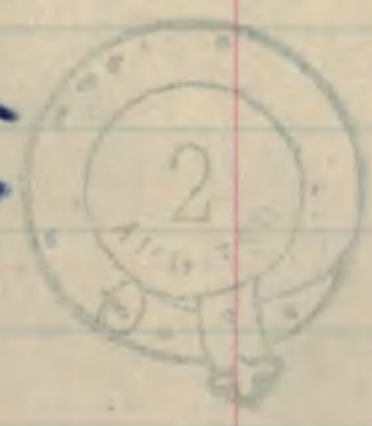
Ref. No. N.R. *JP*

To whom Mrs Johnston Skelton, ✓  
Address Ballytoag Ligoniel, ✓  
Belfast, ✓  
Ireland. ✓  
Rate \$15.00 ✓  
Date to Commence 1st August, 1916. ✓

By whom assigned Alexander, E. W. ✓  
Regtl. No. 726009 ✓  
Rank Private ✓  
Corps, &c. 109th Battalion. ✓

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.		150992	15	X	
Sept		183264	15	X	
Oct.		187754	15	X	
Nov.		<sup>60<sup>rs</sup></sup> 224760	15	X	
Dec.		265277	15	X	
Jan.	1917	306801	15	X	
Feb.		347308	15	X	
Mar.		390317	15	X	
April					
May					
June					
July					
Aug.					



*AP cheques forma correct 7/3/17.  
Lamonly*

# ASSIGNED PAY.

By whom assigned *Alexander, E. W.*  
 Regtl. No. *726009. Pte. 109th Battr.*

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					

"ESSEQUIBO" 26.1

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

REGT. NO. 726009 RANK Spr. NAME (IN FULL) ALEXANDER, E.W. 25.

M. OR S. *me*

RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID?

TO WHOM PAID

ADDRESS

RELATIONSHIP

ANY CHANGE IN ASSIGNEE OR ADDRESS

105 Wardell St. City 29/4/19.

ORIGINAL UNIT C.E.F. *Eng.*

IF IN P.F. WHAT UNIT? *48 Broadwood Ave Toronto Ont.*

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *3-12-15* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY, \$ *15.00* DATE EFFECTIVE *1-1-19* Continued in England

PAYABLE TO *Mrs. Johnston Skelton* RELATIONSHIP

ADDRESS *Ballytoay, Regional Belfast Ireland*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED *Toronto* DATE *25/2/19* REASON *Demob* AUTHORITY *80-53* IF ENTITLED TO POST DISCHARGE PAY *yes*

MONTH	PAY AND F. A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
Balance from previous account																	
31-12-18	#	1 <sup>10</sup>		90 61													
				90 61	6045-3-1-19			487									
					26-1-19			500									
					26-1-19			5000									
1-1-19	56	1 <sup>10</sup>	61 60	35 70									5987				
25-2-19				30									20934				
				20934													
183 days			W.S.G. 420 00	420 00													
								Feb 25 70 00									
								Mar 22 240429 70 00									
								Apr 24 246302 70 -									
								May 20 345731 55 -									
								19/6/19 603208 70 -									
								AR88 Jul 15 975978 70 -									
				420													

T.O.S. P.O. 30 WWP  
 SUBS 29/1 12/2 30  
 A.P. Jan & Feb

Due Salary  
 70 00 350 00  
 140 00 280 -  
 155 00 265 -  
 225 00 195 -

280 00 140 -  
 380 170  
 420 420

29-17  
 W.S.G. PAID IN FULL  
 J. M. Mearns CAPTAIN  
 FOR PAYMASTER WAR SERVICE GRATUITY





\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.				
EFFECTIVE DATE:-	1. 8. 16	EFFECTIVE DATE:-					
AMOUNT:-	15 <sup>00</sup>	AMOUNT:-					
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.					
No <sup>1</sup> Johnston Skelton Ballytoag Ligoniel, Belfast, Ireland							
PARTICULARS OF RANK OR APPOINTMENT							
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT					
		Private					
UNIT AND TRANSFERS							
ORIGINAL UNIT:- 109 <sup>th</sup>							
DATE ACCOUNT FIRST OPENED - 1. 8. 16							
AUTHORITY	DATE EFFECTIVE	DATE CLOSURE SHEET T'S'D	UNIT TRANSFERRED TO				
			124 <sup>th</sup> BATTALION				
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
4/2/16	2227	Follow	£ 2	9.73			
19/2/16	5277	L'od.	£ 5	21.33			
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE			
	1	10					

PARTICULARS OF RENDERING NON-EFFECTIVE: *Trans. to Canada 1/1/19 Ref. N.R. 16 3/18 15/66 C. R. 90 51 L.P.C.*

MONTH 1916	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March	Bal Forward								153 36		
April	P. Pay	33		E of P. a 23202 f 3-1-8 A.R. 46 5/4 109 1/4	3 57 4 46		15				
				2/A. 113069 106 3/3	32 8 35		15		163 01		
May	P. P.	34 10		E of P. a 80202 f 3-1-8 A.R. 175 5/5 251 17/5 269 26/5	3 57 4 46 8 03		15		166 05		
June		34 10		Eng a P. Buzouly f 3-1-8 AR 584 4/6 4 <sup>th</sup> Wing B.C.B. 371 20 7/8 12 <sup>th</sup> Bn B.C.	4 46 3 57 8 03		15		176 02		
JUL		34 10		138 15 AR 471 9/8 12 <sup>th</sup> Bn B.C. - 1 17/8 11 <sup>th</sup> - - 73 23/8 - 326 24/8	4 46 3 57 5 35 97 83		15		84 41		
Aug		34 10		C 60833 AR 155 11 <sup>th</sup> C.B. Bn. 20/8/18	3 57 3 57		15		99 94		
Sept		34 10		C. 76431 - 220 11 <sup>th</sup> C.B. Bn. 10/9/18 - 275 " 16/9/18	3 57 3 57 7 14		15		110 80		
Oct		34 10		D 38231 347 11 <sup>th</sup> C.B. Bn. 18/10/18 Gen Permit 31 London 16/10/18 431 11 <sup>th</sup> C.B. Bn. 13/10/18	3 73 30 - 3 73		15		92 44		
		34 10			37 46		15				

**CANADIAN ASSIGNED PAY AUDITED**  
*Jawhaleans*  
**AUDIT CLERK**  
 DATE 17/5/19



NUMBER 726009 RANK

Rk.

NAME ALEXANDER, E.W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Bal. Fwd.					92 44		
NOV	P. Pay.	33		E. 19627			15				
	Dec. PPA.	34 10		E. 30358 Dec			15				
				3535 #15 Cgt. 26/1/18	489						
				5277 #5 Cgt. Lood 19/12/18	24 33				100 34		
		67 10			29 20		30				
FEB	PPA.	-NIL-		P. 6045 5 Cgt. Lood 2/1/19	487						
				6382 15 Cgt. 6/12/18	9 73				85 74		
					1 20						
				SOS Canada 9/19 DO. 21 21/19 CERD.							

## List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron Battery Company	} Conduct Sheet, " B. 263a	OR	
			Particulars of Recruit
	or	Proceedings on Discharge	" B. 218
Field Conduct Sheet	" W. 178	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.	
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		
§Only if discharged "Medically unfit."			
‡Only if man has not been overseas.			

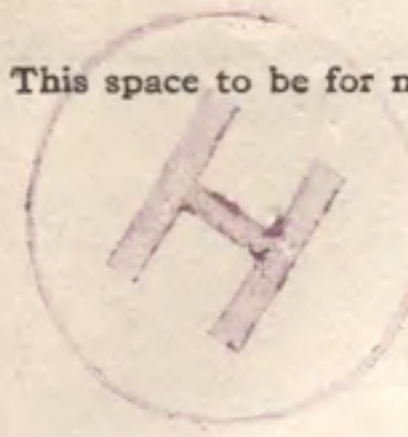
Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

*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.



War Service Badge

Class A

No. 89880 Issued Feb. 25, 1919

## Proceedings on Discharge.

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

**R.L.**

No. 726009	
Rank Spr.	
Surname <u>ALEXANDER.</u>	
Christian name <u>Ezekiel Wylie.</u>	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <u>109th. Bn. (#2.D.D.)</u>	
Date of discharge <u>FEB 25 1919</u>	
Place of discharge <u>TORONTO, ONT.</u>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <u>26</u> years.....months. Height <u>5</u> feet..... <u>9</u> inches. Complexion <u>Dark.</u> Eyes <u>Brown</u> Hair <u>Black</u> Trade <u>Lumberman.</u> Intended place of residence <u>148 Broadview Ave.</u> (To be given as fully as practicable.) <u>Toronto, Ont.</u>	Descriptive marks <u>Vacc. Scars on left Arm.</u>
2. The above-named man is discharged in consequence of <u>"Demobilization."</u>  Authority for discharge <u>#2.D.D. Feb. 25th. 1919. Pt. 11# 53.</u>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
3. Conduct and character while in the service have been, according to the records, etc.	
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

200M.—5-18.  
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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).....

(Date).....

Commanding.....

O. C. Discharge Section,  
No. 2 District Depot

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, and that I have received my permanent discharge certificate.

(Place) TORONTO, ONT. *Ezekiel Wylie Alexander* (Signature of Soldier.)

(Date) FEB 25 1919 *W. F. Harvey dt* (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).....years.....days.

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

11. Confirmation of Discharge.

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

(Place) TORONTO, ONT.

(Signature).....

*W. F. Harvey dt*  
O. C. Discharge Section,  
No. 2 District Depot

(Date) FEB 25 1919

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.)

*Lindsay*

3

This space to be left blank for the Chelsea Number.

369

Proceedings on Discharge.

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

No.	726009	Army Rank	Sapper.
Name	ALEXANDER, EW. <i>Ezekiel Wylie</i>		
(The name must agree strictly with that on enlistment, unless changed subsequently by authority)			
Corps	GERD.		
Battalion, Battery, Company, Depot, &c.	(0)		
(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	Invalided to Canada for further treatment.		
1. Description at the time of discharge.			
Age	_____ years	_____ months	Descriptive marks.
Height	_____ feet	_____ inches	
Chest measure-	girth when fully expanded _____ ins.		
	range of expansion _____ ins.		
Complexion	_____		
Eyes	_____		
Hair	_____		
Trade	_____		
Intended place of residence	_____		
(To be given as fully as practicable)			
(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 _____			
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)			
3. Military character :— _____			
4. Character awarded in accordance with King's Regulations :— _____			
_____			
_____			
_____			
_____			
_____			
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.			

ESSEQUIBO  
 BAILED JAN. 3 1919  
 237 1919

To be filled in on the soldier quitting the Colours.

Army Form B. 2088 has been issued to\*

\* Strike out if not applicable.

LIST OF DISCHARGE DOCUMENTS.

- Proceedings on discharge. (Army Form B. 268.)
- Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
- Duplicate attestation.
- Army Form B. 97 (if any).
- Declaration of change of name (if any).
- Re-engagement paper (if any). Army Form B. 136.
- Authority for continuance, or extension, of service (if any). Army Form B. 221.
- Court of Inquiry on an injury (if any). (Army Form A 2.)
- Regimental conduct sheet. (Army Form B. 120).
- Company conduct sheet. (Army Form B. 121.)
- Copies of convictions by Civil Power (if any).
- Medical history sheet. (Army Form B. 178).
- Medical report on invalid (if any). (Army Form B. 179).
- Copy of receipt for purchase money (if any).
- Attestation of fraudulently-enlisted man for corps in which he has not been held to serve (if any).
- Detailed statement of former service allowed to reckon towards pension (if any).
- Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
- Descriptive return (Army Form D. 400), where required. See section 11 on second page.
- Active service casualty form. (Army Form B. 103).
- 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—

- Duplicate attestation. (On this page the date and cause of discharge will be entered and signed by the competent military authority).
- Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

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

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

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

- Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- Character Certificate (Army Form B. 2067) if entitled.
- 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.

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.)

\_\_\_\_\_

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation to what extent is his capacity lessened as present for earning a full livelihood in the general market for untrained labour?

15. THE PENSIONABLE DISABILITY.—See Part I. (2). Application on Active Service of a disability existing previous to joining it to be included in the estimate.

16. Permanency of the Pensionable Disability estimated next above in (14) is due to causes which during Active Service?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks:—The soldier is not infected, has been in area of active service & it seems likely that the disability is due to causes which during Active Service. The board is of the opinion that the disability is due to causes which during Active Service.

19. Recommendation:—(a) Fit for duty? (b) Fit for base duty? (c) Invald to Canada? (d) Discharge from service as permanently unfit?

Dated at this day of 191

Signatures of the Board:— President, Registrar's Office, 8 DEC 1918, Canadian Expeditionary Force, Pensions and Claims Board.

369 SPADINA FURLOUGH Christian Name ALEXANDER, W. Unit or Corps—(a) Overseas from United Kingdom. (b) In United Kingdom.

Born at—Town Belfast County or Province Antrim Country Ireland

Date of Birth—Day 31 Month October Year 1892 Age 26 yrs. 11 months.

Joined at—Hullington, Ontario Date 31 1915

Former Trade or Occupation:—

Permanent marks or peculiarities that will serve for future identification:—

Height—feet 5 inches 9 1/2 Colour of eyes Brown

Signature of Soldier (for identification purposes):—

Medical Report

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case.

1. DISABILITY (State the actual disabling conditions, as distinguished from the diseases or injuries from which they resulted.) (Follow the official nomenclature as far as possible.)

Disabilities Group (a) RED, INDURATED ERUPTION OF FACE. Disabilities Group (b) Disabilities Group (c)

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

Table with columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Row 1: SYCOISIS BARBAE (non-parasitic), Armas, Sept. 1918.

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(i) As to Group (a) above? no. If yes, has Active Service aggravated it? (ii) As to Group (b) above? If yes, has Active Service aggravated it? (iii) As to Group (c) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

(i) As to Group (a) above? yes. (ii) As to Group (b) above? (iii) As to Group (c) above?

