

REGIMENTAL DOCUMENTS

NAME *ANTHONY Leon Wallace* REGT. No. *639200* UNIT *156th Batta* H. Q. FILE No. *X1103*

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<i>Yes.</i> PAY-SHEETS					
1 <i>MFW-125</i>					
1 <i>MFW-67</i>					
					10-2
					22-3
					31-4
					<u>2</u>



band
20/11/16

Duplicate

ATTESTATION PAPER.

No. 639200

156th OVERSEAS BATTALION C.E.F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Anthony*
- 1a. What are your Christian names? *Leon Wallace*
- 1b. What is your present address? *Oxford Mills, Ont.*
2. In what Town, Township or Parish, and in what Country were you born? *Philadelphia, U.S.A.*
3. What is the name of your next-of-kin? *J. E. Anthony*
4. What is the address of your next-of-kin? *Kemptville, Ont.*
- 4a. What is the relationship of your next-of-kin? *J. father*
5. What is the date of your birth? *Sept. 18/1897*
6. What is your Trade or Calling? *Farmer*
7. Are you married? *No.*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes.*
9. Do you now belong to the Active Militia? *No.*
10. Have you ever served in any Military Force? *No.*
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 } *Yes.*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Leon Wallace Anthony*, 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.

Leon W. Anthony ^{his mark} (Signature of Recruit)
Allen Short Esq. 59th

Date *Jan. 8th* 1916. *Geo. P. Robinson, Lieut.* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Leon Wallace Anthony*, 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.

Leon W. Anthony ^{his mark} (Signature of Recruit)
Allen Short Esq. 59th

Date *Jan. 8th* 1916. *Geo. P. Robinson, Lieut.* (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 *Kemptville* this *8th* day of *January* 1916.
James Staff (Signature of Justice)

Description of Leon Wallace Anthony on Enlistment.

Apparent Age.....18 yearsX months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5 ft. 3 ins.

Chest measurement. { Girth when fully expanded.....32 1/2 ins.
 Range of expansion.....3 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Light-brown

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

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).

Small semi circular
scar on right forehead
1 inch across

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.....Jan 8th.....1916

Place.....Kemptville

W.E. Street
Supt. Unit
 Medical Officer.

W.E. Street
Capt. M.C.

*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.

.....Leon Wallace Anthony.....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.

W.P. Robinson.....(Signature of Officer)
 Lieut. Col.
 Commanding 156th Canadian Detachment

Date.....JAN 21 1916.....1916

W.P. Leon Wallace

Name Anthony Rank ^{1st} Spr.

Reg. No. 659200

Unit Base Depot

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
26-5	Mil. Hosp.	Perfect	Enlarged			
17-18	"	do	glands	67		
4-6	Dis	do	do	68		

No. 659200 RANK Pte

NAME Anthony R. W.

T. O. S.

UNIT

Special Service Battalion
#3 Lt Coy

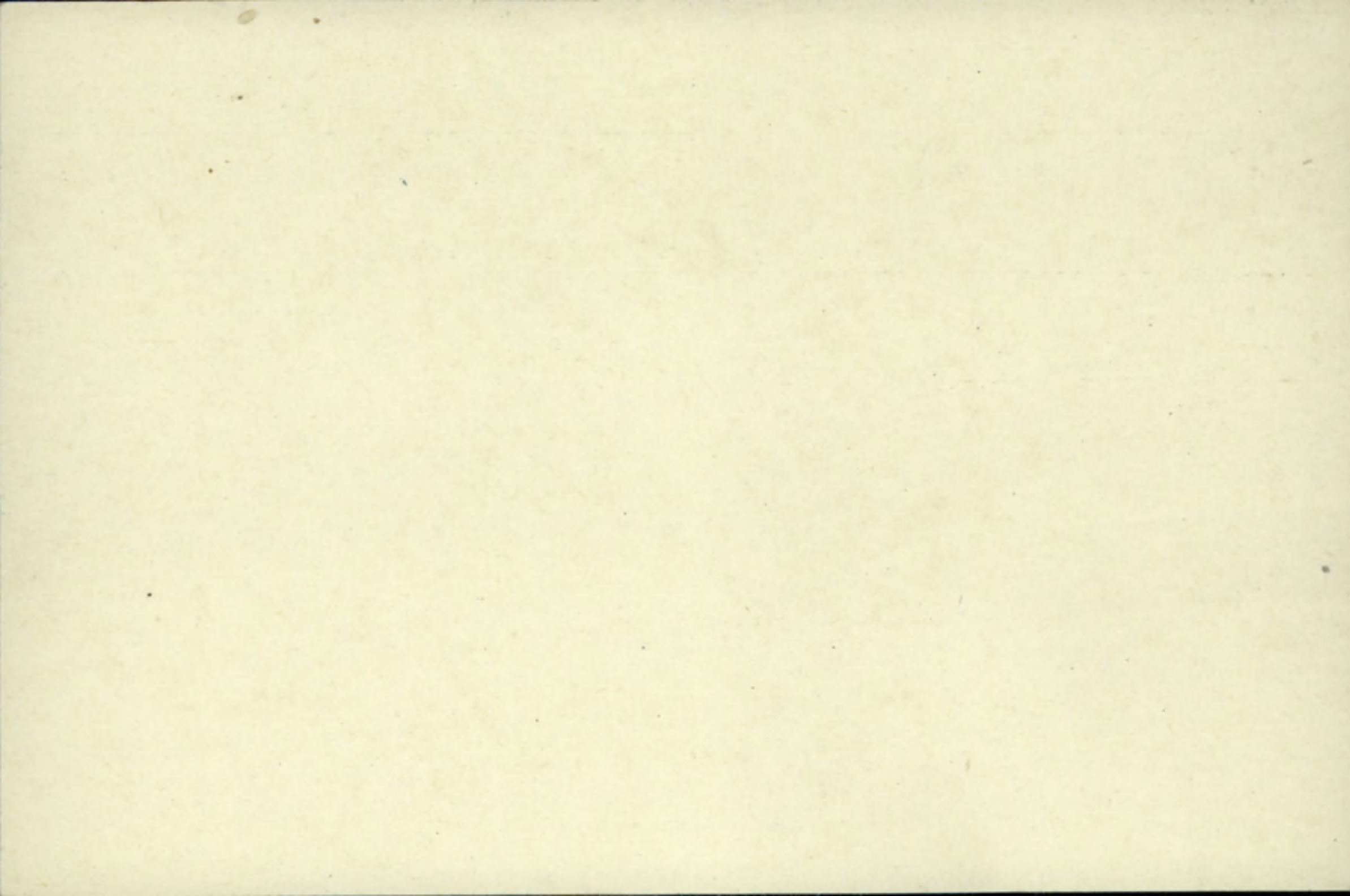
Transf from Cas. 1-8-17.

DO 196 of 16-8-17.

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Aug. 1	1917 Aug. 31	W		
	Sept.	W		
	Oct.	W		
Nov.	no date	W	forfeits 9 days pay.	DO 277 of 17-11-17.
	Dec.	W		
1918 Jan. 1	1918 Jan. 12	W	2 days det. forfeits 6 days pay arr. x SOL Dischgd. 12-1-18. MIA DO 12 of 12-18.	DO 5 of 5-1-18.

closed by payment S.



No. 639200

RANK *Pvt.*

NAME *Anthony Leon W.*

T. O. S. *8-1-16*

UNIT *156th Battalion C. E. H.*

W.O. 10 of 12 - 1-16

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Jan. 8</i>	<i>1916 Jan. 31</i>	<i>v v v v v v v v v v</i>		UNIT SAILED OCT 17 1916



Reg. No. *639200* Name *Anthony Leo*

Rank *Pvt* Corps *55* Age *23* Service *1*

Ledger No. Serial No.

HOSPITALS

DATE

DIAGNOSIS

<i>Ingwanada Hill Kingston</i>	<i>4-12-17</i>	<i>h.a.D For X Ray</i>	<i>b</i>
<i>his to Duty</i>	<i>6-12-17</i>		

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

DESP. JUN 1 1926

REGN. NO. 23250

~~me~~
Number

639200

Rank

ptl B

Surname

ANTHONY

Christian Name

Leon Stallace

Units

156th Bn Can Inf Theatre of War England

Date of Service

28-10-16

Remarks

C/o Mrs Dizzie Anthony

Latest Address

Kemptville, Ont.

Roll No.

A Page 4433

200m.-6-21.M.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

18

YEARS

MONTHS

HEIGHT

5-

FEET

5-

INCHES

CHEST MEASUREMENT

32 1/2

INCHES

EXPANSION

3

INCHES

COMPLEXION

fair

EYES

blue

HAIR

light brown

DISTINGUISHING MARKS

Small semi circular scar on right forehead. 1 inch around.

MEDICAL EXAMINATION.

PLACE

Kemptville, Ont.

DATE

Jan. 8th 1916.

Present address:

Oxford Mills, Ont.

649-A-5140

CARD NO. X

SURNAME. *Anthony*

CHRISTIAN NAMES *Leon Wallace*

REGL. No. *639200*

RANK *Pte.*

FOLL. *S.O.S. Dwdch. 12-1-18.
m.p. 3.*

UNIT *15-6th*

Bn.

FORMER CORPS *nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Anthony, F. E.*

RELATIONSHIP TO SOLDIER *Father.*

ADDRESS *Kemptville, Ont.*

COUNTRY OF BIRTH *U.S.A. Philadelphia*

DATE *Sept 18th 1897*

PLACE OF ATTESTATION *Kemptville, Ont.*

DATE *Jan. 8th 1916.*

NAME

Anthony L. W.

REGT'L No.

639200

H. Q. FILE No. 649.

RANK AND CORPS

Spr

Base Meps Can Railway Troops

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

67
169.

Mit Purpurb.
Misch

26-5-17
4-6-17

Enlarged Glands,
" "

Surname **Anthony** Christian Name or Names **L.W.** Reg. No. **639 200**
 Rank **Spr** Unit **Base C.R.T.** Co. Troop Batty.
 Hospital **Purfleet Mil 26-5-17** Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis **Enlarged Glands** *aw*

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L.4-6-17 67

Dis. 4.6.17

REMARKS

7.6.17 #69.

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

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..... *156 Overseas*
Battalion C.E.F.

(2) Regimental Number..... *639200*

(3) Full Name of Soldier..... *Leon Walter Anthony*

(4) Place of Birth..... *Philadelphia U.S.A.*

(5) Are you married, or not?..... *Single*

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

(b) Present Postal Address.....

(7) Are you a widower?

(8) Have you any children?.....
 If so, give number of boys and girls.....
 Also their names and ages.....

(9) Is your Father alive? Yes
If so, state name and address Jean Anthony Kemptonville

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

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

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

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

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

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

T. D. B. M. Lieut. Col.
..... Commanding 156th Overseas Battalion
Officer Commanding.

Date 29/9/16.....

Kempthorne, Ont

639200 Pte Anthony L. W. 109th Bn C.E.F.

Formerly 156th Bn C.E.F.

Will removed by Regt. Paymaster

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

73848

Perforated sheet for Will from Pay Book of Reg.

No. 639200

Name. Lion W. Anthony

Unit. Co. 109th O.S. Bn. C.E.F.

Military Will

In event of my death
I give the whole of
my property and effects
to my father

Mr J. C. Anthony

Kempthorne
Ont.

sig of 1st witness C. A. Building
LC

sig of 2nd witness E. T. Collins
sergt

Signature L. W. Anthony

Rank and Regt. Pte 109th O.S. Bn. C.E.F.

Date Nov. 7th 1916

Witness E. T. Collins Capt. 109th Bn. C.E.F.



REGIMENTAL CONDUCT SHEET.

Number of sheets }
(in words) } _____

Signature of C. O. }
or Adjutant } _____

Regiment of _____ Regiment. _____

Regimental Number and Name } ⁶³⁹ 369200 *Mr. Anthony J. W.* Attested _____ 1917. Joined _____ 1917.

PLACE	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	PUNISHMENT AWARDED	Date of award, or of order dispensing with trial	BY WHOM	Date of Commencement	Date of Expiration	REMARKS
<i>Fort Henry</i>	<i>12/11/17</i>	<i>PTC</i>		<i>Absent U. L. from Reveille 4/11/17 until reporting 12 midnight 12/11/17</i>	<i>Documentary</i>	<i>7 days C.P.</i>		<i>Mr. Bywater</i>			<i>9 days pay R.R.</i>
<i>Fort Henry</i>	<i>5.1.18</i>	<i>Pte.</i>		<i>When on Active Service I. Absent of Defaulters Call at 6 P.M. to 9.30 P.M. II. Breaking out of Barracks.</i>	<i>Sgt. Palmer Pte. Kelly. C.S.M. Simms Pte. Tanadais</i>	<i>48 Hours Detention</i>	<i>7/1/18</i>	<i>Major A. B. Bywater</i>	<i>7/1/18</i>	<i>9/1/18</i>	
<i>Certified last entry on discharge</i>											
<div style="display: flex; align-items: center; justify-content: flex-end;"> Lieut. & Adjutant No. 3 Special Service Company, C.E.F. </div>											
To be carried over.											

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

M. F. W. 54.
FORM 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 156th M.B. Coy. R.A.S.
 Regimental No. 639200 Rank Private Name Anthony Leon Wallace
 C. E. F.

Enlisted (a) 8.1.16 Terms of Service (a) 8.1.16 Service reckons from (a) 8.1.16
 Date of promotion to present rank. }
 Date of appointment to lance rank }
 Numerical position on roll of N. C. Os. }

Qualification (b) Armer

SPECIAL

Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.

Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.

Date	From whom received	Place	Date	Remarks
	Embarked Canada	Halifax	18.10.16	
	Disembarked England	Liverpool	28.10.16	
6-11-16	Transferred to 109th BATTALION CANADIAN INFANTRY.	Witley	1-11-16	Rank II Order 246.
	O.C. 109th Bn	Witley	2-11-16	Rank II Order # 311
8.12.16	Proceeded overseas for service with 38th. Btn.	Witley		<u>Y. G. G. G. G.</u> CAPTAIN ADJUTANT FOR O/C 156TH "OVERSEAS" BATTALION, C.E.F.
	109th Bn	Witley		Daily Order #
9-12-16	Taken on strength of 124th. Bn., C.E.F.	Witley Camp	8-12-16	<u>W. G. G. G. G.</u> ADJUTANT 109th Overseas Battalion, C.E.F.
	124th. Bn.	Witley Camp		Part 11 Orders 265 <u>W. G. G. G. G.</u> MAJOR ADJUTANT, 124th BATTALION C.E.F.

(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) c.p. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.
 P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	7-1-17	124th. Br. C. N. F.	Transferred to 156th. Br. C. N. F.	Witley Camp	5-1-17 Part II D.O. No. 6. <i>R. B. K. K. K.</i> ADJUTANT, 124th BATTALION C.F.
7/4/17	O.C. 156	Taken on 156th		Witley Camp	5/4/17 Part II D.O. 7 Capt. Fleming 156th Bn.
6-5-17	O.C. 156th Bn.	Transferred to East Ont Regtl Depot		Witley	6-5-17 Part II Daily Order #125 <i>J. Fleming</i> CAPTAIN ADJUTANT FOR O/C 156TH "OVERSEAS" BATTALION, C.F.
7-5-17	O.C. CORD	2 O.S. Eastern Ontario Regimental Depot.		Seaford	7-5-17 Part II D.O. 56.
19-5-17	O.C. CORD	2 O.S. East Ont. Reg Depot on transfer to Canadian Railway Troops. Purfleet.		Seaford	19-5-17 Part II D.O. 69. <i>A. Chamberlain</i> In Lt. & Adj. for Lt. O.C. CORD.
29/5/17	C.R.T.D.	Taken on strength.		Purfleet	19/5/17 PT # 100130
29.6.17	C.R.T.D.	On Command Buxton. Pending discharge.		Purfleet	29/6/17 Part II D.O. No. 169. <i>S. M. King</i> ADJUTANT, DEPOT CAN. RLY. TROOPS
29 JUN 1917		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 154.			<i>W. S. Swan</i> Capt for Lt. Col. Canadian Discharge Depôt
EMBARKED FOR CANADA FROM LIVERPOOL 1				0 JUL 1917	Commanding

A.G.R. Rank Name ANTHONY, Leon Wallace Reg'l No. 639200
 Unit 156th Bn. If in perm. Corps, } Married or Single Single
 What Unit? }
 Place and Date of Enlistment Kemptville, 8th Jan. 1916. Place of Birth Philadelphia,
 U.S.A.
 Name and Address, Next-of-Kin F.E. Anthony, Kemptville, Ont.- Relationship Father.

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to



Relationship

Relationship

N/E R.B. No. 446
 File R.L.
 Category M.U. Can.

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
ARRIVED IN ENGLAND, S-S-NORTHLAND 28. 10. 16,					
1. 11. 16.	156 th Bn.	S.O.S. on transfer to 109 th Bn. Pitley Camp.	"	1. 11. 16.	P.I.D. 0.5.
6. 11. 16	O.C. 109 th	S.O.S. on Trans from 156 th Bn	"	2. 11. 16	311
8. 12. 16	"	S.O.S. on transf. to 124 th Bn	"	8. 12. 16	343.
11. 12. 16.	O.C. 124 th	S.O.S. " " from 109 th	"	"	" 267.
6. 1. 17	"	S.O.S. " " to 156 th	"	5. 1. 17	" 6 Off A.
7. 1. 17	156 th Bn.	S.O.S. on transfer from 124 th Bn.	"	6. 1. 17	P.I.D. 7
6. 5. 17	"	Transf. EOPRT.	"	6. 5. 17	125. + 56 EOPRT. d. 7 1/2.
21. 5. 17	EOPRT.	S.O.S. to Can Ry troops	Seaford	21. 5. 17	70. (Depot BR 2. Pt 11 DO. 130 d. 21. 5. 17)
4. 6. 17	Depot BR 2.	Adm Mil. Hpl. Curflat.	"	26. 5. 17	62. 67. Enlarged Glasgow. Pt 11 DO. 135 d. 26. 5. 17

639200 Anthony

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.				
29.6.17	Depot Com.	On Comm. to C.D.D. Buxton (M.V.) pending dis. to Can.	Yurfleet.	29.6.17	FD. 169
14.7.17	do	base on Comm. and S.O.S. on Emb. to Can. (KRO. 1912 - Para 392 Sec. 16.)	do	10.7.17	— 184
	Disch. Dep.	to Conv. Home. Fit for duty	Kingston	21.7.17	MR. 319.



~

CERTIFICATE OF SERVICE

(Issued following loss of Permanent Discharge Certificate)
(M.F.B.39 (

This is to certify that No. **639200** . . . (Rank) **Private** . .

Name in full **ANTHONY, Leon Wallace**

Enlisted in **156th Battalion**

Canadian Expeditionary Force, on the **8th** day

of **January** 19 **16**

He served in **CANADA & ENGLAND**

with the **156th Battalion**

and was discharged at **Kingston, Ont.**

on the **12th** day of **January** 19 . . . **18**

by reason of **medically unfit**

His conduct and character while in the Service were **Good**

Medals and Decorations, etc. **BRITISH WAR MEDAL**

DESCRIPTION ON DISCHARGE

Age **23 Years**

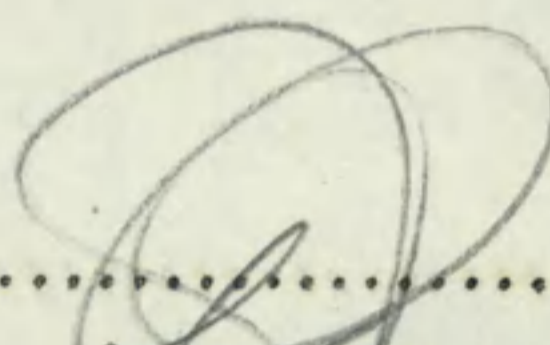
Height **5'6"**

Complexion **Fair**

Eyes **Blue**

Hair **Lt. brown**

H.Q. **649-A-5140**


(W. B. Coleman), Major,
Officer i/c Records,
for Adjutant-General.
for Adjutant-General.

13th **March** **33**
Ottawa, day of 19

NOTE- This Certificate of Service, if lost, will not be replaced.

STATE OF TEXAS

County of _____

Know all men by these presents, that _____ of the County of _____ State of Texas, for and in consideration of the sum of _____ Dollars, to _____ in hand paid by _____ the receipt of which is hereby acknowledged, have granted, sold and conveyed, and by these presents do grant, sell and convey unto the said _____ of the County of _____ State of Texas, all that certain _____

WITNESSETH

That on this _____ day of _____ 19____ A.D. 19____ at _____ in the County of _____ State of Texas, the within and foregoing instrument of writing was read in the presence of _____ who with the said _____ the parties to the same, signed and sealed the same in presence of the undersigned _____

Notary Public in and for the State of Texas

J.G.
 Report No. 8345 Class Duty O. III
 Anthony L. Kemptville Ontario
 No. of M. H. C. File No. of Local File No. of H. Q. File
 MAY - 7 1920

No. 659200 Rank Pte. Original Unit 156th BN Present Unit ORI.
 Age 23 Height 5 ft. 5 ins. Complexion Fair Eyes Blue Hair L. Brown Character N.S.
 Date of enlistment 8-1-16 Where enlisted Kemptville Ont. Where seen service England
 Ship returned by H.M.S. BELG Date of arrival 21-7-17 Port of arrival Halifax, N.S.
 Birthplace U.S.A. Religion C. of E.
 Name and address next of kin Mother:- Mrs. Anthony same address.
 Cause of disability Notify:- do do do 649-a-5140
 Lordosis & Scoliosis of spine not due to service.

Condition which prevents the soldier from earning a full livelihood Complains of pain in lower abdomen and also across the small of the back. On exam. there is marked lordosis & some scoliosis of the lower dorsal & upper lumbar vertebrae & tenderness on pressure over the dorsal spines. He states that his back has always been troublesome & weak and that while on leave at home in 1916, he fell & hurt it again. He states that he has never been able to carry a pack or do hard work. He is unable to stoop forward & touch his toes with his fingers. He states that he can walk 4 or 5 miles slowly. He will probably not be fit for higher category than C. III for 6 months.

Degree of incapacity (Please state in fractions) Eng. Board None Canadian Board 1.5 not due to service.
 Probable duration of incapacity Permanent.
 Is final disability likely to prevent return to previous occupation?
 Recommendation of Canadian Board Duty.
 Destination to which transportation issued Kingston, Ont.
 Members of Board H.A. Robertson Capt. H.F. Seglen Capt. R. Tasse Capt. J.M. Carriock Maj.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	Step mother	55			Fair.
Children 1	Father	65			
2	Assignment \$15.00				
3					
4					
5					

Occupation prior to enlistment Farmer
 Regular trade or profession Fireman
 Average earnings previous to enlistment N.A. Any other income ---
 Name and address of last employer Self.
 Rent per month --- If purchasing property amount due and annual payment, \$ --- \$ ---
 Taxes --- If Homestead, when is patent due? ---
 If carrying life or accident insurance, annual premium ---
 If in receipt of sick benefits or other insurance—name of society --- Amt. per mo. \$ ---
 If unable to follow previous occupation, name preference ---
 At what age soldier left school? What grade, standard, &c., was he in? N.A.
 Has he taken any Technical or Continuation classes, if so what?
 Whether given Vocational Training while in Hospital in England. If so, what subjects?
 References N.A. I declare that the above statement is correct.
 Witness Frank H. Bennett, Signature L. Anthony.
 Date Quebec 26-7-17

Recommendation by Interviewer as to classes likely to be of use, and general remarks:
 N.A.

Last Pay Cert. Cr., \$ Dr., \$ Amount paid at Depot H. Q., \$ L. P. C. leaving Depot, \$
 Amount forwarded to H. Q. Unit, \$ Credit Clothing allowances, \$
 Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date
 PENSION—Class..... Amount per year, \$..... Period granted for..... Dating from.....
 First payment date.....

CLASS 3—Men having a permanent disability which would not be benefited by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.
 CLASS 2—Men whose condition may be benefited by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.
 CLASS 1—Men for immediate discharge without a pension.
 (a) Unit for overseas service but capable to take up their previous civilian occupation.
 (b) Disability not the result of service or involving claim as the result of or aggravation by service.

AB MAY 11 1920

2613 12.15.20

R.G. MAY 8 1920

Name and address next of kin _____
 Date of arrival _____
 Date of departure _____
 Where enlisted _____
 Height _____
 Eyes _____
 Complexion _____
 Original Unit _____
 Rank _____

Condition which prevents the soldier from earning a full livelihood _____
 Cause of disability _____

Is final disability likely to prevent return to previous occupation? _____
 Probable duration of incapacity _____
 Degree of incapacity (Please state in fractions) Reg. Board _____
 Canadian Board _____

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children					
1					
2					
3					
4					
5					

Occupation prior to enlistment _____
 Regular trade or profession _____
 Average earnings previous to enlistment _____
 Name and address of last employer _____
 Rent per month _____
 Taxes _____
 If carrying life or accident insurance, annual premium _____
 If in receipt of sick benefits or other assistance name of society _____
 If unable to follow previous occupation name of reference _____
 At what age soldier left school? _____
 What grade standard, sec. was he in? _____
 Has he taken any Technical or Commercial classes, if so what? _____
 Whether given Vocational Training while in Hospital in England, if so, what subjects? _____
 References _____
 Witness _____
 Date _____
 Signature _____
 I declare that the above statement is correct.

Recommendation by Interviewer as to classes likely to be of use and general remarks: _____

Transferred to _____ Unit—Date _____
 Amount forwarded to H. C. Unit \$ _____
 Credits (folding allowances) \$ _____
 Last Pay Cert. Cr. \$ _____
 Amount paid at Depot H. C. \$ _____
 L. P. C. leaving Depot \$ _____

Transferred Class—Date _____
 Amount per year \$ _____
 Period granted for _____
 Dating from _____

This form is to be filled in by the soldier or by a person acting on his behalf. It should be filled in as soon as possible after the soldier has been discharged from the service. It should be filled in by the soldier or by a person acting on his behalf. It should be filled in as soon as possible after the soldier has been discharged from the service.

J.O.

Rep. No. 8545 Class Duty G. 323 111

Anthony L.
Kemptville
Ontario

No. of M. H. C. File No. of Local File No. of H. Q. File

CLASS 3.—Men having a permanent disability which would not be benefited by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

No. 639200 Rank Pte. Original Unit 156th DE Present Unit ORR.

Age 23 Height 5 ft. 5 ins. Complexion Fair Eyes Blue Hair L. Brown Character H.A.

Date of enlistment 8-2-16 Where enlisted Kemptville Ont. Where seen service England

Ship returned by H.M.S. 2310 Date of arrival 21-7-17 Port of arrival Halifax, N.S.

Birthplace U.S.A. Religion C. of E.

Name and address next of kin Mother—Mrs. Anthony same address.

Cause of disability do do do
Lordsis & Scoliosis of spine not due to service.

Condition which prevents the soldier from earning a full livelihood

CLASS 2.—Men whose condition may be benefited by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

Degree of incapacity (Please state in fractions) Eng. Board Canadian Board

Probable duration of incapacity

Is final disability likely to prevent return to previous occupation?

Recommendation of Canadian Board Duty.

Destination to which transportation issued Kingston, Ont.

Members of Board S.A. Robertson Capt. M.F. Gordon Capt. R. Tansie Capt. J.M. Service Maj.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	Step mother	35			Fair.
Children 1	Father	65			
2	Assignment \$15.00				
3					
4					
5					

Occupation prior to enlistment Farmer

Regular trade or profession Fireman

Average earnings previous to enlistment H.A. Any other income

Name and address of last employer S.A.

Rent per month If purchasing property amount due and annual payment, \$

Taxes If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance—name of society Amt. per mo. \$

If unable to follow previous occupation, name preference

At what age soldier left school? What grade, standard, &c., was he in? H.A.

Has he taken any Technical or Continuation classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References I declare that the above statement is correct.

Witness Frank H. Bennett. Signature L. Anthony.

Date 25-7-17

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., \$ Dr., \$ Amount paid at Depot H. Q., \$ L. P. C. leaving Depot, \$

Amount forwarded to H. Q. Unit, \$ Credit Clothing allowances, \$

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

PENSION—Class..... Amount per year, \$..... Period granted for..... Dating from.....

First payment date.....

CLASS 1.—Men for immediate discharge without a pension.
(a) Unit for overseas service but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claim as the result of or aggravation by service.

Rank _____
 Height _____ ft. _____ in.
 Date of enlistment _____
 Ship returned by _____
 Name and address next of kin _____
 Cause of disability _____
 Religion _____
 Port of arrival _____
 Date of arrival _____
 Where enlisted _____
 Where seen since _____
 Original Unit _____
 Present Unit _____
 Character _____

Condition which prevents the soldier from earning a full livelihood _____

Canadian Board _____
 Degree of incapacity (Please state in fractions) Eng. Board _____
 Evitable duration of incapacity _____
 Is final disability likely to prevent return to previous occupation? _____
 Recommendation of Canadian Board _____
 Transportation to which transportation issued _____
 Number of Board _____

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Child 1					
2					
3					
4					
5					

Corporation prior to enlistment _____
 Regular trade or profession _____
 Average earnings previous to enlistment _____
 Name and address of last employer _____
 Rent per month _____
 Tax _____
 If Homestead, when is payment due? _____
 If carrying life or accident insurance, annual premium _____
 If in receipt of the benefits of other insurance, name of society _____
 If unable to follow previous occupation, name of business _____
 At what age soldier left school? _____
 What grade, standard, school, was he in? _____
 Has he taken any Technical or Continuation classes, if so what? _____
 Whether given Vocational Training while in Hospital in England. If so, what subjects? _____
 References _____
 Witnesses _____
 Date _____
 Signature _____
 I declare that the above statement is correct.

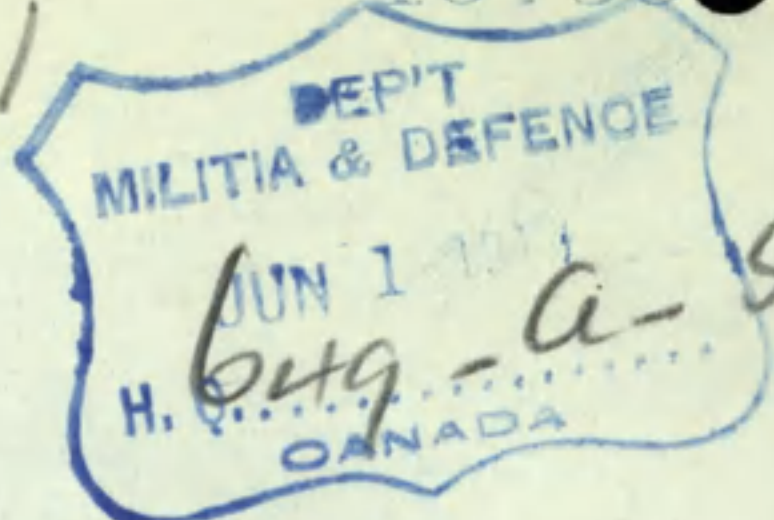
Recommendation by Interviewer as to classes likely to be of use and general remarks: _____
 Trans'd to _____ Unit—Date _____
 Trans'd Class 1—Date _____
 Trans'd Class 2—Date _____
 Trans'd Class 3—Date _____
 Pension—Class _____ Amount per year \$ _____
 Period (ended for) _____
 Dated from _____
 Last Pay Cert. Cr. \$ _____
 Date \$ _____
 Amount forwarded to H. C. Unit \$ _____
 Credit (including allowances) \$ _____
 Amount paid at Depot H. C. \$ _____
 J. P. C. leaving Depot \$ _____

Vertical text on the right edge of the page, possibly bleed-through or a separate column of information.

3

88-a-71

15735



D.M.S. 1394

PROCEEDINGS OF A MEDICAL BOARD

74-a-29

Dated at _____ 1917.

No. _____ Rank _____ Name Witley 27. 4
Local Unit 639200 Rank pte Overseas Unit Anthony. L.W. Age 22

Examination held at 156. _____

DISABILITY
Overseas - Local
(Strike out one)

Witley
Immature -
PRESENT CONDITION

Is not very well developed physically - has slight Lordosis - (had accidental fall 3 years ago) - Can walk 5 miles - Claims to be weak and unable to carry pack

BOARD RECOMMENDS: _____ B2

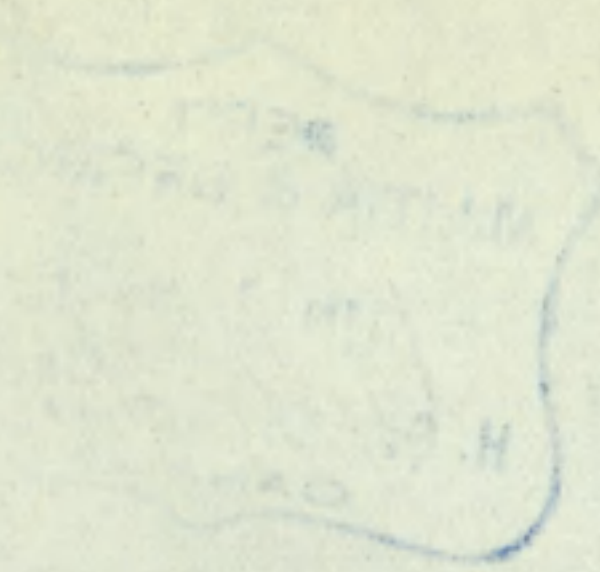
SIGNATURES

(T. W. ... President
(... Member
(Ch. W. ... Capt. C. A. ... Member

APPROVED _____ 1917, _____ For A.D.M.S.

April 27th

J. H. Cook Capt
Witley



1913

PROCEEDINGS OF A MEDICAL BOARD

BOARD OF MEDICAL EXAMINERS

1913

1913

1913

1913

1913

1913

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1913

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1913

1913



SPECIAL

D.M.S. 1394

PROCEEDINGS OF A MEDICAL BOARD

Dated at Witley 27. 4 1917.

No. 639200 Rank pte Name Anthony L. W.

Local Unit 156 Overseas Unit _____ Age 22

Examination held at Witley

DISABILITY
~~Overseas~~ - Local
(Strike out one)

Signature -

PRESENT CONDITION

Is not very well developed physically - has slight lordosis - (had accidental fall 3 years ago) - Can walk 5 miles - Claims to be weak and unable to carry pack

B2

BOARD RECOMMENDS: _____

SIGNATURES

J. W. ... President
C. M. ... Member
B. C. FOLIO
F. ... Member

APPROVED April 27th 1917, J. Cock ... For A.D.M.S.
Witley

10/11

UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED
OCT 10 1951

MEMORANDUM FOR THE ATTORNEY GENERAL
SUBJECT: [Illegible]

NOTED MAY 1951

[Faint, mostly illegible typed text]

[Faint, mostly illegible typed text]

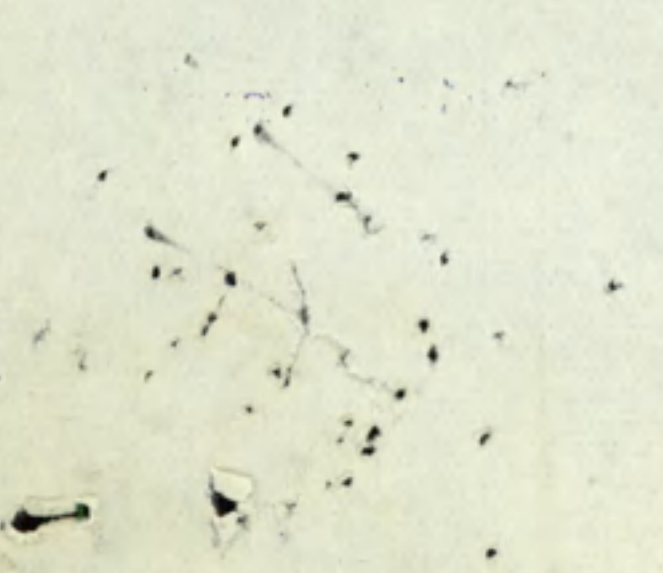
[Faint, mostly illegible typed text]

[Faint, mostly illegible typed text]

840-18-178

SPECIAL

10-18-51
[Handwritten initials]



Report No. 8345 Class Duty C III

Anthony L. Hemphill
Ontario

No. of M. H. C. File
No. of Local File
No. of H. Q. File
MILITIA & DEFENCE
AUG 13 1917
H. Q. CANADA

No. 639200 Rank Pte. Original Unit 156 Bn Present Unit ERT
Age 23 Height 5 ft. 5 ins. Complexion Fair Eyes Blue Hair LBrown Character N.P.
Date of enlistment 8-1-16 Where enlisted Kemptville, Ont. Where seen service England.
Ship returned by JM T 2810 Date of arrival JUL 2 1917 Port of arrival HALIFAX, N.S.
Birthplace USA Religion Cofc.
Name and address next of kin Mother Mrs Anthony same address
Notification of return to be sent to Mother
Cause of disability Lordosis & Scoliosis of spine not due to service.
Condition which prevents the soldier from earning a full livelihood

CLASS 3—Men having a permanent disability which would not be benefitted by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

CLASS 2.—Men whose condition may be benefited by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

CLASS 1.—Men for immediate discharge without a pension.
(a) Unit for overseas service but capable to take up their previous civilian occupation.
(b) Disability not the result of service or involving claim as the result of or aggravation by service.

Degree of incapacity (Please state in fractions) Eng. Board None Canadian Board 1/5 not due to service.
Probable duration of incapacity Permanent.
Recommendation of Canadian Board Duty.
Destination to which transportation issued Kingston, Ont.
Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	<u>Step. Mother</u>	<u>35</u>			<u>Fair</u>
Children 1	<u>Father</u>	<u>65</u>			
2					
3	<u>Assignment \$15</u>				
4					

Occupation prior to enlistment Farmer.
Regular trade or profession Firmer
Average earnings previous to enlistment na Any other income _____
Name and address of last employer Self.
Rent per month _____ If purchasing property amount due and annual payment, \$ _____
Taxes _____ If Homestead, when is patent due? _____
If carrying life or accident insurance, annual premium _____
If in receipt of sick benefits or other insurance—name of society _____ Amt. per mo. \$ _____
Unable to follow previous occupation, name preference _____
At what age soldier left school? _____ What grade, standard, &c., was he in? _____
Has he taken any Technical or Continuation classes, if so what? na
Whether given Vocational Training while in Hospital in England. If so, what subjects? _____

References na
Witness Frank M Bennett I declare that the above statement is correct.
Date QUEBEC JUL 2 1917 Signature Anthony

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

na.

Last Pay Cert. Cr., \$ _____ Dr., \$ _____ Amount paid at Depot H.Q., \$ _____ L. P. C. leaving Depot, \$ _____
Amount forwarded to H. Q. Unit, \$ _____ Credit Clothing allowances, \$ _____
Transf'd to _____ Unit—Date _____ Transf'd Class 1—Date _____ B. P. C. Transf'd Class 3—Date _____
PENSION—Class _____ Amount per year, \$ _____ Period granted for _____ FALSE DOCKET Dating from _____
First payment date _____

B. P. C. FALSE DOCKET
2

Discharge
129-8-14
1917

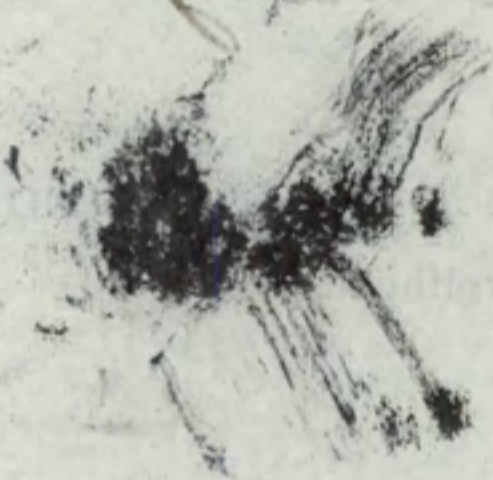
I 579
14-8-17
C 338

CONFERENCE
AUG 23 1917

W. CANADA

Perkins

Mr. Perkins
1111



Perkins

Perkins
1111

Perkins

GOEBEL

Perkins

CONFIDENTIAL

Ciii

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

DEPT. OF MILITIA & DEFENCE
AUG 13 1917
CANADA

Proceedings of Medical Board at Discharge Depot.

649-A-5140

No. Rank Name and Corps of disabled Soldier:—
C 39200, Pte, Anthony, Leo, 156th Bn. / 109th Bn / 129th Bn.
Previous civilian occupation:— Farmer.

Cause of Disability:— Lordosis & Scoliosis of Spine. not due to service.

Condition, in detail, which prevents the soldier earning a full livelihood:—

Complains of pain in lower abdomen, & also across the small of the back.

On exam. — there is marked lordosis & some scoliosis of the lower dorsal & upper lumbar vertebrae & tenderness on pressure over the dorsal spines. He states that his back has always been troublesome & weak, and that while on leave at home in 1916, he fell & hurt it again.

OPINION OF THE BOARD.

P. T. O.

Degree of incapacity. (Please state in fractions) $\frac{1}{5}$ not due to service

Probable duration of incapacity:— Permanent.

Does it render him permanently unfit for Military Service? no for Ciii

Would operation, Special treatment, or use of appliances, etc., lessen incapacity? no.

Signature:—

E. A. Roberts, Capt. President.

Station:— Que.

July 26/17

M. J. Cogan, Capt. Members.
R. A. ... Capt.

APPROVED.

Date... July 26/17

W. A. Carnevali, Asst. Director Medical Services.

Date... Aug 14 1917

Harry J. ... Director General Medical Service.

FALSE DOCKETS
3

Discharge in 29-6-17

R 188

He states that he has never been able to carry a pack, or do hard work. He is unable to stoop, forward or touch his toes with his fingers. He states that he can

walk 4 or 5 miles slowly.

He will probably not be fit for higher category than Cⁱⁱⁱ for 6-months.

E. A. Robertson Capt
M. J. Coglou Capt.
Ramanujam Capt.

12

63/9200
MEDICAL HISTORY SHEET. 18 1916

Surname Anthony Christian Name Leon ...

SPECIAL

Examined { on 9th day of Jan 1916
 at Kempville
 Birthplace { City or Town Philadelphia
 County Pd.

Approved by H. E. Struy
 Rank Lieut. Amb. M.O.

Apparent age 18
 Trade or occupation farmer
 Height 5 Feet 5 Inches.
 Weight 125 Lbs.
 Chest measurement { Minimum 29 1/2 inches.
 Maximum expansion 32 1/2 inches.
 Physical development fair
 Small-Pox Marks 0

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
<u>10/16</u>	<u>fit</u>	<u>H. E. Struy</u> M.O.
		<u>Quincy</u> M.O.
		<u>Captain</u> M.O.
		<u>0</u> M.O.
		<u>0</u> M.O.
		<u>0</u> M.O.
		<u>0</u> M.O.

Vaccination Marks { Arm Right 0 Left 0
 Number 0

Date.	Result.	VACCINATIONS.
<u>28/8/16</u>	<u>Good</u>	<u>H. B. Blair</u> M.O.
		M.O.
		M.O.

When Vaccinated last 0
 (a) Marks indicating congenital peculiarities or previous disease 0

(b) Slight defects but not sufficient to cause rejection 0

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>13/7/16</u>	<u>Good</u>	<u>H. B. Blair</u> M.O.
<u>22/7/16</u>	<u>Good</u>	<u>H. B. Blair</u> M.O.
<u>6/3/17</u>	<u>Good</u>	<u>W. B. Wallace</u> M.O.
<u>4/4/17</u>	<u>Good</u>	<u>H. Lloyd</u>

Enlisted on 9th day of January 1916 at Kempville

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>156th Battn.</u>	<u>639200</u>		<u>Jan - 8-16</u>
Transferred to	<u>C. E. F.</u>			
	<u>109th OVERSEAS BATTALION, C. E. F.</u>			
	<u>124th OVERSEAS BATTALION C. E. F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Wiley.</u>	<u>27. 4. 17.</u>	<u>undeveloped & lordosis of spine</u>	<u>B2</u> <u>Thompson</u> <u>Capt.</u> <u>Quil.</u>
<u>Kempville</u>	<u>Dec 29/17</u>	<u>Lordosis of spine</u>	<u>C. Tyson</u> <u>E</u> <u>Officer</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.

B. P. C. F. DOCKET
4

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

427-L-2

Name Anthony Leon Wallace
Surname Christian Name

Regimental Number 639200 Rank Pte.

Unit #3 S.S.Co.

Original Unit

District where paid M.D.3.

Date of Discharge 12-1-18.

P. D. P. Filing Number 6048-3.

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

Address (in full) Kemptville, Ont.

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		
100 10	958	11-1-18	33 00	940	11-2-18	33 00	938	12-3-18	34 10		100 10

*①-K
13-16-18*

Susp Ledger A-1

03

M. F. W. 127.
50M-617.
1772 80-1140.

Remarks:

File No.

WAR SERVICE GRATUITY.

Register No.

Reg. No. Dependent

Name Address

Address
S. A. months at \$ per mo. \$
Less P. D. P. Credited

Less further debit balance
Net due paid as below

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.....

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs Lizzie Anthony*
 Address *Rampsville*
Ont

By Whom Assigned *Anthony L. W*
 Regtl. No. *639200*
 Rank *Pte*
 Corps *156th Batt*

Rate *\$15.00 Dec 1st 16*
2 on 28th 16 add

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			<i>Consolidated Acc^o</i>
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

COPIED FOR 2 CASUALTIES

1000
K. J. J.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Lizzie Anthony

Name of Soldier

Anthony L. W.

L. L. Job 4503 - Req. 6332.

PAYMENTS.

pte 156th Batt #639200

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.		S 44058	45	
March		K 48611	15	15-2-
April		B 382	15	15-2-
May		L 6462	15	15-2-
June		L 13102	15	15-5
July		L 20236	15	
Aug.	120 B.	A 27094	15	in cancelled N 27094
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

UK

15⁰⁰ Dec 1916

..... A/c Closed 31-7-17
Ret'd per 2810
Date 21 7/17 F. X. 8 8/17
..... Clerk *R. Gray*

\$120.

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.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Dec. 1916.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

12127
 No. *639200*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *L. W. Anthony*
 Battalion *156th Batt.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Lizzie Anthony*
 Address *Kemptrille, Ont.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i> <i>Sept</i>	<i>30</i>		<i>120 -</i>	<i>120 -</i>	<i>A.P. account closed 31-7-17 - 2810 - 8-8-17.</i>

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Rank

Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
400M-6-17-1772-38-141
L. L. 22320-M. & D. 7493.

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

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

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

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

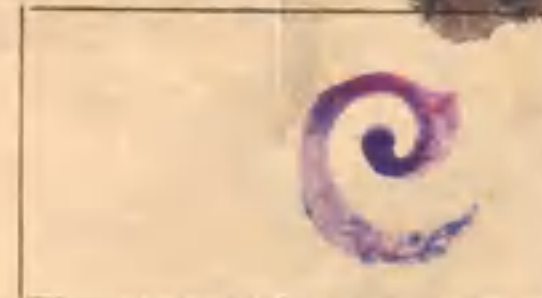
6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

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

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

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

This space to be left blank for the Chelsea Number



DUPLICATE SPECIAL Army Form B. 268.

July 21 1917

Proceedings on Discharge.

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

No.	639200	Army Rank	Pte.
Name	Anthony Leon <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps	G. P. S.		
Battalion, Battery, Company, Depot, &c.	156th		
<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.	Description at the time of discharge.		Descriptive marks.
Age	23 years	months	
Height	5 feet	5 inches	
Chest measurement	girth when fully expanded		1. Vacc. M. L. Army
	range of expansion		
Complexion			
Eyes			
Hair			
Trade	Fireman		
Intended place of residence	Hempfield 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			
<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:—		
	4. Character awarded in accordance with King's Regulations:—		
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.			
Initials of Commanding Officer			

Army Form B. 2088 has been issued to*

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.

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ (Signature of Soldier.)

(Date) _____ (Signature of Witness.)

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

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

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

_____ (Signature of Soldier.)

10. Statement of service.

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

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

Total " " "

11. Confirmation of discharge.

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

(Place) _____ Signature _____

(Date) _____

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

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 (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.

3-A-11



Proceedings on Discharge.

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

No. <i>639200</i>	
Rank <i>Private</i>	
Name <i>Anthony, Leon.</i> <small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>No 3 Spec. Serv. Coy</i>	
Date of Discharge <i>January 12th, 1918</i>	
Place of Discharge <i>Kingston, Ont.</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <i>23</i> years..... <i>4</i> months.	Descriptive Marks <i>Scar on forehead.</i>
Height..... <i>5</i> feet..... <i>6</i> inches.	
Complexion <i>Fair</i>	
Eyes <i>Blue</i>	
Hair <i>Light Brown</i>	
Trade <i>Farmer</i>	
Intended place of residence } <i>Kemptville, Ont.</i>	
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of <i>compassion</i> at his own request , <i>auth 3rd</i> <i>88-a-71 dated 7-11-17 Unfit</i> <i>for further service.</i>	
<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>	
To be in the handwriting of the Commanding Officer, who will certify that the entries on the character certificate are correct and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <i>Very Good</i>
	<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.) <i>Farmer</i>

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113

25.1.18

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) *Fort Henry*

A. B. Quait MAJOR

(Date) *12-1-18*

Commanding *C. C. No. 3 Special Service, C. E. F.*

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) *Fort Henry C. Anthony* (Signature of Soldier.)

(Date) *12-1-18* (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.

A. B. Quait (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) *Fort Henry*

(Signature) *A. B. Quait*

(Date) *12-1-18*

MAJOR
C. C. No. 3 Special Service, C. E. F.

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.)

Nil
A. B. Quait
witness. *A. B. Quait*

P. 559. MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c

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

REG'L No. 639200

RANK Private

NAME Anthony Leon

UNIT 156th

TRANSFERRED TO 109th

DATE 11-11-16

AUTHORITY 720.246

IF IN PERM. CORPS WHAT UNIT

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO 124th Co.

DATE 21.1.17

AUTHORITY 10343

PLACE OF ATTESTATION

Hemptrulle Ont

TRANSFERRED TO 156th Bn.

DATE 1-2-17

AUTHORITY 812.16

DATE OF ATTESTATION

8/1/16

TRANSFERRED TO Dept L.

DATE 3/7/17

AUTHORITY 1060.36

ASSIGNED PAY MONTHLY \$ 15⁰⁰/₁₀₀

DATE EFFECTIVE Dec 1st 1916. a. r. m. storm rendered 23/1/16

PAYABLE TO Mrs Lizzie Anthony

Hemptrulle Ont

RELATIONSHIP Mother

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

Stopped - EFFECTIVE 1.8.17

REASON Discharge to Canada

DISCHARGE DATE AND PLACE

7.17 Canada

REASON AND AUTHORITY Med. Unfit. B of C. O. Publet 7.6.17.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Entered on N.E. 62-63

Checked by E.H. [Signature]

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		REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4	CREDIT	DEBIT	WITHHELD OR DEFERRED	ISSUE								
			\$	c.			\$	c.			\$	c.																			No.	DATE		No.	DATE
Oct 31																																	Balance from Canada		
Nov 1-10	10	1 ⁰⁰	10		10	10	1																												
11-20	20	20				2																													
Dec 1-31	31	31				3	10																												
Jan 1-20	20	22				6	10																												
21-31	11	12	10																																
Feb 1-31	31	30	80																																
Mar 1-31	31	32	10																																
Apr 1-30	30	33	00																																
May 1-31	31	34	10																																
June 1-30	30	33																																	
July 1-31	31	34	10																																
Aug 1-31	31	35	10																																
Sep 1-30	30	34	10																																
Oct 1-31	31	35	10																																

Checked [Signature]

639200

Date of Payment.

15.5.17

6.6.17

14.6.17

28.6.17

Discharge to Canada

check to pay 2 2/3 27/17

64005-17 15.5.17

