

Staff  
No. 724001  
Folio. ORIGINAL

# ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *John Allen*
  2. In what Town, Township or Parish, and in what Country were you born?..... *County Down Ireland*
  3. What is the name of your next-of-kin?..... *Wife Clara Helen Allen*
  4. What is the address of your next-of-kin?..... *234, Queens Rd. Battersea London, England*
  5. What is the date of your birth?..... *1<sup>st</sup> April 1883*
  6. What is your Trade or Calling?..... *Fireman*
  7. Are you married?..... *Yes*
  8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
  9. Do you now belong to the Active Militia?..... *115<sup>th</sup> Reg. (1 year)*
  10. Have you ever served in any Military Force?.. *Royal Irish Guards (6 years)*  
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*
- John Allen* (Signature of Man).  
*A. B. MacDonnell* (Signature of Witness).

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *FEB 24 1915* 191 . *John Allen* (Signature of Recruit)  
*A. B. MacDonnell* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Allen*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *FEB 24 1915* 191 . *John Allen* (Signature of Recruit)  
*A. B. MacDonnell* (Signature of Witness)

## CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.  
The above questions were then read to the Recruit in my presence.  
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Lindsay* this *24* day of *FEB* 1915 .  
*[Signature]* (Signature of Justice)

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

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

Description of John Allen on Enlistment.

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

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 6 ft. 1 ins.  
 Chest measurement { Girth when fully expanded 39 ins.  
 Range of expansion 4 ins.  
 Complexion Ruddy  
 Eyes Brown  
 Hair Dark Brown  
 Religious denominations { Church of England Episcop  
 Presbyterian  
 Wesleyan  
 Baptist or Congregationalist  
 Other Protestants  
 (Denomination to be stated.)  
 Roman Catholic  
 Jewish

Name

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date March 10 1915  
 Place Hindsay, Ont.

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

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

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Allen having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date JAN 17 1916 1916  
[Signature] Lt. Col. (Signature of Officer)  
 O. C. 109th Overseas Battalion, C. E. F.

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

Name Sgt./Major Allen J.

Diagnosis Suspected T.B.

Reg. No. 724507<sup>001</sup>

Ward 35- 2.

Q. M. H. File

Bed

C.R. No.

A. & D. No.

Corps

Transfer in Hospital

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

Past History Negative.

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

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

X ray shows:-

Wassermann ++

Admission April 5th/18.

Transferred to Mowat May 14th/1918.

46

042223  
S.M. Asselstine, Captain A.M.C.

Interne

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

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

PROCEEDINGS of a \* Medical Board

assembled at Kingston, Ontario

on the 10th. day of August, 1918

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

for the purpose of inquiring into and reporting upon

the cause of death of

#724001 R.S.M. John Allen (W.O.).

124th. Batt'n. C.E.F.

PRESIDENT.

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

MEMBERS.

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

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

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

Find that:-

1. He was admitted to the Mowat Memorial Sanitorium, Portsmouth, on May 14th., 1918, suffering from acute Pulmonary Tuberculosis.
2. The disease was progressive.
3. Death occurred at 3:40 A.M., August 9th., 1918, due to Pulmonary Tuberculosis.

*R.B. Richardson*

.....Major A.M.C.  
President.

*H.A. MacKay*

.....Capt. A.M.C.  
Member.

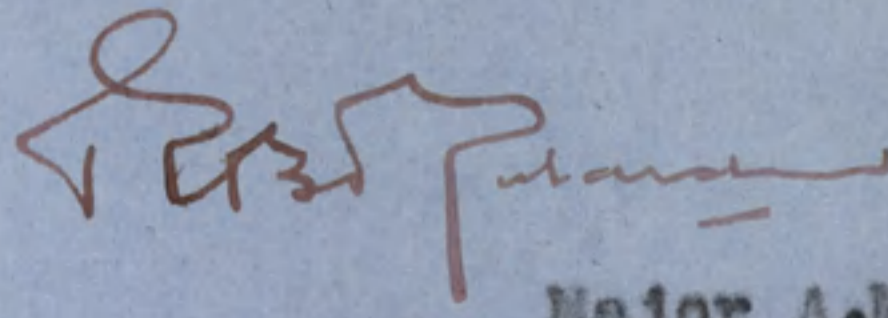
*V.H. Craig*

.....Capt. A.M.C.  
Member.

The Assistant Adjutant-General,  
Military District #3.

Forwarded

I concur in this report.



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

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

Forwarded

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

**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book. 32.	Regimental No.	Rank.	Surname.	Christian Name.
	724001.	B.S.M.	Allen.	J.
Year 1917.		Unit.	Age.	Service.
		124 Bn.	32	1 yr

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

Disease Phthisis

Complaint:—

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

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

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

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

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



Station  
and Date.

Chest: - Inspection: - Well shaped  
and developed. Back appears  
somewhat shrunk. Expansion  
equal and fairly good.

Palpation: - Tactile firmness increased  
at rt apex.

Percussion: - Dull notes at rt apex  
anteriorly and posteriorly.

Auscultation: - Increased vocal  
resonance at rt apex.

Also under the scapula posteriorly.  
Patient is otherwise fit, Appetite  
is good for all meals except  
breakfast. Bowels tend to be  
constipated.

Wm. H. Jackson  
Capt.

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MEDICAL CASE SHEET.\*

No. in  
Admission  
and  
Discharge  
Book.

Regimental No.

Rank.

Surname.

Christian Name.

440

724001

B.S.M.

Allen

J

Year

Unit.

Age.

Service.

1917

124th Batt

35

22/12

CANADIAN MILITARY HOSPITAL  
HASTINGS SUSSEX

Station  
and Date.

Disease

Tubercle of Lung

5. 1. 17

Enlisted in

Date

20/12/14

Place

Lindsay Ont

Transferred

93rd Batt to 109th Batt to 124th Batt

Arrived  
In England  
from Canada

31/8/16

In France  
from England  
In England  
from France

Hospital

Transfers

Farnham  
Commonwealth

Bramshot

6/10/16

Unit

27/10/16

Bramshot

2/1/17

Hastings

5/1/17

Remarks & M.O.

Report.

*W. Stearns* 19/1/17

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

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

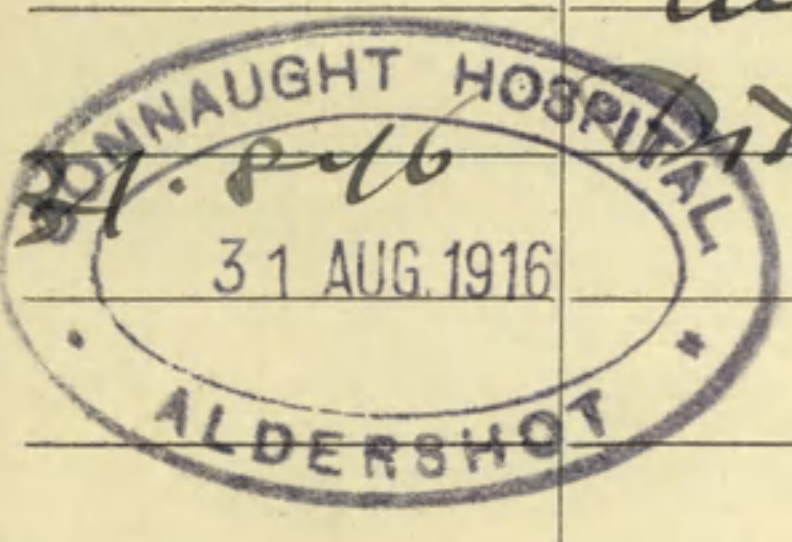
Station  
and Date.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. 1127 Year 1916	Regimental No.	Rank.	Surname.	Christian Name.
	714007	RASTY.	Allen	J.
	Unit.	Age.	Service.	
	107 C.E.F.	34	$\frac{6}{12}$	

Station and Date.  
Primary at Aldershot  
26.8.16

Disease ~~Debility~~ Haemoptysis  
Haemoptysis -  $\frac{1}{2}$  teaspoonful, Aug 13<sup>th</sup>.  
First noticed 1906, 5-6 times a year since then.  
Appetite good. Has gained weight lately.  
No signs in chest.  
Tuberculin '05, '07 negative.  
Discharged.



Edwin  
311 RANK

Station  
and Date.

Witley Camp

Nov 24. 1916.

6-0.

Prantrill. Hospital.

Sgt. allow. 724001. 109<sup>th</sup> Batt

Says he has had chest trouble since

1906. Had a Haemorrhage on Nov 5. 1906.

care of Major Weston. Irish Guards. He was

discharged from the Guards on 12 March 1907.

Had another severe Haemorrhage on Sat. Monday

same year.

Says he has had Haemorrhages off and on since.

Sputum examined & said to be Negative  
in 1913.

Harry Watson  
Batt

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



(9) Is your Father alive?.....**No.**.....

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

(10) Is your Mother alive?.....**Yes**.....

If so, state name and address.....**Mrs. Ellen Aiken**.....

**22 St. Leonard St., Belfast, Ireland.**

(11) If your Mother is a widow.....**Yes.**.....

Are you her sole support, or not?.....**Yes.**.....

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

**Nil.**

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

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

**Yes.**

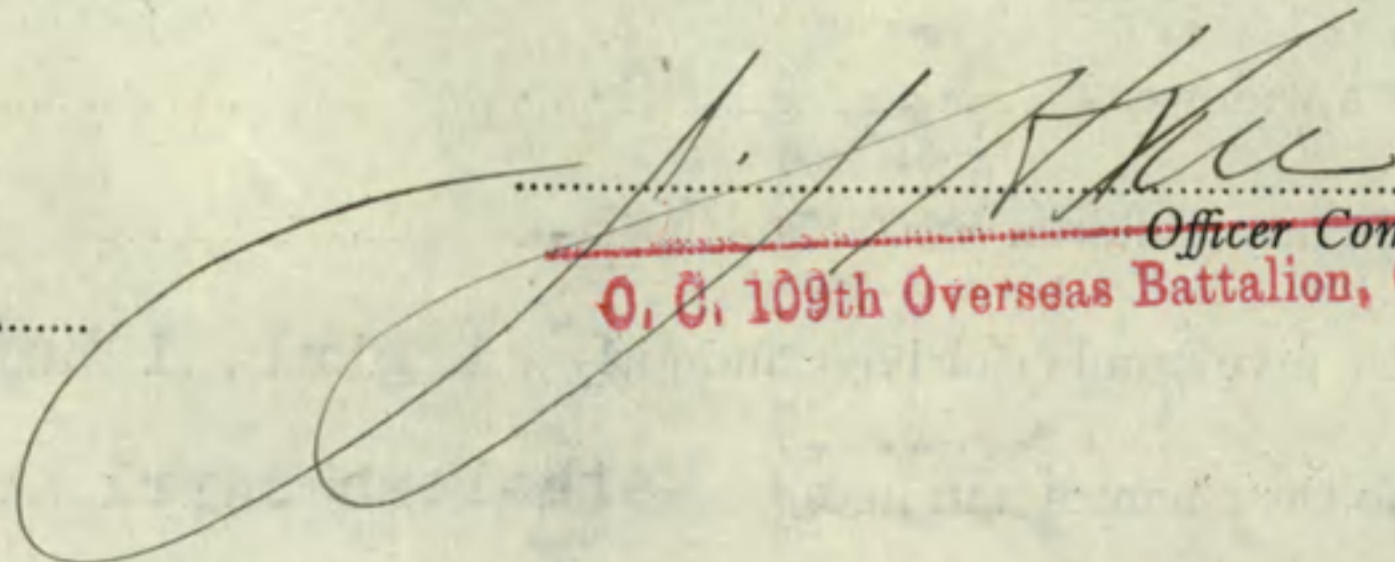
(15) Are you insured?.....**Yes.**.....

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

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

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

Date.....**19th July, 1916.**.....

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



PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins... 109th Overseas Battalion, C.E.F.

(2) Regimental Number... 724001

(3) Full Name of Soldier... JOHN ALLEN

(4) Place of Birth... Countydown, Ireland.

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

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

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

(7) Are you a widower? ... No.

(8) Have you any children? ... Yes.

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

Also their names and ages... Ketheleen Beyrl aged 8 years,

Cecil Walter aged 2 years.

To Capt Boyd

109th Battalion

X-Ray Report of Sgt. Maj. Allen -

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

J. J. Samuel Capt  
X-Ray Dept.

B. Military Hosp.

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Nov 24/16

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# EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

1-12-1916

No. 724001 Rank Sgt. M. Name Allen, Jno.

Local Unit 109<sup>th</sup> Overseas Unit \_\_\_\_\_ Age 35-

Examination held at Bramshott, Hants.

### DISABILITY.

Overseas—Local.  
(scratch one out)

*Haemoptysis.*

### PRESENT CONDITION.

*Troublesome since 1906, Inst Guard  
was discharged because of this. Another  
haemorrhage Easter Monday 1906. Has  
had occasional haemorrhage since.  
Sputum was negative in 1913.  
Five weeks ago had recurrence.  
X-ray negative but pointy & Rthent.  
Has lost weight since coming over.*

Board recommends:

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

Signatures:

*C. E. Cooper Cole* <sup>*Major*</sup> <sub>*CMS*</sub> Pres.

Members { *H. Mackenzie* Capt

*W. Huggan* Cap

Approved.

Bramshott *Dec 1<sup>st</sup>* 1916.

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

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT

*[Faint, illegible text, likely bleed-through from the reverse side of the page]*

DISABILITY

*[Faint, illegible text]*

PRESENT CONDITION

*[Faint, illegible text, likely bleed-through from the reverse side of the page]*

*[Faint, illegible text, likely bleed-through from the reverse side of the page]*

*[Faint, illegible text, likely bleed-through from the reverse side of the page]*

Proceedings of Medical Board at Discharge Depot.

3

Number Rank Name and Corps of disabled soldier.

#724001

W. J. B. Allen, John

124th Bde

Previous Civilian Occupation.

Y. J. J. J.

Cause of disability:-

W. J. B. Allen

Condition in detail which prevent the soldier earning a Full

livelihood:-

See court records

Change:- as far as we can see records and the change are identical

clear. No court. See other brother, as loss of weight. He

any records. Says he has always had a little back pain

and 14 lbs. Paul says: - See hospital, for change in

England Oct, 1916. Some more. Spent 1 year. This is #

all original. In hospital. No more. Begins back

other system records.

Opinion of the Board.

Degree of incapacity (Please state in fractions.)

Probable duration of incapacity:-

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

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

Signature.

President. W. J. B. Allen, John

Members. W. J. B. Allen, John

W. J. B. Allen, John

Station. Nurses

Date March 12, 1917

Approved.

Date Mar 12/17

Assistant Director Medical Service.

W. J. B. Allen, John

Date 2/3/17

Director General Medical Service.

W. J. B. Allen, John

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DEPT. OF MILITIA & DEFENCE  
MAR 19 1917  
649-A-2871  
CANADA

Date

Department of Public Health

Date

Department of Public Health

Address

Date

Station

Signature

Signature

Signature

... ..

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11.2.11  
9-67

11-7

A/WO CLE

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

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

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 109th Battalion CEF

Regimental No. 724001 Rank RSM Name Allen John W O  
C. E. F.

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

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

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
1-6-17	Unit M.H.C.C.	TAKEN ON STRENGTH NO. 3 SPECIAL SERVICE CO.			Auth & WD 88-A-32 23-5-17
22-4-18	Unit M.H.C.C.	Transferred to and struck off strength.			Auth & WD 88-A-32 23-5-17
18-4-18	G.O.S.	Posted to Hosp. Section Queens.			Lieut. & Adjutant No. 3 Special Service Company, C.E.F.
2-5-18		Delete & cancel strength increase addendum to H.Q. 8.			Lieut. & Adjutant No. 3 Special Service Company, C.E.F.
2-5-18					H.Q. 8. H.Q. 15. H.Q. 15.
31-7-18		Discharged to I.S.C.			
9-8-18		Amend. Delete & cancel "Discharge"			H.Q. 114.
9-8-18		Deceased (Pub. Sub) Home in Lindsay.			Lt. & A/Adj.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) e.g. Signaller, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.





724001.  
Regtl. No., Rank and Name R. S. Major Allen J.

CANADIAN CONVALESCENT HOSPITAL,  
Corps SANITARIUM SECTION,

Disease Tuberculosis. Hospital HASTINGS

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

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

Date 9. 1. 17.

[Signature]  
O. i/c [Signature] Ward.

LABORATORY REPORT.

no T. B. found

11/1/17

no T. B. found

15 JAN 1917

no T. B. found

[Handwritten marks]

12 JAN 1917

Date of Examination \_\_\_\_\_

[Signature]  
O. i/c Laboratory.

Dr. J. Garretts

Date of Examination

LABORATORY REPORT

Date

Dr. J. Garretts

Name of Patient

To certify the results of the examination of the specimen of

to certify the results of

Name

Address

Address

Health of Patient

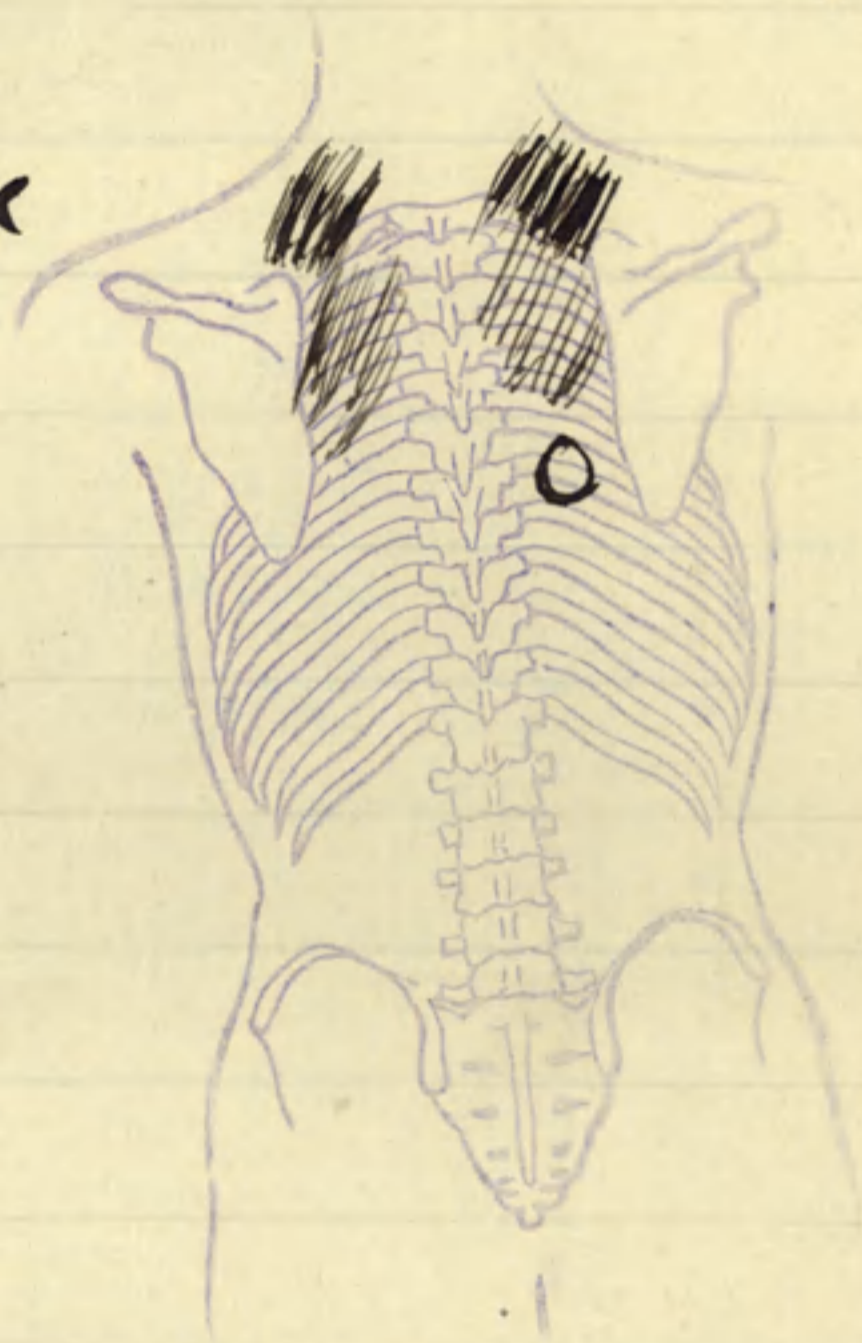
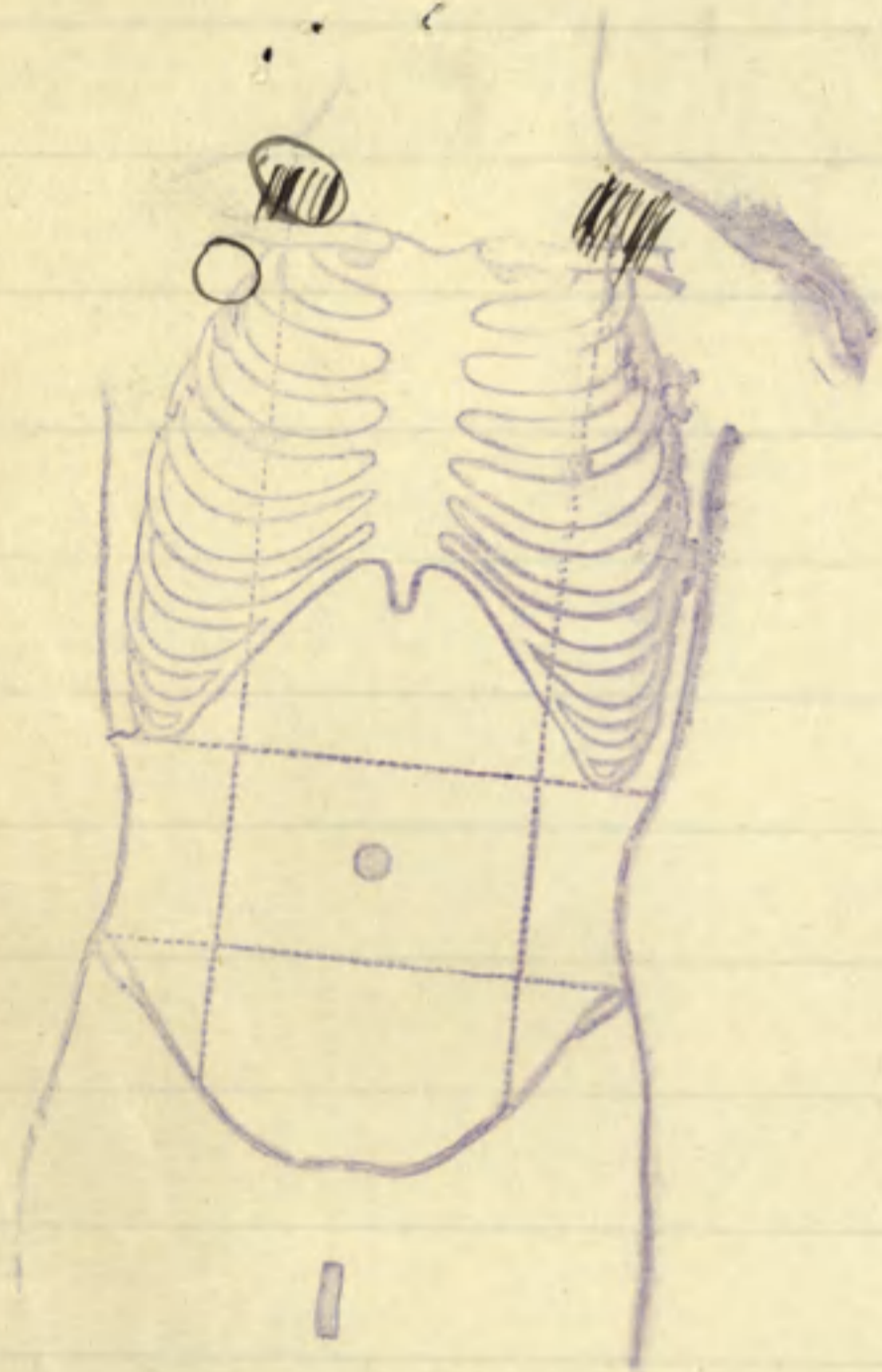
Dr. J. Garretts

Dr. J. Garretts

A. S. M. Allen,

Heavy shading: dullness.  
Light " : unimpaired  
resonance

O = rales.



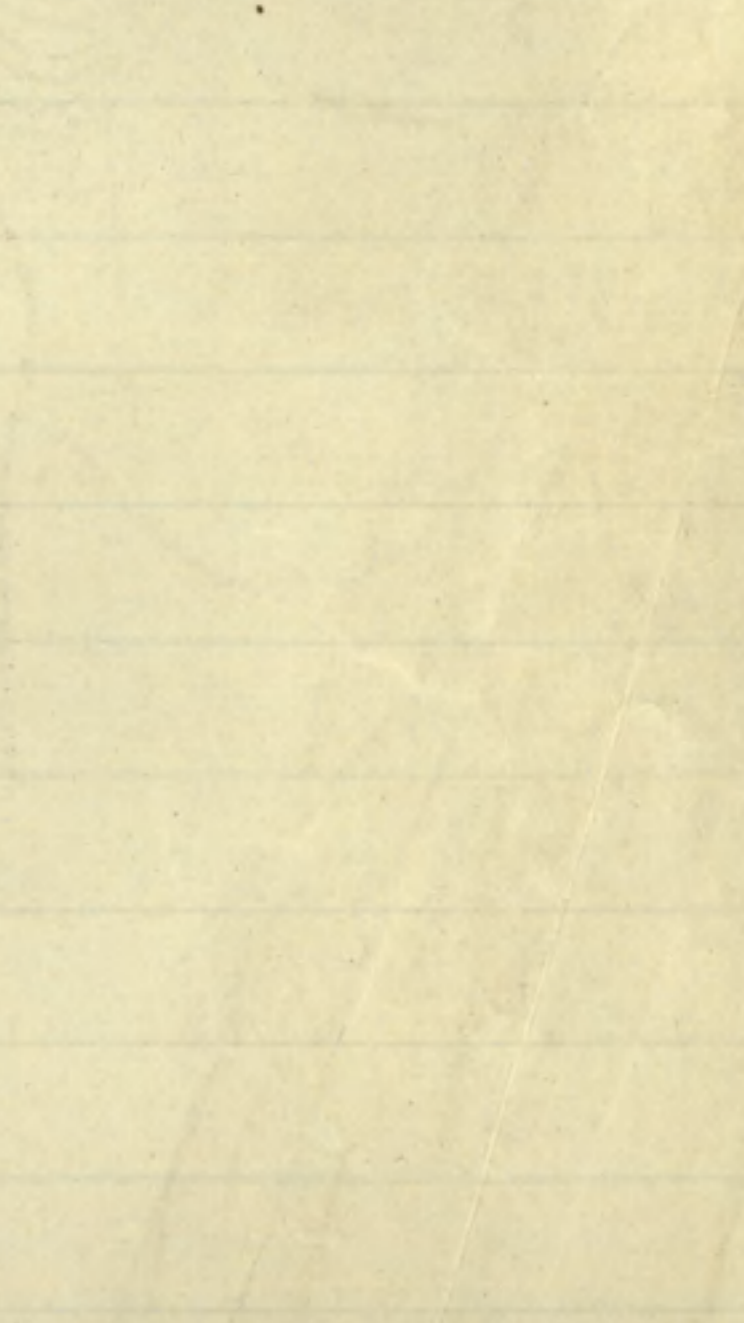
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73780

724001 W.O. Allen, J.

109th Battalion, C.E.F.

Will detached by Regt. Paymaster,

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

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 724001

Name John Allen

Unit 109th Bn. Can. Inf.

Military Will.

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

Clara A. Allen

20 Sussex St

Lindsay, Ont

Box 11.

Canada

witness (Pte R. Sandcock)

Signature J. Allen

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

Date 13/10/16



A.G.R. Rank *B.S.M/W.O.* Name ALLEN, John Reg'l No. 724001  
 Unit 109th Bn. If in perm. Corps, } Married or Single Married  
 What Unit? Lindsay, }  
 Place and Date of Enlistment 24th Feb., 1916. Place of Birth Co., Down, Ireland.  
 Name and Address, Next-of-Kin Clara Helen Allen,  
~~234 Queens Rd., Battersea, London S.W., England.~~ Relationship Wife. *666*  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship  
 Discharge, Date and Place Reason Character *PL 367 R 39-27*

N/E. R.B. No *1974*  
 Fila R.L.  
 Category *Yeoman*

*R. 139*  
*29/33*

H. W. & V., Ltd.—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.				
<i>Arrived in England per H. M. T. 2810 31-7-16</i>					
<i>5. 8. 16</i>	<i>D. C. 109<sup>th</sup></i>	<i>App'd Prov. B.S.M. &amp; W.O.</i>	<i>Denny</i>	<i>5-8-16</i>	<i>Pt. II D.O. 218 A.O. 285</i>
<i>18. 8. 16</i>	<i>"</i>	<i>Admitted to Hoopl</i>	<i>Borden</i>	<i>17.8.16</i>	<i>Pt. II D.O. 231 C.L. #8x</i>
<i>28. 8. 16</i>	<i>109<sup>th</sup> C.L.</i>	<i>Transf'd to Connough Hoopl</i>	<i>Aldershot</i>	<i>22.8.16</i>	<i>C.L. #81</i>
<i>1. 9. 16</i>	<i>D.C. 109<sup>th</sup></i>	<i>Discharged from Hoopl.</i>	<i>Bryanshott</i>	<i>31.8.16</i>	<i>Pt. II D.O. 245x C.L. 25</i>
<i>15. 11. 16</i>	<i>"</i>	<i>Pt. II D.O. 218 Ammanra bread</i>	<i>Witley</i>	<i>5-8-16</i>	<i>Pt. II D.O. 320</i>
<i>8. 12. 16</i>	<i>"</i>	<i>20 Bon transf. to 124<sup>th</sup> Bn</i>	<i>"</i>	<i>8.12.16</i>	<i>Pt. II D.O. 343</i>
<i>9. 12. 16</i>	<i>OC 124<sup>th</sup></i>	<i>20 B. " fr 109<sup>th</sup></i>	<i>"</i>	<i>"</i>	<i>" 265</i>
<i>2. 1. 17</i>	<i>"</i>	<i>Adm B.M. Hoopl</i>	<i>Bishott</i>	<i>2.1.17</i>	<i>" 2 CL 35 suspected JB</i>
<i>20. 1. 17</i>	<i>"</i>	<i>Dis. " " "</i>	<i>"</i>	<i>5.1.17</i>	<i>C.L. B 84</i>
		<i>20 Bon transf. to 124<sup>th</sup> Bn</i>	<i>"</i>	<i>10.7.17</i>	<i>" 20 D.O. 26</i>



Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
16-1-17	124 B	Ifa to CCAC having proceeded to Disch. Depot.	Witley	16-2-17	Let II DO. 16.
27-1-17	"	SOS to CCAC on 1109 <sup>00</sup>	"	8-12-16	— 5
27-5-17	CCAC	SOS to Com for Discharge	Hastings	19-2-17	194
	Dis Dep 10	born Home	MD #3 Kingston	5-3-17	NR 217.

# POST DISCHARGE PAY OFFICE

X

Three months pay and allowances after discharge.

Name *Allen* *John*  
Surname Christian Name

Regimental Number *724001.* Rank *Sgt. Major*

Address (in full)

Unit  
 Original Unit  
 District where paid  
 Date of Discharge  
 P. D. P. Filing Number

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

L.L. 53961—M. & D. 0721

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

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

Remarks:

File No. 0236-J-28.

# WAR SERVICE GRATUITY.

Register No. 01305

Sub. 2. 12. 20.

Reg. No. \_\_\_\_\_

Dependent \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Pay Soldier \$ \_\_\_\_\_

Pay Dependent \$ \_\_\_\_\_

Days \_\_\_\_\_ Rate \_\_\_\_\_ Due \_\_\_\_\_

Less P.D.P. credited \_\_\_\_\_

Clerk \_\_\_\_\_

Less further Dr. Bal. \_\_\_\_\_  
or overpayment.

Net \_\_\_\_\_

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

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

*P. Evans*  
12/20  
2

Register No. DA393

WAR SERVICE GRATUITY

A.P. File No. 023628

TO  
DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. 724001 Name John (Christian Name) Allen (Surname)  
Unit 109 & 800 Rank B.S.M. Date of enlistment.....  
Date of casualty 9-8-18 B.P.C. File No. 48275  
Was service performed overseas? Yes

DEPENDENT  
Name Myrlara A. Allen Relationship widow  
Address P.O. Box 11  
68 Adelaide St  
Ludlow Out

Amount of Special Pension Bonus \$ 10334 Abstracted by W. K. Shup

Eligible for Gratuity ..... \$ 210.  
Less amount of Special Pension Bonus paid..... \$ 10334  
Less Debit Balance of S. A. or A.P. .... \$ .....

Total deductions \$ 10334

Balance due \$ 106.66

Cheque No. 91903837 Date issued Feb 25 1921

Clerk [Signature]

REMARKS :  
.....  
.....  
.....  
.....

Audited by  
[Signature]  
Date 23/3/21

M.F.W. 2652  
35M-6-20.  
H.Q. 1772-33-1473

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

L.L. 53961—M. & D. 9721

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

**M. F. W. 127**  
 30CM-1-19  
 1772-39-1140

Remarks:

Register No. DA 393

WAR SERVICE GRATUITY

TO

DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 1236-J 28

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

Unit 109. Battrn Rank Br. Lt. Maj. Date of enlistment Dec 28. 1914.

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

Was service performed overseas? Yes.

DEPENDENT

Name Mrs. Clara Helen Allen Relationship widow

Address Post Office Box 11.  
68. Adelaide St.  
Lindsay Ont

Amount of Special Pension Bonus \$ 103.34 Abstracted by W. Sharp

Eligible for Gratuity X 180-

Less amount of Special Pension Bonus paid \$ 103.34

Less Debit Balance of S. A. or A.P. \$ 0

Total deductions \$ 103.34

Balance due \$ 76.66

Cheque No. \_\_\_\_\_ Date issued \_\_\_\_\_

REMARKS: passed to W.

Clerk J. W. Miller 11/1/21

Audited by \_\_\_\_\_  
Date \_\_\_\_\_

Day 134  
9-10-20

M.F.W. 2652  
25M-6-20.  
H.Q. 1772-88-1473

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name \_\_\_\_\_  
Surname Christian Name

Regimental Number \_\_\_\_\_ Rank \_\_\_\_\_ Address (in full) \_\_\_\_\_

Unit \_\_\_\_\_

Original Unit \_\_\_\_\_

District where paid \_\_\_\_\_

Date of Discharge \_\_\_\_\_

P. D. P. Filing Number \_\_\_\_\_

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

L.L. 53961—M. & D. 9721

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

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

Remarks:







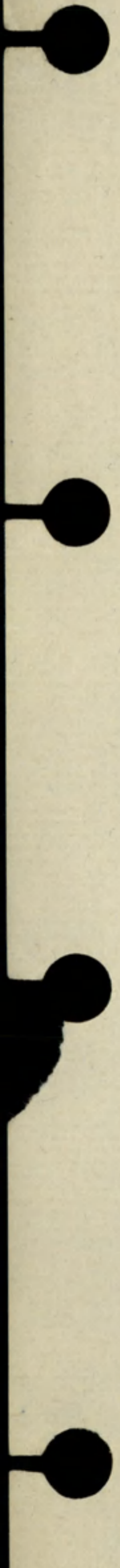
MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

To Whom Clara Helen Allen <sup>Wife</sup> By Whom Assigned Allen John 107  
 Address Box 695 Regtl. No. 724001  
Lindsay Ont Rank S. M.  
 Rate \$ 30.<sup>00</sup> AUG 11 1916 Corps 109 Bn Staff N.C.O  
AUG 1 1916

PAYMENTS

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

COPIED FOR 4 CASUALTIES.



19  
10  
20



ASSIGNED PAY

Sheet No. Clara Helen Allen Wife OVERSEAS CONTINGENTS  
 PAYMENTS.

Name of Soldier Allen John 105  
724001 S. M. 109 Bn.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$30<sup>00</sup></i>
April	1916			
May				
June				
July				
Aug.		<i>15043</i>	<i>30</i>	
Sept.		<i>15103</i>	<i>30</i>	
Oct.		<i>19488</i>	<i>30</i>	
Nov.		<i>24593</i>	<i>30</i>	
Dec.		<i>31880</i>	<i>30</i>	
Jan.	<i>60</i> 1917	<i>35735</i>	<i>30</i>	
Feb.		<del><i>442305</i></del>	<del><i>30</i></del>	<i>Stop of Feb 1/17</i> <i>3442305 cancelled</i>
March				<i>180</i>
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*AUG 1 1916*  
*AUG 1 1916*

*Stop of Feb 1/17*  
*3442305 cancelled*  
*180*  
*Retd on Esquibo 19<sup>2</sup>/17 F.X. 2 3/17*  
*etc.*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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

**PAYMENTS.**

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

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

MILITIA AND DEFENCE

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

SEPARATION ALLOWANCE

Name E. Cara Allen  
Address Lindsay  
Box 695. Ont.

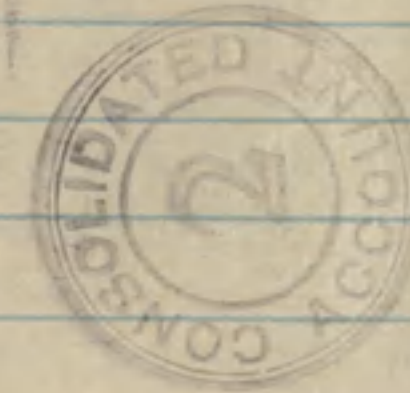
Name of Soldier Allen, John  
Regtl. No. 724001  
Rank Sgt.-Major  
Corps # 3 Special Service Coy.

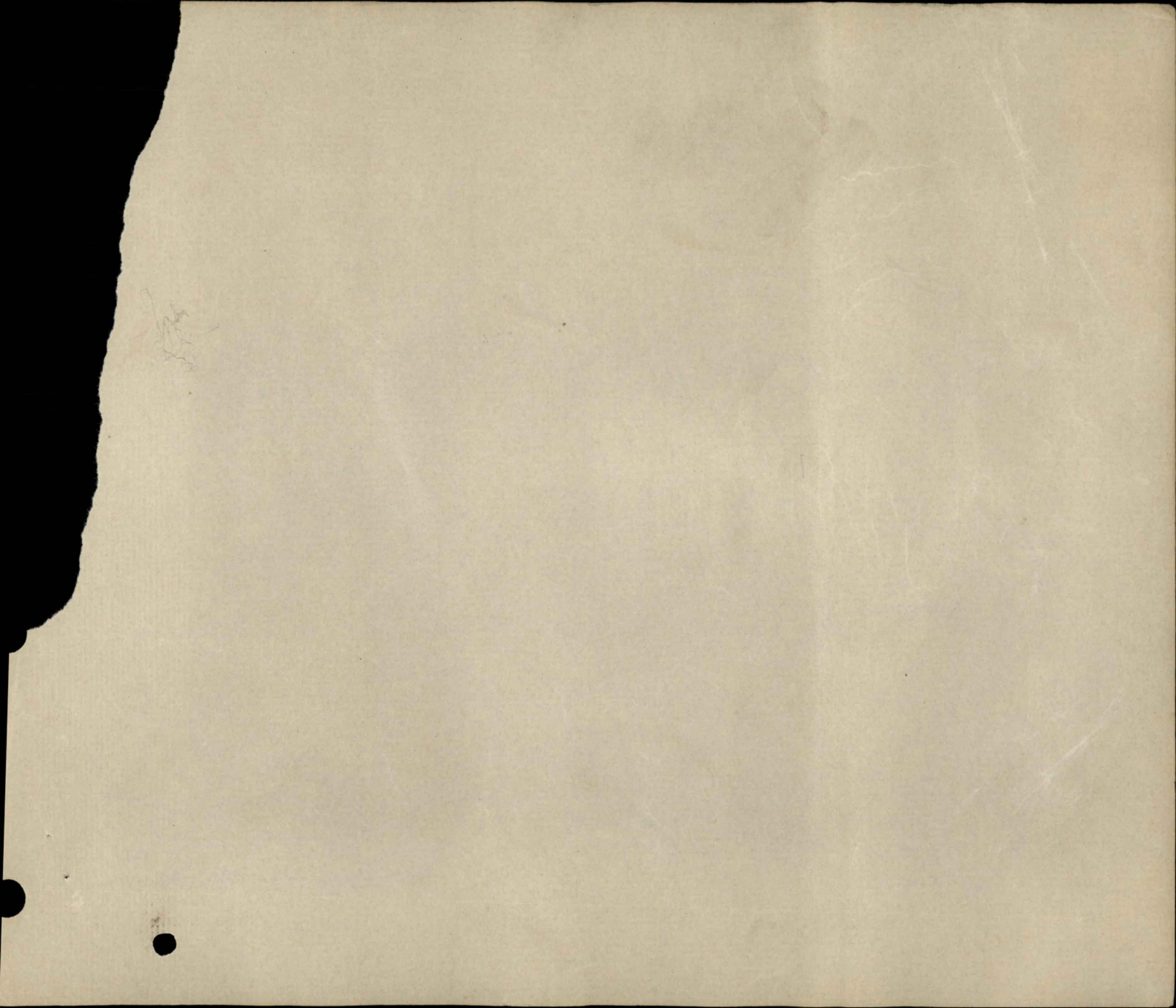
Relation to Soldier }  
wife, child or mother } Wife

To what Corps belonging }  
when called out }

PAYMENTS

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





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

MILITIA AND DEFENCE

M. F. W. 11a.  
50m.-6-16.  
1772-39-818.

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Clara Allen

Wife  
PAYMENTS.

Name of Soldier

Allen John

Sgt-Major 724001. #3 S.S. Coy.

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

Month.	Year.	Cheque No.	Amt.	Remarks.	
April	1916			<i>See also Discharge Ledger.</i>	
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				<i>see original sheets filed in #3 S.A. discharged ledger for previous payments.</i>
Feb.					
March					
April					
May					
June					
July					
Aug.		B 12053	75	R T Bo	
Sept.		A 19274	25		
Oct.			25		
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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

**PAYMENTS.**

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

1-3-16

24-2-15

MILITIA AND DEFENCE

M. F. W. 11:

50m.—6-16.

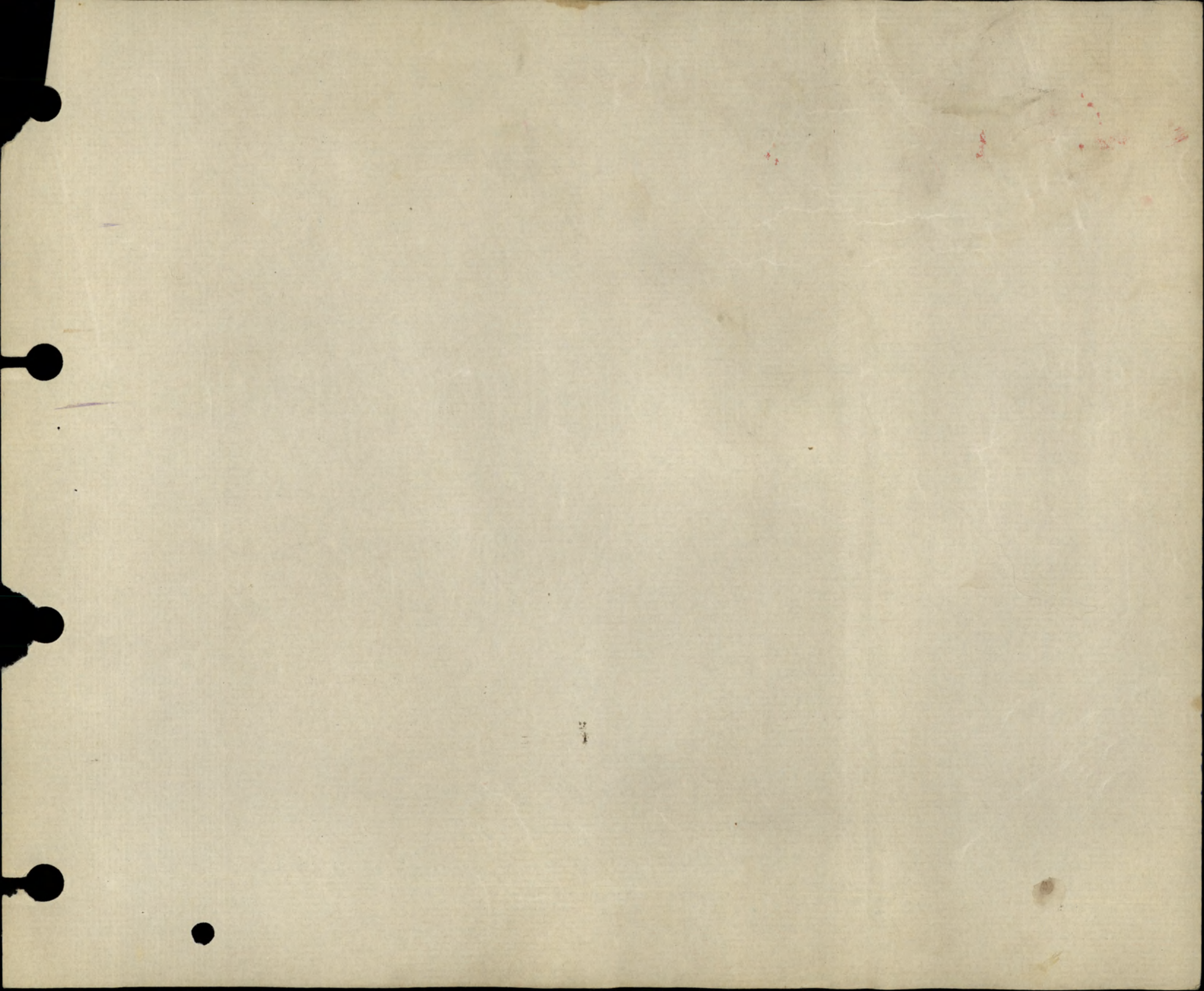
H. Q. 1772-39-318.

SEPARATION ALLOWANCE

Name *Allen Clara. Helen* Name of Soldier *Allen John*  
 Address *PO Box 695* *724001*  
*Lindsay* *Regtl. No. ~~Promoted WO 4/2/16~~*  
*Out.* Rank *Pr. Sgt Major* *Pm L 28-11-16*  
 Relation to Soldier } *wife* Corps *109 Bn.*  
 wife, child or mother } To what Corps belonging }  
 when called out } *W.O. 5/9/16 (649-a-757)*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p><b>ACCOUNT CLOSED</b></p> <p>DATE.....PER. <i>W-</i></p> <p><i>Sgt Maj in 45<sup>th</sup> Reg.</i> <i>original acct in Dis.</i></p> <p>COPYED F 3 CASUALTIES.</p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June		<i>K 1283</i>	<i>152</i>	
July		<i>V 1441</i>	<i>25</i>	
Aug.		<i>714248</i>	<i>25</i>	
Sept.		<i>911737</i>	<i>25</i>	
Oct.		<i>E 18277</i>	<i>25</i>	
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>E 34132</i>	<i>25</i>	<i>277</i>



# SEPARATION ALLOWANCE

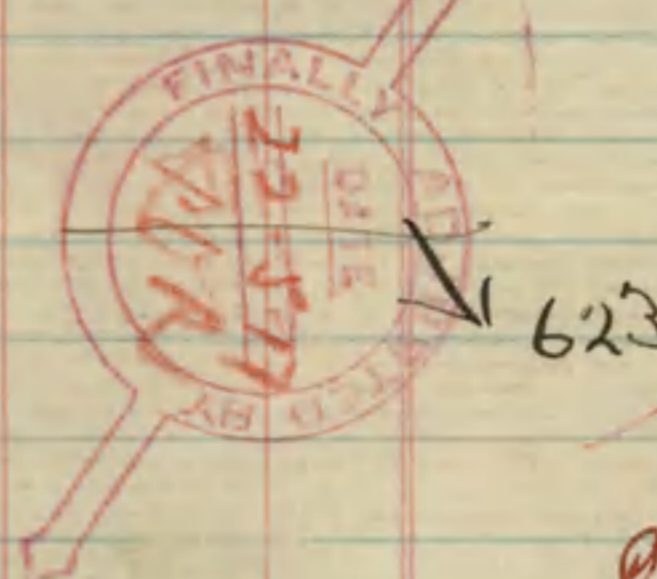
*Clara H Allen* OVERSEAS CONTINGENTS *wife*  
PAYMENTS.

Name of Soldier *Allen Jno.*

Sheet No. 2.

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

Month.	Year.	Cheque No.	Amt.	Remarks.	
April	1916	<i>5153</i>	<i>28</i>	<i>#0 file 649-a 2871 shows date of Ent 24-2-15 OK by OB 24/17 to adj from that date. RMB 30/17</i>	
May		<i>H4950</i>	<i>25</i>		
June		<i>C1780</i>	<i>25</i>		
July		<i>K9641</i>	<i>25</i>		
Aug.		<i>A11520</i>	<i>25</i>		
Sept.		<i>C14977</i>	<i>25</i>		
Oct.		<i>C18475</i>	<i>25</i>		
Nov.		<del><i>C21700</i></del>	<del><i>25</i></del>		<i>C21700 Cancelled</i>
Dec.			<i>452</i>		<i>Deduct 252 off in 45 Pn.</i>
Jan.	1917				<i>Prom. W O 5/9/16 so Rate 30<sup>00</sup> per month.</i>
Feb.					
March					
April				<i>Account closed Rtd on</i>	
May		<i>A. 4577</i>	<i>171</i>	<i>RSS Esquibo 19.7 2X 84E 23/17 mailed 22-5-17</i>	
June				<i>From Def Ent 24-2-15 to 19.7</i>	
July				<i>Sold. entitled to 623</i>	
Aug.				<i>received 452</i>	
Sept.				<i>underpaid 171</i>	
Oct.				<i>623 Capt Conger notified RMB per J. H. K.</i>	
Nov.					
Dec.					
Jan.	1918			<i>This W.O. Rep<sup>t</sup> is entitled to a total payment of 5762<sup>00</sup> payment made as shown. 452- carry bal to close 171<sup>00</sup> please issue Cheque for balance &amp; close a/c. #9 file 649-A-2871 Letter Capt Amund &amp; Ruling 5M 08 1/5/17</i>	
Feb.					
March					
April					
May					
June					
July					



ACCOUNT CLOSED

DATE ..... PER *W*

*19/5/17 H. Conway*

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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

**PAYMENTS.**

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

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

MILITIA AND DEFENCE

96

SEPARATION ALLOWANCE

Name Allen Clara Helen  
Address P.O. Box 695  
Lindsay Ont.

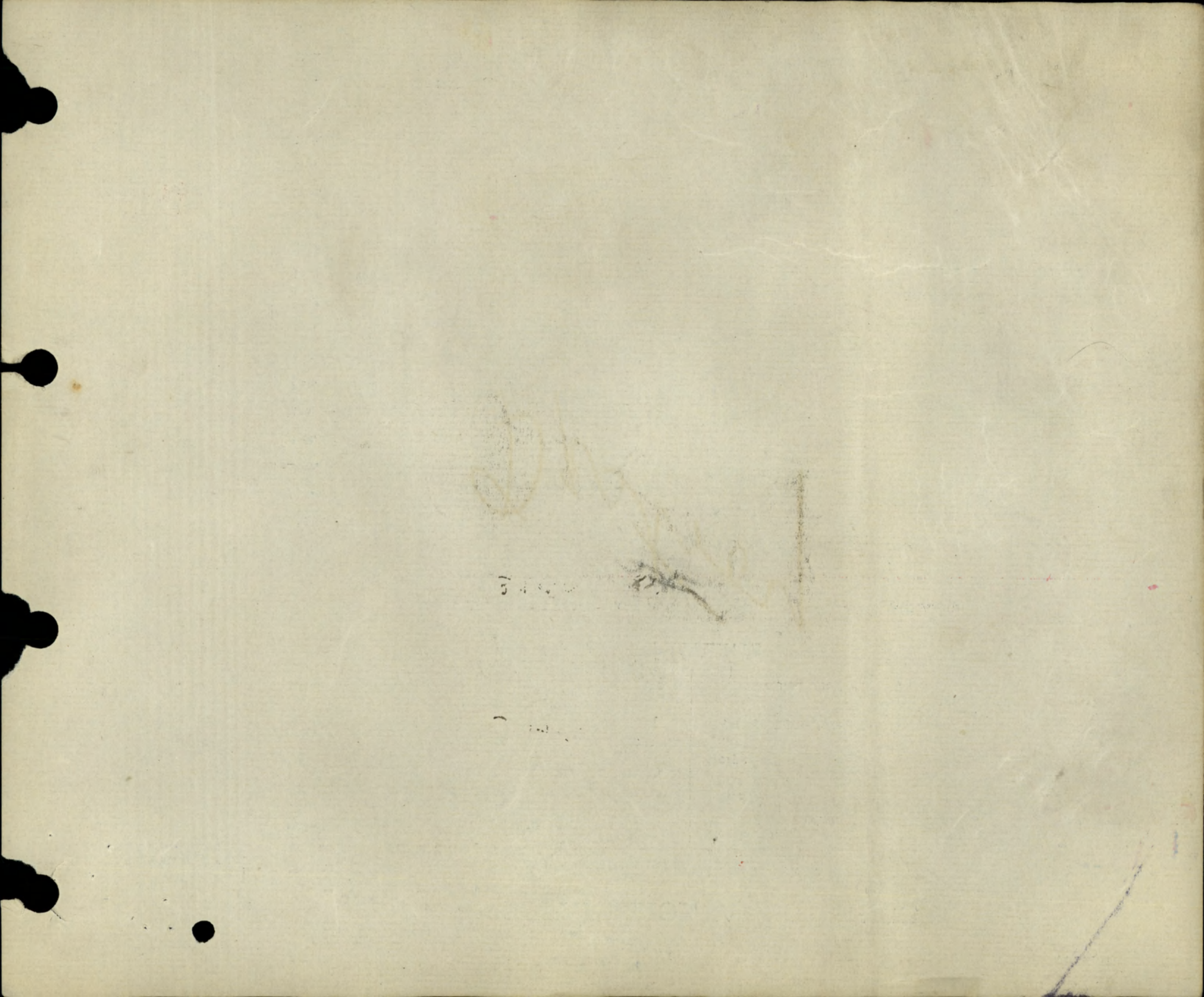
Name of Soldier Allen John  
Regtl. No. 724001  
~~Proved Warrant Officer 4/2/15~~  
Rank Batt. Sgt Major  
Corps 109th Batt. W.

Relation to Soldier } Wife  
wife, child or mother }

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

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June		K. 1283	152	<p><i>DESTROYED</i></p> <p><i>ACCOUNT CLOSED</i></p> <p><i>DATE PER</i></p> <p><i>Sgt. Maj. 45th Regiment</i> <i>original acct in discharge</i> <i>\$252.00 of paid. This man is not in</i> <i>unit of the Canadian Exp. Force</i> <i>G.M.P. 25/9/15</i></p>
July		N 1441	25	
Aug.		F 14248	25	
Sept.		J. 11737	25	
Oct.		E. 18227	25	
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		E 34132	25 - 25	



# SEPARATION ALLOWANCE

Sheet No. 2.

*Colara Helu Allan*

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier

*Allan Johns*

L. L. Job 89002.-Req. 6213.

*B. S. In. W. D.*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>G 153</i>	<i>25 - 25</i>	<i>Serpt Hq. File 649-A-2871 shows</i>
May		<i>H 4950</i>	<i>25 25</i>	<i>do file 24-2-15 and O.R. 24-2-17</i>
June		<i>C 1780</i>	<i>25 25</i>	<i>to adj ac from that date</i>
July		<i>K 9641</i>	<i>25 25</i>	
Aug.		<i>A 11520</i>	<i>25 25</i>	<i>\$30 1/7</i>
Sept.		<i>O 14977</i>	<i>25 25</i>	
Oct.		<i>C 18475</i>	<i>25 25</i>	<i>C 21700 cancelled</i>
Nov.		<del><i>C 21700</i></del>	<del><i>25 25</i></del>	<i>deduct \$252.00 p.m. in 45th Bat</i>
Dec.				
Jan.	1917			<i>Promoted W.O. 5/9/16. so</i>
Feb.				<i>Rate - 30<sup>00</sup> per month.</i>
March				
April				<i>ac closed setd on Esquibo</i>
May				<i>19 2/7</i>
June				<i>J.K. E.O.C. 23/3/17.</i>
July				<i>This man is still overpaid</i>
Aug.				<i>*93<sup>00</sup> as such is notified</i>
Sept.				
Oct.				<i>From do file 24-2-15 to 19 2/17</i>
Nov.				<i>soldier entitled to \$623<sup>00</sup></i>
Dec.				<i>rec'd 452<sup>00</sup></i>
Jan.	1918			<i>underpd. - \$171<sup>00</sup></i>
Feb.				<i>Capt Conger notified 30 4/17 of under</i>
March				
April				
May				
June				
July				

*Dist. W. O. P.*

ACCOUNT CLOSED

DATE.....

*\$30 4/17*



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

**PAYMENTS.**

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

28/12/14

MILITIA AND DEFENCE

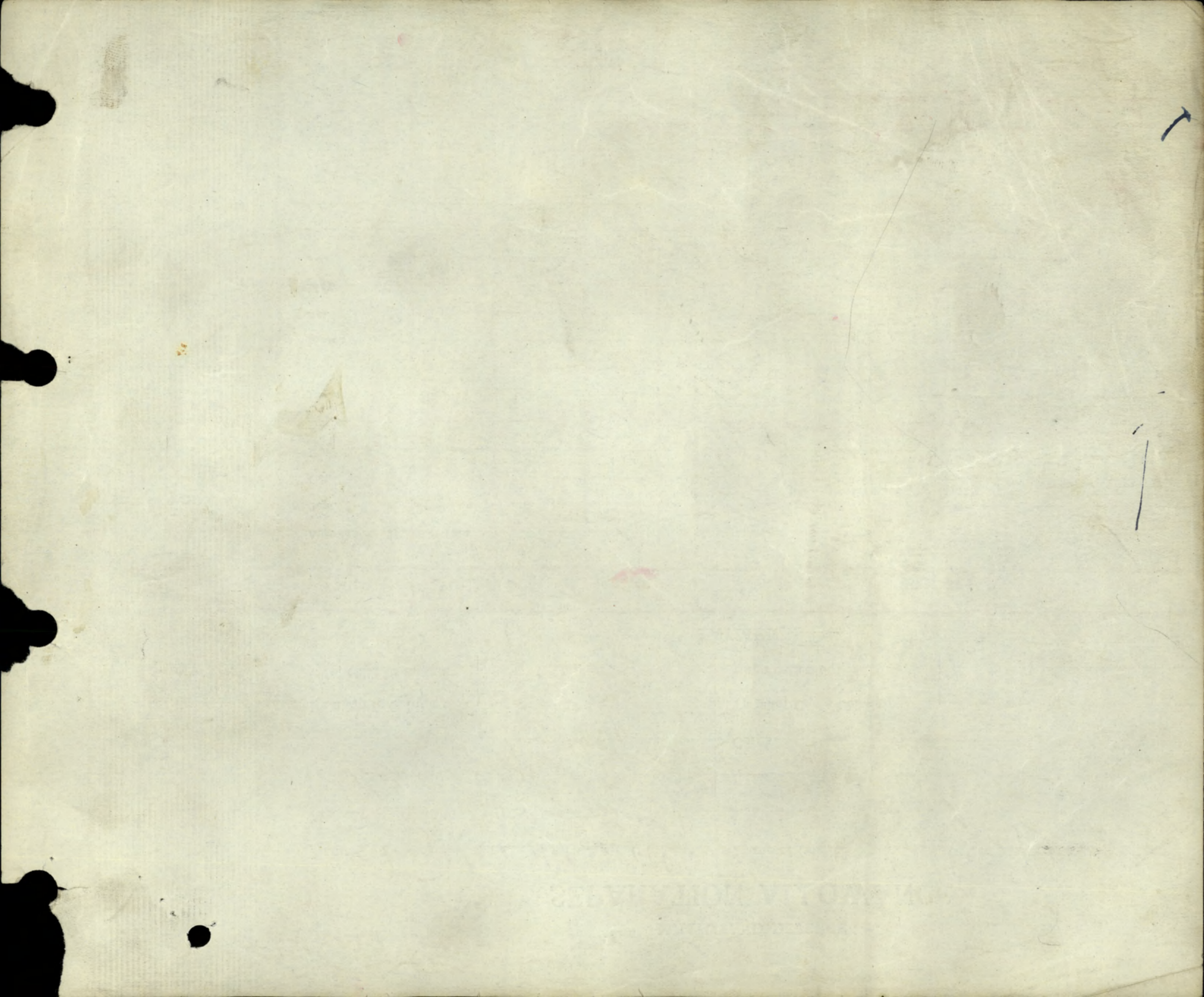
SEPARATION ALLOWANCE

Name Mrs Clara Helen Allen Name of Soldier Allen, John  
 Address 40 Russell St. Regtl. No.  
 (Box 695) Rank Serjt. Maj.  
 Lindsay Ont. Corps 45 Regt.  
 Relation to Soldier } To what Corps belonging }  
 wife, child or mother } wife }  
 when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			The amount of \$252.00 has been requested to be returned at once M.D. 23/15 This amt. being deducted in L-acc - 109th Bn
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			Account Closed. This man is not a unit of The Canadian Expeditionary Force. Rtd. P.M.L. 3rd Class 25/15
Feb.				
March				
Apl.				
May				
June		K1288	152 - 152	
July		N 1441	25 - 25	
Aug.		F14248	25 - 25	
Sept.		9 11737	25 - 25	
Oct.		618277	25 - 25	
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

*Reservist*



\*Name *Allen J.* Rank *R.S.M.* No. *724001*  
 Original unit *124<sup>th</sup> Bn* Present unit *3<sup>rd</sup> S.S. Coy.* M. or S. Age *26* Religion Ref. H.Q. Fyle Depot *3-A-17*

Port, ship, and date of arrival  
 Next of kin *Mrs Clara H. Allen Box 692 Lindsay Ont.*

Address on leave  
 Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation *Fireman* Date and place of enlistment *Dec 2<sup>nd</sup> 1914 Lindsay Ont.*

Diagnosis *Pulmonary (2) Syphilis* Date of Medical Boards *Apr 5<sup>th</sup> 1918*

Date.	Remarks	Pt. 2 Order No.
<i>T.O.S.</i>		
<i>18-4-18</i>	<i>Posted to Hospital Section - Queen's M.H.</i>	<i>Appendix to H.S. 1.</i>
<i>14-5-18</i>	<i>Transferred from Queen's to Newwat</i>	<i>H.S. 30</i>
<i>22-4-18</i>	<i>Granted leave with subsistence to 13-5-18</i>	<i>H.S. 35</i>
<i>14-5-18</i>	<i>" " " "</i>	<i>H.S. 76</i>

Date.

Remarks.

Pt. 2 Order No.

9-8-18

Deceased, cause of death Pulmonary Tuberculosis  
at his home in Lindsay

N.S. 117

Surname **Allen** Christian Name or Names **J.** Reg. No. **724001**  
 Rank **B.S.M.** Unit **I09th Bn.** Co. **(124th Sal-Pioneers)** Troop  Batty.   
 Hospital **Frensham Hill Military** Date of Admission **17.8.16**

Transferred **Connaught Aldershott** Hosp. **22.8.16**

*B'ghott Hill.* Hosp. **2.1.17.**

Hosp.   
 Hosp.

Diagnosis

- (1) **N.Y.D. "Q"**
  - Later Diagnosis (if changed)
  - (2) *Haemorrhage from lungs.*
  - (3) *sup. Phthisis*
- Additional Diagnoses: If more than one state present

DISPOSITION

*Dis.* **31-8-16** Date  
*Dis. 5.1.17.*

**C.L. 28.8.16** **8**

REMARKS

*C.L. 27-10-16* **25**  
*W. 1.17.* **35.**  
*16.5.17.* **1384**

**A.M.D. 2 DEPT.**  
 Beh. of D.M.S. O.M.F.C. London.

*DM*

EPITOME OF HOSPITAL TREATMENT.

20

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Name Allen, John. Rank B.S.M.

Reg. No. 7240<sup>0</sup>1

Unit 124th Battn.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917	Mil Hosp. B <sup>r</sup> shott. Discharged		NYD. Phthisis	35 B.84.		



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

*G. Duty Bn.*

Name *Allen John* Rank *P. S. 94* Reg. No. *724001*  
 Unit *109 Bata*  
 Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>17-8-16</i>	<i>W. Fensham</i>	<i>Lille, H. F. S.</i>				
<i>22-8-16</i>	<i>Bonnaught</i>	<i>W. delhot</i>				
<i>31-8-16</i>	<i>he is</i>		<i>+ amorage from June 20</i>			



No.

RANK

Sgt Maj.

NAME

Allen John.

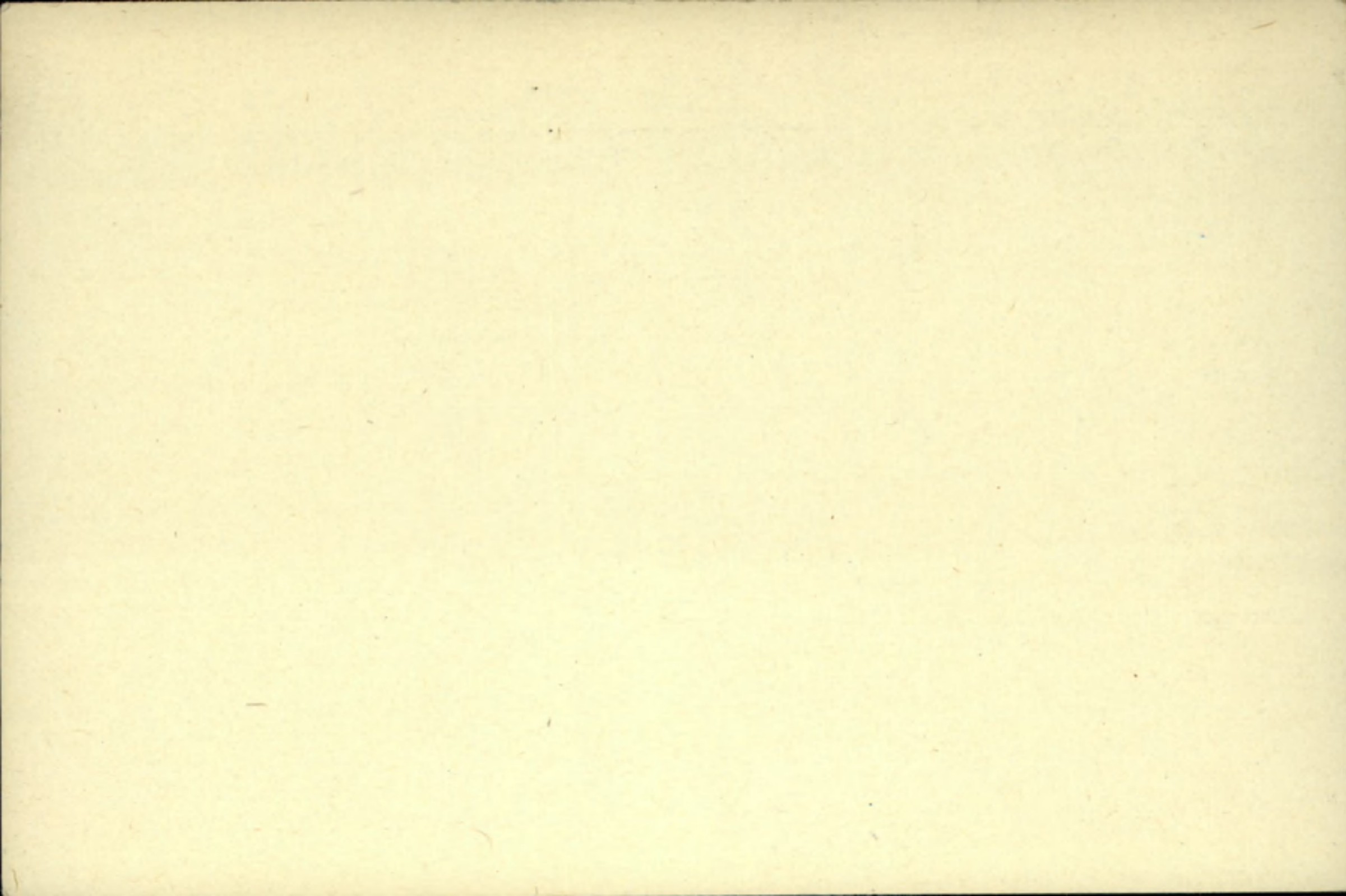
T. O. S.

UNIT 93<sup>rd</sup> Battalion C. I. F.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov. 1	1915 Nov. 24	✓	pro. to C. P. M. 1-11-15	D.O. # 12-12-11-15.

UNIT SAILED  
JUL 15 1916



No. 724 001. RANK *Bast. S. M.*

NAME *Allen. John.*

T. O. S.

UNIT

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

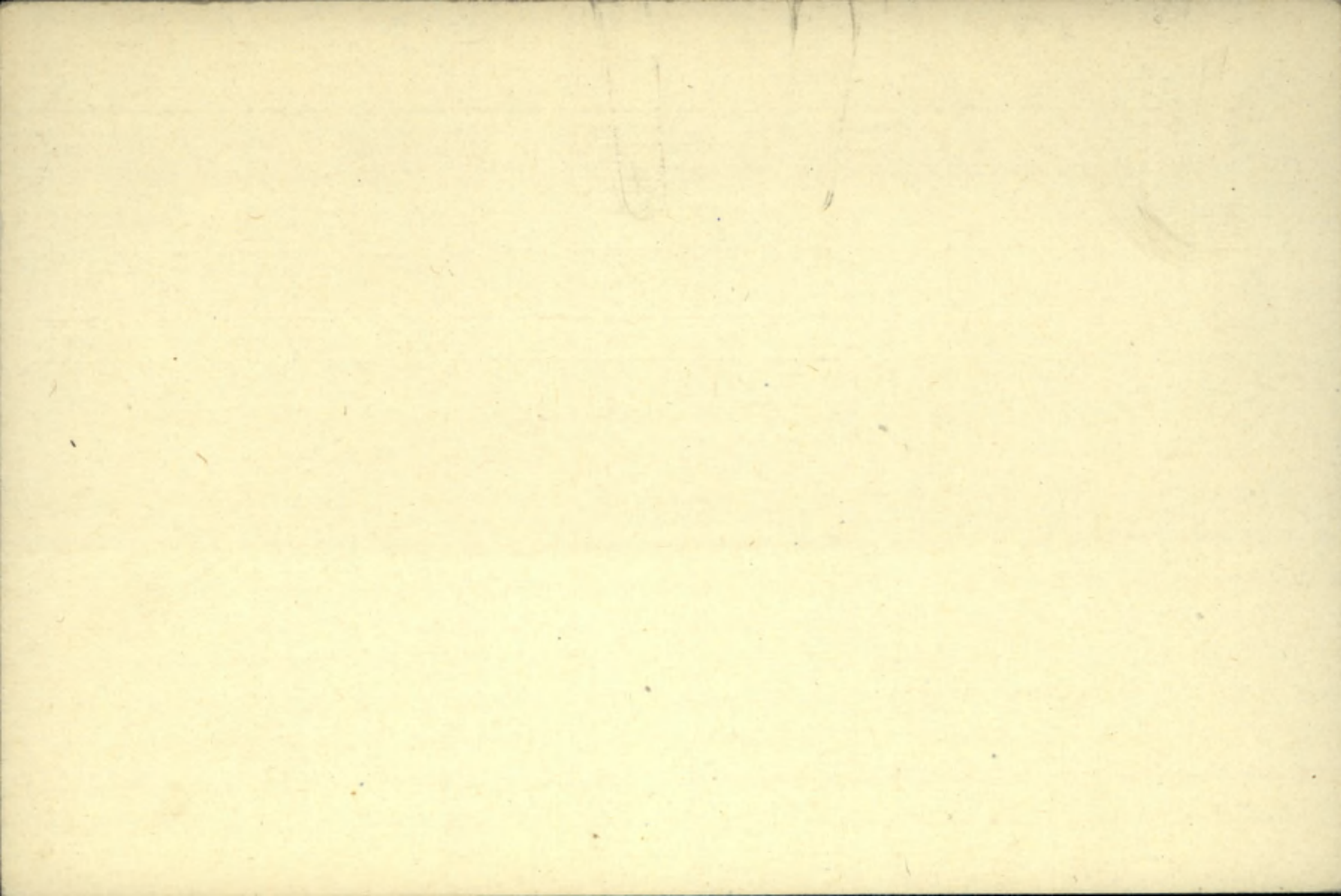
*109th. Battalion.*

M. D. 3

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

UNIT SAILED

JUL 23 1916



No. 724001 RANK R.S.M.

NAME Allan J

T. O. S.

UNIT

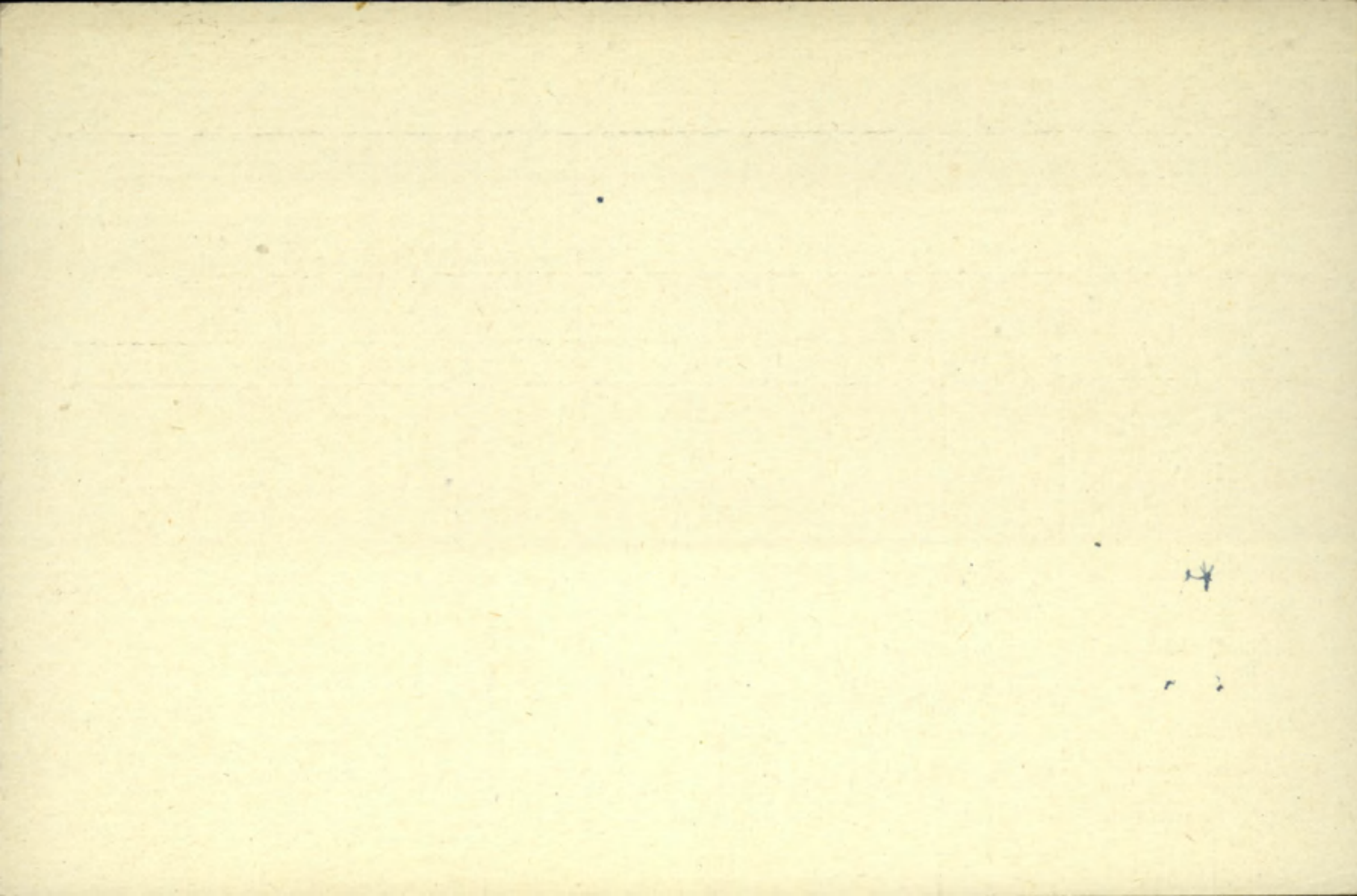
Special Service Battalion  
#3 Lt Boy

Transfd from M. H. 66. "C" unit  
1-6-17  
no 154 of 28-6-17

M. D. 3

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





*not eligible for 14/15 star.*

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

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

8071

MD3

PLAQUES, (widow) As above.

*(Ser. # 806352.)*

C. o S. (widow) As above.

Serial Desp MAY 2 - 1920 Reqn. No 240864

*Desp*

MAY 21 1920 *of 415* SEP 10 1921 Reqn. No *96740*

*OK*

*(E)*

NAME

REG. NO.

FILE NO.

DATE IN

DATE OUT

P.A. OR B.F.

DATE  
REQUIRED

REMARKS

M

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

REG. No. 724001 NAME allen John

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

	HOSPITALS	DATE OF ADMISSION
1	<u>Elmhurst Mill Hosp Kingston</u>	<u>16-4-17</u>
2		
3		

DIAGNOSIS ~~Susp~~ T. B.

TRANSFERRED TO S S Co. 91st 5-17.

DISPOSITION \_\_\_\_\_ CATEGORY \_\_\_\_\_

REMARKS:

Ad Queen's Mill Kingston 5-4-18 P.B. Rung  
Trans to Nowatt ..

9/5

(2)

# Separation and Assigned Pay Branch

## OVERSEAS CONTINGENTS

1-6-17

12/12/14  
1751

RATE OF SEPARATION ALLOWANCE

35			
----	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

### PARTICULARS OF SEPARATION ALLOWANCE

No. 724001  
 Rank Sgt-Maj Promoted Reverted Discharge  
 Soldier's Name John Allen  
 Battalion #3 Spec. Service Co.  
 Beneficiary Blara Allen  
 Relationship Wife  
 Address Bd 695 Lindsay Ont

### PARTICULARS OF ASSIGNMENT

Name  
 Address  
 Change of Address  
 1  
 2  
 3  
 4

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

Pd on 10/9/17		623.00	180.00	803.00	
Pd on #SS 6/30/17		100		100	
1918	U 66243	75		75	
Jan	M 70833	25		25	

See also Discharge Ledger  
 A.P. stopped July 1/17. Returned on requisite 19/2/17  
 by S.A. of - - - - - 75<sup>00</sup> cheque to Oct-Nov + Dec 9/1 25<sup>00</sup> future, apc open  
 See byle 0236-9-28.

Book 7.7. 16/2/18

PAYMASTER PAYING  
 From 1-2-13  
 To.....



## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of  (a) Proceedings on Discharge.  (b) Attestation.  (c) Medical History Sheet (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	

\*Only if discharged "Medically unfit."

*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

This space to be for numbers

## Proceedings on Discharge.

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

No.	#724001.
Rank	RSM
Surname.....	Allen, J. H.
Christian Name.....	John.
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	109th Battalion.
Date of Discharge	31-7-18.
Place of Discharge	Kingston, Ontario
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 36..... years..... 3..... months.	Descriptive Marks  Tattoo mark "True Love" on right arm, Scar on top of head.
Height..... 6..... feet..... inches.	
Complexion Fair	
Eyes Brown	
Hair Fair	
Trade Engineer.	
Intended place of residence } Lindsay, Ont.	2. The above-named man is discharged in consequence of  Being <b>Medically unfit for further Service</b> , and in order th that <b>further treatment may be carried on by the I.S.C.</b>  Auth 3MD 88-A-32. dated 23-7-18.
(To be given as fully as practicable.)	
3. Conduct and character while in the service have been, according to the records, etc.	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

100M.—1-17.  
H. Q. 1772-39-113.

(OVER)



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

NIL

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

6. Medals and Decorations.....

NIL

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

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

(Place).....Kingston, Ontario.....

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

8. Certificate to be signed by the Soldier on Discharge

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

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

(Date).....31-7-18..... (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

Total.....2 years 248 days.

11. Confirmation of Discharge.

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

(Place).....Kingston, Ontario.....

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

Reservations referred to at Para. 8.

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

List of Discharge Documents.

Attestation Paper	Militia Form B. 203	Reg. Conduct Sheet
Proceedings on Discharge	B. 218	Squadron Battery Company
Medical Report for Invalidity	B. 227	Copies of Conviction by C.T. in MS
Statement of Man's Account on Transfer and Last Pay Cert.	D. 277	Med. Hist. Sheet
Medical History Sheet (in the event of such having been prepared)		Medical Report for Invalidity

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 left blank for the Chelsea Number.

3-9-17  
1-372

88-0-32

Proceedings on Discharge.

SPECIAL

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

No.	524148 724001	Army Rank	Private R.S.M. W.O.,
Name	Mortimer Henry Allen John.		
<small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>			
Corps	124th Battalion.		
Battalion, Battery, Company, Depot, &c. C.C.A.C.			
<small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>			
Date of discharge			
Place of discharge	Canada.		
1. Description at the time of discharge.			
	Age	years	months
	Height	6	feet 1 inches
	Chest measurement	girth when fully expanded 39 ins.	
		range of expansion 4 ins.	
	Complexion		
	Eyes		
	Hair		
	Trade Fireman		
	Intended place of residence	Lindsay Ont.	
	<small>(To be given as fully as practicable)</small>		
<small>(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.)</small>			
2. The above-named man is discharged in consequence of <b>Being no longer fit for War Service.</b>			
K.R. & O. 392 XVI.			
<small>(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.)</small>			
To be filled in on the soldier quitting the Colours.	3. Military character: — <b>Original documents not available.</b>		
	4. Character awarded in accordance with King's Regulations: —		
	<b>Original documents not available.</b>		
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.			
Initials of Commanding Officer.			
Army Form B. 2088 has been issued to*			

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). (Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). (Army Form B. 221.)
8. Court of Inquiry on an injury (if any). (Army Form A. 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 \_\_\_\_\_  
 Balm. \_\_\_\_\_  
 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) \_\_\_\_\_  
 (Date) \_\_\_\_\_  
 (Signature) \_\_\_\_\_  
 Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.  
 (To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Continued:-

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

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

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

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

INSTRUCTIONS

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

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

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

MEDICAL HISTORY OF AN INVALID

ORIGINAL

174

GW

STATION Fort Henry, DATE April 5th. 1918

1. (a) Unit No. 3 S.S. Coy. (b) Regimental No. 724001 (c) Rank R. Sgt. Major, W.O.

(d) Surname Allen (e) Christian name John.

2. Age last birthday 36 Date of birth April 1st. 1882.

3. Enlisted at Lindsay, Ontario. on December 20th. 1914.

4. Personal description :-

(a) Height 6 feet. (b) Weight 170 1/2 (c) Complexion Fresh.

(d) Colour of hair Auburn (e) Colour of eyes Brown (f) Identification marks

Nil.

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

Lindsay, Ontario.

6. Former trade or occupation Engineer.

7. (a) Service Years Days

Table with 2 columns: Service, PERIODS. Rows include 45th Regiment, 93rd Battalion, 109th Battalion, 124th Battalion, No. 3 Gas Unit with corresponding dates from 1914 to 1917.

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

8. Present disease or disability (use authorized nomenclature if possible)

1. Pulmonary Tuberculosis. 2. Syphilis?

(a) Date of origin Previous to enlistment. (b) Place of origin England.

(c) Cause\* Infection. \* (Here include original disease or injury)

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

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

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

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

2. None at present.

Objective:- There is noticeable emaciation with. (see page 4)

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

This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

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

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

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

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

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

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. 2. 3. Impossible to say.

17. Treatment (Case reports, general or special, should be secured and attached where possible). 1. 2. 3. Impossible to say.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? 1. & 2. Yes.

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

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

STATEMENT OF THE SOLDIER.

Medical Officer by whom the case is brought forward.

I, the undersigned (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

YES

22. Is the soldier fit for

(a) General service. (Yes or No)

(b) Service abroad, not general service. (Yes or No)

(c) Home service, (Canada only). (Yes or No)

(d) Temporarily unfit. (Yes or No)

(e) Unfit for service in Categories A, B and C. (Yes or No)

23. It is certified that the soldier

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

Should have Sanitarium treatment for at least one year.

(b) Does not require treatment.

(c) Should pass under his own control.

(d) Should not pass under his own control. (Strike out condition not applicable).

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

That this warrant officer be placed in Category "D"

for further hospital treatment.

President: [Signature] Members: [Signature]

STATION Fort Henry, Barrie, Ontario.

DATE 5th April 1918.

APPROVED BY

Captain A. M. G.

DATE APR 5 1918

APPROVED BY

Director-General of Medical Services.

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

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

STATION Portsmouth, Ont. DATE May 20/18.

1. (a) Unit 184th. Battalion (b) Regimental No. 724001 (c) Rank ESR.

(d) Surname Allen (e) Christian name John.

2. Age last birthday 36 Date of birth April 1/88.

3. Enlisted at Lindsay on Dec. 20/14.

4. Personal description:—

(a) Height 6' (b) Weight 156 lbs. (c) Complexion Fair.

(d) Colour of hair Brown (e) Colour of eyes Brown

(f) Identification marks See question 10.

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

6. Former trade or occupation Engineer.

7. (a) Service Years Days

PERIODS	
From	To
<u>Dec. 20/14.</u>	<u>Dec. 1915.</u>
<u>Dec. 1915.</u>	<u>Dec. 1915.</u>

(b) Has he been overseas? Yes.

8. Present disease or disability (use authorized nomenclature if possible) 1. Primary Tuberculosis

(a) Date of origin 1. 1915.

(c) Cause 1. Unknown

(b) Place of origin 1. Canada.

If further space is needed for this or other answer, use page 1

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

General condition fair, man says he has been losing weight rapidly during last 8 weeks, 45 lbs., has cough with considerable sputum, occasional night sweats, otherwise is all right, temperature normal.

Pulse ~~normal~~ 96, sputum negative, blood pressure, systolic 120, Diastolic 68. Pulmonary condition: Infiltration throughout upper and middle lobes and apex of lower lobe on the right, inactive lesion at left apex, sputum report from Queen's Military Hospital positive, warrentment from Queen's positive.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 1) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

73M-12-17  
1772-39-117

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.

2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.

3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.

4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.

5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

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

Witness, Signed

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

TO BE COMPLETED WHEN TREATMENT IS REFUSED



35/5/17  
 336  
 217226/5/17

ORIGIN OF THE MEDICAL BOARD

345255

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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

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

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Date of final Medical Board or decision. } Administrative Medical Officer.

**DETAILED MEDICAL HISTORY OF INVALID.**

Militia Form B. 227.  
 200M. 8. 6.  
 H. Q. 1772-39-117.

Station	Corps	Regimental No.	Rank	Name	Disability	Date	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

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

Add. 11. Lindsay, Ont.

**MEDICAL HISTORY OF AN INVALID.**

- Station. Kingston, Ontario.
- Regiment or Corps. 124th. Batt'n, C.E.F. (a) Conduct.
- Regimental No. and Rank. P.S.N. 724001. (b) Habits.
- Name. J. Allen. (c) Temperance.
- Age last Birthday. 36 (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
- Enlisted on 28th. Dec. 1914 at Lindsay, Ontario.
- Former trade or occupation. P.R. Fireman. Date. 15-4-17

9. Service. Years. Days.

	PERIODS	
	FROM	TO
<u>46th. Regiment.</u>	<u>28 Dec-1914.</u>	<u>October 1916.</u>
<u>93rd. Batt'n.</u>	<u>October 1916.</u>	<u>16th. Nov. 1915.</u>
<u>109th. Batt'n.</u>	<u>16th. Nov. 1915.</u>	<u>6th. Dec. 1915.</u>
<u>124th. Batt'n.</u>	<u>6th. Dec. 1915.</u>	<u>date.</u>

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

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

N.S.O., has no complaints.  
On examination: N.S.O., in in good  
Physical condition- Lung clear. No expectoration. No night  
sweats. Had haemorrhage in England October 1916. None since  
10 Sputum Examinations in England negative. Tubercular test no  
reaction. Has gained 10 pounds since 15.5.17. Now weighs 185.  
Man says he feels fit.

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

*Dis. cert.  
 2/4/17  
 J.M.B.*



DEPT. MILITIA & DEFENCE  
MAY 24 1917  
H.Q. CANADA

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

Tattoo on right forearm.

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

Not applicable.

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

Not applicable.

14. Treatment.

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

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

Not applicable.

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

No disability.

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

No disability.

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

No.  
W. J. Jones  
Captain

Medical Officer by whom the case is brought forward.

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

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18. Is he unfit for Military Service. No.

Recommendations :

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

Signatures :-

A. Rossaigue Major M.C. President.

W. J. Jones Capt. M.C. Members.

Station. Kingston, Ontario.

Date. May 15th. 1917.

Date. May 15th. 1917.

Approved.

Date.

E. J. Jones  
Captain A.M.C.  
Asst. Director of Medical Services.  
For A.D.M.S. Mil. District No. 2

14/6/17 D. J. Macdonald  
Director-General of Medical Services.

13. What is his present condition?

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

Well nourished and well developed. Chest well formed and of good expansion.

Percussion: Both sides markedly impaired front and back. Posteriorly some impairment on percussion both sides down to mid-scapular region. Vocal resonance increased on right side. Vocal resonance increased posteriorly in above-mentioned impaired region.

Auscultation: Breath sounds diminished posteriorly in upper part of lungs. Expiration prolonged. Right apex posteriorly and in supra-clavicular region - sounds are harsh and numerous fine moist crepitations heard. Rales also heard in infra-clavicular region right side near scapular end of clavicle. Also small air in at angle right scapula between it and vertebral column where occasional rales can be heard. Heart normal.

14. If the disability is an injury, was caused

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

Cough & expectoration slight both night & day. Not applicable.

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

- (a) When?
- (b) Where?
- (c) Opinion?

Not applicable.

16. Was an operation performed? If so, what?

17. If not, was an operation advised and declined?

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly attributable to active service?

19. Do you recommend

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

Not applicable.

Phasell, Capt. Can. Officer in medical charge of case.

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

Station \_\_\_\_\_ Date \_\_\_\_\_ Officer in charge of Hospital.

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

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

Opinion of the Medical Board.

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

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

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

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

21. Has the disability been caused or aggravated by (a) Intemperance? no (b) Misconduct? no

22. Is the disability permanent? yes

23. If not permanent, what is its probable minimum duration? not applicable. To be stated in months.

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

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

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

26. Do the Board recommend (a) Fit for duty? (b) Fit for base duty? (c) Invalided to Canada? (d) Discharge as permanently unfit? yes

27. Remarks. Old condition aggravated by service.

Signatures:—

W. P. Burton, Capt. President.

Station Hastings Date Jan 25 - 17 Members.

Approved. Station SHORNCLIFFE Administrative Medical Officer.

Date 26 JAN 1917 FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

SUPPLEMENTARY LEDGER SHEET.

AUDITOR PAYMASTER

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

M. OR S. REGT. No 724001 RANK RSM.WO1. NAME (IN FULL) ALLEN, John.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE	
TO WHOM PAID Mrs. Clara Helen Allen, (Wife)	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS 68 Adelaide Street, Lindsay, Ont.					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE REASON	AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

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		\$	C.	\$	C.	\$	C.	COL. NO. 1 COL. NO. 2 COL. NO. 3			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$		C.
			\$	C.							NO.	DATE	NO.													
Adj'd S.A. 1.6.17 to 31-1-18																										Cheque No. 46413 17-2-18
																										Undercredited: Separation Allowance 1.6.17 to 31.1.18. paid @ \$25.00 per month Should be \$30.00 p.m. \$40.00. Particulars on Fyle No. A.P.0236-J-28.



**LIST OF DISCHARGE DOCUMENTS.**

- Attestation Paper, Triplicate ..... Militia Form W. 23
- or Particulars of Recruit ..... Militia Form W. 133
- Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
- Casualty Form ..... Militia Form W. 54 or A.F.B. 103
- Last Pay Certificate..... Militia Form W. 44
- Certificate that missing documents are unobtainable.....
- Medical History Sheet..... Militia Form B. 313 or A.F.B. 178
- Proceedings of Medical Board..... M.F.B. 227, A.F.B. 179 or A.F.A. 45
- Dental History Sheet..... Militia Form B. 465
- Medical Report ..... M. F. W. 129 or D. M. S. 1375
- Regimental Conduct Sheet..... Militia Form B. 263
- Company Conduct Sheet..... Militia Form B. 263a

- 1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
- 2. Casualty Form (A.F.B. 103).
- 3. Medical History Sheet (A.F.B. 313 or A.F.B. 178).
- 4. Proceedings of Med. Board (M.F.B. 227 or A.F.A. 45).
- 5. Dental Certificate (C.D.S. 5003a).
- 6. Field Conduct Sheet (A.F.B. 122)
- 7. Proceedings on Discharge (M.F.B. 218a)
- 8. Discharge Certificate (M.F.W. 33) (Enclosed in special envelope (ECOM)).
- 9. Copy of Discharge Certificate (M.F.W. 39a).
- 10. Dispersal Certificate (C.D.S.).
- 11. Equipment Statement (Statement Q.M.G. Form (D.O.S. 2), and Clothing).
- 12. Last Pay Certificate (M.F.W. 44).
- 13. Pay Book (M.F.W. 44).
- 14. War Service Certificate (Form M.F.W. 2595).
- 15. Sundry Documents.

Group 3  
 Checked by No. 9  
 Date 1-7-19

10/7/45 95-31  
 WAR SERVICE BADGE CLASS "A" NO. 278796  
 SHORT FORM. PROCEEDINGS ON DISCHARGE (Demobilization.)  
 Dispersal Area "I" Occupational Group

1. No.	648027	
2. Rank.	Private	
3. Name.	ALLEN, John	
4. Unit.	58th Cdn. Inf. Bn.	
5. Date of Discharge	JUL 12 1919	Place North Bay, Ont.
6. Reason for Discharge	DEMOBILIZATION	
7. Authority.	No. 2 District Depot, Part II, D.O. No. 197.	
8. Proposed Residence after Discharge	P.O. North Bay, Ont.	
9.	<p>CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ? .....</p> <p style="text-align: right;"><i>John Allen</i> Signature of Soldier.</p>	
10.	<p>CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place No. 2 District Depot Toronto, Ont.</p> <p>Date JUL 12 1919</p> <p style="text-align: right;"><i>W. C. Rohrer</i> Signature (O. C. Discharging Unit.)</p>	

9531

OPINION OF THE MEDICAL BOARD

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

*Concur*

19. Is the invalid fit for

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

*Yes B & C*

20. It is certified that the invalid

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

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

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

*RTC. Auth a q. T. d. 9. 8. 5 of 11/1/19*

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.

*W. J. Mayhew*  
President.

PLACE *Witley* DATE *June 4, 1919*

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

President.

PLACE DATE

APPROVED BY

Assistant Director of Medical Services

Director-General of Medical Services.

HEADQUARTERS  
CANADIAN CORPS CAMP.  
- 4 JUN 1919  
WITLEY SECTION.

9531

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION *Witley* DATE *June 2/19*

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

(d) Surname *ALLEN* (e) Christian name *JOHN*

(f) Home address *North Bay Ont.*

(g) Next of Kin *Mrs Bessie Allen* (h) Relationship *wife*

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

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

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

4. Personal description: *est*

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

(d) Colour of hair *Brown* (e) Colour of eyes *Gray* (f) Identification marks, Scars, etc. *2d Scar*

(g) Former trade or occupation *Labourer*

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

	Years	Days
	<i>3</i>	<i>247</i>

	PERIODS	
	From	To
Canada	<i>Oct 1915</i>	<i>Nov 1916</i>
England	<i>Nov 1916</i>	<i>Jan 1918</i>
France or other theatres of War	<i>Jan 1918</i>	<i>May 1919</i>

7. Original disease, or injury *MYOPIA. RIGHT*

(a) Date of origin *Nov 1916* (b) Place of origin *unknown*

(c) Cause *unknown*

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

Defective Vision Right

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

Defective: Specialist report - 7/6/19 - 90. Fingers 2 ft 1/2 of 6 with glasses 10/60. Category B. High myopia right since childhood. Condition was present prior to enlistment and has not been caused by service. Has not been aggravated by service. J.P. Braumen Capt USMC

Subjective: ~~unable~~ unable to read with right eye

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

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

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

Has had present eye condition since childhood

9531

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

55 Gen'l - 23/7/18 - 9/9/18 - J.C.T. foot - left

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

Scar left foot

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

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

no

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

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

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

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

nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no

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

17. Recommendations

DM how Capt USMC  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of

John Allen Rank.  
Signature of invalid examined.

ASSIGNED PAY -ENGLAND-OR- CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME:- ALLEN, John  
NUMBER:- 648027

EFFECTIVE DATE:- 1/10/17  
EFFECTIVE DATE:-

AMOUNT:- \$20<sup>00</sup>  
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	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

Mrs Bessie Allen, (Wife) A 2M  
198 John St. North Bay, Ont.  
*Stopped off 1-7-19*

UNIT AND TRANSFERS

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
			ORIGINAL UNIT:- 159 <sup>th</sup> Bn
			DATE ACCOUNT FIRST OPENED:- 1/11/16
163	28/9/18	1-10-18	23-10-18 58 <sup>th</sup> Bn Can Lab Pool

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
1/5	433	France	50				872
2/5	806	Ripon	1				187
1-6	557	W. Atley	2				972
4-6	658	"	5				2438
							4765
							206 61 323
							25 Bal, 5082

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	100	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- *his to be on 1/19 Feb 10510 1/19. Willey to Willey M.D.2. O Wing*

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Balance fwd								4006		
	Apr P.P.	33		AP				20			
				AR 2 8/4/18 58 <sup>th</sup> Bn	357						
				" 70 19/4/18 " "	446				4503		
					803			20			
	May P.P.	34	10	AP				20			
				AR 139 9/5/18 " "	357						
				" 200 19/5/18 " "	446				5110		
					803			20			
	June P.P.	33		AP				20			
				Rem. 164 1/6/18 58 <sup>th</sup> Bn	243						
				AR 263 7/6/18 " "	357						
				" 168 21/6/18 901B	446				5364		
					1046			20			
	July P.P.	34	10	AP				20			
				AR 322 5/7/18 701B	357				6417		
					357			20			
	Aug P.P.	34	10	AP				20			
				AR 1941 19/9/18 01BD	892						
				" 2894 15/9/18 Det-Boulogne	446				7789		
					1338			20			
	Sept P.P.	33		AP				20			
				AR 227 3.10.18	466				9199		
				4539 5.10.18	933				8133		
				4763 " 15.10.18	466				78		
					1265			20	7354		

COMPILED BY *W. Allen*  
CHECKED BY *H*

*2007*



NUMBER 648027 RANK

NAME ALLEN, JOHN

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Forward								7334	nil	
Nov	89	33		bal				20	8634		
				AR 566 15-11-18 G.H. 2 <sup>nd</sup> Ech 933					7701		
				AR 79878 9-12-18 6813					888		
				AR 6776 7-1-18 933					15		
Dec	"	34		bal					1865		
Jan	"	34		"					15		
		10			8679				50		
				Dec Jan ab. u dr.					10		
				AR 7172 7-1-19 933					1847		
				7798 15-1-19 466					1378		
				7768 15-1-19 933					445		
				AR 7719 3 <sup>rd</sup> Echelon 7-2-19 7266					79		
Feb		30		CAP	2798				20		
Mar		34		CAP					20		
				AR 8024 3 <sup>rd</sup> Ech 15-1-19 933					2469		
		64			3731				50		
Apr		33		bal					20		
May		34		"					20		
				AR 190 19-1-19 456					3788		
		67			456				40		
June		33							20		
				AR 433 14/5/19 9-10-3 <sup>rd</sup> Ech 872							
				AR 8722 20/4/19 End Owing 2433							
				AR 8064 21/5/19 2 Rdy. 484							
				AR 5532 1/6/19 Owing 973							
				AR 6584 4/4/19 2433					2110		
		33			7198				20		

S. O. S. to Canada 3/7/19





648027 Lt Sqt Pt  
 Capt Allen Jahn

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS			ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS									
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		NO. DATE	NO. DATE	NO. DATE	NO. DATE	1				2	3				4	CREDIT	DEBIT						
			\$	C.						\$	C.																	\$	C.				
<table border="1"> <thead> <tr> <th>MONTH</th> <th>PARTICULARS</th> <th>CR.1</th> <th>CR.2</th> <th>PARTICULARS</th> <th>DR.1</th> <th>DR.2</th> <th>DR.3</th> <th>DR.4</th> <th>BALANCE</th> <th>DEFERRED PAY</th> <th>SEP. ALL. ENG.</th> </tr> </thead> </table>																						MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEP. ALL. ENG.
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEP. ALL. ENG.																						
1917	Oct 1	Balford	74.12						74.12	1915																							
		Sp. Pay	37.20						20																								
				AR 135 14/11-15/11	12.17																												
				AR 183 27/11-15/11	9.73																												
				AR 956 14-9-17	14.60				54.82																								
		Nov. Cpls Pay	39.20						20																								
			36.00						20																								
				AR 1259 11-11-17 8 Res	7.30																												
				AR 1114 15-10-17 8 Res	4.87																												
				AR 1084 15-10-17 8 Res	2.43																												
		Dec Cpls Pay	37.20						20																								
		adjust pay		AR 1011 8 RB 25.9.17	4.87																												
		DO 341 7-12-17	2.80	AR 1321 11. 8 Res	7.30																												
		28 days @ 10¢		" 1160 25/10/17 do.	4.87																												
				Q4005/2721 9/9/17	62				58.56																								
			76.00	ap	32.26				40																								
		JAN Sqt Pay 11 days	14.30						20																								
		Post pay 20	22.00	AR 1450 16/12 8 Res	9.73																												
				1382 9/12 ✓	4.87																												
				AR 1458 16/12 ✓	4.87																												
				✓ 1357 8/12 ✓	4.87				50.52																								
		Feb RP	36.30						20																								
			30.80	ap	24.34				20																								
				AR 1003 17/1/18 3 Res	3.57																												
				✓ 975 27/1/18	2.57																												
				✓ 1694 4/1/18 8 Res	9.73																												
				✓ 1047 7/2/18	4.46				39.99																								
			30.80	ap	21.33				20																								
		Mar PP	34.10						20																								
				AR 1103 15-2-18	3.57																												
				✓ 1717 11-1-18 8 Res	2.43																												
				✓ 1165 9-3-18	3.57																												
				✓ 1220 18-2-18	4.46				40.06																								
			34.10		14.03				20																								