13/2/19

Proceedings of Court of Inquiry on men reported Missing on Active Service.....

Attestation Papers..... 12

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Discr Parchment Certificate..... 1

Medical Report for Invalids..... 2

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate..... 1

Inventory of Kit..... 1

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a FW 3997-1
a FB 122-1
m FW 182-1
a F 21237-1
P 122-1

20

DISCHARGE DOCUMENTS

R. O. No. 0-7513

H. Q. No.

Name AUSTIN, CHARLES, HENRY

Regt. No. 424631 Rank Pte

Corps 3 D.D. 109th Bn

Demobd

Compulsory Docs to B.P.C. on 14/2/19
2505; Rd B.P.C. 1066 of 14-2-19
2 Bn Cd
21-2-19

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39—935.

3-11
17-11
34:11
2

Ok

2nd Div

D. A. Coy.

ATTESTATION PAPER.

No. 724631

109th OVERSEAS BATTALION, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?	Austin
1a. What are your Christian names?	Charles Henry
1b. What is your present address?	Kinmount, Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Kinmount, Ont., Canada
3. What is the name of your next-of-kin?	Henry Charles Austin
4. What is the address of your next-of-kin?	Kinmount, Ont., Canada
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	19th June 1897
6. What is your Trade or Calling?	Lumberman
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?	Yes
10. Have you ever served in any Military Force? If so, state particulars of former service.	1 yr 45th Rgt. Can. Mil.
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, Charles Henry Austin, 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.

Charles Henry Austin (Signature of Recruit)

Date 25th Nov 1915 — F. H. Godson Capt. (Signature of Witness)

ADJUTANT

109th Overseas Battalion, C. E. F.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Henry Austin, 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.

Charles Henry Austin (Signature of Recruit)

Date 25th Nov 1915 — F. H. Godson Capt. (Signature of Witness)

ADJUTANT

109th Overseas Battalion, C. E. F.

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 Kinmount this 25th day of January 1916.

C. A. White (Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of Charles Henry Austin on Enlistment.

Apparent Age 18 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 6 ft. 3/4 ins.

Chest measurement: Girth when fully expanded ..... 35 ins.

Range of expansion ..... 2 ins.

Complexion ..... Medium

Eyes ..... Brown

Hair ..... Brown

Religious denominations:

- Church of England ..... C of E
- Presbyterian .....
- Methodist .....
- 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.)

Scar on right knee

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 declares that he is not subject to fits of any description.

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

Date Nov. 25 1915 — A. Boyd J. McCullach Capt.

Place Lindsay — Medical Officer

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.

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

(Signature of Officer)

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

Date JAN 26 1916 191

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724631 (Rank) Private

Name (in full) Austin Charles Henry enlisted in

the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Kinmount Ont on the 25th

day of November 19 15

HE served in Canada England & France

and is now discharged from the service by reason of Demobilization R.O. 1343

Auth 3DD-3-A-197 D. 22-1-19

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

Age 21 yrs 7 months

Height 6ft ½ ins

Complexion Medium

Eyes Brown

Hair Brown

Marks or Scars Scar right knee

C. H. Austin
Signature of Soldier

R. E. Chapple Lieut.
Issuing Officer
O.C. Discharge Section
No. 3 District Depot
Rank

Date of Discharge 27-1-19

Appointment

Signed at Kingston, Ont this 27th day of January 19 19

in Military District No. 3

File Reference No. 3DD-3-A-197

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

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

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

.....

Name of Officer

.....

Rank

.....

Appointment

R—122

A.G.R.

Rank	Name AUSTIN, Charles Henry	Reg'l No.	724631
Unit 109th Bn.	If in perm. Corps, What Unit?	Married or Single	Single.
Place and Date of Enlistment	Kinmount, 25th Novr., 1915.	Place of Birth	Kinmount, Ont., Canada.
Name and Address, Next-of-Kin	Henry Charles Austin, Kinmount, Ont., Canada.	Relationship	Father.
Assigned Pay Monthly $	Payable to	Relationship	
Separation Allowance $	Payable to	Relationship	
Discharge, Date and Place	Reason	Character	

N/E. R.B. No. 3990
File R.L.
Category Canada OR

O.C.

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	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.
		Arrived in England per H. M. T. 2810		31-7-16	
5-10-16	109th Bn	S.O.S. to 20th Battn	Branshott	5-10-16	Pt II. DO 278
11-10-16	20th Bn	T.O.S. from 109th Bn	Field	6-10-16	" II 55.
14-5-17	20	2 Cav. Stat Hosp	Boulogne	6-5-17	CHA 509 Pt 0 St
14-8-17	"	Dis to Marlboro. Details	"	7-8-17	CH. A 577.
23-1-18	20.	Awarded Good Con. Badge Cl	Field	25-11-17	Pt II 07
21-5-18	✓	Wounded	✓	13-5-18	CH A 219
27-5-18	16 OCD	T.O.S. from 20 Bn	✓	Witley 18-5-18	Pt II 145 20 Bn Pt II 469/2 Pt 18
19-8-18	"	On Command 2660	"	" 14-8-18	Pt II 229
28-10-18	"	leave on Command 2660 / On Command 2660	"	" 23/10/18	Pt II 291

A.F.B. 122 — 16 OCT. 1916

Report. Date.	Report. From whom received.	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.
8-11-18	1 Corps	S.O.S. to 6.G.H.Q	Ste Willey	8-11-18	Gt 310 (BDC.F.C. Pt II 2684 9.11.18)
8-11-18	"	Cease on comm 1860	" "	7-11-18	Gt 310
2.12.18	BDC.F.C.	Pr Com C.D.D. Burton	" Stele	2.12.18	" 287

SOS to Canada MD 3.
15 12 18
BDCFC Pt.11.013 d:13-1-19

P.878. ~~Extract D.O. No.~~ P.L. 98 Unit:- CFC. Date.-

Reg. No.	Rank	Name		Struck off Strength of O.M.F. of C. on transfer to C.E.F. Canada. MD 3	
424621	PTE	AUSTIN - C H	Can. Sec.	13/12/18	Acted on Ledger Ck.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Austin	G. H.	724631

Rank	Unit	Co.	Troop	Batty.
Pte.	20 Batt.	1 C.O.		

Hospital — Date of Admission

Transferred 2 C. Stat. B'logne — Hosp. 6.5.17
2 C.G. Le Tréport — Hosp. 13.5.18.
1 S.G.H. Moneyhull Birmingham — Hosp. 18.5.18
Woodcote Pk. Epsom. — Hosp. 28.5.18

Diagnosis: P.U.O. (slt.)

(1) Later Diagnosis (if changed): B.W.R. Hand

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Disch to Marlboro details 7-8-17
Dis 14.8.18

G.L. 14.5.17 A 509
— 14-8-17 @ 577
21.5.18 A 219-1
22.5.18 B 220
30-5-18 B 227 (2)
15.8.18 B 292.4

REMARKS

Correct Regt no by Nominal Roll

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Lumberman RELIGION C. of England

DESCRIPTION.

APPARENT AGE 18 YEARS 5 MONTHS

HEIGHT 6 FEET 3/4 INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 2 INCHES

COMPLEXION Medium. EYES Brown. HAIR Brown.

DISTINGUISHING MARKS Scar on right knee.

MEDICAL EXAMINATION. PLACE Lindsay, Ont. DATE Nov. 25th, 1915.

C

SURNAME. Austin.

CHRISTIAN NAMES Charles Henry

REGL. No. 724631 RANK Pte.

UNIT 109th Batt.

FORMER CORPS 45th Regt.

#3 CARD No.

SOS Dis 27-1-19
Demob
DO 28 of 28-1-19
300

ROLL.

NEXT OF KIN.

NAMES IN FULL Austin, Henry Charles

RELATIONSHIP TO SOLDIER Father,

ADDRESS Kinmount, Ont., Canada

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Kinmount, Ont. DATE June 19th 1897

PLACE OF ATTESTATION Kinmount, Ont. DATE Jan. 25th, 1916

Sailed from Halifax 23/7/16 per S.S. "Olympic"

488/4

P/C 24-12-18 246/45

L. L. 90.5M.—M. & D. 631a. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-5M.

No. 724631. RANK Pte NAME Austen C. D.

T. O. S. 25-11-15. UNIT 109th Battalion.
D. O. 9. 30-11-15.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Nov 25	Nov. 30	✓		
Dec.		✓		
1916 Jany	1916	✓		
Feb.		✓		
Mar.		✓		
April		✓		
May.		✓		
June.		✓		
July.		✓		

UNIT SAILED
JUL 23 1916

REGT'L. No. 724631

NAME Austin C. H.

H. Q. FILE No. 649

RANK AND CORPS Pte. 20 Hh. Bn

FOLLOWS No.

FOLLOWS

CABLE	
NO.	DATE

NATURE OF CASUALTY

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 509.	2 Cay. Stat. Boulogne	6-5-17	P.U. & Slt
A 577-	Et " " " Disc to Marlborough Details	7-8-17.	" " "

REGT'L. No. 724361.

NAME Austin, Charles Henry.

H. Q. FILE NO 649

RANK AND CORPS Pte. 20th Bn. (Form. 109th Bn.)

FOLLOWS

No.

FOLLOWS

CABLE NO.	CABLE DATE	"C" NATURE OF CASUALTY
N. of K. Henry Charles Austin (father) Kinmount, Ont.		
H. 140. 6-2.	21-5-18.	Adm. 2 Can. Gen. Hosp. Le Treport May. 13th. 1918. G. S. W. Rt. Hand.

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 219-1.	No 2 Can. Gen. Le Treport.	13-5-18.	B.W. Rt Hand
B220-1.	1 S. Gen. Mokphul.		
	Birmingham	18-5-18.	" " " "
B227 (2)	Mil. Convt. Epsom	25-5-18	B.W.R. hand
B292.	Disc.	14-8-18.	" " " "

Number 724631

Rank Pte

Surname AUSTIN

Christian Name Charles Henry

Units 20 Bn Can Inf

Theatre of War France

Date of Service 6-10-16

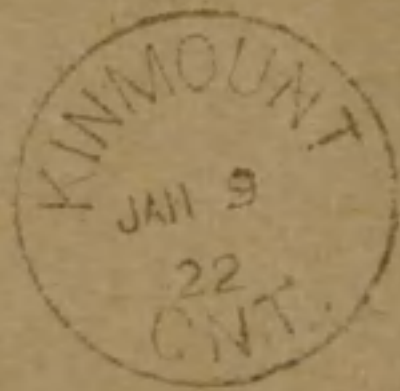
Remarks

Latest Address Kinmount PO Ont

Roll No. B. Pag C 20912

10m.-8-21.

O.H.M.S.



POSTAGE FREE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

200M-10-20

H. Q. Reference

No. 72443 Rank Pte Unit 20th Battn

Surname Austin

Christian names Charles Henry,

Kindly forward Medals, to which I am entitled by reason of my service in France
(Theatre of War)

with 20th Battn.
(Unit with which served in Theatre of War)

No.

Street

Town Kyrmont out,

County Victoria

C H Austin
(Signature)

JAN 10 1922

(WRITE IN BLOCK LETTERS AND IN INK)

LEAVE THIS BLANK.

PROGRESS, Notes.

23-9-18 Has been in G.Hy since adm.

27-9-18 Index finger Sem slightly stiff. flex & extens good. Loosing fg to get full flexion. adm.

30-9-18. for disposition

DISPOSITION.

H. a macfarlane Capt.

Officer i/c Gymnasium.

Remedial Treatment Gymnasium,
Canadian Hospitals and
Command Depots.

LEAVE THIS BLANK.

Place:- 2nd C.C.D.

Regt.No. 724631 Rank Pte Name Austin C. H.

Unit 4th Age 20 (Adm 29.8.18.

Date of(

Division Hut (Disch.

DISABILITY. G.S.W. Rt hand.

Date. B11

CLASS.

MACHINES. Sh. Grip.

Hours of Attendance

a.m.

p.m.

REMARKS Amputation middle finger, imp. flexion in stiff in Elbow. Bmstt. in Rt. Shlr.

R.T.G.1. P.T.O.

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

FORM R. 149.
7106—250m—7/2/17.

Charles Henry

Name AUSTIN *Rank* Pte. *Reg. No.* 724631

Unit 20th Bn.

Next of Kin Canada.

Date 1917.		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
6-5		2 Can.S.H.	Boulogne.	PUO Slt.	A509			
7-8		Disch. Marlboro Detls.		do	A577	Rec'd 17-9-17		
						6/19/17		

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

Form R. 149.

Name AUSTIN Rank Pte Reg. No. 724361

Unit 20th Bn

Next of Kin Canada

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
13	5	2 6 G.H. Pet report	Bul R hand		A219	H 140	1306 B
18	5	1st Sth. G.H. Moneyhull, B'ham		do.	B220		18371
28	5	Mil hos Epsom		do.	B227		18774
14	8	Discharged		do	B292		7342
		Report - sgt 26/8 K 2 CC D Coburg					RL 999

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

*Name Austin, Charles Henry Rank Pte Regtl. No. 224 631

Fyle Depot 3-4-19

Original unit 109 Bn Present unit M. or S. Age 21 Religion C of E. Ref. H.Q.

Port, ship, and date of arrival Halifax Northland 25-12-18

Next of kin (F) Charles Henry Austin Kinmount Ont.

Address on leave same

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Lumberman Date and place of enlistment 25-11-15 Lindsay

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
3-1-19.	T.O.S. Casualty Company No. 3 District Depot. From O/S	
	for Disposal, Part Two D.O. 3 Eff. 27-12-18.	
	Leave & Sub 27-12-18 to 11-1-19.	

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

(over)

880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50.)

E. Conv. Epsom Hospital.

Ward Hut 42 No. of Bed E Sub Div. Date 9 July 1918.

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
724631	Pte. Austin C. H.	20th Batt.	Amputated Metacarpal bone middle finger

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

Middle finger is amputated 2nd. wd. will not heal. Would you please X ray to see if there is osteomyelitis in stump

Signature of M.O. J. Blanning Capt.

Date

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.) P.T. Ward.

No. of Plate 14452.

Nothing abnormal can be seen about the head of the middle metacarpal, but there are a few tiny scraps of metal about the head of the 2nd and a slight shadow suggestive of pus close to them

Signature of Radiographer D. Findlay

Date 10.7.18

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District 3

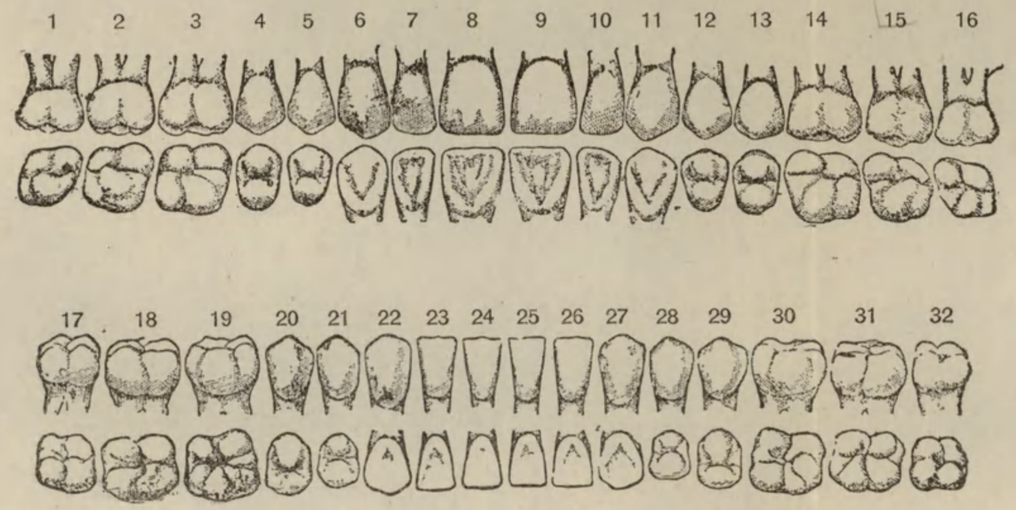
Pte. No. 724631

Name of Soldier Austin, C.H.

Rank

Regiment

M.F.B. 465.
150M.—4-18.
177-39-850.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	21/1/19.																				D D Wilson	3	Refused treatment

30-9-18 B11 confirmed Dave.

Form R. & O. 5045
1238-180M-29/11/16.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Woodcote Park Epsom. 2/8/18. ~~1916.~~

No. 724631 Rank Pte Name Austin C. H.

Local Unit ..... Overseas Unit 20th Batt Age 20

Examination held at Woodcote Park Epsom. Surrey

DISABILITY. G.S.W. Rt. Hand. Two fingers Amp.
Overseas—~~Local~~
(scratch one out)

PRESENT CONDITION.

Pt has one finger (middle) amputated R hand, interference with function of index finger, which can be partially flexed. Grip ~~good~~ fair.
no other disability.

BOARD RECOMMENDS:—

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty Bii temporarily in category B1 ..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:—

Members { A. H. Cameron Smith Major ..... President.
Geoffrey A. Hopkins Capt. .....
.....

APPROVED

Dated at 2/8/18 1916. A. H. Cameron Smith Major
For A.D.M.S.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... No .....

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... No .....

20. Have you been issued with a War Service Badge? If so, what class ? ..... No .....

21. Have you, during the present war, served in the Imperial Forces ? ..... No .....

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... No .....

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England ? ..... No .....
(b) If so, was such reversion in consequence of misconduct or inefficiency ? ..... No .....

24. Are you now serving in the C.E.F.? ..... No ..... If not, give:—(a) Date of discharge ..... Jan. 27th 1919 ..... (b) Reason for discharge ..... Demobilized .....

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... not applicable .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit .....
..... Unit in France — 28th Bn. .....
..... Oct. 6th 1915 — till — May 15th 1917

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... No .....
(b) If so, are you in receipt of full pay and allowances from that Department ? ..... No .....

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

Signature of Applicant: Charles H. Austin

Place of Residence: Kamloops

Declared before me at: Kamloops

This 27 day of January 1919

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

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			183	420

Certified Correct.

District Paymaster.

0625 #9

113

A-111

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

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

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

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

1. Christian names Charles 2. Surname Austin

3. Rank Pte 4. Original Unit 109th Bn. 5. Reg. No. 724631

6. Address, in full, to which future payments of gratuity are to be forwarded Kinmount Box 168 Ontario

7. Date of enlistment in the C.E.F. Nov. 25th 1915

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge not applicable

9. Relationship of such dependent not applicable

10. Address, in full, of such dependent not applicable

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? not applicable.

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:— 109th Bn Bramshott Camp Aug 2d 1916 — till — Oct 5th 1916.

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? not applicable

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service not applicable

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served Canada Nov. 25th 1915 and Eng. Aug. 1st 1916 to 109th Bn to France Oct 6th 1916 — to 20th Bn — till — May 15th 1918 to Eng. to Canada Dec. 15/18

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No.

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

Army Form B. 103. Regimental Number 724631

Casualty Form—Active Service.

Regiment or Corps 169 Battn

Rank Pte Surname Cleslin Christian Name Charles Henry

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

Enlisted (a) 25.11.16 Terms of Service (a) Dominion Service reckons from (a) 25.11.16

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

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

or Corps Trade and Rate .....

..... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked ...			
8.11.18	to CORE	A/G from transfer of Willey & Lea-Foulkes			
			LIEUT. i/c RECORDS, 1st C.O.R.D.		
9.11.18		O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale 8.11.18 Pt.11 D.O. 268			
		from 1st CORPS			
			FOR O.C. T.O.S. DEPOT, CANADIAN FORESTRY CORPS.		
		Commanding Canadian Discharge Depot.			
		For Lt. Col.			
		Cancel C.D.D. Buxton for return to Canada, Part II Orders. Pass to be attached C.D.D. Buxton on embarking.			

(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.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E 354.

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				
	3.12.18.	Attached C.D.D. Buxton for return to Canada, Part II Order No. 286			
		Houses to be attached C.D.D. Buxton on embarking for Canada.			
			Commanding Canadian Discharge Depot.		
EMBARKED S.S. NORTHLAND			R D Blandford		Capt.
LIVERPOOL DEC 15 1918				SHIP'S ADJUTANT.	
		T.O.S. Casualty Company No. 3 District Depot.			
2/1/19		for Disposal, Part Two D.O. 3.	Kingston	27.12.18	
27-1-14	SOS	Discharged			R Williams LIEUT.
					for O.C. Casualty Co., No. 3 District Depot
			Kingston	27-1-19	
					Lieut.
					O.C. Discharge Section
					No. 3 District Depot

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				
13.5.18.	5 CCCD	Lt. Hand R. Adm & Legal 24 A.T.		13.5.18	F 1409.
—"—	2 C. Gen	—"—	Adm 2 C. Gen	—"—	—"—
14.5.18	—"—	—"—	Legal England	14.5.18	F. 1511.
do	do	Inv (Wd) & posted to 1st Centl Ont Depot, Witley per A T Grantully Cle	Regl	17-5-18	W3083 - 5422 Pt 2 No.46d/27-5-18.
			W Hogan Major for Lt.-Col., A.A.G. Canadian Section G.H.Q 3rd Echelon B.E.F.		
27-5-18	1 CCD	T.O.S. from 20 Bn	Witley	18-5-18	Pt II No 145
					Lt R Hooper Lt for Colonel i/c Records, O.M.F.C.
20-8-18	2nd C.C.D.	ttached to 2nd C.C.D.	Bramshott	14-8-18	Pt. II No. 196
21 OCT 1918	OC. 2ndCCD	Ceases to be attached to 2nd C. C. D. on return to 1st C.C.D. Res. Bn.	Bramshott	21 OCT 1918	Pt. 2 D. O. No. 250 Wainwright for OC. 2nd CCD.
		Admitted to 1st C.C.D. from 2nd CCD. D.O. Pt. II. No. 296 D 26.10.18			
7.11.18.		Ceases to be attached on proceeding to 1st CORD.			D.O. No. 308 - D/7.11.18. W Macdonald Capt Adjutant Canadian Command Depot.
8.11.18	1st CORD	Ceases to be att 1st C.C.D.	Witley	7.11.18	Pt II D.O. 310.

21 OCT 1918 OC. 2ndCCD

Admitted to 1st C.C.D. from 2nd CCD. D.O. Pt. II. No. 296 D 26.10.18

Ceases to be attached on proceeding to 1st CORD. D.O. No. 308 - D/7.11.18.

W Macdonald Capt Adjutant Canadian Command Depot.

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

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. 724631 Rank Private Name Austin Charles Henry.

Enlisted (a) 25.11.15 Terms of Service (a) C. E. F. D. of W. Service reckons from (a) 25.11.15

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) Lumberman.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	Embarked Canada		Halifax	24.7.16	
	Disembarked England		Liverpool	31.7.16.	
Transferred for Overseas Service with 20th Battalion.				OCT 5 1916	D.O. Pt. No. 279 Capt. ADJUTANT 109th Overseas Battalion, C.E.F.
6/10/16	C B Dep	Arrd & taken on strength	20th Bn	6/10/16	NR Pt 2 O'rs 55d11/10/16
do	do	Left for	do	20/10/16	NR
27/10/16	20th Bn	Arrived	do	23/10/16	B213
12-5-17.	4 C F A.	P. M. O adm 4/5/17 Trans.	1 C.F.A.	12-5-17	Pt 2 O'rs dcs 29-5-17.
5-5-17	12 "	" " 4/5/17 Trans	C.C.S.	5-5-17	Pt 2 O'rs 5/6/17.
" "	22 C.C.S.	Sickness adm 4/5 Trans	2 B.T.	5-5-17	Pt 2 O'rs 24.6.17. CAPTAIN.
6-5-17.	2 Can Stat Hosp	" " adm	2 Can Stat Hosp	6-5-17	W. 30 24 ADJUTANT.
12-7-17	" "	Struck a patient in	"		Pt 2 O'rs 7/11/17 (306)
7-8-17	" "	P. M. O	Trans.	Mental Details 7-8-17	W. 30 24. 4064. A 11-7-17. 109TH BATTALION CAN. INFANTRY.
10-8-17.	2 2 B.D.	Rejd from Details	adm	2 2 B.D. 10-8-17	NR
26-8-17	do	Left for	2 E Bn	26-8-17	NR
27-8-17	2 E Bn	Arrived	do	27-8-17	NR
1-9-17.	do	Left for	20th Bn	1-9-17	NR
8-9-17.	20th Bn	Arrived Rejd.	do	do	B213
20-12-17	do	3 days F.P. No.1. 13-12-17 for:- Creating a disturbance in hut at 9.40 p.m. B2069 Pt 2 No.58/17-1-18.			319.
5 JAN 18	" "	GRANTED 14 DAYS LEAVE.		30-12-17	B 213 Part II Ord. 5. 4
" "	" "	Awarded Good Conduct Badge.		25-11-17	" " → 20-7-1918.
26 JAN 18	" "	Rejd from leave		14.1.18	"
4-5-18	6 C F D	B. Hand R. Admt Hosp	CCS	13-5-18	F. 1423

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

[P.T.O.

CERTIFIED CORRECT. 18 OCT 1916

Description of Charles Henry Austin on Enlistment.

Apparent Age 18 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 6 ft. 3/4 ins.

Chest measurement: Girth when fully expanded 35 ins.
Range of expansion 2 ins.

Complexion Medium

Eyes Brown

Hair Brown

Religious denominations:
- Church of England C. of E.
- Presbyterian
- Methodist
- 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).

Scar on Right Knee.

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 Nov. 25 1915.

Place Lindsay

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

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Charles Henry Austin 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.

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

Date JAN 26 1916 191 .

D. A. Coy.

ATTESTATION PAPER.

109th OVERSEAS BATTALION, C. E. F.

No. 724631

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

DUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Austin
1a. What are your Christian names?	Charles Henry
1b. What is your present address?	Kinmount Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Kinmount Ont.
3. What is the name of your next-of kin?	Henry Charles Austin
4. What is the address of your next-of-kin?	Kinmount Ont.
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	19th June 1894
6. What is your Trade or Calling?	Lumberman
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?	Yes
10. Have you ever served in any Military Force? If so, state particulars of former Service.	1 Year 4th Regt. Cav. Mil.
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, Charles Henry Austin, 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.

Charles H. Austin (Signature of Recruit)

Date 25th Nov. 1915. Wm. Warren Capt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Henry Austin, 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.

Charles H. Austin (Signature of Recruit)

Date 25th Nov. 1915. Wm. Warren Capt. (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 Kinmount this 25th day of January 1916.

A. A. Wishart (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Station
and Date.

Forms
I. 1237
12

France

Army Form I. 1237.

Div III

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	924631	Pte	Austin	C. T.
Year	Unit.		Age.	Service.
	20th Batt.		20.	

Station and Date.	Disease
28.5.18	G.S.W. R Hand 2nd Finger Amputated. Wound still open. middle finger amputated. Passing for duty
	T.A.B. 1.6.3.18. (AB64)
2/8/18	B11. Recommended by Standing Medical Board. J. Blenning Capt RAMC

* 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.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

ORIGINAL

/GM

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 724621 Rank Pte. Name Austin, C.H.
(Surname first)

Unit 109th Battalion who was* Discharged

On January 27th 1919, to Category "C1"

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Dec. 1st/18 to Jan. 27th 1919. the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. ~~month~~ L.P.C.	39	87		
Regimental Pay 58 days at $ 1 c			58	00
Field Allowance 58 days at $ c 10			5	80
Separation Allowance				
Clothing Allowance			35	00
Post Discharge Pay				
*Other Credits D.O. 258 Subs.			12	80
Advances				
~~Separation Allowance~~ and Assigned Pay Cheque No. 2434	15	00		
*Other Charges				
Balance on ~~transfer~~ or on discharge, cheque No. 2491	56	73		
Total	111	60	111	60

*Give particulars.

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

Assigned Pay for the month of January 1919
and Separation Allce. for month of 191

(to) Assignee Mrs. H.C. Austin,
Kinmount, Ont.

(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 ..... married or single .....

(2) Separation Allowance, entitled or not NO (3) Reason for discharge .....

(4) Authority for discharge or ~~transfer~~ 3DD.3-A-197

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date January 25th. 1919

Place Kingston, Ont.

Wheeler Captain,
OFFICER IC DEMOBILIZATION PAY DIV.
MILITARY DISTRICT No. 3
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

cheque #2491 attached

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District 3

No. 724.6.31

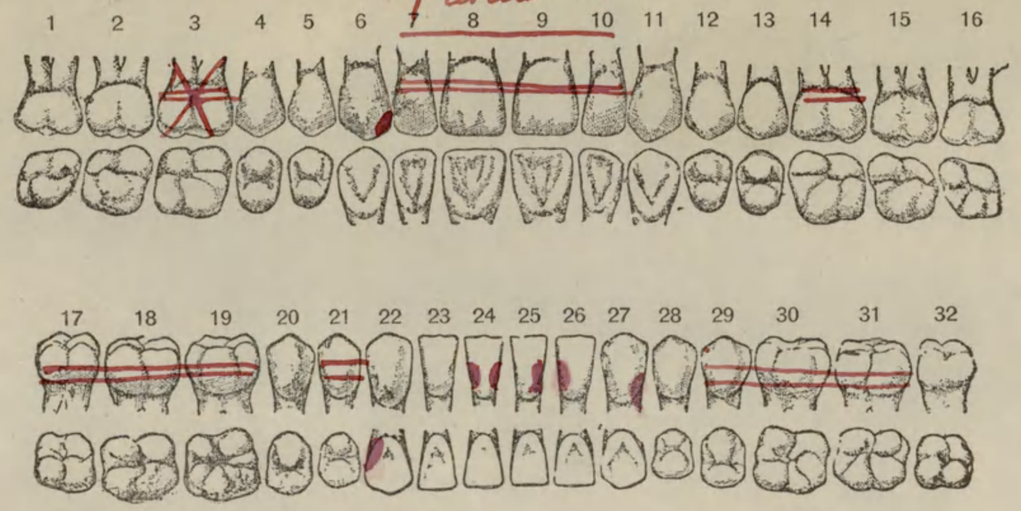
Name of Soldier Austin C. H.

Rank Pte.

Regiment B.D.

M.F.B. 465.
150M.—6-18.
1772-39-9.30.

Partial Upper.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1919																					P L required
	Jan 21	1/27,		3./6,22 26,							9./3,14, 17,18,19 21,29,30 31,									D H Massey Capt	3	4 Can #20,23, 25,26,
																						Refused Treatment C H Austin 21/1/19

(9) Is your Father alive? Yes

If so, state name and address Henry Charles Austin Kinmount Ont

(10) Is your Mother alive? Yes

If so, state name and address Jennie Austin Kinmount Ont.

(11) If your Mother is a widow No

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.

Date JUL 11 1916

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

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

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

(2) Regimental Number 724631

(3) Full Name of Soldier Charles Henry Austin

(4) Place of Birth Kinmount Ont

(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 —

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

Surname Aurelin Christian Name Charles Henry

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
No.2.Can.S.H,B'logne		6	5	17	7	8	17	P.U.O. Slt.		Discharged. Natlboro Details.	A509-577 (VW)
		18	5	18	27	5	18	S.S.Wound Rt Middle Finger	9	Healing — To Canad: Conv:	Ch Boyles Brown Capt
M.C.H.C Epsom.		27	5	18.	14 AUG 1918			Sw.	80	C.O.A. Wound still open, Middle finger amputated. Dressings here & massage. Interference with function of index finger which can be partially flexed. Grip fair. No other disability. Standing Medical Board recommend B1.	J.H.Lawrence Capt R.A.M.C.

31/111/42 ORIGINAL 1736

MEDICAL HISTORY SHEET. ORIGINAL

Surname Austin Christian Name Charles Henry

Examined on 3rd day of December 1915 at Lindsay

Birthplace City or Town Kinmount County Ontario

Apparent age 18 years

Trade or occupation Lumberman.

Height 6 Feet 3/4 Inches.

Weight 142 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 35 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks Arm Right. none Left. One Number One

When Vaccinated last Feb. 17th 1916.

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Approved by J. McCulloch Capt. Medical Officer

Rank 109th Overseas Battalion, C. E. F. M.O.

Date	Fit or Unfit	Examined for Re-engagement,	
2/8/18	B II	22 MAY 1918 J. B. Cummings Capt CAMC.	M.O.
9/4/18	B Two	J. B. Cummings	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations.	
12.2.16	Good	J. McCulloch	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
26.4.16	Good	J. McCulloch	M.O.
2.5.16	Good	J. McCulloch	M.O.
17.5.16	Good	J. McCulloch	M.O.
22.9.16		H. Boyd	do
1.11.3.16			

Enlisted on 25th day of November 1915 at Lindsay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Batt.	724631		3.12.15
Transferred to	C.E.F.			
	21st Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bloom	2/8/18	G.S.W. Rt. Hand two fingers amp	B II Temporarily in Cat. D I
Summerdale	21.11.18	do	B I J. A. Cook Major
Bamford	21-1-19	Sequelae of G.S.W. of Right Hand	B I Bamford Thompson Capt CAMC

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.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

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

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 7. Mrs. H. C. Austin

L. L. Job 310.—Req. 674.

Name of Soldier Austin Henry C

724631 Pte. 109 Bn

$15.00

AUG 11 1916

AUG 1 1916

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.		J15147	15		
Sept.		J15456	15		
Oct.		J19748	15		
Nov.		J24398	15		
Dec.		B33574	15		
Jan.	1917	Q35209	15		
Feb.		Q41541	15		15
March		P48990	15		15 L
April		H396	15		15 E
May		R6130	15		
June		S13329	15	210	15 Cu
July		S20237	15		B
Aug.		T27228	15		D
Sept.		S34140	15		D 210.00
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

L. L. Jo[illegible] M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Mrs. H. C. Austin
Address Kenmount Ont

Rate $15-00

AUG 11 1916
AUG 1 1916

By Whom Assigned Austin Henry C.
Regtl. No. 724631
Rank Pte
Corps 109 Bn "D" Co

PAYMENTS

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

CONSOLIDATED ACCOUNT 3

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7583.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A

5084

OVERSEAS CONTINGENTS

Date of Assignment Aug. 1. 1916.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 724631

Rank Pte. Promoted Reverted Discharge

Soldier's Name Henry C. Austin

Battalion 109 Battn. (D. Co.)

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. H. C. Austin

Address Kinmount, Ont.

Change of Address

1

2

3

4

REMARKS 0625 H.

Date	Cheque No.		Amount S/A	Amount A/P	Total		
Sept-30-17				210	210		
Oct	D51592			15	15		
Nov.	53377	C		15	15	B	
Dec	57386	B		15	15	B	M
1918 Jan/18	60688	F		15	15	S	
Feby	94792	B		15	15		MRO. 1 A. 21 3/18 GB
March	91133	A		15	15		Remd 22 3/18 GB.
April	7873	I		15	15	R	
May	9241	C		15	15	D	
June	17624	B		15	15	D	
July	30639	M		15	15	6	
Aug	33219	G		15	15	6	
SEP	40052	A		15	15	6	
OCT	46679	A		15	15	6	
NOV	54766	A		15	15	6	
Dec	65662	B		15	15	6	
				435	435		

MRO 62 579 30

A/c Closed 31-12-18

Ret'd per Motherland

Date 25/1/19 F. X. 30/12/18

Clerk

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7493.

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.)

1. No. 724631
2. Rank. Pte
3. Name. Austin Charles Henry
4. Unit. No. 3 District Depot
5. Date of Discharge 27-1-19 Place Kingston Ont
6. Reason for Discharge Demobilization R.O. 1343
7. Authority. 3DD-3-A -197 D/ 22-1-19
8. Proposed Residence after Discharge Kingston 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

C. H. Austin
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Kingston Ont

Date 27-1-19

Medical Documents Forwarded to ~~S.C.R. or~~ B.P.C. on Date 3-2-19

Signature R E Rogle Lieut.
(O. C. Discharging Unit.)
O. C. No. 3 District Depot

M.F.B. 218a—300M.-11-18—1772-39-113.

ad

Recd 23.1.20

Answ. 11-2-19

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

(a) General service,	(Category A)	(Yes or No.)
(b) Service abroad, not general service,	(" B)	(Yes or No.)
(c) Home service (Canada only),	(" C)	(Yes or No.) C1
(d) Temporarily unfit.	(" D)	(Yes or No.)
(e) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)

20. It is certified that the invalid

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

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

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

In Category C1. Disability due to service.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

R. Munro Capt. — President.

PLACE Barriefield.

DATE 21-1-19. — Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness ..... Signed .....

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

President.

PLACE

DATE — Members

APPROVED BY — Assistant Director of Medical Services, M.D. 3 — DATE 21-1-19

APPROVED BY — Director-General of Medical Services. — DATE

THIS FORM WILL BE USED FOR ALL RANKS. AP.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Kingston, Ont. DATE 20-1-19.

1. 1 (a) Unit #3 CCDD. (b) Regimental No. 724631. (c) Rank Pte.

(d) Surname Austin. (e) Christian name Charles.

(f) Home address Kinmount, Ont.

(g) Next of Kin Mr. H.C. Austin. (h) Relationship Father.

(i) Address of Next of Kin Kinmount, Ont.

2. Age last birthday 21. Date of birth June 19th, 1897.

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay. (b) Date 25-11-15.

4. Personal description:

(a) Height 6' 3". (b) Weight 180. (stripped) (c) Complexion Fair.

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

5. Former trade or occupation Student.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3 yrs. 2 mos.	

		Periods From	Periods To
Canada	109th Bn.	25-11-15.	24-7-16.
England	109th Bn.	24-7-16.	6-10-16.
France or other theatres of War	20th Bn.	6-10-16.	13-5-18.
	Eng. 1st C.C.D. 1st EORD.	13-5-18.	26-12-18.
	Can. #3 CCDD. #3	26-12-18.	Date.

7. Original disease, or injury

G.S.W. of right hand.

(a) Date of origin May 13th, 1918. (b) Place of origin Arras, France.

(c) Cause Enemy bullet.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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

Sequelae of G.S.W. of right hand.

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

SUBJECTIVE SYMPTOMS - Man complains he is unable to shut right hand and can't grip anything very well. Man says his middle finger of right hand was amputated and the resultant scar pains him during wet and cold weather.

OBJECTIVE SYMPTOMS - On examination of man he is found to be well nourished and well developed, there is xxxxx absence of the middle finger of right hand, the middle finger having been amputated at the metacarpal phalangeal joint. The post operative scar is well healed and not sensitive to pressure. There is inability to flex the remaining finger of right hand on palm the limitation of flexion being about 50% of normal flexion. Man has about 50% abnormal grip in right hand. Urinalysis Report. Reaction acid, specific Gravity 1022. Albumen, Trace. Sugar nil. Acitone nil. Diacitic acid nil. Bil. Nil. Ludican no increase. Microscopical findings few hyaline casts.

(SGD). G.B. Reed Capt. AMC.

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

Nervous System: no. Cardio-Vascular System: no. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System: as above. (Albumen and Sugar will be excluded.)

Special Senses: no. Respiratory System: no. Integumentary System: no.

Disturbances of Mentality: no. Digestive System: no. Muscular System: no.

Osseous and Joint Systems: no. Any other general condition: no.

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

Man states he was out on patrol at Arras on May 13th, 1915 when he was hit by enemy bullet in middle finger of right hand.

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

Measles and Mumps in childhood.

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

As above.

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

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

N/A.

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

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

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

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

In Hospitals in France and England.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

No.

16. Can the former trade or occupation be resumed? Yes with limitations.
(If not, briefly state why)

17. Recommendations.

That man be placed in Category C1. Disability due to service.

Bernard Thompson Capt AMC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of

C H Austin Rank.
Signature of invalid examined.

PART III.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned, 724631 Pte. Austin, C. H. have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

Charles Henry Austin
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

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

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

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

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

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

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

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

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

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

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

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

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

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

PART I.

A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D. 343

Reserved for M.H.C.

Regt. No. 724631 Rank PTE Surname AUSTIN Christian Name CHARLES HENRY

Unit or Corps—(a) Overseas from United Kingdom 25th Bn. (b) in United Kingdom

Born at—Town MANMOUTH County or Province ONT. Country CANADA

Date of Birth—Day 31 Month Oct. Year 1887 Age ..... yrs. ..... months.

Joined at LINDSAY Date

Former trade or occupation LUMBERMAN.

Permanent Marks or any peculiarity that will serve for future identification :—

Middle finger R Hand missing

Height—feet 6 inches 3/4 Colour of eyes BROWN

Signature of Soldier (*for identification purposes*) Charles Henry Austin

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY. LOSS MIDDLE FINGER RT. HAND.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*)

Disabilities Group (*b*)

Disabilities Group (*c*)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Gsw	France	13-5-15
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

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

(*i.*) As to Group (*a*) above ? No If yes, has Active Service aggravated it ?

(*ii.*) As to Group (*b*) above ? If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

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

(*i.*) As to Group (*a*) above ? yes

(*ii.*) As to Group (*b*) above ?

(*iii.*) As to Group (*c*) above ?

PART I. (continued). In May 17 had P.U.O. no 2 Can Sct HP Boulogne 62 Sup-

5. MEDICAL HISTORY. Man states:
Student in Civil life - Had mumps in 1913 - no other illnesses -
Family history good - Enlisted Nov 1915. In hospital in Jan
1916 operation for varicose veins Rt Leg - Eng July 1916
France Oct 1916. Wounded Scottish Arras May 13th 1918.
Back to Eng 18-5-18 to 1st Southern Gen HP for 9 days. Then
transferred Epsom 27-5-18 until 14-8-18. from there to 2 CCD
Bramshott. Then to Training Corp on 12-11-18.

6. PRESENT CONDITION.
Subjective Symptoms - Complains of pain & tenderness
on back & Rt hand. Stump pains slightly. Cannot grip
very well with index finger.
Objective Symptoms. General appearance healthy -
Condition good - age 21 - Weight 176 Height 6 ft 2 in.
Examination - middle finger & upper hand amputated
Stump not sensitive - On dorsal surface Rt hand there
is a small tender spot near thumb & index fingers. He
has a fair grip with thumb & remaining fingers - but
strongest with 3rd & 4th, than with index finger -
Heart & lungs negative
Other Systems negative. Urinalysis negative

7. OPERATION. (i.) Was one performed? Yes (ii.) If so, state what. Amputation middle finger Rt hand.
(iii.) Was one advised and declined? —

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

8. (i.) Is there loss or decay of teeth attributable to Active Service? No
(ii.) If so, describe.

9. DO YOU RECOMMEND:—
(a) Fit for duty? (*state category*) B1
(b) Invalid to Canada?
(c) Discharge from the Service as permanently unfit?

Date of Report 19 11 - 1918 Signed J. Blackmuncle
Officer in medical charge of case.
Station Sunningdale

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Not in Hospital
{Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at ..... Station, on ..... 191.....
*Delete if inapplicable.

PART II.

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

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

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

12. From the medical information now adduced, was the disability caused or aggravated by:—
(a) Negligence of the Soldier {Caused? No / Aggravated?}
(b) Misconduct of the Soldier {Caused? No / Aggravated?}

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none, 5%, 10%, 15%, 20%, etc.*) Ten Pension

14. THE DISABILITY DUE TO SERVICE. (*See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(*Estimate at none, 1/10, 2/10, 3/10, etc., or all.*) all

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

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

17. Can the former trade or occupation be resumed? Yes

18. REMARKS:—
Right middle finger amputated at the Phalanges result of G.S.W.
Seen in Pension. Function of hand does not seem impaired. Stiffness of Dorsum.
Amputation of foreign a.g. telegram
9083 " " "

19. RECOMMENDATION:—
(a) Fit for duty? (*state category*) B1
(b) Invalid to Canada?
(c) Discharge from Service as permanently unfit?

Date of Board 21. 11. 18
Signatures of the Board: J. A. Cockburn Capt President. J. Ellis Capt Chmn
Station Sunningdale

Approved J. Ellis A.D.M.S.
Dated at Station 191

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIAN S. LONDON AREA. NOV 28 1918 13 BERNERS ST. LONDON, W.1

Certified C.A.M.C. for A.D.M.S., Canadians, London

27.

(468) Wt. W. 2290—PP1182 6-18 J.F.W. (E3277)

EMBARKED S.S. NORTHLAND
LIVERPOOL DEC 15 1918

DISCHARGE DEPOT
BUXTON, DERBY
DEC 8 1918
FILE

3.

Army Form W3997.

Regtl. No. 724621 Rank ..... MILITARY DISTRICT 3

Name Austin C. H.
(Christian Names in full) (Surname)

Unit C.E.C. Regt. or Corps 109th B.

CATEGORY ..... NEXT OF KIN Father.

REASON FOR RETURN.

Returned to Canada in accordance with instructions under Paras. 7 & 9 of A.G.5-1-22 of April 5th, 1918.

Category B. T

INTENDED PLACE OF RESIDENCE Kingston Ont.

Student.

9
23

COVER FOR DISCHARGE DOCUMENTS.

CAMPAIGNS MEDALS AND DECORATIONS 20/12

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 724621 RANK Pte NAME (IN FULL) Austin C. H. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Pte. Austin, Charles, Box 168, Kinmount, Ont.		

ORIGINAL UNIT C. E. F. 109 Bde | IF IN P. F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ 15— | DATE EFFECTIVE

PAYABLE TO Mrs H. C. Austin | RELATIONSHIP

ADDRESS Kinmount Ont

ANY CHANGE IN ASSIGNEE OR ADDRESS a-111

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Kingston DATE 27-1-19 REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

	MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account	Dec 31/18																																					
1-12-18	Jan 1/19	58	1 10/100	63	80	35	—	12	80	111	60							56	73					15	—					39	87	111	60					Pay 1/19 $20.29 Subs 10 days 2.89 2491 Dscl'gd Clothing
Jan 27/19	183 days									420	00	A5644						70 00																				WTW 2595 Rec'd
Mar. 4/19												G235510						70 00																				#315565 Mch 27/19
																		70												210		210						Apl 21/19 #370755
																		70												280		140						28/5/19 #337093
																		70												350		70						27/6/19 938269
																		70												420								

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Married or Single: Single

Place of Birth: Kinmount Ont

Name and Address of Next of Kin: Chas Austin, Kinmount Ont

Relationship of Next of Kin: Father

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. 924631 Rank: Private Name: Austin Charles Henry

If in Perm't. Corps What Unit: Unit 109th Bn Transferred to: 20th Bn Date: 5/10/16 Authority: DO 279

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation: Kinmount Ont — Transferred to — Date — Authority

Date of Attestation: Nov 25th/1915 — Transferred to — Date — Authority

Assigned Pay Monthly $15.00 Date Effective: Aug 1/16

Payable to: Mrs H. C. Austin Kinmount Ont Relationship: Mother

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective Reason

Discharge Date and Place Reason and Authority

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

Checked W.P.H.M.

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	b	Remarks
July 31														16 70	16 70									Bal. from Canada							16 70				61	
Aug 31	31	1.00	31		31	10	3 10								34 10	27	8-8-16							973				15		24 73	26 07					
Sept.	30		30				3								33	59	31-8-16	90	15/9/16					730	730			15		29 60	29 47					
Oct	1-5		5				50								5 50													15		15	19 97					DO. 279 Jan 20th 5/10/16
Oct 6/31	26	1.	26		26	10	2 60								28 60							7333	17/10/16			4 36										
																						189	31/10/16			9 74				14 10	24 47					
Nov	30	1.	30		30	10	3								33	130	30/10/16							2 61				15		17 61	49 86					
Dec.	31	1.	31		31	10	3 10								34 10	136	22/11							2 61				15		17 61	66 35					
1917			15 30				15 30																													
Jan	31	1.10	34 10												34 10	150 5	16/1	1491		1580	6/1			5 23 1 134	2 62			15		34 19	66 26					
Feb	28	1.10	30 80												30 80			1680	24/1	1711	6/2			2 61	2 61			15		20 22	76 84	✓				
			233 20											16 70	249 90									4 43	12 53	14 10		105		173 06						
Mch	31	1.10	34 10												34 10			1760	27/2	1835	17/3			2 61	5 23			15		22 84	88 10		✓			
Apl	30	1.10	33												33													15		15	106 10		✓			
May	31		34 10												34 10			7 70	17/4 30/4					2 62 2 62				15		20 24	119 96		✓			
			334 40											16 70	351 10									49 28	17 76	14 10		150		231 14	119 96		✓			

724631 Pte Austin C. H.

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits
			334	40										16 70	351 10
June	30	1 00/10	33												33
July	31		34	10											34 10
Aug	31		34	10											34 10
Sept	30		33												33
			468	60										16 70	485 30

Date	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
									49 28	17 76	14 10		150		231 14	119 96				
													15		15	137 96				
													15		15	157 06				
											2 67 / 4 46		16		22 13	169 03				
					3217 8/8 CoB / 2881 3/7 CoB						2 68 / 2 68		15		20 36	181 67				
									49 28	17 76	26 59		210		303 63					

Month 1917	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Ser. Allce. Eng.
Sept 30	Balance	~~181 67~~							181 67		
Oct	P pay	34 10						15			
				458. 27/8. 2nd 38D	5 35						
		34 10		382 11/8 do	1 79				193 63		
Nov	P. Pay	33			7 14			15			
								15			
				aR 681. 30/9. 20 Bn.	89						
				aR. 747. 19/10 "	4 46						
				" 2934. 19/9. 185 Cal E.	1 78						
				" 599 19/9 20 Bn	2 67						
				" 814 31/10 "	3 57						
Dec.	P Pay	34 10						15			
1918		67 10		877. 21/11 "	4 46 / 17 83			30	212 90		
Jan.	do	34 10						15			
				aR 58378. 1/1/18	97 33						
				aR 3C 2569. 30/12. 20 Bn.	97 33						
				" 944. 16/12 "	8 92						
				" 937. 30/11 "	4 46						
				aR 555. 9/12 2D. CERC.	4 46						
				" 1021. 30/12. 20 Bn	8 03						
		34 10		3d F.P. No 1. 13/12/17 Bo. 5. 17/1/18	22 03	3 30 / 3 30		15	8 17		
Feb	P.P.	30 80		Carr. Af				15			
		30 80		aR Cp. 65669. 13/1.	14 60 / 14 60			15	9 37		

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Ser. Allce. Eng.
Mar	P.P.	34 10		C.A.P.				15.	9 37		
									34 10		
				aR. 1182 14/2 20 Bn.	8 03				43 47		
				" 1354. 27/2 "	3 57				34 63		
				" 1317 13/3 "	4 46						
		34 10		" 1282 23/3 "	3 57				8 84		
					19 63			15			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

596A

ASSIGNED PAY	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1 . 8 . 16	EFFECTIVE DATE:-	
AMOUNT:-	15.00	AMOUNT:-	

NAME:- AUSTIN. Charles. Henry.

NUMBER:- 724631.

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.

Mrs H.C. Austin (Mother)
Kinmount Ont.
Stopped 8/6 1/12/18.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109 Battn

DATE ACCOUNT FIRST OPENED - 1. 8. 16.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			20 Battn
BO.145-27 5/18	1/6/18	19/6/18	1 Co RD.
No 268. 9/11/18.	1/11/18.	26/11/18.	BD. C.F.C. (H)

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
9 11/18	111	QMOOS 7/-	~~1 70~~				
~~13 11/18~~	~~34201~~	~~B.D. C.F.C.~~	~~9 73~~				
14 11/18	175	QMOOS 3/- 1/- 9. d.	~~4 32~~				
~~25 11/18~~	~~4487~~	~~B.D. C.F.C.~~	~~9 73~~				
			25 48				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE 1/12/18. Dis. Can. for Disposal Auth. Pd. Nom Roll 427. d/26-11-18.

MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal Fwd.								8 84		
Apl.	P Pay	33		Can Pay				15.			
				ak.8. 11/4. 20 bn	4 46						
				72. 23/4. "	3 57				18 81		
		33			8 03			15			
May	do	34 10		Can Pay				15.			
				H.Rem # 10619. 29/5.	4 87				33 04		
		34 10			2 87			15			
June	do	33.		Cap.				15.			
				ak 6209 3/5/18 Epsom	9 73				41 31		
		33			9 73			15			
July	do	34 10		Cap				15	60 41		
				ak 2107 7/7/18 Epsom	4 87						
				✓ 5751 31/7 Epsom	4 87				50 67		
		34 10			9 74			15			
Aug	P.a	34 10		Cap.				15	69 77		
				ak 1109 14/8/18 ✓	24 33				45 44		
				Cakey. 23348 14/8/18 London	24 33				21 11		
	S.J. 14/8 - 7 pm 26/8. AO. 196 30/8. 2160 - 8 76								29 87		
				ak 396 r 28/8 2160	5 11				24 76	24th Balance	
		42 86			53 77			15			
Sept	P Pay	33		Cap				15	42 76		
				ak 4131 10/9/18 Do	14 84						
				ak 4537 26/9 ✓	9 97				17 95		
		33			24 81			15			
Oct	P Pay.	34 10		Cap.				15			
				AR 4921. 11/10/18. ✓	9 97						
				AR 5180. 29/10/18. Heep.	9 73						
		34 10			19 70			15 -	14 35		
				C.7.							

NUMBER 724631 RANK NAME AUSTIN C H

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/10	Balance Forwd								17 35		
Nov	P. Pay.	33		CAP.				15	35 35		
				ARBU201 BD 13/11/18	973						
				ARBU487 - 25/11/18	973						
		33		ARQ4H4 Cont Bux 11/12/18 RPC End	487				11 02		
					2453			15			
	A3M. FORM. REN'D S/Pps EFFED 1/12/18. DISCHARGED TO Law Eff DATE 1/12/18 PAY BOOK VERIFIED 27/11/18. b2 BAL. 9 87/100 I.P.C. REN'D 27/11/18 AUTHY. RPB Nav Rll 427 26/11/18 Doc Dispsal										
	ARQ4H4 Bux 487 Cont Bal cr 5.00 478										
Feb/19.				Q40005/145 14/11/18		432					
				— /111 9/11/18.		170			5 00		
						602					