

NAME ALLEN ERNEST CECIL

C.E.F. REGIMENTAL DOCUMENTS

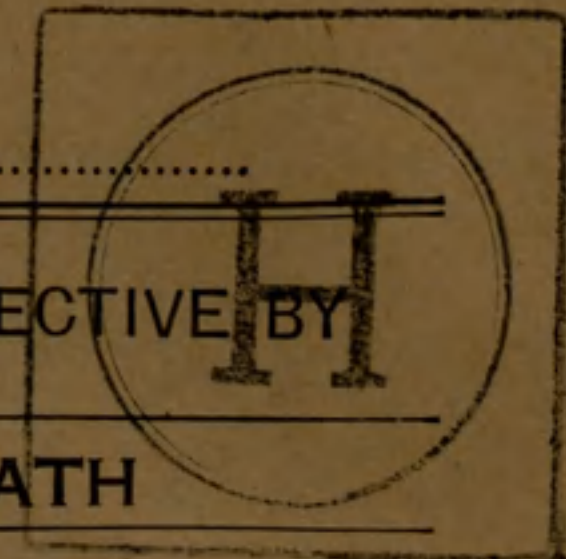
38 BN.

REGT. No. 775802

UNIT

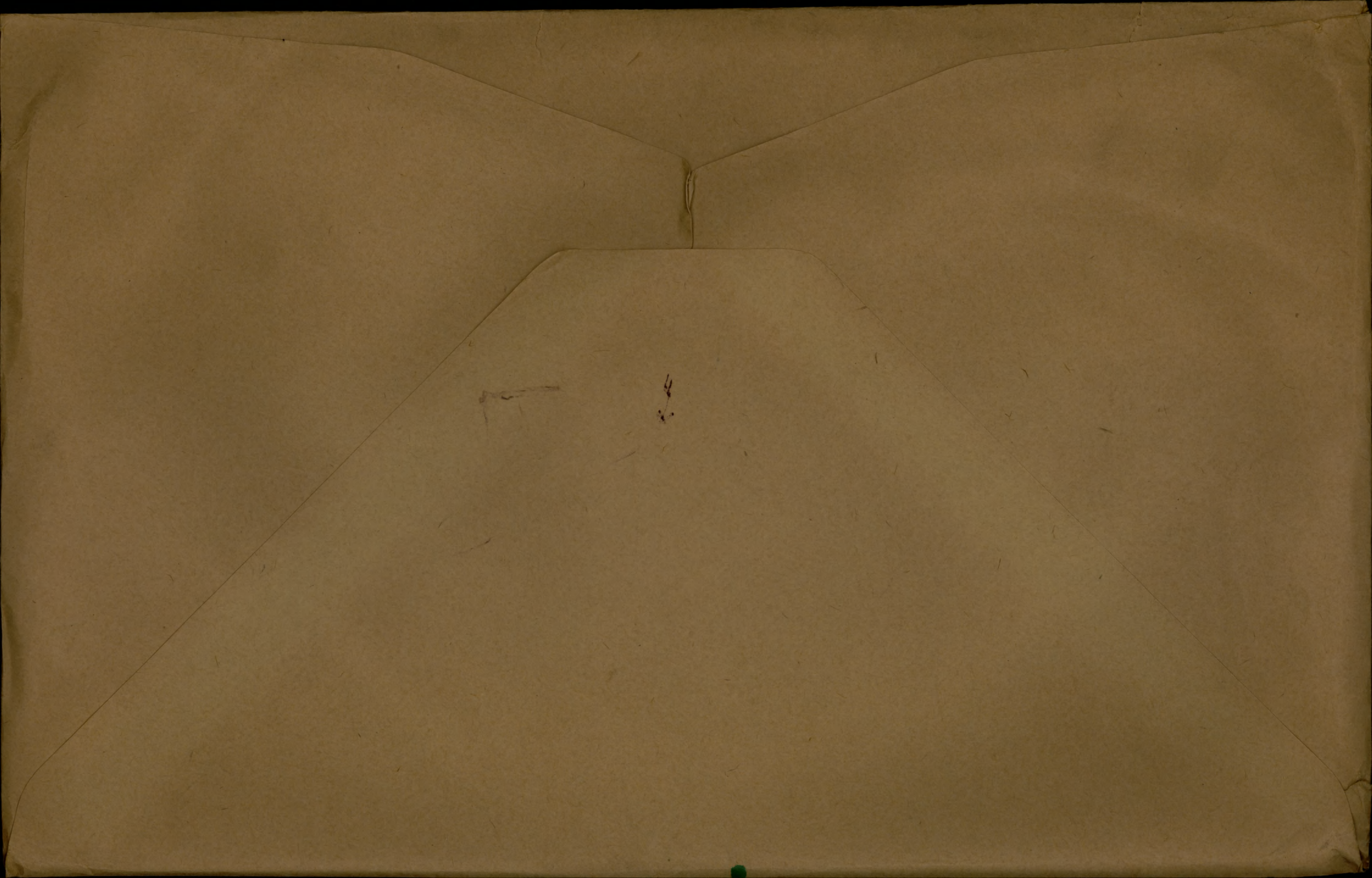
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ORIGINAL

# ATTESTATION PAPER.

No. 775802

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE. 120TH OVERSEAS BATTALION

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Allen
- 1a. What are your Christian names?..... Ernest Cecil
- 1b. What is your present address?..... 29 O'Hara Ave. Toronto
- 2. In what Town, Township or Parish, and in what Country were you born?..... Bowmanville, Ont
- 3. What is the name of your next-of kin?..... Mrs Beatrice Allen
- 4. What is the address of your next-of-kin?..... 29 O'Hara Ave, Toronto, Ont.
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... Nov. 19th 1891
- 6. What is your Trade or Calling?..... Press hand
- 7. Are you married?..... Yes
- 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?..... Yes 9 years in C.O.R. Bugle band  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

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

I, Ernest Cecil Allen, 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.

E. C. Allen (Signature of Recruit)

Date January 29th 191 6. R. Knight (Signature of Witness)

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

I, Ernest Cecil 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.

E. C. Allen (Signature of Recruit)

Date January 29th 191 6. R. Knight (Signature of Witness)

### CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Toronto this 29th day of January 29th 191 6.

J. Hamilton (Signature of Justice)

O. C. 126th O. S. "Peel" Battn., C. E. F.

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Description of Ernest Cecil Allen on Enlistment.

Apparent Age 24 years 2 months. (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height 5 ft 5 1/2 ins.

Chest measurement: Girth when fully expanded 32 ins. Range of expansion 2 ins.

Complexion Fair

Eyes Brown

Hair Fair

Religious denominations: Church of England, Presbyterian, Methodist, Baptist or Congregationalist (Baptist), Roman Catholic, Jewish, Other denominations.

Tattoo marks Abscess over the cockyx

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 January 29th 1916

[Signature]

Place Toronto

Capt

Medical Officer.

\*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Ernest Cecil 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.

[Signature] Lt. Colonel (Signature of Officer) O. C. 126th O. S. "Peel" Battn., C. E. F.

Date January 29th 1916

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# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 775802 (Rank) Pte.

Name (in full) Allen Ernest Cecil enlisted in  
the 126<sup>th</sup> Bn.

CANADIAN EXPEDITIONARY FORCE at Toronto on the 29<sup>th</sup>  
day of Jan. 19 16

HE served in France & Belgium

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

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

Age 27

Height 5' 5 3/4"

Complexion fair

Eyes brown

Hair fair

Marks or Scars

Tattoo marks. Abscess over  
the cockeye.

E.C. Allen  
Signature of Soldier

G. C. Dean  
Issuing Officer

Date of Discharge

No. 2 DISTRICT DEPOT  
MAR 26 1919  
TORONTO

For  
C.C. No. 2 District Depot.  
Rank

Date MAR 26 1919 19

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.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

2

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

- 1. Christian names *Ernest Cecil* 2. Surname *Allen*
- 3. Rank *Pvt* 4. Original Unit *126 Bn.* 5. Reg. No. *775807*
- 6. Address, in full, to which future payments of gratuity are to be forwarded.....  
*9th St.  
New Toronto, P.O.*
- 7. Date of enlistment in the C.E.F. *Jan 29/16*
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*[scribble]*
- 9. Relationship of such dependent.....  
*[scribble]*
- 10. Address, in full, of such dependent.....  
*[scribble]*
- 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....  
*[check]*
- 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:—  
*[scribble]*
- 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?.....
- 14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....
- 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.....
- 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.?.....  
*L.O.P.*

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? .....
21. Have you, during the present war, served in the Imperial Forces? .....
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? .....
- (b) If so, was such reversion in consequence of misconduct or inefficiency? .....
24. Are you now serving in the C.E.F.? ..... If not, give—(a) Date of discharge *MAR 26 1919* (b) Reason for discharge *Must.*
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.....
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.....
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?.....
- (b) If so, are you in receipt of full pay and allowances from that Department?.....

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: *E. E. Allen*

Place of Residence: *Toronto, Ont*

Declared before me at: *N. B. Rhyll.*

This *1st* day of *March*, 19*19*.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

*J. P. McLean*  
*Major*

### POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

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..... 12601 Battalion
- .....
- (2) Regimental Number..... 775802
- (3) Full Name of Soldier..... Ernest Cecil Howard Allen
- .....
- (4) Place of Birth..... Bowmanville Ontario
- .....
- (5) Are you married, or not?..... no
- (6) If married, state,
- (a) Full name of your wife..... no
- .....
- (b) Present Postal Address..... 191 Bowman Avenue  
Toronto
- .....
- (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?..... *yes George Allen*

If so, state name and address..... *191 Cowan Avenue*

(10) Is your Mother alive?..... *no*

If so, state name and address..... */*

(11) If your Mother is a widow..... *no*

Are you her sole support, or not?..... *no*

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

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

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

(15) Are you insured?..... *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..... *2<sup>nd</sup> Aug 1916*

*F. J. Hamilton*  
Officer Commanding.

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2.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ALLEN, E.C.  
REGIMENT GEN. DEPOT. RANK PTE. No. 775802

Date of Examination in England 17-2-19 Date of Examination in France

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES (a) Full Upper (b) Part Upper (c) Full Lower (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
(b) In England yes
(c) In France

Signature of Dental Officer [Handwritten Signature]



WALTER H. B. ...  
... ..  
... ..

### Casualty Form—Active Service.

Regiment or Corps Cdn Lab Pool

Rank ..... Surname Allen ..... Christian Name E. C. .....

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...			
20/9/18	C & B Co	To 6 Con Dep.	B 2 T B	20/9/18	NR 457
23/9/18	6 Con Dep	Disability	To 10 Con Dep	23/9/18	W 3034 / R 3960
20/9/18	6 Con Dep		Adm	20/9/18	NR 3574
23/9/18	10 Con Dep		Adm	23/9/18	NR 4175
28/9/18	25 Genl.	Injury Rt Arm (rupt)	Adm	28/9/18	NR 4741
28/9/18	10 Con Dep	Disability	To 25 Genl.	28/9/18	NR 5700
1/10/18	25 Genl	Cont. Rt Arm (acc)	To 10 Con Dep.	1/10/18	NR 6072
5.10.18	Base Comd	Causality Rupt Acc.		28.9.18.	W 3428 / 1/10/18 / 14739
1/10/18	10 Con Dep	Cont Rt Arm Acc.		1/10/18	W 3034 / R 3578
27-10-18	10 Con Dep	Cont Arm R. Acc	To 8 Rest Camp	27-10-18	W 3034 / R 2188
30.10.18.	Ch. BND	an from No. 10 Con Dep		29.10.18.	NR 1673

(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.) [P.T.O.]

775802 Pte Allen E.C.

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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				
	ad. S.	Transferred to No. 3 Cdn. Inf.			KR 1627
		Works Coy and S.S. Labor Pool		5/11/18	Pos. No. 2011/18
	do	T.O.S. 3rd Cdn. Inf			PILO 169/22-10-18
		Works Coy from Labor Pool		6-11-18	KR 16276
9-11-18	O.C. 3rd Cdn. Inf	Joined unit	Fled	do	B 213
5-11-18	Leg. Rep.	Left for unit	"	5-11-18	RVR D1453
8/1/19	CIBD	Trsf'd. to England and posted to Cdn. Gen. Depot, Witley		10/1/19	N.R.
				P20 3 d/-	1919
<p><b>SAILING 16 S.S. Cretic</b> Emb'd at L'pool 13/3/19 Disemb'd at</p>					
		HaL x 22/3/19			
11-2-19	G Depot	SOS to 668 Rlyl Witley and D 7		10-2-19	DO 43
<p>Attached O.C. Kimmel Park for return to Canada. Part II Orders No. _____ Ceases to be attached to O.C. Kimmel Park on embark ing for Canada. Part II Order No. 67 of 20-3-19</p>					
<p>Commanding _____ Wigg Kimmel Park Camp</p>					

**W.S.B. CLASS**

*Chas. B. Chapman*

Lieut. for Lt.-Col. A. A. G.  
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

*J. W. Chung* ..... **LIEUT.**  
**OFFICER IN CHARGE RECORDS,**

Attached O.C. Kimmel Park for return to Canada. Part II Orders No. \_\_\_\_\_ Ceases to be attached to O.C. Kimmel Park on embark ing for Canada. Part II Order No. 67 of 20-3-19

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Report No. \_\_\_\_\_

Army Form W. 3212.

(In books of 100)

Regtl. \_\_\_\_\_  
Rank and Name 775802 P. Allen Age 21 Corps 8 39

Disease \_\_\_\_\_ Hospital \_\_\_\_\_

To Officer i/c Laboratory. \_\_\_\_\_ Ward \_\_\_\_\_

Please carry out an examination of the accompanying specimen of Sputum  
with special regard to T.B.

Nos. of previous Reports (if any) \_\_\_\_\_

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 2-2-19 G. W. Nelson capt  
O. i/c CAPT. G.A.M.A. Ward. \_\_\_\_\_

B.M.O. REGIMENTAL DEPT. 20118

### LABORATORY REPORT.

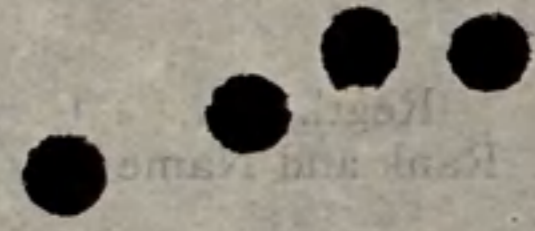
B

No T.B. found



Frederick Black  
capt

Date of Examination \_\_\_\_\_ O. i/c Laboratory. \_\_\_\_\_



Corps

Hospital

Ward

Please carry out an examination of the accompany specimen of

with special regard to

Yes of previous Reports (if any)

In Pathological Reports a resume of clinical history treatment or progress since last report should be given

Ward

LABORATORY REPORT



Date of Examination

Injury Sept 28<sup>th</sup> 1918 9<sup>th</sup> Coy  
Nature of Injury to arm right.  
775802, Pte Allen, E.C. 1<sup>st</sup> Canadian Inf works.

Main Statement

(B4)

I was playing base-ball  
at No 10 Con Depot on 28/9/18 I was  
throwing the ball when I felt most  
acute pain in the right arm.  
It was a pure accident.

G.B. King

775802. Pte Allen E.C.  
Cap Ramey 2<sup>nd</sup> Canadian Inf works.  
Signed by Cpl. Griffiths 35908  
9<sup>th</sup> C. Surrey.

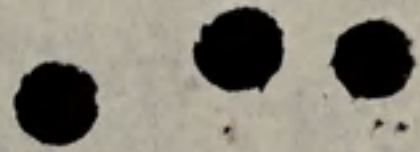
Pte. Allen was playing "base-ball"  
at No 10 Con Depot when he was  
throwing the ball his right  
seemed to cause him most acute  
pain.

G. H. O. 35908  
No  
110 OCT 1918

G.B. King

Boyd Cpl  
RAMEY  
350159





*Handwritten signature or name in cursive script, possibly reading 'Robert'.*

*Handwritten signature or name in cursive script, possibly reading 'Robert'.*

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A.G.R. Rank Name ALLEN, Ernest Cecil ✓ Reg'l No. 775802 ✓  
 Unit 126th Bn. If in perm. Corps, } Married or Single Married ✓  
 What Unit? }  
 Toronto, }  
 Place and Date of Enlistment 29th Jan., 1916. ✓ Place of Birth Bowmanville, Ont.  
 Name and Address, Next-of-Kin Mrs. Beatrice Allen, ✓  
 29 O'hara Ave., Toronto, Ont. ✓ Relationship Wife. ✓

Assigned Pay Monthly \$ Payable to

Relationship

N/E. R.B. No. 6830

Separation Allowance \$ Payable to

Relationship

File R.L. ....

Category OR. Can.

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England S.S. Empress Of Britain 24th AUG. 1916					
1/9/16	126th Bn.	Admitted Hos. Bramshott	Bramshott	30/8/16	Alch. 4 Part II D.O. 1 No. Y. P.
16/9/16	126th Bn.	Trans. to Can. Con. Hos. Bearwood Pk. Wokingham	"	8/9/16	Co. L. 8
26.9.16	"	Trans. to Can. Con. Hos. Woodcote Pk. Epsom	"	20.9.16	Co. L. 11
4.10.16	"	Discharged Hos.	"	3.10.16	Part II D.O. #29. #16-10-16
14.10.16	"	S.O.S. on Trans. to 109th Bn.	"	15.10.16	Part II, D.O. #29
19.10.16	109th Bn	T.O.S from 126th Bn	B'shott	16.10.16	Part II D.O 293
4.12.16	"	S.O.S on tfr. to 38th Bn.	Witley	4.12.16	Pt II D.O 339 after order
13.12.16	38th Bn	T-O-S on tfr from 109th Bn	Field	6.12.16	Pt II D O 242.
8.11.17	E.O.R.	Adm. No. 6. Can. Hd. Amb.	Field	3.11.17	Q.A. 58. Shell Gas.

60

B2

A.F.B. 193 CHECKED  
 8 DEC 1916

775802

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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.				
14.11.17	E.O.R.	Trans. No. 6 Gen. Hosp.	Rouen	4.11.17	CL.A.63. Shell Pac.
17.11.17	✓	Trans No. 2. Cono. Depot	✓	10.11.17	CL.A.66 ✓ ✓
C 21.12.17	✓	Dis. No. 2. Cono. Depot.	✓	13.12.17	CL.A.95 ✓ ✓
15.1.18.	35th Bn.	S.O.S. to Can. Lab. Pool	Field	9.1.18	PL.II.3. & Can. Lab. Pool. PL.II.7d. 17.1.18.
17.5.18	Can. Lab. Pool	S.O.S. to 1st Can. Sub. Works Bn	He "	13.5.18	- 67 1st Can. Sub. Works Bn No. 28/23.5.18
24.9.18.	1st B.I.W.B.	S.P.S. to B. Lab. Pool	✓	20.9.18	B.I.P. Pr. P. 155 Dep. 9.18. - 58. 9 Lab. Pool
22.11.18	3rd B.I.W.B.	T.O.S. from Can. Lab. Pool	✓	6.11.18	DO 16 DO 185d/20 11/18
14-1-19	3rd B.I.W.B.	S.O.S. to Gen. Def	"	11-1-19	204
23-1-19	Gen. Def.	T.O.S. from <del>3rd B.I.W.B.</del> <sup>3rd B.I.W.B. Coy</sup>	"	11-1-19	- 19
27.2.19.	2nd B.C.W.	T.O.S. pending ret. Can.	"	20/2/19	- 49 Gen. Def. DO 440/22-2-19.
		16-1-23	Sailors	13-3-19	
20-3-19	2nd B.C.W.	S.O.S. in proc'g to Canada	to K Parts	13-3-19	DO 67

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 50m.-6-16.  
 1772-39-819.

Sheet No. 2.

Etta Allen

Name of Soldier

Allen E.C.

PAYMENTS.

775802

pte

L. L. Job 4503. - Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks
April	1916			
May				
June				
July				
Aug.		K15329	20	✓
Sept.		D15059	20	
Oct.		19408	20	
Nov.		24516	20	
Dec.		1031807	20	
Jan. <i>leo</i>	1917	435636	20	
Feb.		442206	20	20 R
March		448352	20	20 L
April		H 9	20	✓ 20 E
May		H 6182	20	20
June		H 12752	20	20 Cu
July		H 19762	20	20
Aug.		J 26958	20	20
Sept.		133688	20	20
Oct.				280
Nov.				280
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

AUG 7 1916 126 Bn.

P. 20<sup>4</sup>/<sub>17</sub>

\$20

280 280

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

8397

Surname: *Allen* Christian Name or Names: *E. C.* Reg. No.: *775802*

Rank: *PT* Unit: *126. Batt (38 Bn) (60 RA)* Co.: Troop: Batty:

Hospital: *A.G.H. Units (Civ) B* Date of Admission: *10.8.16*  
*mil. B Ramdett. BLP* *31.8.16.*

Transferred: *Beaumont Wokingham Hosp. 8.9.16*  
*Epsom Row Hosp. 20.9.16*

*6. base. F. Ambulance Hosp. 3.11.17.*  
*6. Gen. Reserve Hosp. 10-11-17*  
*2 Con. Dep. Reserve.*

Diagnosis: *Inflza* *N.Y.D*

(1) Later Diagnosis (if changed): *Shell Gas*  
 (2) *D.A.H.*  
 (3) *P.O.O.*

Additional Diagnosis: if more than one state present  
*Sev. Debility*  
*Cont Rt. Arm Acc.*

DISPOSITION

*Dis. 3.8.16.*  
*Disch. 15.8.18*

*C.L. 5.9.16. 4*  
*16.9.16 8.*  
*19.9.16 9*  
*26.9.16. 11.*  
*6.10.16\* 12*  
*9.11.17. 258(3)*  
*15.11.17. 263(4)*  
*19-11-17 266(5)*  
*22-12-17 295(2)*  
*12.6.18 @ 34*  
*25-6-18 @ 45*  
*5-7-18 @ 53*  
*12-7-18 @ 59(2)*  
*25.7.18 @ 70(2)*

REMARKS  
*Dis. 27.10.18.*

A.M.D. 2 DEPT.

Regt. of D.M.S. O.M.F.C. London.

*Discharged 13-12-17*  
*Disch. 20.6.18*

*P.Y.O.*

*Allen*

8397

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

3 C. F. Aub

7-6-18

C. C. C. Station

30-6-18

2.

5-5 G. H. Boulogne.

6-7-18

1. Com. Dep. Boulogne.

21-7-18.

3.

6-CD. Etapes

20-9-18.

4.

10. Caval. Depot. Ecault.

23-9-18

25. Gen Hardelt-

28-9-18

5.

10 G D. Ecault

1-10-18

6.

7.

6d 20-8-18 A93  
 86-9-18 a 125-2  
 30-9-18 a 128-2.  
 3-9-18 a 131-2.  
 8-10-18 a 135-2  
 4-11-18 a 158.







8397

H. Q. FILE No. 649-

NAME Allen Ernest Cecil

REGT'L. No. 775802

RANK AND CORPS Pte. <sup>(20am)</sup> 126<sup>th</sup> Bn (Can. Inf.) 38<sup>th</sup> Bn

CABLE

NATURE OF CASUALTY

35-5  
No. 5

DATE

C.

M6324

11-11-17

Adm 6 Fld Amb Depot Row 3rd 1917

Gas poison

M6430

<sup>WSM</sup>  
28-11-17

No 2 Com. Depot Rouen gas poisoning

M6557

26-12-17

Misch to Reinforcements Dec 13<sup>th</sup>  
WSM.

8397

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
4	Military Bramshott	31-8-16	N. Y. D.
8	Can. Coy. Bearwood Pk. Wokingham	8-9-16	Influenza.
11	10 Can. Div. Con. Woodcote Pk. Epsom	20-9-16	Influenza ✓
12.	Missle	3-10-16	"
A 58	No 6 Can Ad. Amb.	3-11-17	Shell Gas. ✓
A 63.	" " Gen: Rouen	4-11-17	" "
A 66.	No 2 Con. Dep. "	10-11-17	" "
A 95.	Disc	13-12-17	" " ✓
A 53.	1 Can. C. C. S.	30-6-18	P. U. O.
A 59.	56 Gen: Boulogne	6-7-18.	" " "
A 70.	1 Con. Dep "	21-7-18.	" " "
A 93.	Disc	● 15-8-18	" " "
A 125.	6 Con. Dep Etaples	30-9-18.	P. U. O. Rehabilitation

LIST No.	HOSPITAL	DATE OF ADMISSION	8397 REMARKS
a 128,	10 Comd Dep Ecault	23 9-18	H.A. N. Flexibility.
a 131,	25 Gen: Hardeloh	28-9-18	Inj: R Arm N YKO
a 135,	10 Comd Dep Ecault	1-10-18	Contus R Arm acc
a 158.	Disc.	27-10-18	" " " "

NAME

*Allen, E.*

REGT. No.

*775802*

RANK AND UNIT

*Pl. 1 C IWB*

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

Name Allen E. Ernest Rank Pte. S.

Reg. No. 775802

Unit ~~38th Div~~

Cecil ~~S. C. 1st Div~~  
Canadian Pool

Next of Kin Canada

352

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
3-11	No 6 C.F.A.	Shell Gas.		158	6324	7246
4-11	6. Gen. Hosp. Rouen	"	"	163		11039
10-11	2. Gen. Depot. Rouen	"	"	266		16192
13-12-17	Disch. to Reinforcements		Do	295		17447
14-18	<del>3. C. 7. Amb</del>	<del>DAH</del>	<del>do</del>	<del>A 34</del>		<del>31214</del>
7-6	<del>Discharged to duty</del>	<del>do</del>	<del>do</del>	<del>A 45</del>		<del>33098</del>
30-6	1. Can. Bus. Stn. Station	P.O.D.		A 53		32595
6-7	5.5.5 1st Bourlogne	do		A 59		2470/13
24-7	6. C. 8 Bourlogne	do		A 60		2735/16
15-8	Disch. to Rest Camp	do		993		3311/2
		P.T.O.				

ALLEN F. C. File 775-802 ICSNB

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918 20 9	6 C.D. Etaples	D.A.H.	Debility.	A125		4295-15
23 9	10 C.D. Ecourt	Do	Do	A127		4390-0
28 9	25 G. St. Hardelot	D.A.H.	INJURY R.ARM. NYD.	A131		44584
1- 10	10. Com. Dep. Ecourt	CONT. R.ARM.	ACC.	A125	8-10	4529-5
27 10	Disch'd to S.C.	A. Martins	Do	A158		529-5

830  
N

8397

CANADIAN CONVALESCENT HOSPITAL,  
AT

A. & D.  
CARD.

*Bear Wood, Wokingham, Berks.*

Regt. No. *775802*A. & D. No. *4421*Rank *Col.*Corps *126<sup>th</sup> Bact*Name *Allen E. C.*Age *24*Religion *CofE.*Service at Home *7/12*" " Front *-*Diagnosis *Influenza.*Admitted *7. SFP 1916*

Discharged

Place in Hospital *But 1*

M. H. Rec'd

Transferred *19 SEP 1916*

Results

(See Document card)

*Eason*



8397

REMARKS:

At Bramshott 30-8-16

Adm. Bramshott Military  
Hospital 30-8-16  
thence here.

S.I. Onset 31 August Cough.

P.C. G.C. Good.

I Rest.

No. 775802 RANK *Pte.*

NAME *Allen, E. C.*

T. O. S. 29-1-16.  
(2026 of 31-1-16)

UNIT *126<sup>th</sup> Reel Battalion, C. E. F.*

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916.</i>			
<i>Jan 29</i>	<i>Jan 31</i>	<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>Apr</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug</i>		<i>✓</i>	<i>Forfeits 1 day's pay a. w.</i>	<i>W.O. 187 of 8-16</i>

**UNIT SAILED**  
**AUG 14 1916**



Name *Allen Ernest* Rank *Cecil*

Pte

8397  
Reg. No. 775802Unit *126<sup>th</sup> Battrn.*Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
31-8-16	Military Bramshott.		N.Y.D.	4.		
8-9	Beauwood, Wokingham		Influenza	8		
<del>20-9</del>	<del>Can. Con. Hosp. See notes.</del>		<del>Influenza</del>	<del>9</del>		
20-9	Woodcote Park, Epsom		Influenza	11		
3-10	Disced.			12		



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# A

1629 Aug. 1, 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

\$ 20.			
--------	--	--	--

### PARTICULARS OF SEPARATION ALLOWANCE

No. 775802.  
 Rank Pte. Promoted                      Reverted                      Discharge  
 Soldier's Name E. C. Allen.  
 Battalion 126<sup>th</sup> Bn.  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name Etta Allen  
 Address 191 Cowan Ave. Toronto. Ont.  
 Change of Address  
 1 9<sup>th</sup> St. N. Toronto. Ont.  
 2 New Toronto. Ont.  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<u>Apr 30-17</u>			<u>280 00</u>	<u>280 00</u>	
<u>Oct.</u>	<u>D 50407</u>		<u>20</u>	<u>20</u>	
<u>Nov</u>	<u>B 52752</u>		<u>20</u>	<u>20</u>	<u>m</u>
<u>Dec</u>	<u>B 58837</u>		<u>20</u>	<u>20</u>	<u>Pr B</u>
<u>Jan.</u>	<u>O 65423</u>		<u>20</u>	<u>20</u>	<u>B</u>
<u>Feb</u>	<u>B 91545</u>		<u>20</u>	<u>20</u>	
<u>Mar</u>	<u>S 98770</u>		<u>20</u>	<u>20</u>	<u>✓</u>
<u>April</u>	<u>S 8537</u>		<u>20</u>	<u>20</u>	<u>R</u>
<u>May</u>	<u>H 11495</u>		<u>20</u>	<u>20</u>	<u>✓ R</u>
<u>June</u>	<u>B 14384</u>		<u>20</u>	<u>20</u>	<u>L</u>
<u>July</u>	<u>Y 27355</u>		<u>20</u>	<u>20</u>	<u>✓ D.</u>
<u>Aug</u>	<u>a 29856</u>		<u>20</u>	<u>20</u>	<u>D.</u>
<u>Sept</u>	<u>a 36503</u>		<u>20</u>	<u>20</u>	<u>D.</u>
<u>Oct.</u>	<u>a 40144</u>		<u>20</u>	<u>20</u>	
<u>NOV</u>	<u>G 51242</u>		<u>20</u>	<u>20</u>	
<u>DEC</u>	<u>B 63208</u>		<u>20</u>	<u>20</u>	
<u>JAN 1918</u>	<u>B 70612</u>		<u>20</u>	<u>20</u>	
<u>FEB</u>	<u>H 77677</u>		<u>20</u>	<u>20</u>	<u>L.</u>
<u>MAR</u>	<u>S 83414</u>		<u>20</u>	<u>20</u>	<u>L</u>
<u>APR</u>			<u>640</u>	<u>640</u>	

0233-E-64  
84806

31/3/19  
 Alc Closed  
 Ret'd per. Bretic  
 Date 22/3/19 M.F.W. 187 28/17  
 Clerk M.D. 2 Gellens

**AUDITED.**



M. F. W. 128  
 400M.-6-17-1772-38-141  
 L. L. 22320-M. & D. 1383.



775802

8397 ORIGINAL

# MEDICAL HISTORY SHEET. 775802

Surname Allen

Christian Name Ernest Cecil

Examined { on 29th day of January 1916  
at Toronto

Approved by

*D.S. McKay*

Birthplace { City or Town Bowmanville  
County Ont.

Rank Capt. M.O.

Apparent age 24 yrs 2 mos.

Trade or occupation Press Hand

Height 5 Feet 5 $\frac{3}{4}$  Inches.

Weight 130 Lbs.

Chest measurement { Minimum 30 inches.  
Maximum expansion 32 inches.

Physical development good

Small-Pox Marks nil

Vaccination Marks { Arm Right Left  
Number no

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection nil

Eyes D 30 each

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

Date.	Result.	VACCINATIONS.
<u>6-4-16</u>	<u>OK</u>	<i>D.S. McKay</i>
		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12/3/16</u>	<u>OK</u>	<i>D.S. McKay</i>
<u>21/3/16</u>	<u>OK</u>	
<u>13/4/16</u>	<u>OK</u>	
		M.O.
		M.O.
		M.O.

Enlisted on 29th day of January 1916 at Toronto

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>126th Bn</u>	<u>775802</u>		
Transferred to	<u>100th BATTALION CANADIAN INFANTRY.</u> <u>38th Bn.</u>		<u>OCT 15 1916</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.



8397

Surname Allen Christian Name Ernest Cecil

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				
Boamshott H.H.		30	8	16.	7	9	16.	Influenza	9	Recovery	W. Plamper
Woodcote Park Epsom.		7	9	16	19	9	16	do	13	Transferred to Epsom	W. B. ...
		19	9	16				Do.		Discharged to Unit	C. J. Downer Capt. Came.

Duplicate Medical History Sheet posted to here.

8397

Forms  
I. 1237  
10

Army Form I. 1237.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. 4421	Regimental No.	Rank.	Surname.	Christian Name.	66.
	775802	Pte.	Allen	E. E.	
Year 7 SEP 1916		Unit.		Age.	Service.
		126 <sup>th</sup>		24	7/12

Station and Date. *Hut 1*

Disease *Influenza.*

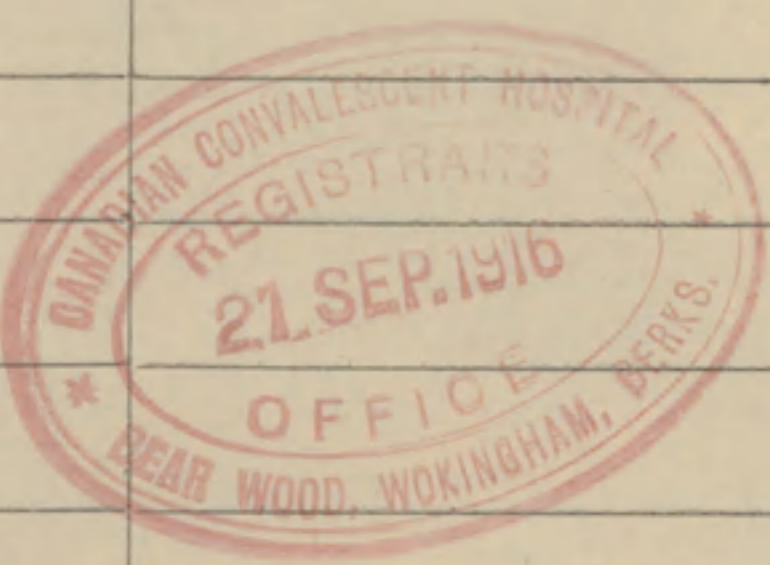
*Bramshott. 30<sup>th</sup> August.*  
*Bramshott Military Hospital 30<sup>th</sup> Aug.*  
*Bearwood. September 7<sup>th</sup>.*

*S.I. Onset 31 August. cough.*

*Pr. G.C. good.*

*J. Rest*

*Transferred to Epsom Sept 19. 16*  
*W. H. B. [Signature]*  
 Captain,  
 Med. Off., Canadian Convalescent Hospital,  
 Bear Wood, Wokingham, Berks.



Station  
and Date.

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

8397

M. F. W. 54. (A. F. B. 203.)

250M.—1-16.

H. Q. 1772-39-929.

A

Casualty Form—Active Service.

126th Overseas Bn.

Unit, Regiment or Corps

Regimental No. 775802 Rank Plt. Name Allen, Ernest Cecil

Enlisted (a) Jan 29/16 Terms of Service (a) War - Six months Service reckons from (a) Jan 29/16

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged W.S.B. CLASS A Qualification (b)

EMERGING at 16001 13/3/19  
Cretin

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				

Embarked. Canada. Halifax N.S. 14/8/16  
Disembarked. England Liverpool 24/8/16

Transferred to 109th BATTALION CANADIAN INFANTRY Bramshott 15-10-16 D.O. Part 2 - 14-10-16 #38  
J. J. Hamilton Lt. Colonel  
O. C. 126th O. S. "Peel" Batta., C. E. F.

19-10-16  
4-12-16  
CAN. RECORDS, 109th BATT.

O.C. 126th Taken on strength of 109th Btn. Bramshott 16-10-16 D.O. Part II #292  
O.C. 109th Proceeded overseas for service with 38th Btn. Witley 3-12-16 D.O. Pt. 11 339

Adjutant Capt.  
ADJUTANT  
109th Overseas Battalion, C. E. F.

6 12 16 C.B.D. TAKEN on STRENGTH 38th Havre 6 12 16 N. R. R.I.C. 242 - 13. 12. 16  
7 12 16 " Left for Unit FIELD 7 12 16 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, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

16. 12. 16 9. 12. 16 H. 213. No. 69. 20. 12. 16. P.T.O.

5802

Allen  
R.

8397.

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	Report	Place	Date	Remarks
28.7.17		Adm 1st Mess runner		28.7.17	B23 de 5111
25.8.17		Reja from Bae	"	21.8.17	" - 151
2.11.17	6 Lt A	Shell gas adm & to 906		3.11.17	426/202/1001
3-11-17	8th Cont. G.C.D.	Effects of Shell (gas)	Comd. Cont. G.C.D.	3-11-17	93/B1665
4-11-17	6 Lt A	gas shell wd.	admn 6 Lt A	4-11-17	W3034/B2415
<del>3-11-17</del>					
10-11-17	6 Lt A	gas shell	2 Con Dep't	10-11-17	W3034/B3497
10-11-17	2 Con Dep't	not stated	admn	10-11-17	W3034/B4532
12-11-17	13 Con Dep't	(W) gas	admn 13 Con Dep't	12-11-17	W3034/B5549
12-11-17	2 Con Dep't	lys W (W) gas	1st Con Dep't Inimble	12-11-17	W3034/B5531
16.12.17	4 C.B.D.	T.O.S. Board.	Bone	15.12.17	NR. 176
13.12.17	13 C. Dep't	J.B. Treatment. Gas poison	Bone	13.12.17	W. 7706
19.12.17	4 C.B.D.	" " " "	Bone	19.12.17	W 3339-285
26.12.17	"	" " " "	"	26.12.17	" - 289
2.1.18	"	" " " " " ability	"	2.1.18	" - 300
10.1.18	"	Class "B2" by med. Bd. and S.O.		9.1.18	NR. 203 Cont. G.C.D. KR. 16276 D.O. 3. dt 5. 1.18.
		38th on transfer to Canadian Labour Pool.			
10.1.18	A.A.G.	T.O.S. Can. Labour Pool.	Field.	10.1.18	D.O. 7 dt 17. 1.18.
9-1-18	6 Lt A	classified B.2.		9-1-18	W 3334-308
26.1.18	6 Lt A	granted 14 days leave		21.1.18	B23 Part II Ord 14-2/2/18
16.2.18	do	Returned from LEAVE		6.2.18	do
do	do	Forgets 5 days pay unad RW		10.2.18	Brought
		for when - active service about			Part II Ord
		without leave from 8.15pm 5/2/18 till			No 24 dt- 28/2/18
11-3-18	A.A.G.	12.30pm 9.2.18 (overstaying leave)		6-3-18	K-H. 18/6476
		No 10 Diet att for data. 31st Coy. CFC			

**Casualty Form - Active Service**

8397

Regiment or Corps .....

Rank..... Surname *Allen*..... Christian Name *E. L.*.....

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 ..		
2.3.18	G. G. B. S.	Classified B2 (Unsuitable)		2.3.18	W3339. 393. KR18521/1
24-4-18	P. G. B. D.	Classified B2 Gas Poisoning		24-4-18	W3339 No R481
26-4-18	do	from 10 Dist G.F.C. Unsuitable		25-4-18	KR 794
13-5-18	do	Trans to 1st Bn Inf Wks Bn		13/5/18	with 1021 + KR 1627 PH. D. 67. 3. 17. 5. 78
✓	A. A. G.	I.O.S. 1st Bdn. Inf. Wks. Bn on transfer from Bdn Lab. Pool		14.5.18	KR. 16276 PH. 110/286/23-5-18
18-5-18	1st Inf. Wks Bn	Joined unit		14-5-18	B. 213
15.6.18	do	to hospital		8.6.18	B. 213
8.6.18	30 F.A.	D.A.H.		7.6.18	F. 6211
17.6.18	do	D.A.H.		17.6.18	F. 7811
7.6.18	73 Fld. Awt. D.A.H.	Adm. to C. Rest Stn.		7.6.18	F. 6691

(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) Signaller, Shoering-Smith, &c

R. Allen, I.C. 8397, 775802

Date	Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
	From whom received	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.			
21.6.18.	3 <sup>rd</sup> Can. F.A.	D.A.H.	To Duty	20.6.18.	G.7964
22.6.18.	Ok. Unit	Rejected from Hosp		20.6.18.	B.213
29.6.18.	do.	To Hosp	Fld.	29.6.18.	B.213
6.7.18.	72 F.A.	N.M.D. Pyrexia.	Adm. to 1 <sup>st</sup> Can. C.S.	30.6.18.	G.883
30.6.18.	1 <sup>st</sup> Can. C.S.	N.M.D. Pyrexia.	Adm.	30.6.18.	G.75
5.7.18.	do.	do.	To A.T. 28.	5.7.18.	G.889
6.7.18.	55 G.H.	do.	Adm.	6.7.18.	G.466
21.7.18.	do.	Pneumonia. D.A.H.	To 1 <sup>st</sup> Can. Dep.	21.7.18.	G.3569
16.6.18.	A.S.D. Can.	Class B.2. (Debility)		16.6.18.	Med. Bd. 595 (R.R.)
21.7.18.	1 <sup>st</sup> Can. Dep.	Sick	Adm.	21.7.18.	G.3629
15.7.18.	C.C.L. Ref. Pool	"Taken or Strength" B.2 (?)		10.7.18.	NR. 82 (R.R.)
18.8.18.	C.G. B.D.	"I.O.S" from Develoque	B.2.T.B.	17.8.18.	NR. 1167 (R.R.)
15.8.18.	1 <sup>st</sup> Can. Dep.	Unfit	To 5 <sup>th</sup> Rest Camp	15.8.18.	G.9847
22.8.18.	C.G. B.D.	T.B. Treatment (D.A.H.)		22.8.18.	H.3339 (640 R.R.)
29.8.18.	do.	Class T.B. (D.A.H.)		29.8.18.	H.3339 (684 R.R.)
5.9.18.	do.	do.		5.9.18.	H.3339 (698 R.R.)
20.9.18.	A.A. 5.	D.O.A. 1 <sup>st</sup> Can. Inf Work to Fedn		20.9.18.	K.R. 33379
		Labour Pool			Pl. T. 58 d/24. 9.18.
		1 <sup>st</sup> Can. Dep. Work to Fedn		21.9.18.	Pl. T. 155 25/9/18
12.9.18.	C.G. B.D.	D.A.H. Debility. T.B. Treatment		12.9.18.	H.3339 (712 R.R.)
19.9.18.		To No. 6 Con. Camp. D.A.H. & Debility		19.9.18.	H.3339/724. 21/9/18

4

8395

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 .....

Regimental No. 745802 Rank Pte Name Allen, Ernest, Cecil  
C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }  
present rank } to lance rank } 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				
MAR 13 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO.		1919	PART II D. O. 91
MAR 26 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,			PART II D. O. 91

*W. Roberts*  
Lieut.  
For O. C. No. 2 District Depot.

(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.]





MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

*5 20/17*  
*P. W. W.*

M. F. W. 12.  
 50m.—6-16.  
 H. Q. 1772-39-819.

~~Mrs.~~ *Etta Allen*  
 To Whom  
 Address *191 Cowan Ave*  
*Toronto*  
*Ont*

By Whom Assigned *Allen E.C.*  
 Regtl. No. *775802*  
 Rank *Pte*  
 Corps *126 Bn.*

*\$*  
 Rate *20*

**AUG 1 1916**

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

*Consolidated Account*

14 110011  
1000

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

WAR SERVICE BADGE CLASS A 139836  
 OCCUPATIONAL GROUP 13  
 SERVICE GROUP 25 (Demobilization.)  
 M.D.2  
 SHORT FORM.  
 PROCEEDINGS ON DISCHARGE.  
 (Demobilization.)  
 10-12-31  
 B-1

1. No.	775862	
2. Rank.	Pvt	
3. Name.	Allen Ernest C	
4. Unit.	Gen. Dep. 126 Bn	
5. Date of Discharge	MAR 26 1919	Place TORONTO, ONT.
6. Reason for Discharge	DEMOBILIZATION	
7. Authority.	No. 2 District Depot, Part II, D.O.No.	
8. Proposed Residence after Discharge	P.O. Birch St New Toronto 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.? E.C. Allen SAILI..G 16 S.S. Cretic Emb'd at L'pool 13/3/19 Disemb'd at L'pool 22/3/19 Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place TORONTO, ONT. Date MAR 26 1919 Signature For O.C. No. 2 District Depot. (O. C. Discharging Unit.) A.C. Dean	

Group A  
 Checked by No. 20  
 Date MAR 1919 - 9

- 1. Triplicate Attendance Paper (M.F.W. 23) ✓
- 2. Particulars of Receipt (M.F.W. 133) ✓
- 3. Casualty Form (A.F.B. 103) ✓
- 4. Medical History Sheet (M.F.B. 313 or A.F.B. 178) ✓
- 5. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129) ✓
- 6. Dental Certificate (C.A.D.C. 5009a)
- 7. Field Conduct Sheet (A.F.B. 122)
- 8. Proceedings on Discharge (M.F.B. 218)
- 9. Discharge Certificate (M.F.W. 39)
- 10. Copy of Discharge Certificate (26000) ✓
- 11. Dispersal Certificate (C.D. 2)
- 12. Equipment and Clothing Statement (M.G. Form (D.C.S. 2)) ✓
- 13. Last Pay Certificate (P. 85T)
- 14. Pay Book (A.B. 64)
- 15. War Service Gratuity (Form M.F.W. 2500) ✓
- 16. Sundry Documents

RECEIVED BY SOLDIER

I hereby certify that the above mentioned documents have been received by the soldier named in the discharge certificate.

The discharge of the above named man is hereby confirmed.

Place \_\_\_\_\_  
Date \_\_\_\_\_

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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.

yes

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

- (Category A) (Yes or No.)
- ( " B) (Yes or No.)
- ( " C) (Yes or No.)
- ( " D) (Yes or No.)
- ( " E) (Yes or No.)

B-1

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.)

return to Canada, Auth. O.C. 19083. 1/1/19

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.

*[Signature]* President.

PLACE Witley

DATE 11/2/19

*[Signature]* 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

APPROVED BY

APPROVED BY

DATE

Assistant Director of Medical Services. Director-General of Medical Services.



8397

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 10-2-19

1. 1 (a) Unit CEN DEPOT (b) Regimental No. 255-802 (c) Rank Pte

(d) Surname ALLEN (e) Christian name F. P. NEST CECIL

(f) Home address NEWTORONTO 9th st ONT

(g) Next of Kin ETTA ALLEN (h) Relationship MOTHER

(i) Address of Next of Kin 9th st NEW TORONTO

2. Age last birthday 27 Date of birth 19-11-1891

3. Enlistment, or Appointment (if an Officer) (a) Place TORONTO ONT (b) Date 29-1-16

4. Personal description:

(a) Height 5ft 5 3/4 (b) Weight 120 estimate (c) Complexion Fair

(d) Colour of hair light (e) Colour of eyes BROWN (f) Identification marks, Scars, etc.

TATTOO MARKS BOTH ARMS. ON VACCINATION LEFT ARM

5. Former trade or occupation SHEET METAL WORKER

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).

	PERIODS	
	From	To
Canada	<u>29-1-1916</u>	<u>24-8-1916</u>
England	<u>24-8-1916</u>	<u>4-12-1916</u>
France or other theatres of War	<u>4-12-1916</u>	<u>8-1-1917</u>

7. Original disease, or injury D.A.H.

(a) Date of origin Oct 30th 1917 (b) Place of origin France

(c) Cause Gas Poisoning

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

(D.A.H.) necessity for rest of body

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.)

Heart is normal in size and rhythm. No murmurs heard. Pulse rate sitting 84. Standing 96. After exercise 110. returning to 84 on one minutes rest. S.B.P. 120 D.B.P. 80

Man is short of breath on walking 300 yards and is sometimes obliged to rest at end of that distance.

(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 Genito-Urinary System... no (If pulse rate is abnormal, B. P. will be taken.) (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 Urinalysis 1030 Acid. no Sug. no alb.

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

Man says that since being gassed he has been short of breath. but has gradually improved. He was boarded B2 in Jan 1918 and has since been employed with Sabur Company.

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

Influenza month 1916. Gassed in France 1917. Had pneumonia at 53 Gen Hosp. in June 1918. In bed 3 to 4 wks.

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

Several tattoo marks on both forearms

11.—(a) Did the disabling condition have its origin before enlistment? no

(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.) na

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 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? 3 months

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

na Under care of army heart specialist for a time (3 1/2 wks)

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

(If the answer is "yes" state nature of treatment required and probable duration) Rest & freedom from excitement 2 months

16. Can the former trade or occupation be resumed? yes

(If not, briefly state why)

17. Recommendations

P. W. Harrison Capt 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 Ernest 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

EC. Allen S. Rank. Signature of invalid examined.

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Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)

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:—

From the medical information now adduced, was the disability caused or aggravated by the negligence of the Soldier? (a) Negligence of the Soldier (b) Miscellaneous of the Soldier (c) Aggravated?

Signature of Soldier examined.

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

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it.

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as exactly as possible the place and date of origin.

Questions 3 and 4.—NOTE—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows:—

"I have satisfied myself of the general accuracy of this report and concur therewith, except—"

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Table with columns: Date, Station, Category, Signature of M. O., Date, Station, Category, Signature of M. O.

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Reserved for M.H.C.

Rest No., Rank, Name, Christian Name

Unit or Corps (a) Overseas from United Kingdom, (b) in United Kingdom

Born at—Town, Province, County

Date of Birth—Day, Month, Year, Age, yrs., months.

Joined at, Date

Former trade or occupation

Permanent Marks or any peculiarity that will serve for future identification

Signature of Soldier (for identification purposes)

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

Table for Disability with columns: Disabilities Group (a), Disabilities Group (b), Disabilities Group (c)

2. CAUSE OF DISABILITY

Table for Cause of Disability with columns: Place of origin, Date of origin, DO YOU RECOMMEND

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

Table for Question 3 with columns: As to Group (a) above, As to Group (b) above, As to Group (c) above

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

Table for Question 4 with columns: As to Group (a) above, As to Group (b) above, As to Group (c) above



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5. MEDICAL HISTORY. In France 25 mo.

Past Illnesses. - Was always healthy before en-
M.H.S. notes - 3/11/17 - 10/11/17 - 6 Gen. Hosp. France, S. Gas, poisoning
2. Con. Depot - 10/11/17 - 12/11/17. do. 13. Con. Depot. 12/11/17 - 19/12/17 Gas
poisoning. 19/12/17 - 10/1/18. Base Etaples. B. Treatment. Gas. Poisoning
Med. Board 10/1/18 cat. Bff. 29/4/18 classified Bff Gas. Poisoning
C.C. Rest Station 8/6/18 - 21/6/18 S.A.H. Dic. to duty. 6/7/18
#55 Gen. Boulogne 30/6/18 - 15/8/18 Pneumonia S.A.H. 18/6/18 cat. B2
debility. Bramshott 30/8/16 - 7/9/16. Influenza, C.C.H. Beauwood 19/16
19/2/16. do. Epsom. 19/2/16 - 3 do. dic. to unit.

6. PRESENT CONDITION. Age 27.

Subjective - Complains that he is very short of breath. Complains
that with little exertion heart beats fast, also on exercise. That
he has chronic cough worse at night, brings up little phlegm.
What when he is coughing has pain in left chest below heart.

Objective -

Medical Report

Table with 3 columns: Disabilities Group (a), Disabilities Group (b), Disabilities Group (c). Includes instructions for recording disabilities.

7. OPERATION. (i) Was one performed? (ii) If so, state what.

(iii) Was one advised and declined? CAUSE OF DISABILITY

NOTE. - Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i) Is there loss or decay of teeth attributable to Active Service? (ii) If so, describe.

9. DO YOU RECOMMEND: - (a) Fit for duty? (state category) (b) Invalid to Canada? (c) Discharge from the Service as permanently unfit?

Date of Report... Station... Signed... Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein except

Dated at... Station, on... \*Delete if inapplicable.

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Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? If not, describe it.

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it.

12. From the medical information now adduced, was the disability caused or aggravated by: (a) Negligence of the Soldier (b) Misconduct of the Soldier

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

14. THE DISABILITY DUE TO SERVICE. - (See Part I. (3)). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.

15. Permanency of the Disability due to Service estimated next above in (14). (i) Is it permanent? (ii) If not permanent, what is its probable minimum duration?

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

17. Can the former trade or occupation be resumed?

18. REMARKS: -

19. RECOMMENDATION: - (a) Fit for duty? (state category) (b) Invalid to Canada? (c) Discharge from Service as permanently unfit?

Date of Board... Station... Signature of M.O.

Table with 4 columns: Date, Station, Category, Signature of M.O.

Approved... Station... Dated at...

Station... Dated at...

Station... Dated at...





\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- ALLEN Ernest Cecil
EFFECTIVE DATE:- 1/9/16		EFFECTIVE DATE:-		NUMBER:- 775802
AMOUNT:- 20 <sup>00</sup> / <sub>100</sub>		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT
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.		AUTHORITY
Etha Allen (mother)				DATE EFFECTIVE
191 Brown Ave.				RANK OR APPOINTMENT
Toronto				
Mrs. S. Allen				
New Toronto Post Office				
Arm 9/1/18 Toronto, Ont.				UNIT AND TRANSFERS
Stopped 1/3/19				ORIGINAL UNIT:- 126 <sup>th</sup> B <sup>th</sup>
2728 W. St. 79th St. N.W. - 2				DATE ACCOUNT FIRST OPENED:- 1/9/16
Newspaper No. 135067 31.1.19				AUTHORITY
				DATE EFFECTIVE
				DATE LOGGER SHEET T 57 D
				UNIT TRANSFERRED TO
				28
				1.1.18
				19.6.18
				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
10/1/19	1619	Fed	4.66				
16/1/19	16272	Witley	14.60				
21/1/19	4119	"	24.33				
22/1/19		London	4.73				
			53.32				

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: *Trans to Canada 28/2/19 No 2728 8/2/19 Witley to Witley No 2728 13.89*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31/3/18	Bali: Form <sup>d</sup>								11.90		
April	Pay	33		ban. A.P.				20	24.90		
				A.R. 69 - 10 Unit P.F.A. - 12/4/18	4.46				20.44		
				On ar 9490 - 6480 - 9/3/18	4.46				15.98		
				A.R. 1426 by bal - 30.4.18	4.46				11.52		
May	Pay	33		ban. A.P.	13.34			20	25.62		
				A.R. 1931 by bal - 12.5.18	4.46				21.16		
June	Pay	33		ban. A.P.	4.46			20	34.16		
				A.R. 249 15/6/18 1st. L.S.W.B.	3.57				30.59		
				On ar. 173 31/5/18	4.46				26.13		
				A.R. 314 30/6/18	4.46				21.67		
July	Pay	33		ban. A.P.	12.44			20	35.11		
				A.R. 5387 26/7/18 Det. Boulogne	4.46				31.38		
Aug.	Pay	34		ban. A.P.	4.46			20	45.41		
				A.R. 6098 3/8/18	7.68				42.73		
				A.R. 6580 15/8/18	7.68				40.05		
				A.R. 8529 25/8/18 Gen. Base Depot	4.46				35.59		
Sept.	Pay	33		ban. A.P.	9.82			20	48.59		
				A.R. 9592 9/9/18	4.46				44.13		
				A.R. 10365 22/9/18	4.46				39.67		
					8.92			20	53.77		
Oct	Pay	34		ban.				20	49.11		
				A.R. 10120 CD Pool 8/10/18	4.66				44.45		
				343 " 27.10.18	4.66				39.79		
				On 7264 6/10/18	4.66				35.13		
					13.98			20	51.11		

FILED BY: J. Holyman  
CHECKED BY: G. Shiner

NUMBER

775804

RANK

NAME

Allen Ernest Cecil

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Forward								3979	nil	
Nov	PP	33		ba 1				70	5279		
				AKHH W.G. 21.11.18	1679				26		
Dec	"	3410		ba 1				70	5010		
Jan	"	3410		"				70	6420		
		10180			1679			60			
Feb				after work front 19.1.18	779				5641		
		5080		ba 1				70	6721		
				AKHH 12/60 21.1.19	2427				4288		
				1619 CAB 10.1.19	466				2822		
				1677 16/1.19	1460				2262		
				CP12725 27.1.19	973				1389		
				AK 3544 K. Park 2/3/19	473				416		
		3060			1084			70			
				505. ban 13.3.19							
				sh 16 G.D.							

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

REGT. No. 775802 RANK Pte. NAME (IN FULL) ALLEN E.C. (BLOCK LETTERS SURNAME FIRST) IF IN P.F. WHAT UNIT? 1st I.W. Ba 9th St. New Toronto Ont. DATE 29/8/16 AUTHORITY TO WHOM PAID Etta Allen RELATIONSHIP closed by Ottawa

Form with fields for ADDRESS, IS SEPARATION ALLOWANCE PAID?, TO WHOM PAID, ADDRESS, STOP PAYMENT FORM, DISCHARGED (Toronto, 26:3:19), REASON (Demob.), AUTHORITY (D, 0, 91), IF ENTITLED TO POST DISCHARGE PAY (Yes).

BALANCE FROM PREVIOUS ACCOUNT

Table with columns: MONTH, PAY AND F.A. (NO. OF DAYS, RATE, AMOUNT), OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS (COL. NO. 1, 2, 3), CASH PAYMENTS (COL. NO. 1, 2, 3), ASSIGNED PAY, REGI-MENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE (DEBIT, CREDIT), PARTICULARS OR REMARKS. Includes handwritten entries like 28.2.19, 28.3.19, 18.3.19, 1389, 1389, 17408, 11009, 13550, 14969, 70.00, 2.20, 72.90, 347.80, 142.20, 277.80, 210.00, 210.00, 280, 140, 350, 70, 420, 417.80, 2.20, 420.

Handwritten notes: 13/3/19, 91, T.O.S., P.O.S., endorsed, to Etta Allen, 28 Dec 19 to 31 Dec 19, 28-319, 70.71st pay W.S.G. March 1919, Hsein & Boat Allen, 7R, 70.00 W.S.G. paid above, 2.20 W.S.G. paid above, 1st W.S.G. paid in full, W.S.G. PAID IN FULL, CAPTAIN, PAYMASTER WAR SERVICE GRATUITY.