

REGIMENTAL DOCUMENTS

NAME ALLEN. Thomas James REGT. NO. 424016 UNIT 109th Baltn H. Q. FILE NO. 6255

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Released to file 2

H

Box #

109

15-2-16
M.C. J.M.M.

D Coy

ATTESTATION PAPER.

No. 724016.

109th OVERSEAS BATTALION, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

1. What is your surname?..... Allen
- 1a. What are your Christian names?..... Thomas James
- 1b. What is your present address?..... 60 Victoria Ave. Lindsay Ont
2. In what Town, Township or Parish, and in what Country were you born?..... Tisbury, Gloucester Eng.
3. What is the name of your next-of-kin?..... Margaret Alley
4. What is the address of your next-of-kin?..... 60 Victoria Ave. Lindsay Ont.
- 4a. What is the relationship of your next-of-kin?..... Wife
5. What is the date of your birth?..... July 28th 1871
6. What is your Trade or Calling?..... Baker
7. Are you married?..... yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?.. No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... yes
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date February 15th 1916 T. J. Allen (Signature of Recruit)
W. C. Brookes (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas James 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 February 15th 1916 T. J. Allen (Signature of Recruit)
W. C. Brookes (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 15th day of February 1916.
[Signature] (Signature of Justice)

6
911

Description of Thomas James Allen on Enlistment.

Apparent Age.....44.....years6.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height.....5 ft. 1.....ins.

Chest measurement { Girth when fully expanded.....37.....ins.
 Range of expansion.....3 1/2.....ins.

Complexion.....Fair.....

Eyes.....Blue.....

Hair.....Grey.....

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

None.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him* Fit for Baker for the Canadian Over-Seas Expeditionary Force.

Date.....Feb. 15th 1916.

Place.....Sunday.....

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

*Insert here 'fit' or 'unfit.'

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

[Signature].....(Signature of Officer)

Date.....FEB 15 1916.....1916.

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 BN., C.E.F.

(2) Regimental Number..... 724016

(3) Full Name of Soldier..... Thomas James Allen

(4) Place of Birth..... England

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

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

(b) Present Postal Address..... 60 Victoria Avenue
 Lindsay - Ont

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

(8) Have you any children?..... Yes
 If so, give number of boys and girls..... Jessie

Also their names and ages.....
 Margaret Allen - 10 years

(9) Is your Father alive? Yes - Charles Allen
If so, state name and address Rockcroft - Ont

(10) Is your Mother alive? Yes - Mary Allen
If so, state name and address Rockcroft - Ont

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

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

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

(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 - arranged

(15) Are you insured? Yes
If so, in what Company? Sons of England Society
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 JUL 11 1916

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

Form to be Used Instead of Blank Space on Army Form 179.

Proceedings of Medical Board at Discharge Depot

DEPT. MILITIA & DEFENCE
AUG 13 1917
H.Q. 649-A-5139
CANADA

No. 724016 Rank Pte Name and Corps of disabled Soldier:— Allen, Thomas James 109th Batt.

Previous civilian occupation:— Baker.

Cause of Disability:— Over age (50)

Right Inguinal Hernia - due to service Left Inguinal Hernia not due to service
Condition, in detail, which prevents the soldier earning a full livelihood:—

A very short, fat man of 50 who had a small left inguinal hernia before he enlisted. He states that while carrying a bag of flour he fell & the other hernia appeared.

He is in good physical condition but has double inguinal hernia & also moderate varices on right foot & leg. These cause no disability - He needs a truss before discharge

OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions)

30/70 of which 1/2 is due to service

Probable duration of incapacity:— permanent

Does it render him permanently unfit for Military Service? Yes

Would operation, Special treatment, or use of appliances, etc., lessen incapacity? /

Convalescent Home for truss.

Signature:—

E A Robertson Capt - President.

Station:— Quebec

W A Ogden Capt
Ramus and Capt } Members.

APPROVED.

Date..... July 26/17

H. M. Carver Major
Asst. Director Medical Services.

Date..... Aug 11. 1917

James F. W. ...
Director General Medical Service.

R 188

RECEIVED
MAY 18 1888
U.S. DEPT. OF THE INTERIOR
BUREAU OF LANDS

OPINION OF THE BOARD

APPROVED

724016

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Allen Christian Name Thomas James

Examined { on 15th day of February 1916
 at Lindsay
 Birthplace { City or Town Gloverston
 County England

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

Apparent age 44 years
 Trade or occupation Baker
 Height 5 Feet 1 Inches
 Weight 130 Lbs.
 Chest measurement { Minimum 33 1/2 inches.
 Maximum expansion 37 inches.
 Physical development Good
 Small-Pox Marks None

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

Vaccination Marks { Arm Right None Left Four
 Number Four
 When Vaccinated last Feb. 15th 1916

Date	Result	VACCINATIONS.
<u>15.2.16</u>	<u>Good</u>	<u>J. M. McCulloch</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25.4.16</u>	<u>Good</u>	<u>J. M. McCulloch</u> M.O.
<u>2.5.16</u>	<u>Good</u>	<u>J. M. McCulloch</u> M.O.
<u>8.5.16</u>	<u>Good</u>	<u>J. M. McCulloch</u> M.O.

(b) Slight defects but not sufficient to cause rejection
Variance scars in right leg.

Enlisted on 15th day of February 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>724016</u>		<u>15.2.16</u>
Transferred to.. ..	<u>124th OVERSEAS BATTALION C.E.F.</u>	<u>CCAC-3317</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Wuley</u>	<u>28.2.17</u>	<u>Double Ing. Haemia.</u>	<u>C S J. H. Cook Capt.</u>

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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

TRIPPLICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 724016 Rank Pte. Name Allen F.J.

Corps 109th Battalion who was* discharged

On November 30th 1917 to Class 3, Medically unfit.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from November 1st 1917, to November 30th 1917 the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No.			Reg't Pay <u>30</u> days at \$ <u>1</u> c	<u>30</u>	<u>00</u>
} No.			Field Allow. <u>30</u> days at \$ <u>10</u> c	<u>3</u>	<u>00</u>
Assigned Pay No. <u>S/A 187</u>	<u>35</u>	<u>00</u>	Other Allowances* <u>Sepr. Allee.</u>	<u>20</u>	<u>00</u>
Other Charges*			<u>Subs. D.O. 318</u>	<u>18</u>	<u>00</u>
Payment on transfer or discharge No. <u>1848</u>	<u>49</u>	<u>00</u>	Other Credits* <u>Clothing</u>	<u>13</u>	<u>00</u>
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	84	00	Total	84	00

*Give Particulars.

A monthly stoppage of \$ 15.00 (†) has (‡) been paid on account of Assigned

Pay for the month of November 1917 to (Assignee) Mrs. Margaret Allen

(Address) 60 Victoria Ave.,

POST DISCHARGE PAY
MILITARY DISTRICT No. 3
Lindsay Ont.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment

(2) if married and if a Separation Allowance Card has been submitted Paid to assignee to 30/11/17

(3) cause of discharge and authority MD3-88-A-49

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date November 14th, 1917.

Place Kington, Ont.

[Signature]
Paymaster, "C" Unit M. E. C. C. **Captn**

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

cheques # 1847 & 1848 attached.

LAST PAY CERTIFICATE

The following is a statement of the amount of the soldier's unpaid pay and allowances as at the date of his discharge...

Table with columns for Name, Rank, Regiment, and Amount. It lists individual soldiers and their respective pay amounts.

On Transfer of an Officer... The following is a statement of the amount of the officer's unpaid pay and allowances...

REMARKS... If the amount from this statement is not paid for a period of 30 days...

I have examined this statement of account and find it to be correct... M. W. 41

FORM OF WILL.

I, Thomas James Allen (Name in full)

Regimental Number 724016 serving in 109th Overseas Bn. C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs. Margaret M. Allen
60 Victoria Avenue
Lindsay - Ont.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Margaret M. Allen
60 Victoria Avenue
Lindsay - Ont.

Name and Address of person or persons to receive personal estate* (See note).

IMPORTANT NOTE

This must be Signed and Dated by THE SOLDIER HIMSELF.

this 10th day of July A. D. 1916

T. J. Allen Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Sc. Jacques

Address of Witness 426 Gladstone St. Ottawa

Occupation of Witness Lieutenant, 109th Bn. C.E.F.

Signature of Second Witness Fred Jacques

Address of Witness 107 Goulbourn Ave Ottawa

Occupation of Witness Supt. 109th Bn. C.E.F.

FORM OF WILL

I, _____ of the County of _____ State of _____

do hereby certify that the foregoing is a true and correct copy of the original Will of _____

of the County of _____ State of _____

and that the same is in full force and effect.

I hereby certify all the above to be true.

Witness my hand and seal of office this _____ day of _____ 19____.

John J. [Signature]

Notary Public

for the County of _____ State of _____

I hereby certify that the above is a true and correct copy of the original Will of _____

of the County of _____ State of _____

and that the same is in full force and effect.

I, _____ of the County of _____ State of _____

do hereby certify that the foregoing is a true and correct copy of the original Will of _____

of the County of _____ State of _____

Witness my hand and seal of office this _____ day of _____ 19____.

John J. [Signature]

Notary Public

for the County of _____ State of _____

I hereby certify that the above is a true and correct copy of the original Will of _____

of the County of _____ State of _____

and that the same is in full force and effect.

I, _____ of the County of _____ State of _____

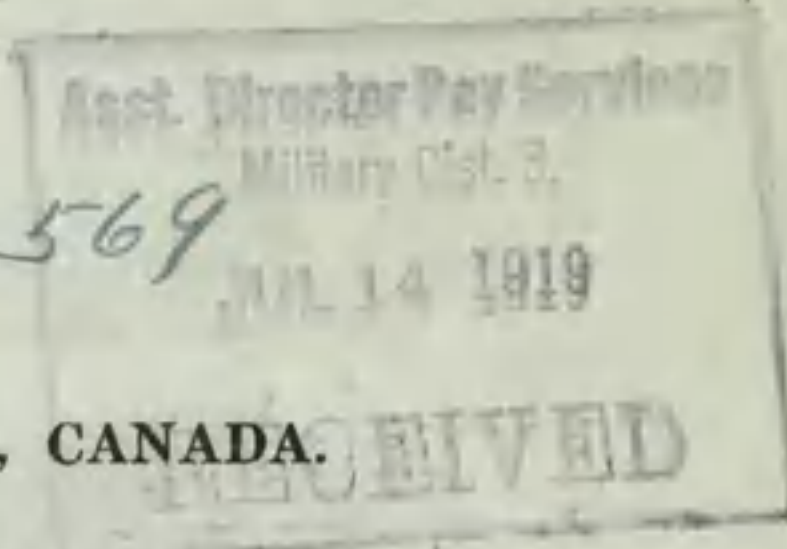
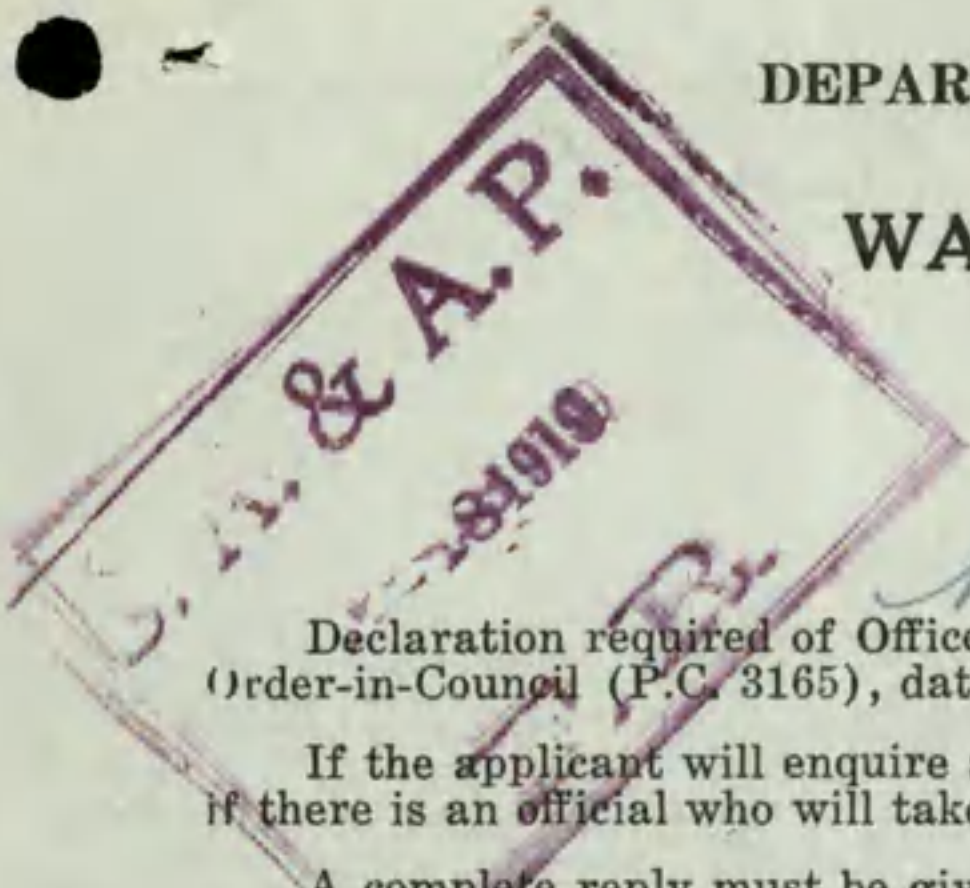
do hereby certify that the foregoing is a true and correct copy of the original Will of _____

of the County of _____ State of _____

02395-13

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.



a569

kb 24 2/19 2043

OTTAWA, CANADA.

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

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

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

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

1. Christian Names *Thomas James* 2. Surname *Allen*
3. Rank *Pte* 4. Original Unit *109th* 5. Reg. No. *724016*
6. Address, in full, to which future payments of gratuity are to be forwarded
*Thomas J. Allen 66 Victoria Ave
Lindsay Ont*
7. Date of enlistment in the C.E.F. *February the 15th 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Margaret M. Allen*
9. Relationship of such dependent *Not applicable*
10. Present address, in full, of such dependent *Margaret M. Allen
66 Victoria Ave Lindsay Ont*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
yes i was with the 109th for a short time then i was put on the strength of the c.a.s.c. where i got disabled from a crush with flour while working at my Trade as Baker
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *Not applicable*
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service *Not applicable*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *one year and nine months and a half altogether part with the 109th and part with c.a.s.c.*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *Not applicable*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *Not applicable*

6

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *Not applicable*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid *yes Received three months post Discharge pay \$ 54.¹⁰ per month Received from paymaster Kingston per month*
20. Have you been issued with a War Service Badge? If so, what class? *B.*
21. Have you, during the present war, served in the Imperial Forces? *Not applicable*
22. Are you entitled to received, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled *Not applicable*
- 23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England *no*
- (b) If so, was such reversion in consequence of misconduct or inefficiency? *No*
24. Are you now serving in the C.E.F. *no* If not, give:—(a) Date of discharge *30 day of November 1917* (b) Reason for discharge *un fit for further service*
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit *Not applicable*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit *Not applicable*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *no*
- (b) If so, are you in receipt of full pay and allowances from that Department? *no*

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

Signature of Applicant: *Thomas James Allen*

Place of Residence: *66 Victoria Ave*

Declared before me at: *Lindsay Lindsay out*

This *12th* day of *July* 19*17*

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

J. S. Anderson
a Commissioner etc

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>Dec 5/17</i>	<i>33⁰⁰</i>	<i>20⁰⁰</i>		
<i>Jan 6/18</i>	<i>33⁰⁰</i>	<i>20⁰⁰</i>		
<i>Feb 7/18</i>	<i>34¹⁰</i>	<i>20⁰⁰</i>		
<i>Total amt</i>	<i>100¹⁰</i>	<i>60⁰⁰</i>		

Certified Correct.

District Paymaster.

MEDICAL HISTORY SHEET

Temporary
Surname Allen Christian Name Thomas James

Examined { on 15 day of Feb. 1916.
 at Lindsay, Ontario
 Birthplace { City or Town Newkembury
 County Humberstone, England

Approved by C.E. Flatt
 Rank Capt James M.O.

Apparent age 47
 Trade or occupation Baker
 Height 4 feet 11 Inches
 Weight 145 lbs.
 Chest measurement { Minimum 38 inches
 Maximum expansion 2 1/2 inches

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

Physical development
 Small-pox Marks

Vaccination Marks { Arm Right Left
 Number 1
 When Vaccinated last 15/2/16

Date	Result	VACCINATIONS
<u>15/2/16</u>		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25/4/16</u>		M.O.
<u>2/5/16</u>		M.O.
<u>8/5/16</u>		M.O.

Enlisted on 15 day of February 1916 at Lindsay Ontario

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>109th Bn</u>	<u>724016</u>		<u>15/2/16</u>
Transferred to	<u>C.A.S.C.</u>			<u>8/9/16</u>
	<u>1st C.O.R.D.</u>			<u>15/5/17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>W Sandling</u>	<u>14-6-17</u>	<u>Double Hernia</u>	<u>Discharged</u>
		<u>14 JUN 1917</u>	<u>Approved</u>
			<u>W. J. Shoups Capt</u>
			<u>W. J. Davis Major</u>

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

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

M. F. W. 54. (A. F. B. 10)

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 424016 Rank Private Name Allen Thomas James

Enlisted (a) 15.2.16 Terms of Service (a) D of W. Service reckons from (a) 15.2.16.

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) Baker.

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

	Embarked Canada		Halifax	24.7.16	
	Disembarked England		Liverpool	31.7.16	

8.12.16	H.Q. 109 th	Incorporated to 124 th Bn.	Witley	8.12.16	<p><i>W. A. S. E. T. H. E. M.</i> Capt.</p> <p>ADJUTANT</p> <p>109th Overseas Battalion, C. E. F.</p> <p>2. # 3</p> <p>3</p>
---------	------------------------	---------------------------------------	--------	---------	--

W. A. S. E. T. H. E. M. CAPTAIN,
ADJUTANT,
109TH BATTALION CAN. INFANTRY.

9-12-16	124th. Bn.	Taken on strength of 124th. Bn., C.E.F.	Witley Camp	8-12-16	<p>Part ii</p> <p>Orders 265</p> <p><i>W. A. S. E. T. H. E. M.</i> MAJOR ADJUTANT, 124th BATTALION C.E.F.</p>
---------	------------	---	-------------	---------	---

3.3.17	124 th Bn.	Transferred to C. C. A. C.	Witley Camp	28.2.17	<p>Part of Orders 62</p> <p><i>W. A. S. E. T. H. E. M.</i> Lieut. Asst. Adj. (Pioneers)</p>
--------	-----------------------	----------------------------	-------------	---------	---

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

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				
18-6-17	1st C-ORD Capt. C.D.D. Beaton		W. Sandling	19-6-17	Part II D.O. 102 H. Cleverly Staff 1st C-ORD
20-6-17	Taken on strength C.D.D.				Part II Orders No 145 W. Storian Capt. for O.C.-C.D.D.
		Embarked for Canada.		10 JUL 1917	W. Storian Capt. for O.C.-C.D.D.

A.G.R. Rank Name ALLEN, Thomas James Reg'l No. 724016
 Unit 109th Bn. If in perm. Corps, }
 What Unit? } Married or Single Married
 Lindsay,
 Place and Date of Enlistment 15th Feb., 1916. Place of Birth Tuxbury, Gloucester, England.
 Name and Address, Next-of-Kin Margaret Allen,
 60 Victoria Ave., Lindsay, Ont., Canada. Relationship Wife.

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

N/E. R.B. No. 5.70A
 File R.L.
 Category *can MM*

Discharge, Date and Place Reason Character

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.				
	Arrived in England per H. M. T. 2810			31-7-16	
9.9.16	DC. 109th	Attached to C.A.S.C. for ration discipline, quarters & duty	Bramshott	8.9.16	CA S.C.T.D #2 P.I. D.O. 253 / P.I. D.O. #214
8-12-16	"	Trans to 124th Bn	"	8-12-16	" 343
18-12-16	124th Bn	T.O.S. on trans fm 109th Bn	"	8-12-16	" 267
3 3 17	124-	50510 CCAC & attached to 124th Bn	"	26-2-17	62
16 4 17	124	50510 12 Res Bn	Coitney	16 4 17	-91
16 5 17	ICORD	cease to be attached d. to To Sfan case	Wandling	15 5 17	-67
19 6 17	ICORD	on com to IC.C.D. Buxton		19 6 17	102
16/7/17	16. O.P.D.	Ceas. att. C.B.D. Buxton			
		M.W. for war S.O.S. on disc.		10/7/17	P.I. D.O. 129.
		Canada.			

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
50m.-4-16.
H. Q. 1772-39-81A

P. ASD
21 1/2

To Whom *Mrs. Margaret Allen*
Address *Lindsay, Ont*

By Whom Assigned *Allen J. J.*

Regtl. No. *724016*

Rank *Pte*

Corps *109 Bn*

Rate *\$15⁰⁰*

AUG 1 1916

AUG 1 1916

"D" Co.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p><i>0239-7-13</i></p> <div data-bbox="1660 1111 1961 1326" style="border: 1px solid black; padding: 5px; display: inline-block;"> COPIED FOR 4 CASUALTIES. </div> <p><i>Consolidated acct</i></p> <p><i>Ac closed.</i></p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

100 16
1812

1812

1812

MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 50m.-416.
 1772-39-819.

Miss Margaret Allen
 Sheet No. 1
 L. L. Job 310.-Req. 6574.

Wife
 OVERSEAS CONTINGENTS
 PAYMENTS.

Name of Soldier *Allen J. J*
724016 Pte 109 Bn

O. Sub 51 1/2

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>215048</i>	<i>15</i>	
Sept.		<i>15158</i>	<i>15</i>	
Oct.		<i>19533</i>	<i>15</i>	
Nov.		<i>24636</i>	<i>15</i>	
Dec.		<i>31929</i>	<i>15</i>	
Jan.	1917	<i>435790</i>	<i>15</i>	
Feb.		<i>442361</i>	<i>15</i>	<i>15 R</i>
March		<i>848506</i>	<i>15</i>	<i>15-L</i>
April		<i>H167</i>	<i>15</i>	<i>15-E</i>
May		<i>H6340</i>	<i>15</i>	
June		<i>H12901</i>	<i>15</i>	<i>15-L</i>
July		<i>H19940</i>	<i>15</i>	<i>L</i>
Aug.		<i>27131</i>	<i>15</i>	<i>L</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

\$15⁰⁰
 Remarks. **AUG 1 1916**
AUG 1 1916

*Overpaid \$15 in July Recovered by C.P.
 A.O. 644-A-5139. Account 0259-T-13
 25/8/16
 JCS 29/8/16*

Cancelled

180⁰⁰
 A/c Closed *31-7-17.*
 Ret'd per *Troopship 2810*
 Date *21.7.17* F. X. *10.8.17.*
 Clerk *S.M.C.*

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.				

1-3-16

MILITIA AND DEFENCE

Paid 34/7
 M. F. W. 11.
 50m.—4-16.
 H. Q. 1772-39-818.
 273

SEPARATION ALLOWANCE

Name *Margaret Allen*

Name of Soldier *Allen Thos Jas*

Address *Lindsay*
Ont

Regtl. No. *724016*



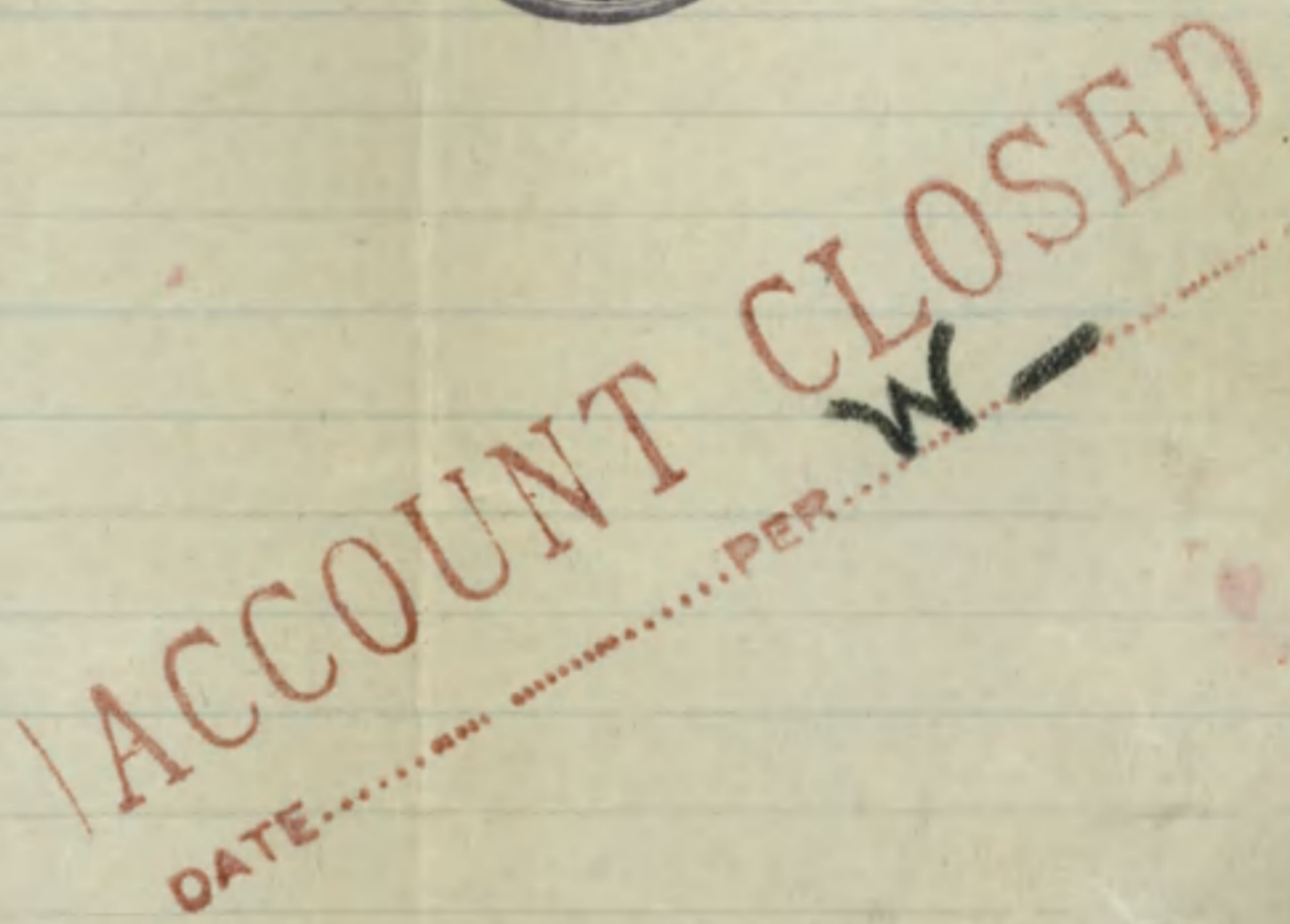
Rank *Pte*

Corps *109th Batt*

Relation to Soldier }
 wife, child or mother } *Wife*

To what Corps belonging }
 when called out }

PAYMENTS

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

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Handwritten text, possibly a signature or initials, located below the first block of text.

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MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

P. W. S. W.
23 1/2

M. F. W. 11a.
 50m.-4-16.
 1772-39-818.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Margaret Allen

Wife
 PAYMENTS. *724016*

Name of Soldier *Allen Thos Jas*
pte

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		<i>05286</i>	<i>60</i>	<i>60.</i>
June		<i>C 1811</i>	<i>20</i>	<i>20</i>
July		<i>K 9672</i>	<i>20</i>	<i>20</i>
Aug.		<i>A 11557</i>	<i>20</i>	<i>20</i>
Sept.		<i>C 15018</i>	<i>20</i>	<i>20.</i>
Oct.		<i>M 7386</i>	<i>20</i>	<i>20</i>
Nov.		<i>D 20529</i>	<i>20</i>	<i>20</i>
Dec.		<i>D 24538</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>C 28717</i>	<i>20</i>	<i>20</i>
Feb.		<i>C. 31599</i>	<i>20</i>	<i>20</i>
March		<i>C 34775</i>	<i>20</i>	<i>20</i>
April		<i>D 288</i>	<i>20</i>	<i>20</i>
May		<i>D 4070</i>	<i>20</i>	<i>20</i>
June		<i>F 7220</i>	<i>20</i>	<i>20</i>
July		<i>D 11095</i>	<i>20</i>	<i>20</i>
Aug.		<i>F 14084</i>	<i>20</i>	<i>20</i> <i>F. 14084 cancelled.</i>
Sept.			<i>20</i>	<i>B</i>
Oct.				<i>A/c Closed 31-7-17.</i>
Nov.			<i>\$340</i>	<i>Ret'd per Troopship #2810.</i>
Dec.				<i>Date 21-7-17. F. X. 13-8-17</i>
Jan.	1918			<i>Clerk Schatillon</i>
Feb.				
March				<i>Dis 30/11/17. (med. unfit.)</i>
April				<i>R.O. 12/11/17. 13/11/17</i>
May				
June				ACCOUNT CLOSED
July				<i>W</i> DATE..... PER.....

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

239-T-2

Name **Allen, T.J.**
Surname

Christian Name

Regimental Number **724016**

Rank **Pte.**

Address (in full) **60 Victoria Ave.**

Unit **109th Bn.**

Lindsay, Ont.

Original Unit

District where paid **M.D.3**

Date of Discharge **30-11-17**

P. D. P. Filing Number **4-29-3**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **20.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments 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		
16010	570	5-12-17	53 00	559	5-1-18	53 00	563	5-2-18	54 10		160 10

M. F. W. 127.
50M-6 17.
1772 39-1140.

Remarks:

File No. 0239713.

30/17/19

WAR SERVICE GRATUITY.

Register No. ds69

Reg. No. 724016. ~~Dec'n No.~~ ~~W.S.G. No.~~ ~~Dependent~~ ~~Both~~ Margaret M. Allen.

Name Allen, Thomas Jas. Address same.

Address 66 Victoria Ave. ~~Less P.D.P. credited~~

~~Less further debit~~ ~~Net due paid as below~~

TO SOLDIER		DEPENDENT	
Ag. No.	Amount	Ag. No.	Amount
1	119.90		
2			
3			
4			
5			
6			

Pay Soldier \$ 119.90 Pay Dependent \$ 120.00

Days 122 Rate 100.00 Due 400.00

Less P.D.P. credited 160.10

Less further Dr. Bal. or overpayment.

Net 239.90

RW104
11/19

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
11-8-19.	8653.	499157	119 90	14-8-19. 14-8-19.	11-8-19.	8654	499156	30 00
2					2	11/9/19	17429	515730
3					3			30 00
4					4	16/9/19	21323	519154
5					5			30 00
6					6			

GEN'L AUDITOR
 Posting checked by
[Signature]
 Date 11/18/19

FILE No.

724016

VOL.

SUBJECT

Allen, Thomas

CHARGED TO

PER

DATE

CHARGED TO

PER

DATE

ind

21/21/30

THIS CHARGE-OUT AND ABSENT CARD MUST NOT LEAVE THE REGISTRY.

Name

Allen

Enl. 15-2-16

Date of Embarkation for England

24-7-16

Proceeded to France

No.

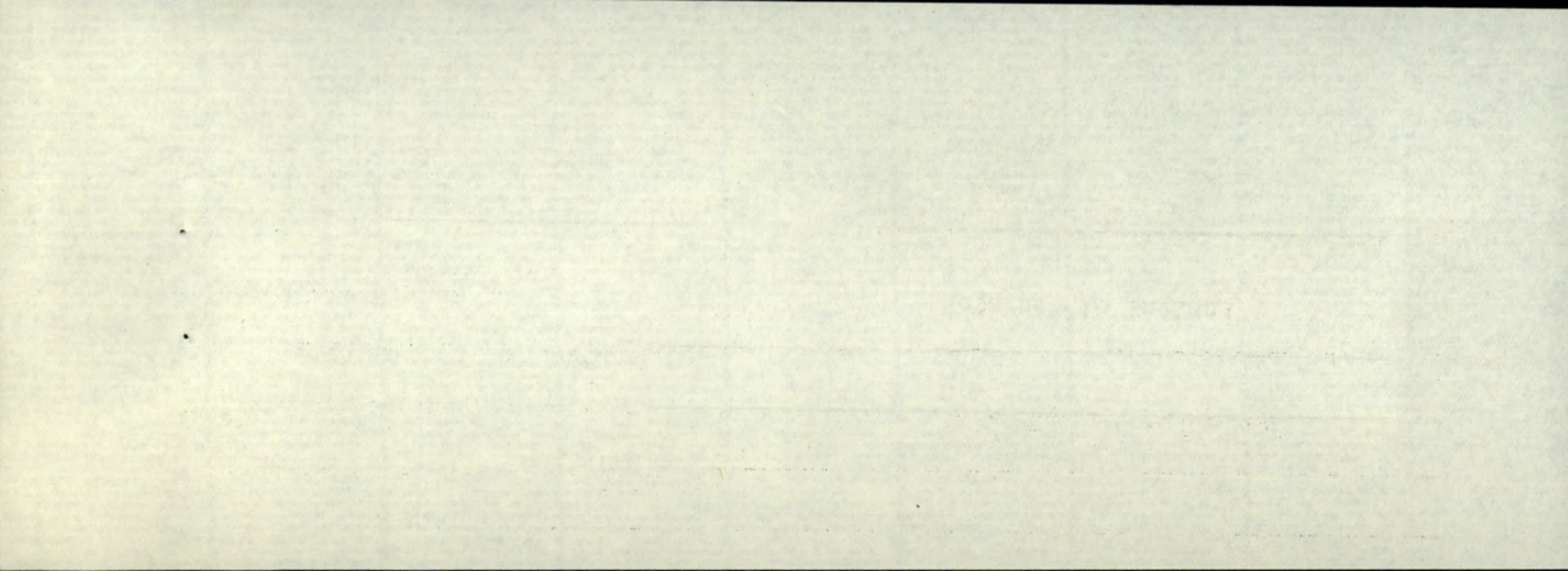
Returned to England

Date returned to Canada

10-7-17

P.R.2855.

"Official"
18-3-20



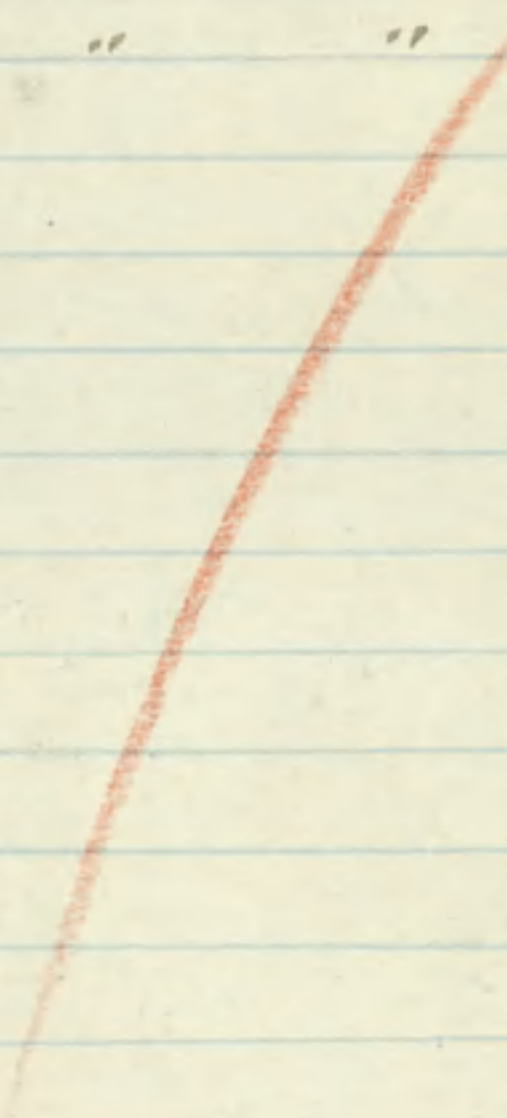
LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
231.	M. H. Co. Kingston	17-8-17.	S. off List Queens
250.	" " " "	6-9-17.	" " " "



NAME

Allen E.

J

REGT'L No.

724016

H. Q. FILE No. 649.

RANK AND CORPS

Pte.

CABLE

NO.

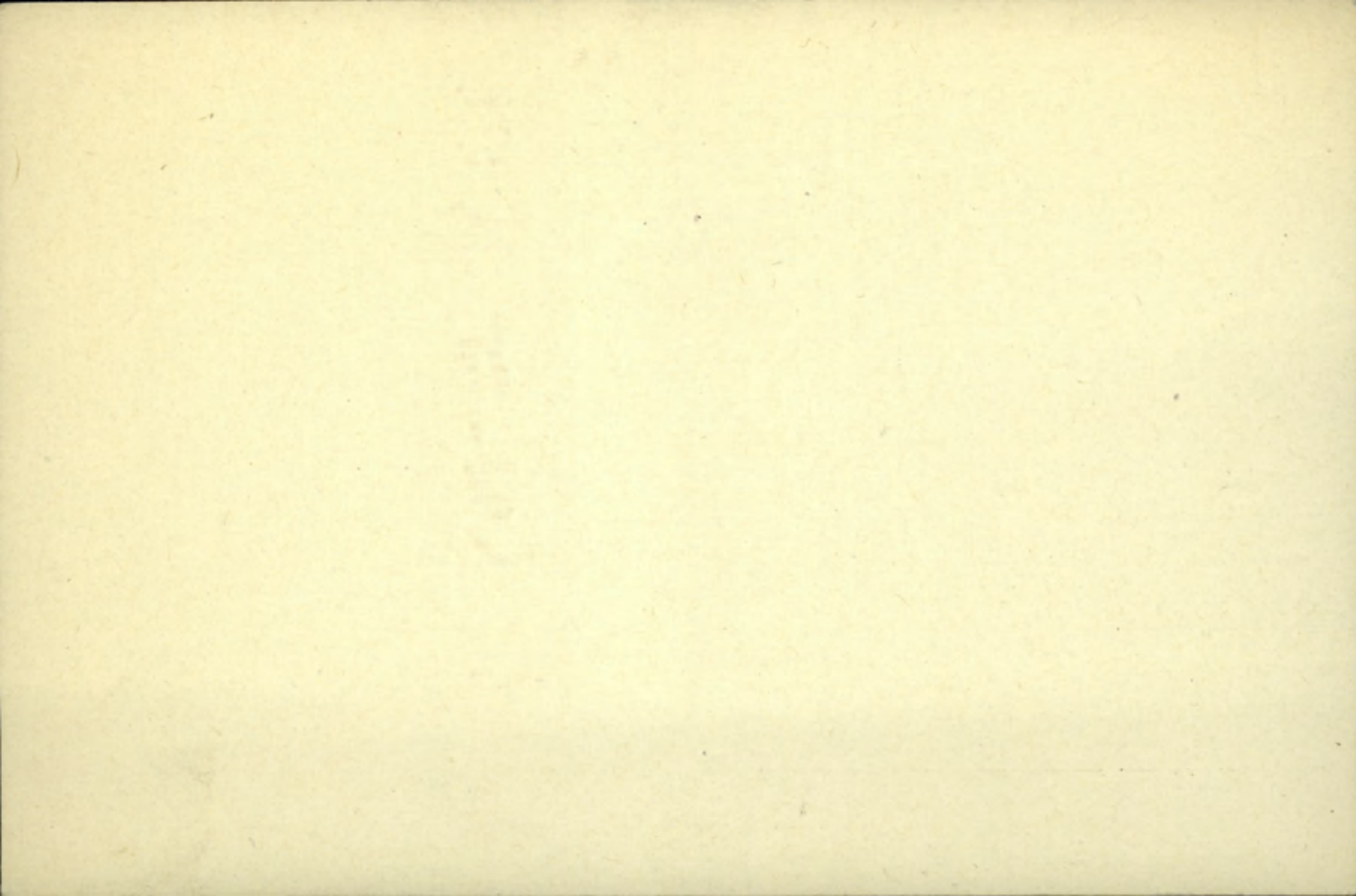
DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS



No 724016, RANK *Pte*

NAME *Allen J.*

T.O.S. *15-2-16.*

UNIT

109th Battalion

D.O. 75.16-2-16

M. D. *3*

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Feb. 15</i>	<i>1916. Feb. 29</i>	<i>✓</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>		
				UNIT SAILED JUL 23 1916

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

Separation and Assigned Pay Branch

Aug. 1-1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

90			
----	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

*12/21/16
12/21/17*

PARTICULARS OF SEPARATION ALLOWANCE

No. *724016*

Rank *Pts* Promoted Reverted Discharge

Soldier's Name *T J Allen*

Battalion *109 Bw "D" Co.*

Beneficiary *Mrs. Margaret Allen*

Relationship *wife*

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Margaret-Allen (wife)*

Address *Lindsay*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>July 31 17</i>		<i>340</i>	<i>180</i>	<i>\$ 520</i>	<i>Acct Closed 31-7-17 Returned</i>

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	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
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.	(a) Proceedings on Discharge.
	(b) Attestation.
	(c) Medical History Sheet (in the event of such having been prepared.)

*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.	424016
Rank	Pte.
Name	T. J. Allan
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	109th Bn
Date of Discharge	30-11-17
Place of Discharge	Kingston Ont.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....46.....years.....4.....months.	Descriptive Marks
Height.....5.....feet.....inches.	
Complexion Fair	
Eyes Blue	
Hair Grey	
Trade Baker	
Intended place of residence	60 Victoria Ave
(To be given as fully as practicable.)	Ottawa
2. The above-named man is discharged in consequence of Being medically unfit for further service	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
3. Conduct and character while in the service have been, according to the records, etc.	
Good	
<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.
25m.—11-15.
H. Q. 1772-39-113.

(OVER)

Dis Sect
8-2-18
H.S.

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer into the 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 Ont.

J. T. Bidsall Major

(Date) 30-11-17

Commanding "C" Unit M.H.C.C.

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 J. J. Allen (Signature of Soldier.)

(Date) Nov. 30th 17 H. Loader (Signature of Witness.)

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

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

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

(Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) Kingston Ont.

(Signature) J. T. Bidsall Major

(Date) 30-11-17

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.)

Paid in full up to & including Nov. 30th 17 J. J. Allen

This space to be left blank for the Chelsea Number.

[Blank box for Chelsea Number]

Proceedings on Discharge. *4-2*

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

No. <u>724016</u>	Army Rank <u>Private</u>
Name <u>Allen Thomas James</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1 C. O. P. D.</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge _____	
Place of discharge _____	
1. <u>Description at the time of discharge.</u>	
Age <u>49</u> years <u>11</u> months	Descriptive marks. <u>Scar on L. Hand</u> <u>H. Vacc. Marks L. Arm</u>
Height <u>4</u> feet <u>11</u> inches	
Chest measure- ment { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion _____	
Eyes _____	
Hair _____	
Trade <u>Printer</u>	
Intended place of residence (To be given as fully as practicable) <u>Lindsay, Ont.</u>	
<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 <u>Para. 891, Sec. 16, K. R. & O. 1912</u> <u>Being no longer physically fit for war service.</u>	
<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>	
3. Military character:— _____	
4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____ _____	
To be filled in on the soldier quitting the Colours.	
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.	
Lieut.-Col. _____ Commanding Canadian Discharge Depot.	
Initials of Commanding Officer. _____	

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

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).

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

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

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

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

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

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

- (a) Discharge certificate (Army Form B. 2070 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.

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

Local

Certificate of education

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

Lieut.-Col. *Stanley Hope*
Commanding Canadian Discharge Depot.
Balm. Commanding Depot.



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 Witnesses.) _____

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

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

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

(Signature of Soldier.) _____

10. Statement of service.

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

Further service " " " " (the date of confirmation of discharge)

Total

11. Confirmation of discharge.

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

(Place) _____

(Signature) _____

(Date) _____

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

OPINION OF THE MEDICAL BOARD.

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

Four vaccination scars on left upper arm.
Circular scar at base of rt. thumb.

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

10. Yes

11. Yes

(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?

1. On Duty.
2,3,4,5. Not Applicable

12. Yes

15. Yes

(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.

1,2,3,4,5. Not Applicable

16. Yes

17. Yes

14. Treatment.

English Hospital
Queen's Military Hospital.

18. Is he unfit for Military Service. Yes

Recommendations :

That this man be categorized in "E"
for discharge from the service,
Able to pass under his own control.

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

1. Not Applicable
2,3,4. (Yes, 1/2 extent)

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

1,2. & 4. Permanent if not operated on.
3. Permanent.
5. Not Applicable

Signatures :—

W.A. Jones Capt. A.M.C.
President.

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.

1. & 2. (20% if operated on, nil.)
3. 25%
4. 5%
5. Not Applicable.

M.J. Coglan Capt. A.M.C.

Station. Queen's Military Hospital

Members.

Date. Sept. 12th 1917.

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

Yes

Date.

Asst. Director of Medical Services.

Approved.

T.X. O'Connor Capt. A.M.C.
Medical Officer by whom the case is brought forward.

Date.

Director-General of Medical Services.

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

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

on the day of 191

Members of the Board:—

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

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

15. THE PENSIONABLE DISABILITY—(see Part I. (3)). Application on Active Service of a disability existing previous to joining is to be included in the estimate.

16. Permanency of the Pensionable Disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/2, 3/4, or all.)

(ii) If not permanent, what is its probable minimum duration (in months)?

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

18. Remarks

That a small hernia in left side before enlistment was aggravated by ordinary military service.

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

Dated at this day of 191

Date of Board

Signatures of the Board

President.

Signatures of the Board

Station

Station

Reserved for M.H.C.

Form with fields for Regt. No. 724016, Rank Pte., Surname Allan, Christian Name Thomas James, Unit or Corps 109th Bn. 1st Cd., Born at Town Lawkesbury, County or Province Gloucestershire, Date of Birth 28th Month July, Age 49 yrs 11 months, Former Trade or Occupation Baker, Permanent marks or peculiarities that will serve for future identification: Scar 1 1/2 inches long on Back of left Hand At Base of thumb.

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

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

Table with columns for Disabilities Group (a), (b), (c) and a section for OPERATION. Entry: Double Inguinal Hernia.

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

Table with columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Entry: Herimatic Traumatic, Bramshott, 1916.

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

3. Is the disability due to disease contracted or injuries received prior to Active Service? (i) As to Group (a) above? No. If yes, has Active Service aggravated it? Not Applicable.

4. Is the disability due to disease contracted or injuries received while on Active Service? (i) As to Group (a) above? Yes.

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty? **Yes**

(ii.) While off duty? **No**

(iii.) Was a Court of Inquiry held? **No**

(iv.) Where? **Lawrenceburg**

(v.) Opinion of the Court? **No**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

While carrying a 140 pound bag of flour at a bakery in Bramshott camp where he was employed as a baker. He slipped and fell and felt a sensation of pain and rupture in the groin. Since then it has got slightly worse, that he has never been able to wear trousers until recently.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Is able to do light work while wearing double **Truss**. The right hernia comes down even with truss. The man is quite stout, 145 lbs & short of wind. Circulatory system quite normal. In all other respects normal.

8. OPERATION. (i.) Was one performed? **No**

(ii.) If so, state what.

(iii.) Was one advised and declined? **No**

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

9. (i.) Is there loss or decay of teeth attributable to Active Service? **No**

(ii.) If so, describe.

10. DO YOU RECOMMEND:

(a) Fit for duty? **No**

(b) Fit for base duty? **No**

(c) Invalid to Canada? **No**

(d) Discharge from the Service as permanently unfit? **Yes**

Date of Report: **11/6/17**

Station: **West Sandling**

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

Dated at **West Sandling**

Station, on **June 12** 1917

* Delete if inapplicable.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? **Yes**

If not, indicate it.

12. Is the cause of the disability, fully indicated in Part I. (2)? **Yes**

If not, indicate it.

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier: Caused? **No**, Aggravated? **No**

(b) Misconduct of the Soldier: Caused? **No**, Aggravated? **No**

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.) **30%**

15. THE PENSIONABLE DISABILITY—(see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.)

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/3, 2/3, 3/4, or all.) **2/3**

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent? **Impossible to state**

(ii.) If not permanent, what is its probable minimum duration (in months)? **not applicable**

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? **not applicable**

18. Remarks.

Had a small Hernia on left side before enlistment which has aggravated by ordinary military service.

19. Recommendation:—(a) Fit for duty? **No**

(b) Fit for base duty? **No**

(c) Invalid to Canada? **No**

(d) Discharge from service as permanently unfit? **Yes**

Classification for the Military Hospitals Commission.

Date of Board: **11-6-17**

Station: **W. Sandling**

Approved: **Pierou Davis Capt**

Dated at: **14 JUN 1917**

Signatures of the Board

H.B. Thomson Capt President.
P.E. Harris Capt

A.D.M.S.

Station

SHORNCLIFFE—
(18, Westbourne Gardens, Folkestone.)