

Included Feb 11, 16

OK. M.Y. R. Colours

ATTESTATION PAPER.

No. 726112

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Armstrong*
- 1a. What are your Christian names?..... *Robert, Johnson,*
- 1b. What is your present address?..... *Norland.*
2. In what Town, Township or Parish, and in what Country were you born?..... *Heid Lake, Ontario*
3. What is the name of your next-of-kin?..... *James Armstrong*
4. What is the address of your next-of-kin?..... *Dunmore Ont*
- 4a. What is the relationship of your next-of-kin?..... *Yather Canada*
5. What is the date of your birth?..... *16th May 1882*
6. What is your Trade or Calling?..... *Labourer.*
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?..... *34th Regiment No. 5 Mchdrge.*
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, *Robert J. Armstrong*, 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 *Feb 11th* 1916. *Robert J. Armstrong* (Signature of Recruit)
Charles Puf (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *Feb 11th* 1916. *Robert J. Armstrong* (Signature of Recruit)
Charles Puf (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 *Bobocant* this *23rd* day of *Feb* 1916

Charles Puf (Signature of Justice)

Description of Robert Johnson Armstrong on Enlistment.

Apparent Age.....33 years8 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. 7 1/4 ins.

hears size of 10 cent piece over lower inner end of left scapula.

Chest measurement { Girth when fully expanded.....36 1/2 ins.
 Range of expansion.....3 1/2 ins.

Complexion.....Sandy

Eyes.....Blue

Hair.....Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....February 11th 1916

McCulloch.....Capt.
 Medical Officer

Place.....Lindsay

Harvey.....109th Overseas Battalion, C. E. F.
 Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

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

Date.....FEB 26 1916.....1916

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 726142 (Rank) Private

Name (in full) ARMSTRONG, Robert Johnson. enlisted in
the 109th Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Cobourg, Ont. on the 11th
day of February 1916

HE served in Canada, England and France

and is now discharged from the service by reason of In accordance with R.O. 1343
"Demobilization" Authority 3DD-3-A-181 D/ 8-1-19

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

| | |
|--|--|
| Age <u>36 yrs. 8 months.</u> Height <u>5ft. 7 1/2 ins.</u> Complexion <u>Sandy</u> Eyes <u>Blue</u> Hair <u>Fair</u> | Marks or Scars <u>Scar size of ten cent piece over lower end of scapula.</u> |
|--|--|

This is Mark of Armstrong R. J.
(Witness Woodford A.)
 Signature of Soldier

W. P. Clarke Lieut.
 Issuing Officer
 O. C. Discharge Section
 No. 3 District Depot
 Rank

Date of Discharge 13-1-19

Signed at Kingston, Ont. this 13th day of January 1919

in Military District No. 3

File Reference No. 3DD-3-A-181

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

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

Corps 44^R Canadian
 No. 572146

CLINICAL CHART
 (To be attached to Case Sheet.)

Army Form B. 181

Rank and Name Pte Armstrong

Age 36

Military Hospital Tulham

Service 2 yrs

Disease _____

Date of admission May 17¹⁸

Date of discharge _____

Result _____

| Dates of Observation | Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|------|----|------|---|------|---|------|---|------|---|------|---|------|---|------|---|------|---|------|---|------|---|------|---|------|---|------|---|---|---|
| | A.M. | | P.M. | | A.M. | | P.M. | | A.M. | | P.M. | | A.M. | | P.M. | | A.M. | | P.M. | | A.M. | | P.M. | | A.M. | | P.M. | | | |
| May 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Days of Disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temperature, Fahrenheit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | 54 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motions per 24 Hours | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / |

Spec Grav. idis H₂O acid.
 Alb. Gland - Sugar nil.

Signature _____ In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

No. _____ Rank and Name _____

Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

| Dates of Observation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|--|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| | Days of Disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temperature, Fahrenheit | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time |
| | A.M.P.M. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Respirations per Minute | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motions per 24 Hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Signature _____

In charge of case.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

/HWV LAST PAY CERTIFICATE ORIGINAL

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

Regimental No. **26142** Rank **Pte.** Name **Armstrong, R. J.**

Corps. **44th Battalion** who was* **Discharged**

On **January 13th** 191**9**, to **Category "A2"**

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from **December 1st** 191**8** to **January 13th** 191**9**, 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. | | Regt'l Pay | 44 | 00 |
| Assigned Pay and Sep'n Allee. | No. | | Field Allow. | 44 | 40 |
| Other charges | | | Separation Allowances* (Monthly) | | |
| Payment on transfer discharge | No. | 1306 196 84 | Other Allowances* Clothing | 35 | 00 |
| Balance Cr. (to be paid by the new unit) | | | Other Credits* | | |
| Total | 196 | 84 | Bal. Dr. (to be deducted by new unit) | | |
| | | | Total | 196 | 84 |

* Give particulars.

A monthly stoppage of \$ **NIL** (†) has (‡) been paid on account of Assigned Pay for the month of 191..... } (to) Assignee..... }
 and Sep'n Allee. for month of 191..... }
 (Address)

(†) 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..... **NO.**
- (3) cause of discharge..... authority **R.O. 1343.**
- (4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date **January 11th, 1919.**

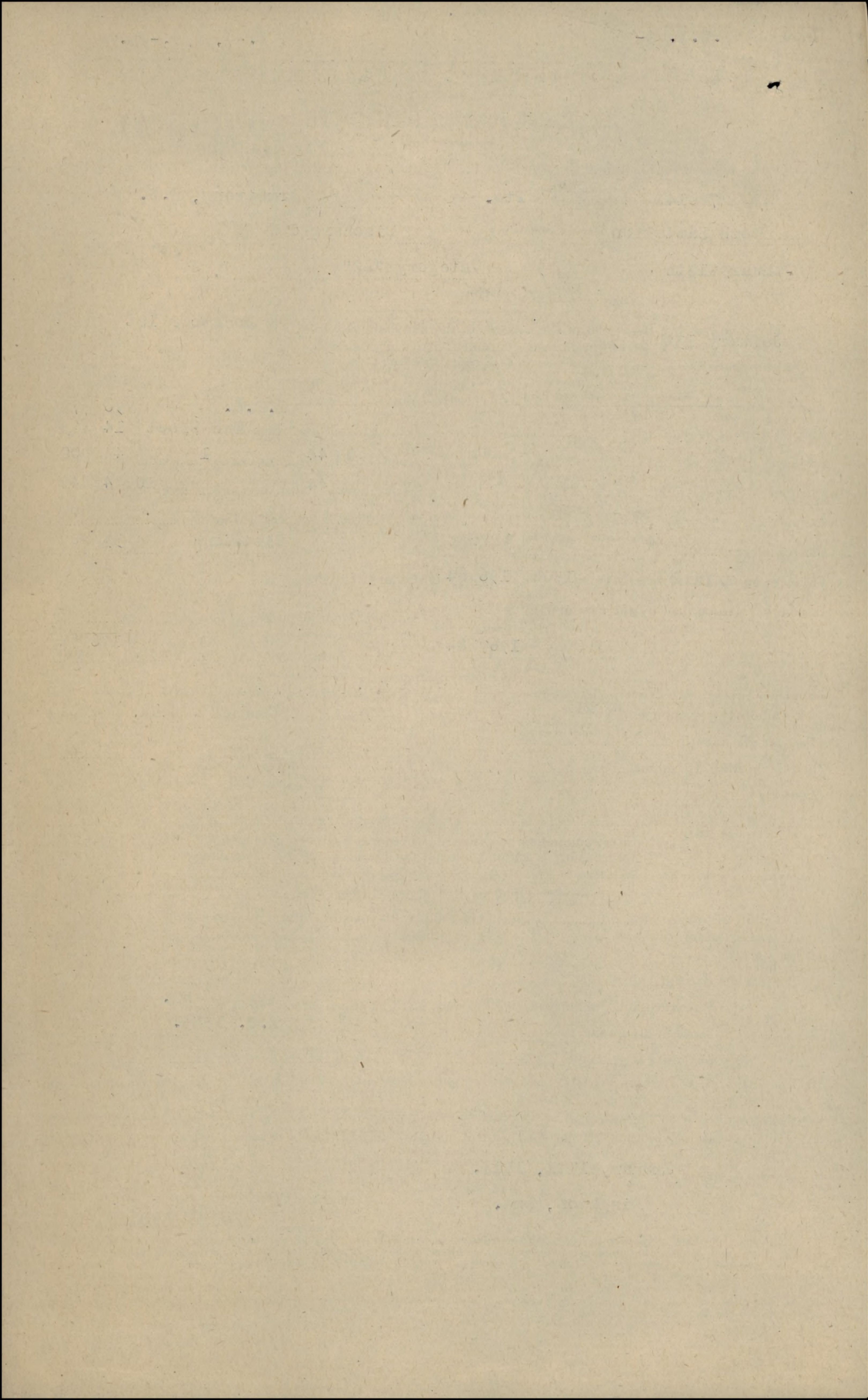
Place **Kingston, Ont.**

W. P. Jones
 Paymaster.

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

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

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.



Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Pte Name Robert Johnson Surname Penning
Unit of Corps 3rd P. Coy (If a soldier) Regtl. No. 226142
Born at Head Lake Ont. on, (date) May 16th 1885.
Signature (for identification) R. J. Penning Male

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 160 lbs. Colour of eyes Blue
Height 6 ft. 0 in. Identification Marks nil

2. NUTRITION AND DIATHESIS? Good

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

Normal

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

normal

5. HEART?

Abnormal Sounds? no
Abnormal Size? no
Pulse Rate? 74 Intermittence or Irregularity? no Muscular Tone? Good

6. ARTERIES.—(a) Any hardening or nodulation?

(b) Blood Pressure. S.B.P. 130 D.B.P. 85

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

normal

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1032 Reaction? acid Albumen? neg. Sugar? neg.

9. SKIN, MIDDLE EAR, EYE or any other part?

normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

no
good
category A II

11. Opinion as to the health and physical condition of the one examined?

Examined at Barrack Hospital Signed [Signature] M. O.
Date 2.11.91 Signed [Signature] M. O.

R. J. Penning Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding



Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank PTE Name ROBERT JOHNSON Surname ARMSTRONG
 Unit or Corps 44 BATT. (If a soldier) Regt. No. 726142
 Born at LEANSY, ONT CAN on, date 16 MAY, 1884
 Signature (for identification) R J Armstrong

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight 150 lbs.
 Height 5 ft. 7 1/4 in.

2. **NUTRITION AND DIATHESIS?**

Good.

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?**

normal.

4. **RESPIRATORY SYSTEM?**

normal.

5. **HEART?**

Abnormal Sounds? none
 Abnormal Size? no.
 Pulse Rate? 70 Intermittence or irregularity? no.

6. **ARTERIES.**—Any hardening?

no.

7. **DIGESTIVE SYSTEM?**

normal.

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g.? 1015 Reaction? acid. Albumen? Neg Sugar? Neg

9. **SKIN, MIDDLE EAR, EYE**
or any other part?

normal.

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

no.

11. Opinion as to the health and physical condition of the one examined?

Healthy.

Examined at Seaford } Signed J. W. MacNeil, Capt. M.O.
 Date 26-11-15 } Signed J. W. MacNeil, Capt. M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty

The Officer leaving the Service upon being found fit for general service by a Medical Board and Soldiers leaving the Service upon being found fit for duty by a Medical Board are not to be reported on this form.

Rank: _____ Name: _____

Unit or Corps: _____ (If a Soldier) Regt. No. _____

Date of Examination: _____

Signature (for identification): _____

The examination is to be made jointly by two Medical Officers.

1. PHYSIOLOGICAL (any abnormality, including exanthemata? If so, describe)

Weight

Height

Temperature

2. NUTRITION AND DIGESTION

After examining tongue and throat, examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM

4. RESPIRATORY SYSTEM

5. HEART

Abnormal sounds

Abnormal size

Total rate

Irregularity of rhythm?

6. ARTERIES - any abnormality?

7. DIGESTIVE SYSTEM

8. GENITO-URINARY SYSTEM

Urinary excretion

9. SKIN, MIDDLE EAR, EYE

or any abnormality?

10. Is there any evidence of

impairment of health or

physical condition not

mentioned above? If so, describe.

11. Opinion as to the health

and physical condition

of the one examined?

Examined at _____ Signed _____

Date _____ Signed _____

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the G.O. concerned for the Officer or Soldier to be sent before a Medical Board for regular recording.

726142

ORIGINAL MEDICAL HISTORY SHEET ORIGINAL

Surname Armstrong Christian Name Robert Johnson

Examined { on 11th day of February 1916.
at Toboonk.
Birthplace { City or Town Sp. Laxton.
County Victoria

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

Apparent age 34 years
Trade or occupation laborer
Height 5 Feet 7 1/4 Inches.
Weight 148 Lbs.
Chest measurement { Minimum 33 inches.
Maximum expansion 36 1/2 inches.
Physical development Good
Small-Pox Marks None

| Date | Fit or Unfit | EXAMINED FOR RE-ENGAGEMENT, |
|--------|--------------|--|
| | | 22 MAY 1918 |
| 8-8-18 | DT | <u>J. Johnson</u> Capt. M.O. <u>came</u> |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

Vaccination Marks { Arm Right None Left One.
Number One
When Vaccinated last Feb. 29th 1916

| Date | Result | VACCINATIONS. |
|---------|--------|--------------------------|
| 29-2-16 | Good | <u>J. McCullagh</u> M.O. |
| 10-5-18 | | M.O. |
| | | M.O. |

(a) Marks indicating congenital peculiarities or previous disease None

| Date | Result | 1916 ANTI-TYPHOID INOCULATIONS, ETC. |
|---------|--------|--------------------------------------|
| 9-5-16 | Good | <u>J. McCullagh</u> M.O. |
| 18-5-16 | " | <u>J. McCullagh</u> M.O. |
| 25-5-16 | " | <u>J. McCullagh</u> M.O. |
| 27-9-16 | " | <u>J. McCullagh</u> M.O. |

(b) Slight defects but not sufficient to cause rejection
Slight varicole on left side
Slight varicose veins on back of left thigh.

Enlisted on 11th day of February 1916 at Toboonk

| | CORPS. | REG'TL NUMBER. | HABITS. | DATE. |
|----------------------|-----------------------|----------------|---------|----------------|
| Joined on enlistment | <u>109 Bn. C.E.F.</u> | <u>726142</u> | | <u>11-2-16</u> |
| Transferred to.. .. | <u>44th Bn</u> | <u>572146</u> | | |
| | <u>18th Res. Bn.</u> | | | |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION. | DATE. | DISEASE. | RESULT. |
|---------------------------------------|------------------|----------------------|----------------------------|
| <u>3rd C.E.D. Seaford.</u> | <u>18-10-18.</u> | <u>Fit for Duty.</u> | <u>Major. C. G. D. ...</u> |
| <u>Barriford</u> | <u>7-7-18</u> | <u>nil</u> | <u>Res. 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.

CANADIAN

28

231

Surname *Amstrong* Christian Name *Robert Johnson*

| STATION. | Date of Arrival at the Station. | DATES OF | | | | | | DISEASE. | Number of days in Hospital. | Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. | Signature of Medical Officer. |
|-----------------------------|---------------------------------|--------------------------|-------|------|--------------------------|-------|------|---------------------|-----------------------------|--|-------------------------------|
| | | Admission into Hospital. | | | Discharge from Hospital. | | | | | | |
| | | Day | Month | Year | Day | Month | Year | | | | |
| Rep from Base. | | 18 | 12 | 16 | 18 | 12 | 16 | N.Y.D. | | A108-A112 | |
| No 11 G.F.A. | | 18 | 12 | 16 | 18 | 12 | 16 | Ulcerated Rt. foot. | | A112-A112 | |
| No 23 Gas Clg.Stn. | | 18 | 12 | 16 | 24 | 1 | 17 | " " " " | Rej. Unit | A112-A145. GH. | |
| <i>Fulham Mil Hospital.</i> | | 14 | 5 | 18 | | | | <i>Innuitis.</i> | | | |
| M.H. EPSON | | 31 | 5 | 18 | 14 | AUG | 1918 | do. | 76 | <i>c.o.a. - Pain in left Anzella and weakness. Has had med., left duty and P.T. free with improvement. Now fit for D.T.</i> | <i>Capt. [Signature]</i> |

Duplicate Medical History Sheet posted to here.

Capt. [Signature]

[Signature]
Capt. camp

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... 726142

(3) Full Name of Soldier... Richard Johnson Armstrong

(4) Place of Birth... Linton Trip

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

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

(b) Present Postal Address... _____

(7) Are you a widower? ... _____

(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 *James Armstrong Up Hill Brit*

(10) Is your Mother alive? *no*

If so, state name and address _____

(11) If your Mother is a widow _____

Are you her sole support, or not? _____

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

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

(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.

A

15) Are you insured? *no*

If so, in what Company? _____

Have you made arrangements for payment of your Insurance premium _____

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

Date **JUL 11 1916**

[Signature]

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

MEDICAL CASE SHEET.*

Farmer

| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname. | Christian Name. |
|--------------------------------------|---|-------|-----------|-----------------|
| 44 | 572146 | Pte | Armstrong | Robert J. |
| Year | Unit. | | Age. | Service. |
| 1918 | 44th Gen Bn | Beay | 36 | 2 1/2 |
| Station and Date. | Disease | | | |
| | Bronchitis 404 (Curable) | | | |
| | P. a. o. | | | |
| | onset 1.5.18. Mas Secton. | | | |
| | C. P. S. G. CIVIL SURGEON. | | | |
| 42 | Had Bronchitis remis. No history of Gas poisoning. | | | |
| | V. no. seems improved. Cannot answer questions intelligently. | | | |
| | Pulse. Air entry poor. No accuf. | | | |
| | Cera. Slns actns. | | | |
| 20/5 | More rational 4 day | | | |
| 21. | Purpur Salicylar a T ber die | | | |
| 23. | Teas shaly + vocattles at times. | | | |
| 2 | Air entry still poor. | | | |
| | Recommended transfer Canal. Prof | | | |
| | Crawf Cap 2nd Lt | | | |
| 27/5/18 | CCCP W m c o t y | | | |
| | Lt Col. R.A.M.C. | | | |

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

Station
and Date.

France

MEDICAL CASE SHEET.*

Div III

| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname. | Christian Name. |
|--------------------------------------|--|------------|------------------|-----------------|
| Year | Unit. | Age. | Service. | |
| | <i>572146.</i> | <i>Plt</i> | <i>Armstrong</i> | <i>R. J.</i> |
| | <i>44th Batt.</i> | | <i>36</i> | |
| <i>1.6.18</i> | Station and Date. | | | |
| | Disease <i>Bronchitis</i> | | | |
| | <i>Pain in Lt Axilla & weakness. No signs in heart & lungs</i> | | | |
| | <i>A. G. & Med</i> | | | |
| | <i>J. D. B. 10.8.18.</i> | | | |
| | <i>2</i> | | | |
| <i>8.8.18</i> | <i>Dr</i> | | | |
| | <i>J. D. B. 10.8.18.</i> | | | |
| | <i>Capt. came</i> | | | |

Woodcote Park, Epsom.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures. Wt. W 6604/M 2870-1,500,000-8/17-H. & Sp. (10938). Forms/I. 1237/12. (E239) [P.T.O.]

Station
and Date.

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No. 726142 Rank Pte Name Armstrong Robert Johnston
C. E. F.

Enlisted (a) 11-2-16 Terms of Service (a) Duration of War Service reckons from (a) 11-2-16

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) Labourer

| 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 | | | | |
| <u>13/1/19</u> | <u>S.O.S.</u> | <u>Discharged</u> | <u>Wingston</u> | <u>13/1/19</u> | <u>H 614</u> <u>REP Apple</u> Lieut. O. C. Discharge Section No. 3 District Depot |

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

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

WSR

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

250M.—1-16,
H. Q. 1772-39-920.

Casualty Form—Active Service.

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

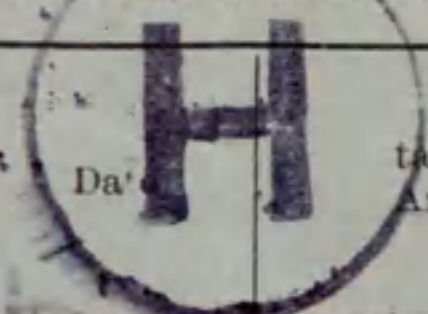
Regimental No. 426142 Rank Pte Name Armstrong Robert Johnson
C. E. F.

Enlisted (a) 11-2-16 Terms of Service (a) duration of War Service reckons from (a) date of enlistment

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) ✓ Laborer

| 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 | | | | |



CERTIFIED CORRECT,
 9/8/16
 5/10/16
 22/8/16
 CAN. RECORDS, LONDON.

| | | | | | |
|----------|----------------------|--|------------------------------|----------|--|
| | | Embarked Nalyfax H.M.T. 2810 | | 27/7/16 | |
| | | Disembarked Liverpool | | 31/7/16 | |
| | 109 th Bn | Transferred to 44 th Bn. Bramshott. | | 8/8/16 | PTU # 222 (a.g. + 2 M 9) Adjutant 109th Overseas Battalion, C.E.F. |
| | Prov. Bn | PROCEEDED OVERSEAS FOR SVCE. WITH | 44 th Bn. 5:10:16 | | PTU # 39 fallen Capt O.C. 44 th Bn Base Co |
| | " " | Taken on strength from 44 th Bn. | Bramshott | 22/8/16 | PTU # for Colonel i/c Records, C.E.F. |
| 6-10-16 | OC.CBD | Arrived in France & taken on strength of 44th.Bn. | Field | 6-10-16 | N.R. Pt.2.0.256,d/-9-10-16 |
| 29-10-16 | -do- | Proceeded to Unit | Field | 29-10-16 | N.R. |
| 11-11-16 | O.C.44th. | Joined Unit | Field | 1-11-16 | B213.DCS 54d/-10-11-16 |
| 14-12-16 | -do- | 7 days' F.P.No. 1 for (1) Insolence. (2) Improperly dressed on parade. | Field | 13-12-16 | A.F.B.2069 Pt.II.0.319,d/-22-12-16 |

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

| 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 | | | | |
| 23/12/16 | oc. 44 th | Evac. Sick | Tulap | 18/12/16 | B213. N.C.S. 89. |
| " | 11 C.F.A. | Ulceration of Rt. foot 10 | 11 C.F.A. 23 C.C.S. | 18/12/16 | a. 36. " 92. |
| 30/12/16 | 23 C.C.S. | " " adm. | 23 C.C.S. | 18/12/16 | a. 36. " 96. |
| 16.1.17. | C.B. 40. | Taken on Str "a" | Have | 16.1.17. | HR. |
| 13.1.17. | 23 C.C.S. | Varicocele To | 12 Train | 8.1.17. | a. 36. " 106. |
| 22.1.17. | C.B. 40. | Left for Unit | Field. | 22.1.17. | HR. |
| 3.2.17. | oc. 44 th | Rejoined Unit | " | 24.1.17. | 13.2.13 " 114. |
| " | " | attd. to 4th Ban. Ent Btn. | " | " | B213. " 114. |
| 9.1.17. | 20 Gen. | Varicocele adm. | 20 Gen. | 9.1.17. | W. 3034/193. |
| 11.1.17. | " | " | Base | 11.1.17. | " |
| 8/4/17 | oc. 44 th | Rejoined Unit | Field | 3.4.17 | K.I. 108/396. N.C.S. 141 |
| 17-5-17 | do. | 7 days' F.P.No. 1 for "Insolence to a N.C.O." | Field | 15-5-17 | B. 2069 Pt. II. O. 77/5-6-17 |
| do. | do. | 28 days' F.P.No. 1 for "Improper language to a N.C.O." | Field | 17-5-17 | B. 2069. Pt. II. O. 77/5-6-17 |
| 13.10.17 | " | Unit to C.C. R.C. | " | 10.10.17 | B213 . . . |
| 11.10.17 | CCRC | arrived | " | 11.10.17 | HR 14. |
| 1.11.17 | " | Left for Unit | " | 1.11.17 | HR 18 |
| 10-11-17 | oc. 44 th | arrived | " | 6-11-17 | B213 |
| 8.12.17 | " | Granted 14 days leave to UK | " | 4.12.17 | B213. D.O. 140 d/15/12/17. |
| 29.12.17 | " | From Leave | " | 22.12.17 | " |

Casualty Form—Active Service.

Regiment or Corps 109th Bn.

Rank Pte. Surname ARMISTON, R. Christian Name ROBERT JOHNSON

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

Enlisted (a) 11/7/16 Terms of Service (a) war Service reckons from (a) 11/7/16

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

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

Occupation..... Signature of Officer

| Report | | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B.213, Army Form A.36, or other official documents. |
|----------------|---------------------|--|---------------------|------------------|---|
| Date | From whom received | | | | |
| | | Sheet no. 2 | Embarked ... | | |
| | | | Disembarked ... | | B7069. |
| <u>24-1-18</u> | <u>afc 44th Bn.</u> | <u>70 days S.P. No.1 for "W.O.A.S.</u> | | | <u>PC II. orid.</u> |
| | | <u>not complying with an order "field</u> | | <u>27-1-18</u> | <u>" of 13.7.18</u> |
| <u>30.4.18</u> | <u>12 C.F.A.</u> | <u>P.u.o.</u> | <u>to 13 C.F.A.</u> | <u>1-5-18</u> | <u>E8983.</u> |
| <u>3-5-18</u> | <u>13 C.F.A.</u> | <u>"</u> | <u>to 11 C.F.A.</u> | <u>2-5-18</u> | <u>E9361.</u> |
| <u>2-5-18</u> | <u>13 C.F.A.</u> | <u>"</u> | <u>adam</u> | <u>"</u> | <u>E9427.</u> |
| <u>3.5.18</u> | <u>11 C.F.A.</u> | <u>"</u> | <u>adam</u> | <u>"</u> | <u>E9870.</u> |
| <u>5.5.18</u> | <u>1 Can. Gen.</u> | <u>" (J.F.)</u> | <u>adam</u> | <u>5.5.18</u> | <u>7274.</u> |
| <u>4.5.18</u> | <u>42 C.C.S.</u> | <u>"</u> | <u>to 34 A.S.</u> | <u>"</u> | <u>7264.</u> |
| <u>"</u> | <u>11 C.F.A.</u> | <u>"</u> | <u>to 42 C.C.S.</u> | <u>3.5.18</u> | <u>7484.</u> |
| <u>17.5.18</u> | <u>H.M.S. Sea</u> | <u>Invalidated Sick & Posted</u> | | | <u>D3083.5407.</u> |
| | <u>Antwerp</u> | <u>to M. Reg. Depot</u> | <u>Leaford.</u> | <u>17.5.18</u> | <u>00.51 of 24³/₈</u> |

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

Lieut for Lt Col a.g. Can. Section

| Report | | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B.213, Army Form A.36, or other official documents. |
|----------|---|--|-------------------|------------------|---|
| Date | From whom received | | | | |
| 17-6-18 | M.R.D. | T.O.S. from 44 th Bn. | Seaford | 17-5-18 | Pt #0168 <i>L. Handy</i> |
| | | | | | LIEUT. FOR LT. COL. IN RECORDS, C.O.M.F. |
| 24-10-18 | DISCHARGED FROM 3 rd C. & D. Seaford | 18 th Res Bn. PART II D.O. No 251 - 24-10-18 | | | <i>Richard</i> For O.C. 3 rd Canadian Command D. |
| 24.10.18 | 18th Res: Bn. | TAKEN ON STRENGTH. | Seaford | 24.10.18 | Part II D.O. 297 |
| 29.11.18 | do | D.O.S. & Posted to M.R.D. | do | 28.11.18 | Part II D.O. 333 |
| | | | | | <i>J. W. Brown</i> |
| | 3/12/18 M.R.D. | T.O.S. Man Reg. Depot | Seaford | 30-11-18 | Adjutant, 18th Res. Bn. Pt. 2.D.O. 337 |
| | 10/12/18 | On Command Post of Embarkation | Seaford | 7/12/18 | Pt. 2.D.O. do <i>V. W. W.</i> 344 |
| | | | | | <i>W. W. W.</i> |
| 7-12-18 | | Ordered for Canada | | | for O.C. M.R.D. |
| | | | | | LIEUT. for O.C. Casualty Co., No. 3 District Depot |
| 20/12/18 | | T.O.S. Casualty Company No. 3 District Depot. | | | for Disposal, Part Two D.O. 240 <i>R. W. W.</i> 7/12/18 |

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

MD

Name *Armstrong* *Robt. J.*
Surname Christian Name

Regimental Number *726142* Rank *Pte*

Address (in full) *Head Lake Ont.*

Unit *44th Bn*

Original Unit

District where paid *M. 2.3*

Date of Discharge *13-1-19.*

P. D. P. Filing Number

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

L. L. 46038—M. & D. 9245.

| 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 | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

M. F. W. 127.
25M.—8-18.
1772-39-1140.

Remarks: *Account opened 13-1-19.*

File No.

WAR SERVICE GRATUITY.

Register No.

| <p>Dec'n No. W. S. G. File No.</p> <p>Reg. No. Award days at \$ per day \$</p> <p>Name S. A. months at \$ per mo. \$</p> <p>Address Less P. D. P. Credited</p> <p>Address Less further debit balance</p> <p>Address At due p. d. 13 1917</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="2">TO SOLDIER</th> <th colspan="2">TO DEPENDENT</th> <th rowspan="2">Amount</th> </tr> <tr> <th>U. S. G.</th> <th>U. S. G.</th> <th>U. S. G.</th> <th>U. S. G.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Pay Soldier \$</p> <p>Clerk</p> | TO SOLDIER | | TO DEPENDENT | | Amount | U. S. G. | U. S. G. | U. S. G. | U. S. G. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <p>Dependent \$</p> <p>Address \$</p> <p>Address \$</p> <p>Address \$</p> <p>Pay Dependent \$</p> <p>Days Rate Due</p> <p>Less P.D.P. credited</p> <p>Less further Dr. Bal. or overpayment.</p> <p style="text-align: right;">Net</p> |
|--|------------|--------------|--------------|--------|--------|----------|----------|----------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| TO SOLDIER | | TO DEPENDENT | | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U. S. G. | U. S. G. | U. S. G. | U. S. G. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | |

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR

Posting checked by

.....

Date.....

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2

James Armstrong

Name of Soldier

Armstrong J
726142 *Pte* *109 Bn*

L. L. Job 310.—Req. 6574.

PAYMENTS.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|---------------|------------------------|---------------------------|
| | | | | <i>\$ 15⁰⁰</i> |
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | <i>15108</i> | <i>15</i> | |
| Sept. | | <i>15300</i> | <i>15</i> | |
| Oct. | | <i>19822</i> | <i>15⁰⁰</i> | |
| Nov. | | <i>24615</i> | <i>15⁰⁰</i> | |
| Dec. | | <i>C33312</i> | <i>15</i> | |
| Jan. | 1917 | <i>M36447</i> | <i>15</i> | |
| Feb. | | <i>M42288</i> | <i>15</i> | <i>15 (JW)</i> |
| March | | <i>M48249</i> | <i>15</i> | <i>15-L.</i> |
| April | | <i>270</i> | <i>15⁰⁰</i> | <i>15-L.</i> |
| May | | <i>26249</i> | <i>15</i> | |
| June | | <i>12888</i> | <i>15</i> | <i>15-L.</i> |
| July | | <i>20173</i> | <i>15</i> | <i>5</i> |
| Aug. | | <i>26737</i> | <i>15</i> | <i>6</i> |
| Sept. | | <i>34031</i> | <i>15</i> | <i>6</i> |
| Oct. | | | | <i>210</i> |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

AUG 1 1916
AUG 1 1916

15 (JW)
15-L.
15-L.

210

CANADIAN
 ASSIGNED PAY AUDIT
W. Binks
 AUDIT CLERK
 DATE *15/5/19*

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. | | | | |

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom James Armstrong
 Address Uphill
Ont

By Whom Assigned Armstrong J.
 Regtl. No. 726142
 Rank Pte
 Corps 109 Bn.
"D" Co

Rate \$15⁰⁰

AUG 1 1916
AUG 1 1916

PAYMENTS

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



[Faint, illegible markings]

[Faint, illegible markings]

[Faint, illegible markings]

[Faint, illegible markings]

A.G.R. Rank Name ARMSTRONG, Robert Johnson Reg'l No. 726142

Unit 109th Bn. If in perm. Corps, } Married or Single Single.
 What Unit? }
 Cobocont, }
 Place and Date of Enlistment 11th Feb., 1916. Place of Birth Head Lake, *Lacolin*

Name and Address, Next-of-Kin James Armstrong, Dartmore, Ont., Canada. Relationship Father.

Assigned Pay Monthly \$ Payable to Relationship

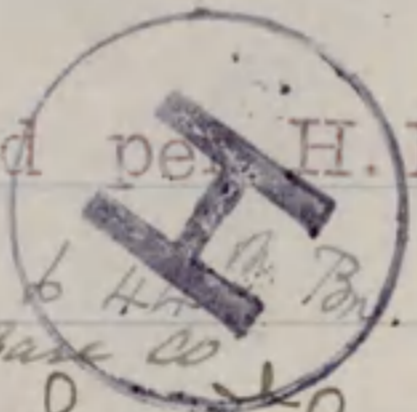
Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character *Gen Ple*

H. W. & V., Ltd.—7165-16.

N/E R B # 14120
 File R L
 Category

| 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 | |
| 9-8-16 | O.C. 109th S.O.S. & transferred to H.M. Bn. | Odney | 8-8-16 | S.O.S. # 221 |
| 2-9-16 | H.M. Bn S.O.S. Hqd to Base Co | In the field | 10-8-16 | Pt. II S.O. 222 |
| 22-8-16 | Prov Batta S.O.S. Prov Batta from 44 Bn | Bramshott | 22-8-16 | 226 Pt II S.O. # 1 |
| 5-10-16 | Prov. Bn S.O.S. Tfd. to 44 Bn | B. Shott | 5, 10, 16 | Pt. 2, D.O. 39 |
| 9-10-16 | H.M. Bn T.O.S. from Prov Bn | In the field | 6-10-16 | 256 |
| 4-1-17 | " Reported from Base (Sick) | " | 18-12-16 | Ch. 9105 |
| 9-1-17 | " Adm #11 Can fld Amb | " | " | Ch. 9112 Ulceration R. Foot |
| " | " Tfd #33 Cas Clg Stn | " | " | Ch. 9112 |
| 16-2-17 | " Rejoined Unit | " | 24-1-17 | Ch. 9145 |
| 24-5-18 | "-"- Inv (sick) & posted to M R D | Ple | 17-5-18 | Pt II 51/24 5/18 M R D. P.D. 168 6/17 18 |



A.F.B. 103 CHECKED 16 OCT 1916

726142. Armstrong R.J.

| 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. | | | | |
| 20-8-18 | MRD: | On Com to 3 rd CEW. | Pte Seaford. | 14-8-18 | 3 rd CEW. Pte 1950/20/18. Pte 0.232. |
| 2-10-18 | 3 rd CEW | Proc to Wandsworth Det Barracks, to undergo 21 days detention | Pte Seaford | 25-9-18 | Pte 0.232. |
| 17-10-18 | -- | Returned from Wandsworth Det B.K., having completed sentence of detention | Pte -- | 15-10-18 | Pte 0.245 Pte 0.251/24/18. |
| 24-10-18 | 18 th Res. | Los from MRD, rtd from 3 rd CEW. | Pte -- | 24-10-18 | MRD Pte 0.301/28/18 Pte 0.2973 CEW Pte 0.251/24/18 |
| 29-11-18 | 18 th Res | S O S to MRD | " -- | 28-11-18 | Pte 333 MRD Pte 336 2-12-18 |
| 10-12-18 | MRD | S O S To Canada | " -- | 7-12-18 | Pte 344 |

NATIONAL ECONOMY — In order that envelopes may be used several times over, the address should be written on this label, which should then be affixed across the top of the envelope, instead of using the gummed flap.
 2845. Wt. 4971/9. 2,000,000. 5/18. P.P.Ltd.

*Name Armstrong Robert J. Rank Pvt Regtl. No. 726142
 Original unit 107th Present unit _____ M. or S. Age 33 Religion Meth Fyle Depot 3.9-181
 Port, ship, and date of arrival Halifax - Olympic. 14-12-18
 Next of kin James Armstrong Dartmoor Ontario
 Address on leave Dartmoor Ontario

Address on discharge _____
 Transportation issued Yes _____ No _____ Date _____ Character on discharge _____
 Previous occupation _____ Date and place of enlistment _____
 Diagnosis _____ Date of Medical Boards _____

| Date. | Remarks | Pt. 2 Order No. |
|-----------------|--|-----------------|
| <u>20-12-18</u> | <u>T.O.S. Casualty Company No. 3 District Depot. for Disposal, Part Two D.O. 246 from D.P. 17-12-18</u> | |
| | <u>Leave & sub. 17-12-18 to 3-1-19</u> | |
| | | |
| | | |

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

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

Surname *Armstrong* Christian Name or Names *R. J.* Reg. No. *726142*

Rank *Pte* Unit *4th Bn Man.* Co. Troop Batty.

Hospital *# 11 G.T.A.* Date of Admission *18.12.16.*

Transferred *23 G.G.S.T.* Hosp. *18.12.16*

13. G. 7. amb. Hosp. *1.5.18*

11. G. F. amb. Hosp. *2.5.18.*

18 (U.S.A.) G. Camiers. Hosp. *5.5.18.*

Diagnosis *UPerforation R. Foot.*

(1) *P.U.O*
Later Diagnosis (if changed) *Trench Fever & Bronchitis.*
(2)
(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

Cf. H. 1.17 H108
No. 9.1.17 A112.
16.2.17 A145
7.5.18 a 207.3
10.5.18 @ 210 (1)
14.5.18 @ 213 (2)
14.6.18 B 240-1

Dis. 11-8-18

REMARKS

R & B. Sick 18.12.16
Rej. unit 24.1.17

A.M.D. 2 DEPT.

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

15.6.18 B241
10.7.18 B. 261 (1) note! Re. Ch. B.240 & B.241.
15.8.18 B292 (4) Cus. now changed to (add) Bronchitis.

R.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. Fulham Mrs. Hammersmith

17.5.18.

2. Woodcote Pl. Epsom

1-6-18

3.

4.

5.

6.

7.

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

| REGTL. No. | * NAME | RANK | UNIT |
|------------|-----------|----------|----------|
| 726142 | ARMSTRONG | R.J. PTE | 18th Res |

| | |
|---|----------|
| Date of Examination | 25/11/18 |
| Present Dental Condition | GOOD |
| In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service? | NO |
| Has he ever declined Dental Treatment? | NO |
| Recommendation | NIL |

Date..... 26/11/18

Station..... Seaford

Signature of Examining Officer *J. B. ...* Capt.
C.A.D.C.

* Name should be entered in block letters.

ARMY DENTAL CORPS CERTIFICATE

This certificate is to be attached to the Medical History sheet
and forwarded to the Dental Surgeon for disposal.

| UNIT | RANK | NAME | REMARKS |
|------|------|------|---------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Date _____
Signature _____

No. 726142 RANK Pte

NAME Armstrong - R. J.

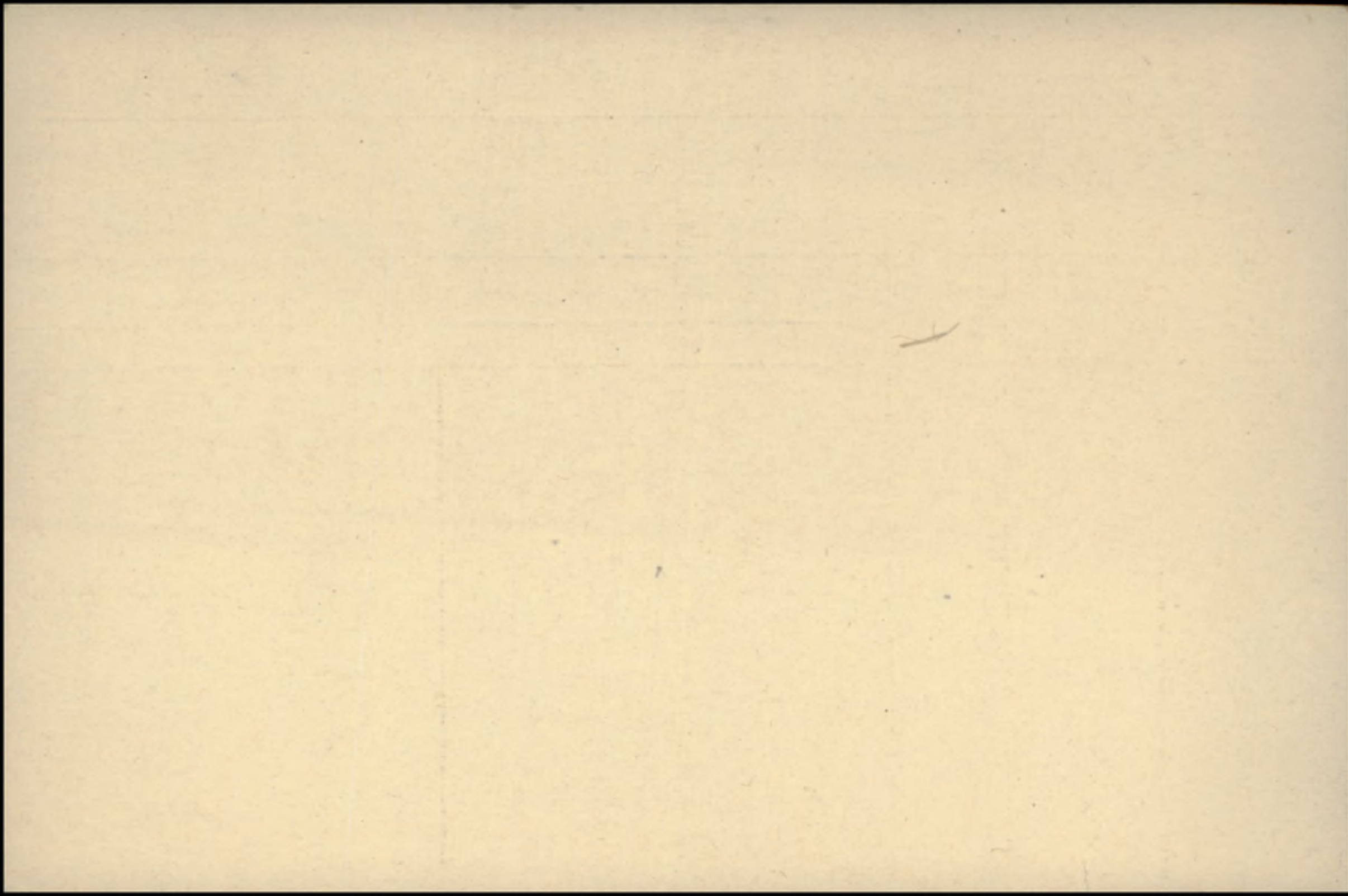
T. O. S. 11-2-16. UNIT
D.O. 83. 28-2-16

109th Battalion -

M. D. 3

| PAID FROM | | PAID TO | | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|-----------|---------|---------|--|---------------|---|-----------|
| | | | | | PARTICULARS | AUTHORITY |
| 1916 | 1916. | | | | | |
| Feb-11. | Feb. 29 | | | ✓ | | |
| | Mar. | | | ✓ | | |
| | April. | | | ✓ | | |
| | May. | | | ✓ | | |
| | June. | | | ✓ | | |
| | July. | | | ✓ | | |

UNIT SAILED
JUL 23 1916



Robert Johnson.

Name *ARMSTRONG* Rank *Pte.* Reg. No. *726142.*Unit *44th Bn.*

Next of Kin

Canada.

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|------------------------------------|------------------|---------------------|-----------------|-----------------|------------------|
| <i>1918.</i> | | | | | | |
| <i>1-5.</i> | <i>No 13 C.F.A.</i> | | <i>P.H.O.</i> | <i>A207</i> | | <i>17567.</i> |
| <i>2-5.</i> | <i>No 11 C.F.A.</i> | | <i>do.</i> | <i>A210</i> | | <i>17689.</i> |
| <i>5-5.</i> | <i>No 18 USA 4th. Camiers</i> | | <i>French Fever</i> | <i>A211</i> | | <i>171160/p.</i> |
| <i>17-5.</i> | <i>Tulham Mill St. Dunstan Rd.</i> | | | | | <i>18247.</i> |
| <i>1-6.</i> | <i>In C.H.</i> | <i>Hampstead</i> | <i>do.</i> | <i>B240</i> | | <i>19025.</i> |
| <i>Re-enters upon B.240 & B.241 diag. changed</i> | | | | | | <i>204.(2).</i> |
| <i>To (French Fever) Bronchitis</i> | | | | | | |
| <i>14-8.</i> | <i>Dis.</i> | | <i>(do).</i> | <i>WR 26715</i> | | <i>7342.</i> |
| | | | | <i>B292</i> | | |

Name ARMSTRONG, Robert Johnson.
Rank Pte.

Reg. No. 726142.

Unit 44th Bn.

Next of Kin Canada.

| Date 1916. | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---------------|------------------------|----------------|----------|-------------|--------------------|-----------|
| 18-12. | Reported from Base. | Sick. | NYD. | A. 108. | | |
| 18-12. | No. 11. C.F.A. | Ulceration | R. Foot. | A. 112. | | |
| 18-12. | No. 23. Cas. Clg. Stn. | do | do | A. 112. | | |
| 24-1 | Rejoined Unit | <i>See DCB</i> | do | A. 145 | | |

| LIST No | HOSPITAL | DATE OF ADMISSION | REMARKS |
|----------|--------------------------------|----------------------|---------------------|
| A 108. | Rep. from Base | 18-12-16 | Sick. N. Y. H. & |
| A 112. | no. 11. Can Hld Amb | 18-12-16 | Ulceration rt foot. |
| A 112. | no 23 Cas El Station | 18-12-16 | " " " |
| A 146 | Discharged | 24-1-17 | Ulceration rt foot |
| A 207-3 | 13 Can. Hld. Amb | 1-5-18 | P. U. O. |
| A 217-1 | 11 " " " | 2-5-18 | " " " |
| A 213-2 | 18 U. S. A. Gen. Caniers | 5-5-18 | Tr. fever. |
| A 240-1. | Fulham Mill St Dunstons | 17-5-18 | aspirist post |
| A 241. | Rd: Hammermith | 17-5-18 | " " & Bronchitis |
| B 241. | To Mil. Conv. Utdete Pk. Epsom | 1-6-18 | " " " |
| B 292. | Disc. | 14-8-18 | " " " |

SURNAME.

Armstrong

CARD NO.

3

CHRISTIAN NAMES

Robert. Johnson

*S.O.S. No 13-1-19
Dermot FOLL.
No 14 & 14-1-19 3000*

REGL. No.

726142

RANK

Pte

UNIT

109th

O.S.

Batt. C.E.F.

FORMER CORPS

34th Reg't. No 5 Upbridge.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Armstrong, James

RELATIONSHIP TO SOLDIER

Father

ADDRESS

*Dartmoor,
Ont.*

COUNTRY OF BIRTH

*England. Head Lake
Laxton*

DATE

May 16-1882

PLACE OF ATTESTATION

Coboconk

DATE

Feb 23-1916

*Sailed from Halifax 23/1/16 per S.S. Olympic
488*

MARRIED

SINGLE *eyes*

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

38 YEARS

8 MONTHS

HEIGHT

5 FEET

7 1/4 INCHES

CHEST MEASUREMENT

33 INCHES

EXPANSION

3 1/2 INCHES

COMPLEXION

Sandy

EYES

Blue

HAIR

Fair

DISTINGUISHING MARKS

*Mark size of 10 cent piece
over lower inner end of scapula.*

MEDICAL EXAMINATION.

PLACE

Cobocork

DATE

Feb. 11/16

Number

726142

Rank

pte

Surname

ARMSTRONG

Christian Name

Robert Johnson

Units

44th Bn. Can. Inf.

Theatre of War

France

Date of Service

5-10-16.

Remarks

Latest Address

Dead Lake Ont

Roll No.

P. Page 21962.

10m. -8-21.

DESP. NOV 17 1923

REGN. NO. 9427

B. R. K.
DESP. APR 7 1923
REGN. NO. 5376

*16
4123*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

RATE OF ASSIGNMENT

| | | | |
|----|--|--|--|
| 15 | | | |
|----|--|--|--|

PARTICULARS OF SEPARATION ALLOWANCE

No. *726142*
 Rank *Pto.* Promoted Reverted Discharge
 Soldier's Name *J. Armstrong*
 Battalion *109 Battrn. L.D. Co.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *James Armstrong*
 Address *Uphill. Ont.*
 Change of Address
 1
 2
 3
 4

| Date | Cheque No. | Amount S/A | Amount A/P | Total |
|-----------------------|---------------------------|------------|----------------------|------------------------|
| <i>Sept 30-17</i> | | | <i>210 00</i> | <i>210 00</i> |
| <i>Oct 17</i> | <i>D 50897</i> | | <i>15 -</i> | <i>15 ✓</i> |
| <i>Nov</i> | <i>B 53185</i> | | <i>15</i> | <i>15 B</i> |
| <i>Dec</i> | <i>F 55549</i> | | <i>15</i> | <i>15 B</i> |
| <i>Jan</i> | <i>C 67019</i> | | <i>15</i> | <i>15 B</i> |
| <i>Feb</i> | <i>B 93589</i> | | <i>15</i> | <i>15</i> |
| | | | <i>255</i> | |

A/c Closed 31-12-17
*Ret'd per... *Alyson**
*Date... *14-12-18* M.F.W. 187 *hms**
Phuckay

0506-f-48

REMARKS *0508-R-41*

Acct closed eff 1-1-18 with 3M Rec. Sep 6/1918.

C67019 returned & cancelled 28-2-18 S/B
A/c Suspended Assignee died 29-1-18
with file 0506-f-48 S/B 4-2-18
M.R.O. 2A. 20-2-18 S/B

M.R.O. 64307-22-19

CANADIAN
 ASSIGNED PAY AUDITED
W. Binks.
 AUDIT CLERK
 DATE *15/5/19*



M. F. W. 128
 40096-6-17-1772-39-1141
 L. L. 22320-M. & D. 7583.

AUDITOR *JFM* PAYMASTER *JPS*

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

M. OR S. _____ REGT. No. *726142* RANK *Pte* NAME (IN FULL) *Armstrong, R.J.*

NEXT OF KIN _____ ORIGINAL UNIT C. E. F. *44th Bn.* IF IN P. F. WHAT UNIT? _____

ADDRESS _____ PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

IS SEPARATION ALLOWANCE PAID? *no.* DATE EFFECTIVE _____ DATE OF ATTESTATION *Feb. 11/16* TRANSFERRED TO _____ DATE _____ AUTHORITY _____

TO WHOM PAID _____ ASSIGNED PAY, \$ *nil* DATE EFFECTIVE _____

ADDRESS _____ PAYABLE TO _____ RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____

DISCHARGED *Kingston* PLACE _____ DATE *Jan. 13/18* REASON *Demob.* AUTHORITY *R. 01343* IF ENTITLED TO POST DISCHARGE PAY *400*

| MONTH | PAY AND F. A. | | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS | | | CASH PAYMENTS | | | ASSIGNED PAY | REGIMENTAL CHARGES | OTHER CHARGES | TOTAL DEBITS | BALANCE | | PARTICULARS OR REMARKS | |
|-----------|---------------|----------|---------------|---------------|-------------------|------------|------------|---------------|------------|------------|--------------|--------------------|---------------|--------------|------------|-------|-------------------------|--------|
| | NO. OF DAYS | RATE | | | AMOUNT | COL. NO. 1 | COL. NO. 2 | COL. NO. 3 | COL. NO. 1 | COL. NO. 2 | | | | | COL. NO. 3 | DEBIT | | CREDIT |
| | | | | | | | | | | | | | | | | | | |
| Dec 31/15 | | | | 14 65 | | | | | | | | | | 14 65 | | | <i>check to P.C.</i> | |
| 1-12-15 | Jan 1/19 | 44 1/100 | 40 | 198 79 | | | | 196 84 | | | | | 196 84 | | | | <i>Discharge 1/19</i> | |
| | Jan. 13/19 | 153 days | W.S.G. | 350 00 | A4819 | | | 70 00 | | | | | 70 00 | | | | <i>Mtrus 2595 Reed</i> | |
| | Feb. 10/19 | | | | B4363 | | | 70 00 | | | | | 140 00 | | | | | |
| | Mar 7/19 | | | | 9235982 | | | 70 00 | | | | | 210 00 | | | | | |
| | | | | | | | | 70 | | | | | 280 | | | | <i># 315918 up 4/19</i> | |
| | | | | | | | | 70 | | | | | 350 | | | | <i>12/2/19 327897</i> | |

* Strike out whichever inapplicable.

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

NAME:- ARMSTRONG, Robert Johnson

EFFECTIVE DATE:- 1-8-16.

EFFECTIVE DATE:-

NUMBER:- 726142

AMOUNT:- \$15.00

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

James Armstrong
Up Hill, Ontario
Factor

Private

A.P. stopped eff. 1/11/18 assignee deceased

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109th Bn

DATE ACCOUNT FIRST OPENED:- 8-8-16

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

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S P'D UNIT TRANSFERRED TO

DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S P'D UNIT TRANSFERRED TO

Table with columns: DATE OF PAYMENT, NUMBER OF A.R., UNIT PAID BY, AMOUNT, DATE OF PAYMENT, NUMBER OF A.R., UNIT PAID BY, AMOUNT. Includes entries for Seafood and charged.

DAILY RATES OF PAY AND ALLOWANCES

Table with columns: AUTHORITY, PAY, F.A., P.F.A., SUBS'CE ALL'CE. Includes entry for 1-10.

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dicto Canada 1/12/18.

Main ledger table with columns: MONTH 1918, PARTICULARS, CR. 1, CR. 2, PARTICULARS, DR. 1, DR. 2, DR. 3, DR. 4, BALANCE, DEFERRED, SEPARATION. Includes monthly entries from March to November.

D.O. to Canada 7-12-18. D.O. 344 4/10/18 M.R.S

Oves

05-08-R-41

A241

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Asst. Director Pay Services
Military Dist. 3.
SEP 19 1919
RECEIVED

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

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 in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

- 1. Reg. No. 426142 2. Rank Private 3. Original C.E.F. Unit 109th.
- 4. Christian Names Robert Johnson 5. Surname Armstrong
- 6. Address, in full, to which future payments of gratuity are to be forwarded Lindsay, Ont.

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

| | Regt. No. | Rank on Enlistment. | Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.) |
|-------------------|---------------|---------------------|---|
| CANADIAN SERVICE. | | | |
| 1st Enl. | <u>426142</u> | <u>Private</u> | <u>109th C.E.F.</u> |
| 2nd Enl. | | | |
| 3rd Enl. | | | |
| 4th Enl. | | | |
| IMPERIAL SERVICE. | | | |
| Imp. Enl. | | | |

| | Date of Enlistment. | Date of Discharge. | Rank on Discharge. | Unit from which discharged | Place of Discharge. | Reason for Discharge. |
|-------------------|---------------------|--------------------|--------------------|----------------------------|---------------------|-----------------------|
| CANADIAN SERVICE. | | | | | | |
| 1st Enl. | <u>Feb 11, 1916</u> | <u>13-1-19</u> | <u>Private</u> | <u>44th</u> | <u>Kingston</u> | <u>Demobilization</u> |
| 2nd Enl. | | | | | | |
| 3rd Enl. | | | | | | |
| 4th Enl. | | | | | | |
| IMPERIAL SERVICE. | | | | | | |
| Imp. Enl. | | | | | | |

M. F. W. 2595 (b)
494-D.P.-100M-6-19.
1772-39-1889.

MD3

No budget

S.A. & A.I.
SEP 9 1919
F. R.

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? no (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency

9. 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:

10. 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? yes

11. Have you been issued with a War Service Badge? If so, give number and class no

12. Are you at present a member of and in receipt of pay and allowances from any Canadian Naval or Land Forces? If so, give unit no

13. 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, from where paid, and on what dates. yes, \$400; Kingston Jan. 13th, Feb. 13th, March 13th, April 13th, May 13th, June 13th

14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service no

16. (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?

17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge

18. Relationship of such dependent

19. Present address, in full, of such dependent

20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name

REMARKS

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 by virtue of the Canada Evidence Act.

Signature of applicant: Robert Johnson Armstrong
Place of Residence: Lindsay, Ont.

Declared before me at:

This _____ day of _____ 19 _____

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

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

| Dates paid. | Amounts paid soldier. | Amount paid dependent. |
|-------------|-----------------------|------------------------|
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REMARKS

Certified correct

Assistant Director Pay Services, Mil. Dist. No.

Date

LIST OF DISCHARGE DOCUMENTS.

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

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

DEPT. OF MILITIA & FENCE
JAN 13 1919
H.Q. CANADA

| | | |
|-----|--|----------------------|
| 1. | No. 726142 | M |
| 2. | Rank. Private | |
| 3. | Name. ARMSTRONG, Robert Johnson. | |
| 4. | Unit. No. 3 District Depot. | |
| 5. | Date of Discharge 13-1-19 | Place Kingston, Ont. |
| 6. | Reason for Discharge. In accordance with R.O. 1343 "Demobilization" | |
| 7. | Authority. 3DD-3-A-181 D/ 8-1-19 | |
| 8. | Proposed Residence after Discharge. Head Lake, Ont. | |
| 9. | CERTIFICATE TO BE SIGNED BY SOLDIER. | |
| | I hereby acknowledge that at the undernoted place and date I received my discharge Certificate | |
| | M. F. W. ? 39 | |
| | <i>Robert Johnson</i> Signature of Soldier. | |
| 10. | CONFIRMATION. | |
| | The discharge of the above named man is hereby confirmed. | |
| | Place Kingston, Ont. | |
| | Date 13-1-19 | |
| | <i>M. R. Clark</i> Lieut. O. C. Discharge Section No. 3 District Depot (O. C. Discharging Unit.) | |