

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

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

Attestation Papers..... *3.4*

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... *1*

Proceedings on discharge..... *3*

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate..... *1*

Inventory of Kit.....

Last Pay Certificate..... *1*

*A to B. 122 - 2.
M.F.W. 67 - 1
A.F. 1237 - 2
A.F. 181 -*

M. F. W. 62.
100m.-6-17.
H. Q. 1772-39-985.

28

Name.....

Austin Edwin Winfield

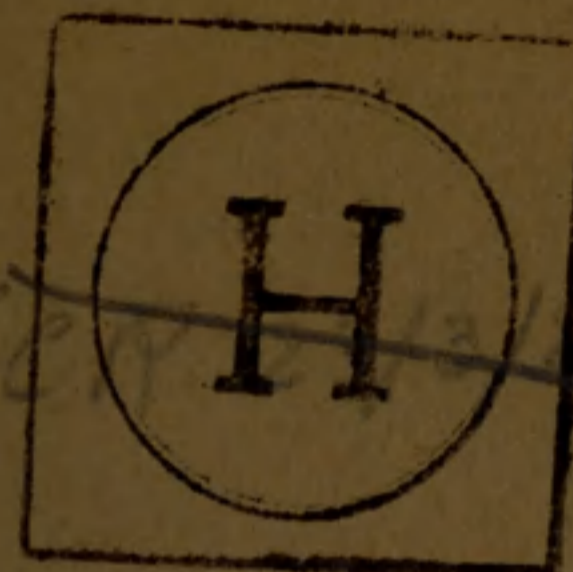
Regt. No. *42603* Rank *Pvt.*

0 7529

Corps.....

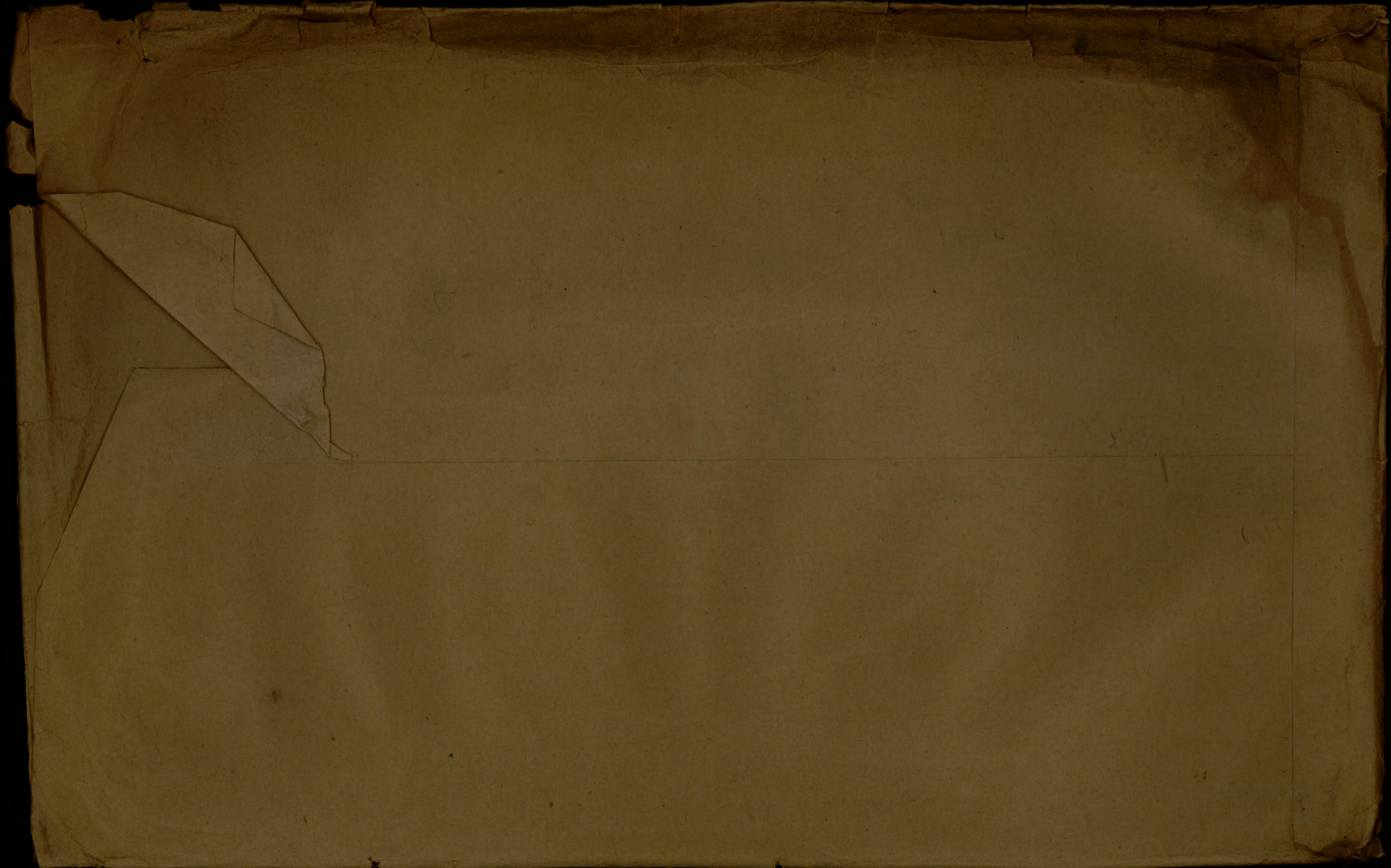
No 3 S. I. Coy. C. E. Ft. Form 109th I/S Bn.

Compassionate Grounds



PCA 13/3/27

DOM



"D" Coy.
726003

ATTESTATION PAPER.

No.

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?..... *Edwin Winfield*
- 1b. What is your present address?..... *Haliburton Ont.*
2. In what Town, Township or Parish, and in what Country were you born?..... *Peterboro Ont-Canada*
3. What is the name of your next-of kin?..... *Mr Grand Austin*
4. What is the address of your next-of-kin?..... *P.O. Haliburton Ont. Canada*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
5. What is the date of your birth?..... *26th November 1849*
6. What is your Trade or Calling?..... *Merchant*
7. Are you married?..... *Yes*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
9. Do you now belong to the Active Militia?..... *No*
10. Have you ever served in any Military Force?..... *No*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Edwin W. 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.

Date *December 4th* 1915 *Edwin W. Austin* (Signature of Recruit)
J. H. Bissonnette (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Edwin W. 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.

Date *December 4th* 1915 *Edwin W. Austin* (Signature of Recruit)
J. H. Bissonnette (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 *Haliburton* this *4th* day of *Dec* 1915
G. H. Potts (Signature of Justice)

Description of Edwin H. Austin on Enlistment.

Apparent Age 36 years - 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. 6 ins.

Chest measurement { Girth when fully expanded 38 1/2 ins.
 Range of expansion 5 1/2 ins.

None

Complexion Dark

Eyes Blue

Hair Black

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist Methodist
 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 December 4th 1915.

Place Sunday

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

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Edwin H. 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.

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

Date JAN 12 1916 191

Contd.
S.R.

"10" Coy
726003

ATTESTATION PAPER.

109th OVERSEAS BATTALION, C. E. F.

No.
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?..... *Edwin Winfield*
- 1b. What is your present address?..... *Haliburton*
2. In what Town, Township or Parish, and in what Country were you born?..... *Peterboro Ont.*
3. What is the name of your next-of-kin?..... *Mrs Grand Austin*
4. What is the address of your next-of-kin?..... *Haliburton*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
5. What is the date of your birth?..... *26th November 1849*
6. What is your Trade or Calling?..... *Merchant*
7. Are you married?..... *Yes.*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes.*
9. Do you now belong to the Active Militia?..... *No.*
10. Have you ever served in any Military Force?..... *No.*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes.*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes.*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Edwin W. 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.

Date *December 4th* 1915 *Edwin W. Austin* (Signature of Recruit)
H. Bissonnette (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Edwin W. 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.

Date *December 4th* 1915 *Edwin W. Austin* (Signature of Recruit)
H. Bissonnette (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 *Haliburton* this *7th* day of *Dec* 1915
H. H. Pratt (Signature of Justice)

Description of Edwin W. Austin on Enlistment.

Apparent Age 36 years - 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. 6 ins.

Chest measurement { Girth when fully expanded 38 1/2 ins.
 Range of expansion 5 1/2 ins.

Complexion Dark

Eyes Blue

Hair Black

None

Religious denominations.
 Church of England.....
 Presbyterian.....
 Methodist Methodist
 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 December 4th 1915.

Place Lindsay

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

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Edwin W. 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.

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

Date JAN 12 1916 191

PARTICULARS OF DISCHARGE.

1. Name *Austin, Edwin Winfield.*
2. Regimental Number *726003.* 3. Rank *Pte.*
4. Corps *#3. S. S. Co. Form. 109th Bn.*
5. Date of Discharge *24-8-17.*
6. Place of Discharge *Barrie, Ont.*
7. Place to which transport given. (Give street address where possible.)

Haliburton, Ont.

Enlisted at - Haliburton, Ont. Date - 7-12-15.

8. Description at time of Discharge:—

Age *36* years - months. Descriptive marks *Nil.*

Height *5* feet *6* inches.

Complexion *Dark.*

Eyes *Blue.*

Hair *Black.*

Trade *Merchant.*

9. The above named man is discharged in consequence of

Compassionate grounds.

Auth; 3 M. D. 88-A-52. Dated 22-8-17

(If medically unfit, state nature of disease or disability.)

10. To what extent will it prevent his earning a full livelihood? *Not stated.*

11. Character

Good.

Date *7-9-17.*

i/c Records.

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.

109th OVERSEAS BN., C.E.F.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number..... 726003

(3) Full Name of Soldier..... Edwin W. Austin

(4) Place of Birth..... Peterborough

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

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

(b) Present Postal Address..... Haliburton

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

(8) Have you any children?..... Yes 3 boys 4 girls

If so, give number of boys and girls.....

Also their names and ages.....

Leslie age 10	Doris age 7
Max .. 3	Norma 2
Wayne 18 months	Verna 2
	Evelyn 3

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

(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?.....

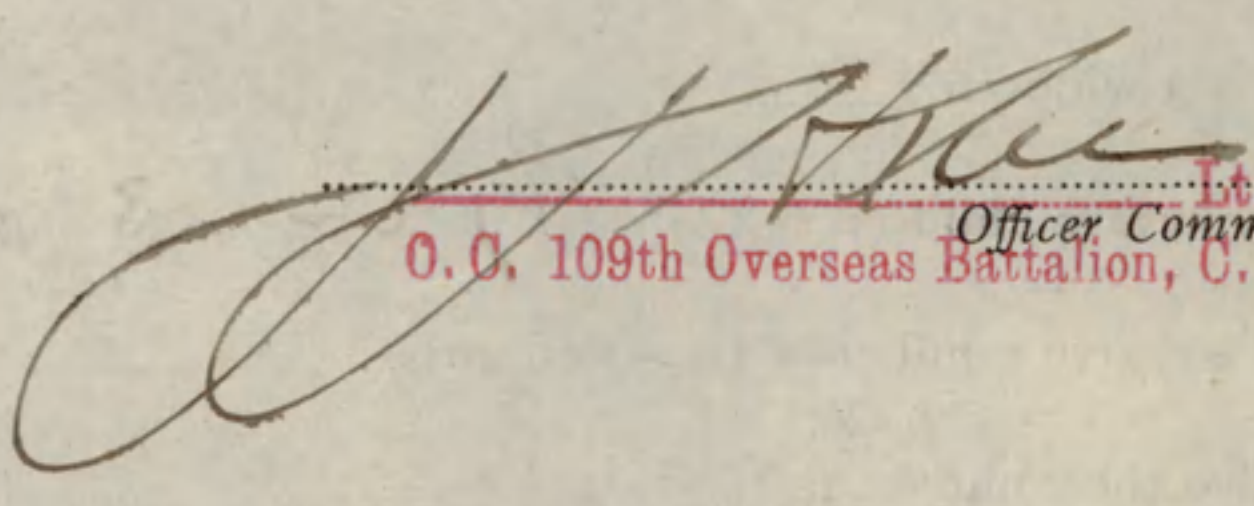
(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
.....
.....

(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.
.....

(15) Are you insured? Yes
If so, in what Company? D.O.F.
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.

DEPARTMENT OF MILITIA AND DEFENCE.

31400

WAR SERVICE GRATUITY.

[Signature]
626

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 *Austin* 2. Surname *Edwin W.*
3. Rank *Sgt.* 4. Original Unit *109th Bn* 5. Reg. No. *726003*
6. Address, in full, to which future payments of gratuity are to be forwarded
Haliburton Ont
7. Date of enlistment in the C.E.F. *7/12/15*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
Mrs Maude Austin
9. Relationship of such dependent
wife
10. Address, in full, of such dependent
Haliburton Ont
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
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:—
with 38 Bn France 6/13/16 to 1/5/17
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? *Yes*
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
*109th Bn 7/12/15 To 6/13/16
38 " 6/13/16 " 1/5/17*
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*

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

*Have Recd Post Discharge Pay
Can not give exact amount*

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? *Yes. On going to France*

(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

24th August 1917 (b) Reason for discharge *Compassionate Reasons*

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 *No*

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

38 Bn 6/12/16 To 1/8/17

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? *Yes*

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: *Edwin W Austin*

Place of Residence: *Haliburton*

Declared before me at: *Haliburton*

This *27th* day of *March* 1919.

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

*George Bennett
Notary Public*

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>Dec. 5/17</i>	<i>53⁰⁰</i>			
<i>Jan 5/18</i>	<i>53⁰⁰</i>			
<i>Feb 5/18</i>	<i>46.96</i>			
	<i>7.14</i>			
	<i>200.00</i>			
	<i>200.00</i>			
	<i>160.10</i>			

200.00
200.00
160.10
Total \$ 160.10

District Paymaster

REFER TO FILE.

In reply please quote No. **7229**
and date of letter

THE CANADIAN DISCHARGE DEPOT,

BUXTON.

STATEMENT ON DISCHARGE. **SPECIAL**

STATEMENT OF...Name Austin, W.
Reg. No. 726003 Rank Pte.
Unit 38th Bn.
Place Buxton Date 20.6.17.

To OFFICER i/c, EMBARKATION, at Buxton

I hereby request my Discharge in Canada.

I desire to make the following remarks, on the understanding that this statement may be produced as evidence in any subsequent inquiry, in regard to the following matters:—

Complaints, if any, will be noted hereon.
opposite the corresponding headings.

CLOTHING—

FOOD, AND TREATMENT
AT DISCHARGE DEPOT—

PAY—

I understand that it is my privilege to make these remarks, and with the exception of the points raised, I hereby affirm that I have no complaints to make regarding my treatment at the Canadian Discharge Depot, Buxton.

I also certify that any delay in the carrying out of my Discharge has been explained to my satisfaction.

Signature E W Austin
Rank Pte.

Witnesses { James G. Hallcraft
(Adjutant, C.D.D., Buxton).
[Signature]
(O.C., C.D.D. Buxton).

N.B.—This statement will be prepared in duplicate, and disposed of as follows:—
ORIGINAL—To be forwarded with Discharge Documents.
DUPLICATE—To be filed, for reference, by the O.C., Canadian Discharge Depot, BUXTON.

THE CANADIAN DISCHARGE DEPOT

BUXTON

STATEMENT ON DISCHARGE

STATEMENT OF NAME

NAME

DATE

PLACE

TO OFFICE OF INVESTIGATION

I hereby request my discharge on

grounds to make the following remarks on the understanding that this statement may be produced in any subsequent inquiry in regard to the following matter:

CRIMINAL

ROAD AND TERMINAL AT DISCHARGE DEPOT

1917

I understand that it is my privilege to make these remarks and with the exception of the points raised, I hereby affirm that I have no complaints to make regarding my treatment at the Canadian Discharge Depot, Buxton.

I also certify that any delay in the carrying out of my discharge has been explained to my satisfaction.

Signature

Date

Witness

Witness (A.A. Brown)

D.C. Brown

N.B.—This statement will be prepared in duplicate and disposed of as follows:—
ORIGINAL To be forwarded with Discharge Documents.
REPLICATED To be filed for reference by the O.C. Canadian Discharge Depot, Buxton.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 726005 Rank Private Name Austin E.W.

Corps #3 Special Service Co'y who was* Discharged

On August, 24th, 1917. 1917, to _____

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from August, 1st, 1917. 1917, to Aug. 24th, 1917 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Dr. Bal. on L.P.C. (Casualties)	19.	52			
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No. _____			Reg't Pay <u>24</u> days at \$ <u>1.c 00</u>	24.	00
by } _____			Field Allow. <u>24</u> days at \$ <u>.c 10</u>	2.	40
Cheques } No. _____			Other Allowances*		
Assigned Pay No. _____			Other Credits*		
Other Charges* _____			Bal. Dr. (to be deducted by new unit)		
Payment on transfer or discharge No. <u>9162</u>	6.	88			
Balance Cr. (to be paid by the new unit)					
Total	26.	40	Total	26.	40

*Give Particulars.

A monthly stoppage of \$ 20.00 (†) has Not (‡) been paid on account of Assigned Pay for the month of August, 1917 1917 to (Assignee) Mrs. Edwin W. Austin,
(Address) Haliburton, Ontario.

(†) 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 December, 7th, 1915.

(2) if married and if a Separation Allowance Card has been submitted Y E S

(3) cause of discharge and authority Compassionate Grounds 3 MD 88^A-52
Dated 22/8/17.

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

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

Date August, 24th, 1917

Place Barriefield Camp, Ont.

[Signature] Capt.
#3 Special Service Company Paymaster

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

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

726003.

MEDICAL HISTORY SHEET.

ORIGINAL ORIGINAL

Surname Austin

Christian Name Edwin Winfield

no card 497

Examined { on 7th day of December 1915
at Haliburton Ont

Approved by J. McCulloch
Capt.
Medical Officer
Rank 109th Overseas Battalion, C. L. M.O.

Birthplace { City or Town Peterboro
County Ontario

Apparent age 36

Trade or occupation Merchant

Height 5 Feet 6 Inches.

Weight 145 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 38 1/2 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right None Left One
Number One

When Vaccinated last Feb. 10^E 1916

(a) Marks indicating congenital peculiarities or previous disease None

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

Date	Result	VACCINATIONS.
10-2-16	Good	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
26-4-16	Good	<u>J. McCulloch</u> M.O.
3-5-16	Good	<u>J. McCulloch</u> M.O.
9-5-16	Good	<u>J. McCulloch</u> M.O.

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

Enlisted on 4th day of December 1915 at Haliburton Ont

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Battalion C.C.F.</u>	<u>726003.</u>		
Transferred to..	<u>38th Bn</u>	<u>2/12/16</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

Report No. **HEH 8044** Class **Duty A-1** No. of M. H. C. File No. of Local File No. of H. Q. File
Austin, Edwin,
Haliburton,
Haliburton Co. Ont. **MAY -7 1920**

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

No. **726003** Rank **to.** Original Unit **38th Bn** Present Unit **38th**
 Age **39** Height **5 ft. 6 1/2 ins.** Complexion **Dark** Eyes **Blue** Hair **Black** Character **NR**
 Date of enlistment **7-12-15** Where enlisted **Lindsay** Where seen service **France**
 Ship returned by **Metagama** Date of arrival **8-7-17** Port of arrival **Quebec**
 Birthplace **Canada** Religion **Methodist**
 Name and address next of kin **Wife, Mrs. E. Austin, above address.**
 Notify **do do do**

Cause of disability **None.**
 Condition which prevents the soldier from earning a full livelihood
No disability. Heart and lungs normal. Compassionate grounds.
A.G. 3b 2-A-90 of 24-4-17.

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

Degree of incapacity (Please state in fractions) Eng. Board **None** Canadian Board **N11**
 Probable duration of incapacity **N.A.**
 Is final disability likely to prevent return to previous occupation?
 Recommendation of Canadian Board **Duty**
 Destination to which transportation issued **Kingston, Ont.**
 Members of Board **E.A. ROBERTSON CAPT. M.F. COGOLON CAPT. R. TASSE CAPT.**

INFORMATION TO BE FURNISHED BY SOLDIER, M. GARRICK MAJOR

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	Wife	35			GOOD
Children 1	4 boys	10			
2	4 girls	5			
3					
4					

Occupation prior to enlistment **Merchant**
 Regular trade or profession **do**
 Average earnings previous to enlistment **1800.00 a year** Any other income
 Name and address of last employer **Himself.**
 Rent per month **500.00** If purchasing property amount due and annual payment, \$
 Taxes **I.O.F.** If Homestead, when is patent due?
 If carrying life or accident insurance, annual premium
 If in receipt of sick benefits or other insurance—name of society **500.00** Amt. per mo. \$
 If unable to follow previous occupation, name preference
 At what age soldier left school? What grade, standard, &c., was he in?
 Has he taken any Technical or Continuation classes, if so what?
 Whether given Vocational Training while in Hospital in England. If so, what subjects?
 References
 Witness **B.R. Woodley** I declare that the above statement is correct.
 Date **Quebec 11-7-17** Signature **E. Austin**

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

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

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

Report No. **8044** Class **Duty A-1** No. of M. H. C. File No. of Local File No. of H. Q. File
Austin, Edwin, Haliburton, Haliburton Co. Ont.

No. **726003** Rank **to.** Original Unit **38th Bn** Present Unit **38th**
 Age **39** Height **5 ft. 6 1/2 ins.** Complexion **Dark** Eyes **Blue** Hair **Black** Character **NR**
 Date of enlistment **7-12-15** Where enlisted **Lindsey** Where seen service **France**
 Ship returned by **Metagama** Date of arrival **8-7-17** Port of arrival **Quebec**
 Birthplace **Canada** Religion **Methodist**
 Name and address next of kin **Wife, Mrs. E. Austin, above address.**
 Notify **do do do do**

Cause of disability **None.**
 Condition which prevents the soldier from earning a full livelihood
 Degree of incapacity (Please state in fractions) Eng. Board **None** Canadian Board **H11**
 Probable duration of incapacity **N.A.**
 Is final disability likely to prevent return to previous occupation?
 Recommendation of Canadian Board **Duty**
 Destination to which transportation issued **Kingston, Ont.**

Members of Board **E.A. ROBERTSON CAPT. M.F. BOGLOH CAPT. R. TASSE CAPT. M. GARRICK MAJOR**
INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	Wife	35			GOOD
Children 1	4 boys	10			
2	4 girls	5			
3					
4					

Occupation prior to enlistment **Merchant**
 Regular trade or profession **do**
 Average earnings previous to enlistment **1800.00 a year** Any other income
 Name and address of last employer **Himself**
 Rent per month **500.00** If purchasing property amount due and annual payment, \$ **I.O.F.**
 Taxes **500.00** If Homestead, when is patent due?
 If carrying life or accident insurance, annual premium
 If in receipt of sick benefits or other insurance—name of society **I.O.F.** Amt. per mo. \$
 If unable to follow previous occupation, name preference
 At what age soldier left school? What grade, standard, &c., was he in?
 Has he taken any Technical or Continuation classes, if so what?
 Whether given Vocational Training while in Hospital in England. If so, what subjects?
 References
 Witness **S.R. Woodley** I declare that the above statement is correct.
 Date **Quebec 11-7-17** Signature **E. Austin**

Recommendation by Interviewer as to classes likely to be of use, and general remarks:
 Last Pay Cert. Cr., \$ Dr., \$ Amount paid at Depot H. Q., \$ L. P. C. leaving Depot, \$
 Amount forwarded to H. Q. Unit, \$ Credit Clothing allowances, \$
 Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date
 PENSION—Class..... Amount per year, \$..... Period granted for..... Dating from.....
 First payment date.....

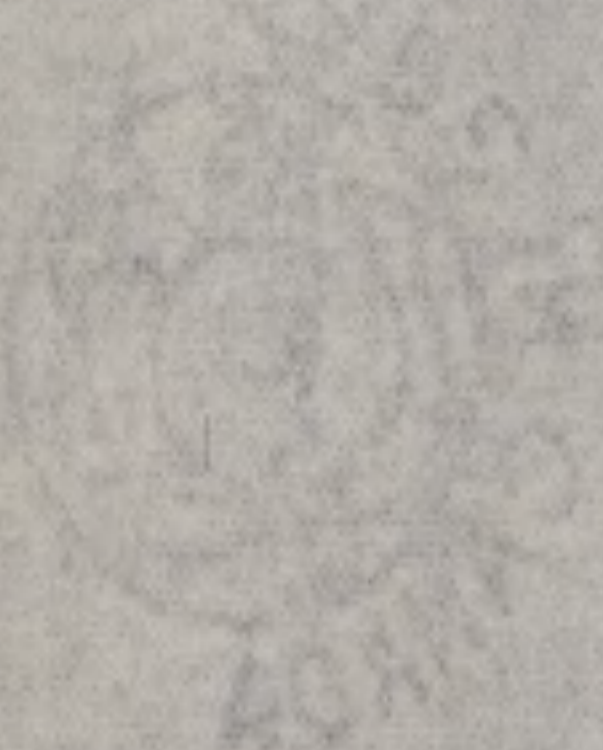
CLASS 3.—Men having a permanent disability which would not be benefitted by further medical treatment (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.
 CLASS 2.—Men whose condition may be benefitted by further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

Report No. _____ Class _____

No. of _____
 No. of _____
 No. of _____

No. _____ Rank _____
 Height _____
 Date of enlistment _____
 Date returned _____
 Birthplace _____
 Name and address next of kin _____
 Cause of disability _____

Condition which prevents the soldier from earning a full livelihood



Canadian Board

Degree of incapacity (Please state in fractions) _____

Probable duration of incapacity _____

Is said disability likely to prevent return to previous occupation? _____

Recommendation of Canadian Board _____

Destination to which transportation issued _____

Members of Board _____

INFORMATION TO BE FURNISHED BY SOLDIER

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

Occupation prior to enlistment _____

Regular trade or profession _____

Average earnings previous to enlistment _____

Name and address of last employer _____

Rate per month _____

If purchased property amount due and annual payment \$ _____

Terms _____ If financed, when is payment due? _____

If received life or accident insurance, annual premium _____

If purchase of sick pay or other insurance, terms of security _____

Is unable to follow out own occupation, if so, give profession _____

At what age soldier left school? _____ What grade finished? _____

Has he received any technical or vocational training since 1910? _____

Whether given vocational training while in hospital in England. If so, what subjects? _____

References _____

Witness _____

Report prepared by interviewers in class _____

Unit - Date _____

Amount per year \$ _____

Period granted for _____

Next payment date _____

I declare that the above statement is correct.

Signature _____

L. P. C. (acting Inspector) _____

DEPT. MILITARY
JUL 13 1917

Report No. 8044

Class *Duty A I*

No. of M. H. C. File

No. of Local File

No. of H. Q. File

Austin Edwin Haliburton
Haliburton Co., Ont.

No. *726003* Rank *pte* Original Unit *38th Bn* Present Unit *38th Bn*
Age *39* Height *5 ft 6 1/2* ins. Complexion *Dark* Eyes *Blue* Hair *Black* Character *N.R.*
Date of enlistment *7-12-15* Where enlisted *Lindsay, Ont.* Where seen service *France*
Ship returned by *DETAGAMA* Date of arrival *JUL 8 1917* Port of arrival *QUEBEC*
Birthplace *Canada* Religion *Meth*
Name and address next of kin *wife*
Notification of return to be sent to *wife*
Cause of disability *NONE.*

Condition which prevents the soldier from earning a full livelihood

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

Degree of incapacity (Please state in fractions) Eng. Board *None* Canadian Board *Nil.*
Probable duration of incapacity *N.A.*
Recommendation of Canadian Board *Duty.*
Destination to which transportation issued *Kingston, Ont.*
Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	<i>wife</i>	<i>35</i>			<i>Good</i>
Children 1					
2	<i>4 Boys</i>	<i>10</i>			<i>Good</i>
3					
4	<i>4 Girls</i>	<i>5</i>			
5					

Occupation prior to enlistment *Merchant*
Regular trade or profession
Average earnings previous to enlistment *\$ 1800 per yr* Any other income
Name and address of last employer *himself*
Rent per month If purchasing property amount due and annual payment, \$
Taxes If Homestead, when is patent due?
If carrying life or accident insurance, annual premium *\$ 500*
If in receipt of sick benefits or other insurance—name of society *D. O. F.* Amt. per mo. \$
If unable to follow previous occupation, name preference
At what age soldier left school? What grade, standard, &c., was he in?
Has he taken any Technical or Continuation classes, if so what?
Whether given Vocational Training while in Hospital in England. If so, what subjects?

References
Witness *Woodley* I declare that the above statement is correct.
Date *QUEBEC 11/7/17* Signature *W. H. H.*

Recommendation by Interviewer as to classes likely to be of use, and general remarks: *2*

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

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

Done Dec. 12-9-17
W.H.H.

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Third section of faint, illegible text.

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Fifth section of faint, illegible text.

Sixth section of faint, illegible text.

Seventh section of faint, illegible text.

DEPARTMENT OF CANADA

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Handwritten notes in cursive script, including the name "Mr. J. H. [unclear]" and other illegible words.

Handwritten notes in cursive script, including the name "Mr. J. H. [unclear]" and other illegible words.

888-18-7-12

11-1-17

329

7-17

Q233-20-7-17

RECEIVED
FEDERAL
OFFICE

Outfit. A. I.

FORM TO BE USED INSTEAD OF HEADQUARTERS ARMY FORM 179

PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT.

MILITARY DISTRICT
JUL 19 1917
CANADA

Number Rank Name and corps of disabled soldier.

726003. P6 Austin Edson - 38th Bn.

Previous civilian occupation Merchant.

649-A-4849

Cause of disability:- none.

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

No disability - Heart and lungs normal.

Compassionate Grounds - A. G. 3. B. 2-A-99 of 24-4-17.

OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions.)

nil.

Probable duration of incapacity.

not applicable.

Does it render him permanently unfit for military service?

no.

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

no.

Signature:-

E. Robertson Capt. Resident.

Station. Quebec.

M. J. Cogdon Capt.)
Ratnesari Capt.) Members.

Date. 11-7-17.

Approved

Date July 11/17

W. A. Cameron Major
Assy. Director Medical Services.

Date 29/7/17

L. A. Muesel Capt.
Director General Medical Services.

Pres. Secy.
12-9-17
GMB. 3

11/12

RECEIVED
NOV 10 1911

720003
pc
Christian Blum
Merchant
Wm.

For the ship - that was long ago.
Profession on the form is - A. F. B. 2-A-99 of 24-11-11

[Faint, illegible handwriting in the middle section of the page]

11/17
L. W. ...

SPECIAL

Report No. **HEH 8044**

Class **Duty A-1**

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

**Austin, Edwin,
Haliburton,
Haliburton Co. Ont.**

3 DEP
MILITIA & DEFENCE
SEP -1 1917

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

No. **726003** Rank **to** Original Unit **38th Bn** Present Unit **38th Bn**
 Age **39** Height **5 ft. 6 1/2 ins.** Complexion **Dark** Eyes **Blue** Hair **Black** Character **NR**
 Date of enlistment **7-12-15** Where enlisted **Lindsay** Where seen service **France**
 Ship returned by **Metagama** Date of arrival **8-7-17** Port of arrival **Quebec**
 Birthplace **Canada** Religion **Methodist**
 Name and address next of kin **Wife, Mrs. E. Austin, above address.**
 Notify **do do do do**

Cause of disability **None.**
 Condition which prevents the soldier from earning a full livelihood
No disability. Heart and lungs normal. Compassionate grounds.
A.G. 3b 2-A-90 of 24-4-17.

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

Degree of incapacity (Please state in fractions) Eng. Board **None** Canadian Board **H11**
 Probable duration of incapacity **N.A.**
 Is final disability likely to prevent return to previous occupation?
 Recommendation of Canadian Board **Duty**
 Destination to which transportation issued **Kingston, Ont.**
 Members of Board **E.A. ROBERTSON CAPT. M.F. COGLON CAPT. R. TASSE CAPT. J.M. CARRICK MAJOR**

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	Wife	35			GOOD
Children 1	4 boys	10			
2	4 girls	5			
3					
4					
5					

Occupation prior to enlistment **Merchant**
 Regular trade or profession **do**
 Average earnings previous to enlistment **1800.00 a year** Any other income
 Name and address of last employer **Himself.**
 Rent per month **—** If purchasing property amount due and annual payment, \$ **—**
 Taxes **—** If Homestead, when is patent due?
 If carrying life or accident insurance, annual premium **—**
 If in receipt of sick benefits or other insurance—name of society **500.00 I.O.F.** Amt. per mo. \$
 If unable to follow previous occupation, name preference
 At what age soldier left school? **—** What grade, standard, &c., was he in?
 Has he taken any Technical or Continuation classes, if so what?
 Whether given Vocational Training while in Hospital in England. If so, what subjects?
 References
 Witness **S.R. Woodley** I declare that the above statement is correct.
 Date **Quebec 11-7-17** Signature **E. Austin**

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

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

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

Done
12-9-17
E.A.

SPECIAL

Report No. _____ Class _____

SEP - 1 1917

No. _____ Rank _____
 Age _____ Height _____ Complexion _____
 Date of enlistment _____
 Where enlisted _____
 Date of arrival _____
 Part of arrival _____
 Place of arrival _____
 Original Unit _____
 Present Unit _____

Name and address next of kin _____
 Birthplace _____
 Cause of disability _____
 Condition which prevents the soldier from earning a full livelihood _____

Degree of incapacity (Please state in fractions) Eng. Board _____
 Probable duration of incapacity _____
 Is man disabled likely to prevent return to previous occupation? _____
 Recommendation of Canadian Board _____
 Occupation to which transportation sent _____
 Markets of board _____

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children					

Occupation prior to enlistment _____
 Regular trade or profession _____
 Occupations previous to enlistment _____
 Name and address of last employer _____
 Last pay month _____
 If you receive property amount due end annual payment \$ _____
 If carrying life or accident insurance, to what insurance _____
 If in receipt of sick benefits or other insurance - name of society _____
 If unable to follow previous occupation, name of profession _____
 At what age soldier left school? _____
 Has he taken any Technical or Commercial course, if so what? _____
 Whether given Vocational Training while in Hospital in England, if so what? _____
 Signature _____
 I declare that the above statement is correct.

Recommended by _____
 Date _____
 Witness _____
 I - P. C. O. & _____
 Amount forwarded to H. O. Unit \$ _____
 Class - Class _____
 Amount per year \$ _____
 Pension - Class _____
 Amount per year \$ _____
 L. B. G. leaving Dept. \$ _____
 Class - Class _____
 Amount per year \$ _____

This form is to be filled out by the soldier himself, or by a relative or friend, if the soldier is unable to do so. It should be filled out as soon as possible after the soldier has been discharged from the hospital. The information furnished on this form is used for the purpose of determining the soldier's eligibility for various forms of relief and assistance. The information should be filled out as completely and accurately as possible.

**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 *Eduard M.* Surname *Austin*
Unit or Corps *D. D. Co.* (If a soldier) Regtl. No. *726 003*
Born at *Peterboro* on, (date) *Nov 26th 1879*
Signature (for identification) *E. M. Austin*

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

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. *none*

Weight *155* lbs. Colour of eyes *Blue*
Height *5* ft. *6 1/2* in. Identification Marks *none*

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? *no*

4. RESPIRATORY SYSTEM? Is there a history of lung trouble? *no*

5. HEART?
Abnormal Sounds? *no*
Abnormal Size? *no*
Pulse Rate? *80* Intermittence or Irregularity? *no* Muscular Tone? *good*

6. ARTERIES.—(a) Any hardening or nodulation? *no*
(b) Blood Pressure. *90 - 130*

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

8. GENITO-URINARY SYSTEM?
Urinalysis—S.G.? *10.16* Reaction? *acid* Albumen? *no* Sugar? *no*

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

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? *Good*

Examined at *Barnfield Camp* Signed *W. J. Jones* M. O.
Date *Aug 24 / 17* Signed *R. P. Mankin* M. O.
E. M. Austin 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.

*Discharged
12-9-17
PMB*

H 336
1-9-17

Medical Examination upon leaving the Service

Order for general service of a Soldier fit for duty

The following report was made for general service of a Soldier fit for duty and Soldier's name is as shown above. If any other report is made for this Soldier, the date to be reported on this form is the date of the report.

Christian

Mr. Christian

100

744 003

Mar 24 1917

W. O. ...

none

1. PHYSICAL AND GENERAL EXAMINATION OF THE SOLDIER
Name of Soldier: Christian
Company: ...
Regiment: ...
Branch: ...
Grade: ...
Date of Examination: Mar 24 1917
Place of Examination: ...
Name of Examiner: ...

EXAMINATION FOR DUTY

After a physical and thorough examination is made, the following is the result of the examination of the Soldier and his health:

1. GENERAL SYSTEM: Is there a history of previous illness? No

2. RESPIRATORY SYSTEM: Is there a history of lung trouble? No

3. HEART: Is there any abnormality? No

4. BLOOD: Is there any abnormality? No

5. NERVOUS SYSTEM: Is there any abnormality? No

6. SPECIAL SENSES: Is there any abnormality? No

7. SKIN: Is there any abnormality? No

8. GENITAL ORGANS: Is there any abnormality? No

9. DENTAL: Is there any abnormality? No

10. VISION: Is there any abnormality? No

11. HEARING: Is there any abnormality? No

12. VOICE: Is there any abnormality? No

13. OTHER: Is there any abnormality? No

If any disease or abnormality is found in any of the above, the Soldier is not fit for duty and should be reported as such. If the Soldier is fit for duty, the date and place of the examination should be reported.

Temporary

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

SPECIAL

DEPT. OF
MILITARY & DEFENCE
SEP -1 1917
CANAD.

MEDICAL HISTORY OF

Surname Austin

Christian Name Edwin Winfield

TABLE I.—General Table.

Birthplace { Parish.....
County.....

Examined { on.....day of.....191
at.....

Declared Ageyears.....days

Trade or Occupation.....

Height.....feet.....inches

Weight.....lbs.

Chest Measurement { Girth when fully Expanded.....inches
Range of Expansion.....inches

Physical Development.....

Vaccination Marks { Arm..... RIGHT LEFT
Number.....

When Vaccinated.....

Vision { R.E.—V =
L.E.—V =

(a) Marks indicating congenital peculiarities or previous disease—

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

Approved by.....

Rank.....

Medical Officer.

Enlisted { at.....
on.....day of.....191..

Joined on enlistment Corps Regtl. No.
109th Bn. CEF 726003

Transferred to 38th Bn. CEF

Became non-effective by.....

on.....day of.....191..

(Signature).....

(Rank).....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature
Aug 24/17	Medical Board fit for Category A with minor capsule

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

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. **726003** Rank **Private** Name **Austin Edwin Kinfield**

Enlisted (a) **30.12.15** Terms of Service (a) **D of W.** Service reckons from (a) **30.12.15**

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) **Merchant**

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

Appointed ~~A. M.~~ Sgt. Nancy 5.8.16 Part II Order 216.
 Reverts to rank of Private Bramshott 20.10.16 Part II Order 294

O.C. Proceeded overseas for service with 38th. Btn. Witley 4-12-16 Daily Order #339
 109th. Bn.

CERTIFIED CORRECT.
 12 DEC. 1916
 CAN. RECORDS, LONDON

Adjutant
 ADJUTANT
 109th Overseas Battalion, C. E. F.

6 12 16 C.B.D. TAKEN AT STREMENT 3RD Havre 6 12 16 N. R. A-10. 242 - 13. 12. 16
 7 12 16 " " FIELD 7 12 16 N. R.
 16 12 16 Unit joined Unit FIELD 16 12 16 B. 213. DCS. 69-30.12.16.
 3. 5. 17 CPD. To England spec hist. Bedford. 3. 5. 17 2R

(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.

1. 5. 17 " T.O.S. from Aunt. Haure 1. 5. 17 2R

Moos Ew Austin

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				
3.5.17	CORP.	Transferred to England & posted to C. Out. Reg. Dep. Seaford under W.O. 121 / Overseas / 12569 (PR 2) 21.9.16. (pending discharge on Compassionate grounds)	Seaford	3.5.17	N.R. Carter file K.E. 184/241 29.4.17. H.O.C. Con Corps. A. 31-3-60 22.4.17. PR 53 d 10.5.17. Major Canadian Section, G.H.Q. - 3rd Ech.
4.5.17	EORP.	Reported from Ladak + T.O.S.	Seaford	3.5.17	PR 70.53. Blown LIEUT; FOR LT: COL: I/C RECORDS, C.O.M.F.
4-5-17	EORP	Taken on strength EORP	Seaford	4-5-17	PR 70.53. 4-5-17.
5-6-17	EORP	On command from EORP to C.D.D. Buxton	Seaford	5-6-17	PR 70.53. 5-6-17. Abhambulan Lt. Col. for job EORP.
JUN 1917		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 132.			
EMBARKED FOR CANADA FROM LIVERPOOL		22 JUN 1917			
		Commanding			Lt. Col. Canadian Discharge Depot
		Commanding			Lt. Col. Canadian Discharge Depot

A.G.R. Rank *1st Lt* Name **AUSTIN, Edwin Winfield** Reg'l No. **726003**
 Unit **109th Bn.** If in perm. Corps, }
 What Unit? } **Haliburton,** Married or Single **Married**
 Place and Date of Enlistment **4th Decr., 1915.** Place of Birth **Peterboro, Ont., Canada.**
 Name and Address, Next-of-Kin **Mrs. Maud Austin,**
P.O., Haliburton, Ont., Canada. Relationship **Wife.**

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

N/E R.B. No 3221
 File R.L.
 Category Can. "OR"

Discharge, Date and Place Reason Character
 H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents
Date.	From whom received.				
		Arrived in England per H. M. T. 2810		31-7-16	
5.8.16	109 th Bn.	App'd Prov. Sgt.	Oseney	5-8-16	Pt II D O 218
20.10.16	"	Reverts to ranks at own request	Brampton	20-10-16	Pt II D O 294
4.12.16	"	SOS on tfr. to 38 th Bn	Whitby field	4.12.16	Pt II D O 339 after order
13.12.16		38th Bn T-O-S on tfr from 109th Bn		6.12.16	Pt II D O 242.
4.5.17	EORP	Having reftd from 38 th Bn + T.O.S	Seaford	3.5.17	53. + 53. 38 th Bn d 10/17
5.6.17	-	On Com. C.P.D. Buxton for discharge	-	4.6.17	85.
27.6.17	-	Cease C.P.D. Buxton + SOS. to Canada	-	22.6.17	107 (Re-enlistment in Royal Flying Corps).
		Such Dept Cornwall Barr 7th July	M R 20 3 Kingston	7.7.17	N/R 214. Haliburton Ont.

109th Bn CHECKED
 8 DEC 1916

Name Austin

4-12-15

Date of Embarkation for England

24-7-16

Proceeded to France.

Returned to England.

4-12-16

3-5-17. Trans.

Date returned to Canada.

22-6-17

Name

Date of embarkation for England

Proceeded to France.

Returned to England.

Date returned to Canada.

P.R. 2888

EXTRACTS FROM ACTIVE SERVICE PAY-BOOK.

7260038t Austin E.W. ^{Name} _{Name}

Date of Payment	No. of Acc. Roll	A MOUNT					Place of Payment.	Name of Paymaster.	Remarks
		Francs	£	s	\$	¢			
15.4.17	27	30			5	23	Field	RBD Sullivan	
28.4.17	2	30			5	23	✓	✓	
2.5.17	176	40			6	99	Home	to McAdam	
10.5.17	2139	10	0	42	42	1/2	Shepherd	HR Roberts	
21.5.17	2139	2	0	9	73	1	✓	HC Brown	
					75	83			
					12	20			

Name Austin CW (Plt)

Regimental No. 726003

Name and address of next-of-kin Haliburton Oak

Unit 109

Date of enlistment

Place of " SA. 25⁰⁰ 1³/₁₆ to 31⁸/₁₆ Annanded.

Res. 11. 7. 17.

Married (yes or no) Yes

Date and place discharged 24. 8. 17.

Amount of pay assigned monthly \$ 25⁰⁰ 1⁸/₁₆ to 31¹⁰/₁₆
20⁰⁰ 1⁴/₁₆ 31²/₁₆

Reason for discharge

To whom payable M^r. SW. Austin
Haliburton
Metagama 8. 7. 17

Character on discharge 112 649 A 4849
Returned for Duty

Job 5351-M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
	23 ⁵ / ₁₇											20 55		Eng L.P.C
24 ⁵ / ₁₇	31 ⁷ / ₁₇	69	100	69 00	69	10	690					4 87		P ^r out Boat
												30 00		D.D. subs
							1952	9542				40 00	9542	June July
														Aug ^y M.D. 403
														Aug ^y L.P.C 8. 12. 17
														Sup L.P.C
							7 14	7 14				7 14	7 14	Recov. P.D.P. link #14
														acknowledged.
							5 35	5 35				5 35	5 35	S.L.B. for PM
														re ady of aply to report SA
														17 ⁸ / ₁₇

Handwritten notes:
P.O.P.
24/8/17
20/8/17

Balance
Received by O. M. G. Unit 7/18.
Depos to account of Reasonably PM -
17-5-18.
money order no T 926999.

Handwritten note:
E.M.P. 31⁵/₁₇

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Mrs Edwin W. Austin* By Whom Assigned *Austin Edwin W*

Address *Haliburton,
Ont.,*

Regtl. No. *726003*
Rank *Sgt Pte*
Corps *109 Bu*

~~25⁰⁰ Aug 16 2nd 16~~
Rate ~~20⁰⁰ Oct 1/16 P.C. 148-289/16~~
#20⁰⁰ Nov 1st/16
~~ASP 62250 28⁰⁰ 16 Jan 13⁰⁰ 16~~

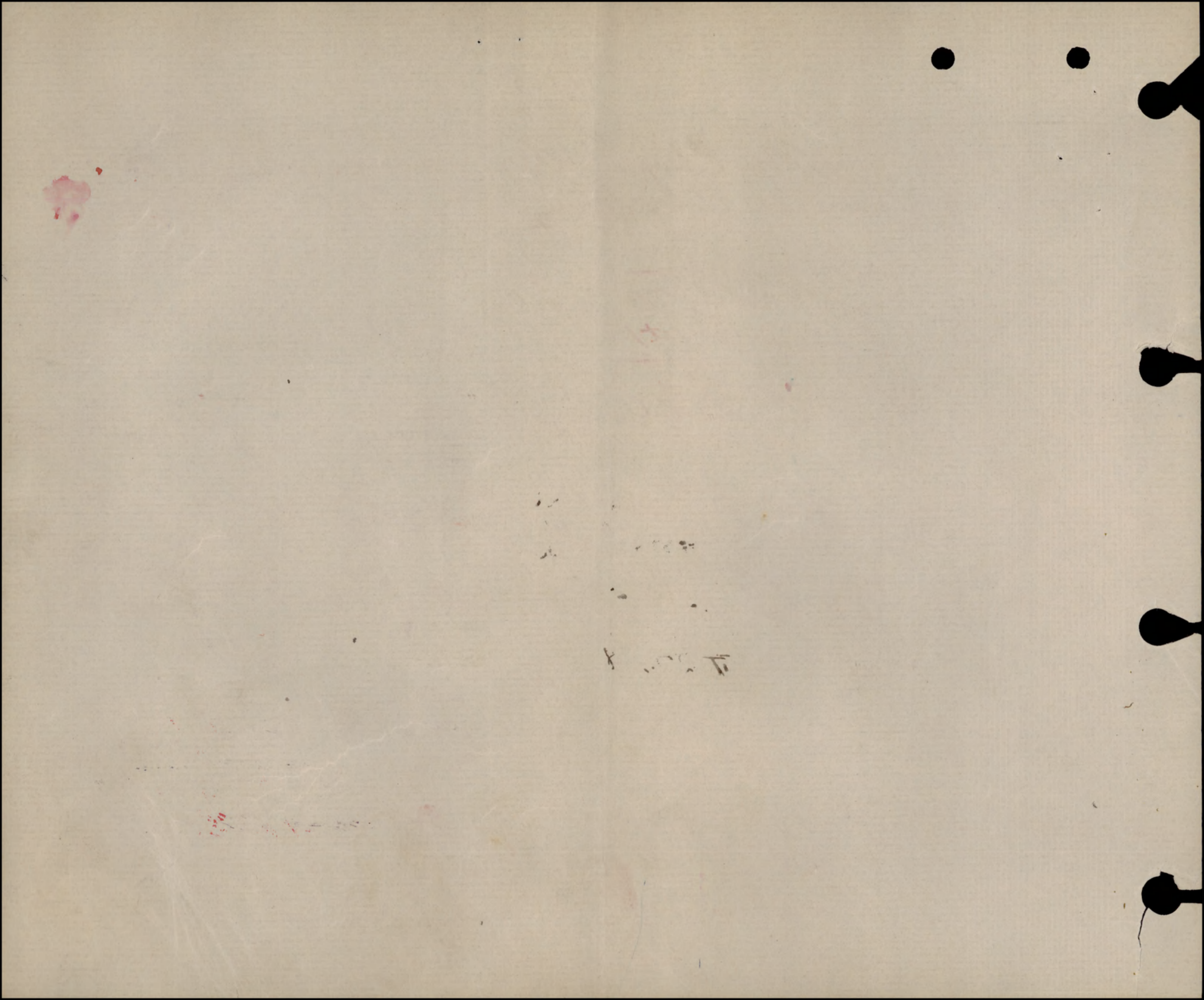
PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
<i>2</i>	<i>M 8</i>	<i>16</i>	<i>ASP 7 12/16</i>	
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

COPIED FOR CASUALTIES.



Ac closed.



ASSIGNED PAY

Miss Edwin W. Austin

OVERSEAS CONTINGENTS

Sheet No. 2.

726003 Name of Soldier *Austin Edwin W. Sgt 109*

PAYMENTS.

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

Month.	Year.	Cheque No.	Amt.
April	1916		
May			
June			
July			
Aug.			
Sept.			
Oct.		<i>Q022589</i>	<i>60</i>
Nov.		<i>Q19736</i>	<i>20</i>
Dec.		<i>Q277510</i>	<i>20</i>
Jan.	1917	<i>N35551</i>	<i>20</i>
Feb.		<i>Q35192</i>	<i>15</i>
March		<i>Q41524</i>	<i>20</i>
April		<i>S48973</i>	<i>20</i>
May		<i>H378</i>	<i>20</i>
June		<i>R6114</i>	<i>20</i>
July		<i>S13315</i>	<i>20</i>
Aug.		<i>S20216</i>	<i>20</i>
Sept.		<i>T. 27208</i>	<i>20</i>
Oct.			
Nov.			
Dec.			
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

~~25⁰⁰ Oct 1/16~~ *Remarks*
~~AS 1263250 2811916 2018 13/11~~
20⁰⁰ Nov 1st/16

*Overpaid \$20 in June and July - Recovered by C.P.
H.P. 049-A. 4649. Receipts 0623-E-2. 24/8/17
JRS 29/8/17*

Cancelled
Cancelled
Cancelled

Oct X 60⁰⁰ to adjust
20⁰⁰ Dec Cq - Future
15⁰⁰ to adj
20
20 L.
20.8.
20 Lu
B.
255⁰⁰ AM

255⁰⁰
..... A/c Closed *31-7-17*
Ret'd per *Butagama*
Date *22.6.17* F. X *3.8.17.*
..... Clerk *S.M.C.*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

1-3-16

MILITIA AND DEFENCE

P. 25⁴/₁₇

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

12

SEPARATION ALLOWANCE

Name *Maud Austin*
Address *Haliburton,
Mh.*

Name of Soldier *Austin Edwin, W.*

Regtl. No. *726003* *Reverted to Pte 20¹⁰/16
Per C.P. 25¹¹/17*

Rank *Serg't*
#3 S.S. 1/8/17 *#3 R.P.M.L. 27/8/17* *W.B. 30/8/17*
Corps *109th Batt'n*

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

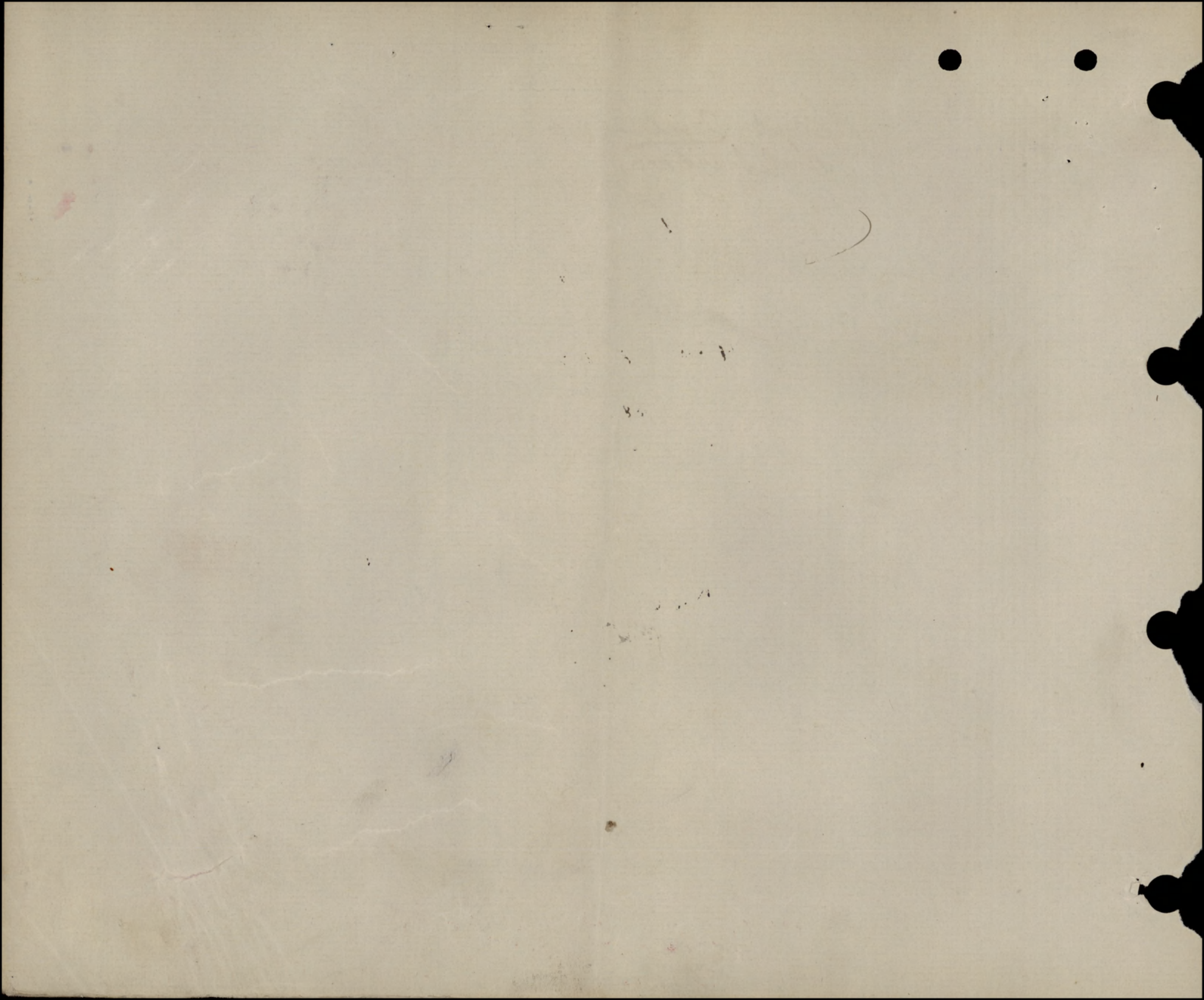
To what Corps belonging }
when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.	1915			
Jan.				
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.	1916			
Jan.				
Feb.				
March		<i>34149</i>	<i>25 - 25</i>	



ACCOUNT CLOSED
DATE..... PER.....
ACCOUNT CLOSED
DATE..... PER.....



MILITIA AND DEFENCE SEPARATION ALLOWANCE

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

OVERSEAS CONTINGENTS

Sheet No. 2.

Maud Austin

wife

Name of Soldier

Austin Edwin W.

PAYMENTS.

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

Month.	Year.	Cheque No.	Amt.	Remarks.
				726008
April	1916	J 194	25-	Ret'd per <i>Ad. Inlayans</i>
May		K 4805	25-	Date <i>23/17</i> F. X. <i>4/17</i>
June		A 2089	25-	Clerk <i>H. Chaiton</i>
July		P 9856	25-	<i>reopen acct at 1/2 rate until further advised per C.P.D. 25/17 H.Q. 649-A-4849 by 6/17</i>
Aug.		B 10880	25-	
Sept.		H 14987	25-	
Oct.		H 18283	25-	
Nov.		H 20988	25-	
Dec.		H 24341	25-	
Jan.	1917	H 27714	25-	
Feb.		H 30862	25-	
March		H 34000	25-	
April		F 1444 J 1445	25-	
May		J 2992	25-	<i>425-12 J.M. ✓ L 73250 Cancelled reverted to Private 20/10/16 overpaid 48⁰⁰ suspend acct until overpayment is absorbed Per C.P.D. 25/17 by 6/17</i>
June		K 6615	25-	
July		J 9412	25-	
Aug.	<i>20</i>	L 13250	25-	
Sept.	<i>20</i>	XXX	25-	
Oct.	<i>11</i>		<i>9⁰⁰</i>	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				<i>Disc 24/17 D.M.L.M.D # 2,5¹⁰/17 out File 0623-E-6 to close acct & adj. re refund. Therefore 16⁰⁰ has been absorbed from overpaid 48⁰⁰ leaving 32⁰⁰ balance pd. Refund Req 3¹²/17</i>
April				
May				
June				
July				

ACCOUNT CLOSED

DATE _____ PER _____

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Wife
PAYMENTS.

Name of Soldier

Austin Edwin W.

Sheet No. 2.

Maud Austin

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

P. 100 25th
M. F. W. 11a.
60m.-12-15.
1772-39-818.

426003

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	J 194	25 -	25
May		15 4805	25	25
June		A 2089	25	25
July		P 9856	25	25
Aug.		Ⓟ 10880	25 -	25
Sept.		H 14987	25	25
Oct.		H 18283	25	25
Nov.		H 20988	25	25
Dec.		H 24341	25	25
Jan.	1917	H 27714	25	25
Feb.		H 30862	25	25
March		H 34000	25	25
April		F 1444	25	25
May		J 2992	25	25
June		K. 6615	25	25
July		J 9412	25	25
Aug.		L 13250	25	25
Sept.		X	X	X
Oct.		X	X	X
Nov.		X	X	X
Dec.		X	X	X
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Wentworth

F 1444 Cancelled SEP. 16 cancelled d.f.

RE-WRITE

L-13250 cancelled

A/c Closed 31-7-17
Ret'd per *A. D. Metagama*
Date 22-6-17 F. X. 4-8-17
Clerk *Dechattillon*

Dis. 24/8/17 Spmk #3/27/8/17

ACCOUNT CLOSED

DATE.....PER.....

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

31400/626
MWB
623-E-2

Name **Austin, Edwin Winfield**
Surname Christian Name

Regimental Number **726003** Rank **Pte.**

Address (in full) **Haliburton, Ont.**

Unit **#3 S.S.Co.**

Original Unit

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

Date of Discharge **24-8-17**

P. D. P. Filing Number **9-29-3**

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
160 10	575	5-12-17	53 00	564	5-1-18	53 00	568	5-2-18	46 96	7 14	152 96

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

Remarks: **H.Q. 649-A-4849 Dec.12/17.**

Date of Enlistment

1-3-16

MILITIA AND DEFENCE

Date of Assignment

Nov. 1, 1916.

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

\$ 25	20.	25.	
-------	-----	-----	--

PB.3257

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 426003
 Rank Pte. Promoted *Serjt* Reverted *Pte* Discharge
 Soldier's Name Edwin W. Austin
 Battalion 109 Battrn.
 Beneficiary Maud Austin
 Relationship Wife
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Edwin W. Austin (wife)
 Address Haliburton Ont.
 Change of Address
 1
 2
 3
 4

121a 36 2P

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept-30-17		425	255	680	
Oct	D51578	25		25	
Oct	6750010	12		12	
Nov	53362 C	20		20	
Dec	59371 B	20		20	
1918 Jan 18	60674 F	30		30	

D51578 Can
 assigned pay closed Returned per Metagama 22-6-17
 returned S.O. 26/10/17
 RE-WRITE
 M Reverted to Private 20/10/16 overpaid \$49. Suspend account until over-payment is absorbed per C.P. 25/8/17 2/12/17
 please note that there was an overpayment of \$49.00. Oct. cheque will be for \$9.00 only.

M. F. W. 128
 400M. -6-17-1772-39-1141
 L. L. 22220-M. & D. 7593.



No. 726003. RANK

Pte.
C. Q. M. S.

NAME Austin Edwin W.

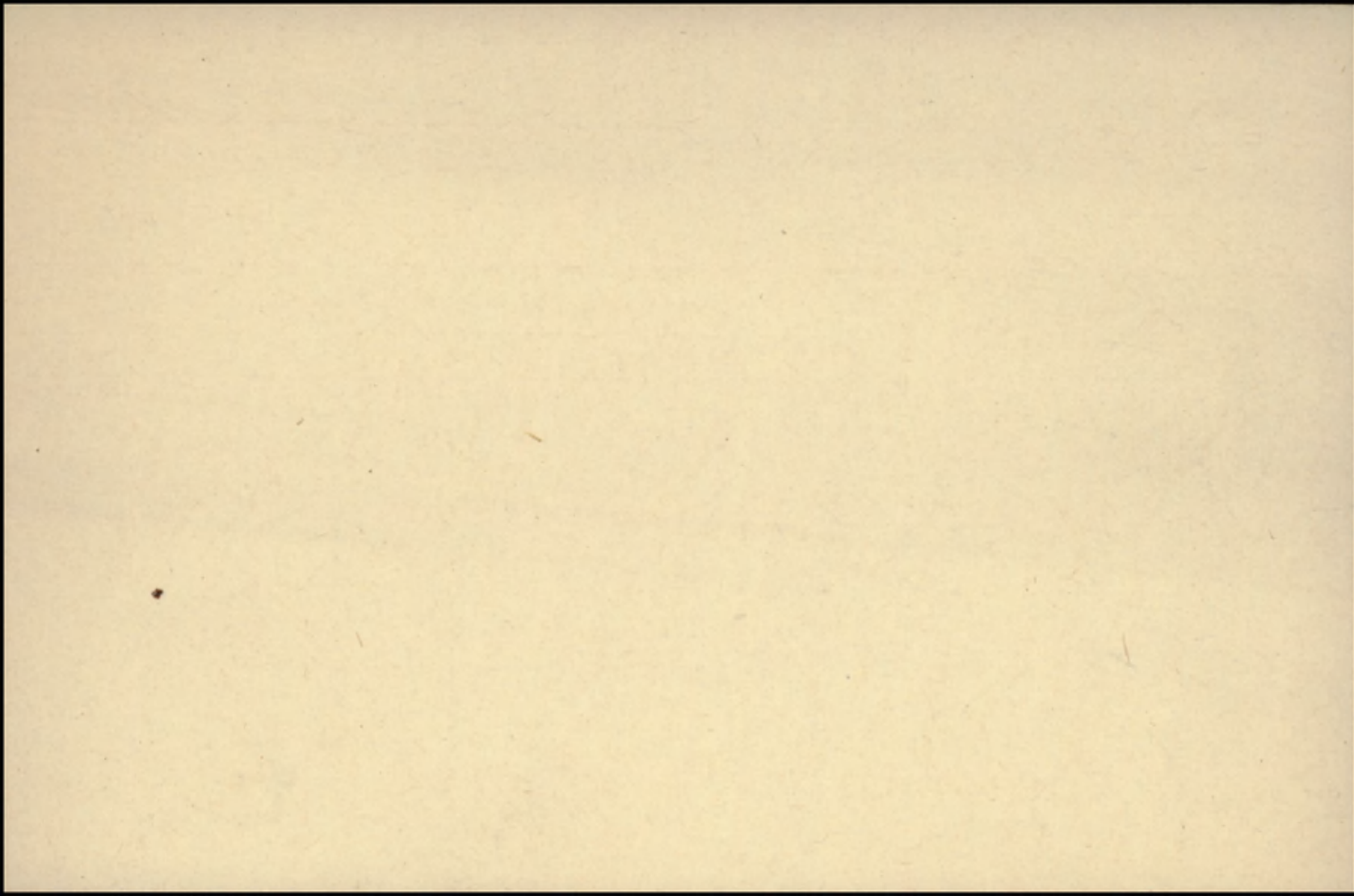
T. O. S. 4-12-15-
D. O. 16. 8. 12-15.

UNIT 109th Battalion.

M. D. B

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915. Dec 4	1915 Dec. 31	✓	App. h / Cpl. 15-12-15.	D. O. 43. 10-1-16.
1916 Jan.	1916 Feb.	✓	Prom. app. C. Q. M. S. 1-4-16.	D. O. 116. of 4-4-16.
Mar.		✓		
April.		✓		
May.		✓		
June.		✓		
July.		✓	Reduced to Sergt.	D. O. 203.

UNIT SAILED
JUL 23 1916



26 Number 726003 ✓ Rank At Sgt ✓

Surname AUSTIN ✓

Christian Name Edwin Winfield ✓

Units 38 Bul Coy Theatre of War France ✓

Date of Service 6-12-10 ✓

Remarks

Latest Address Haliburton P.O. Ant ✓

Roll No. B. Page 20912

10m.-8-21.

DESP. NOV 11 1925

REGAN. NO. 17993

No. 726003

RANK Pte

NAME Austin, E. W

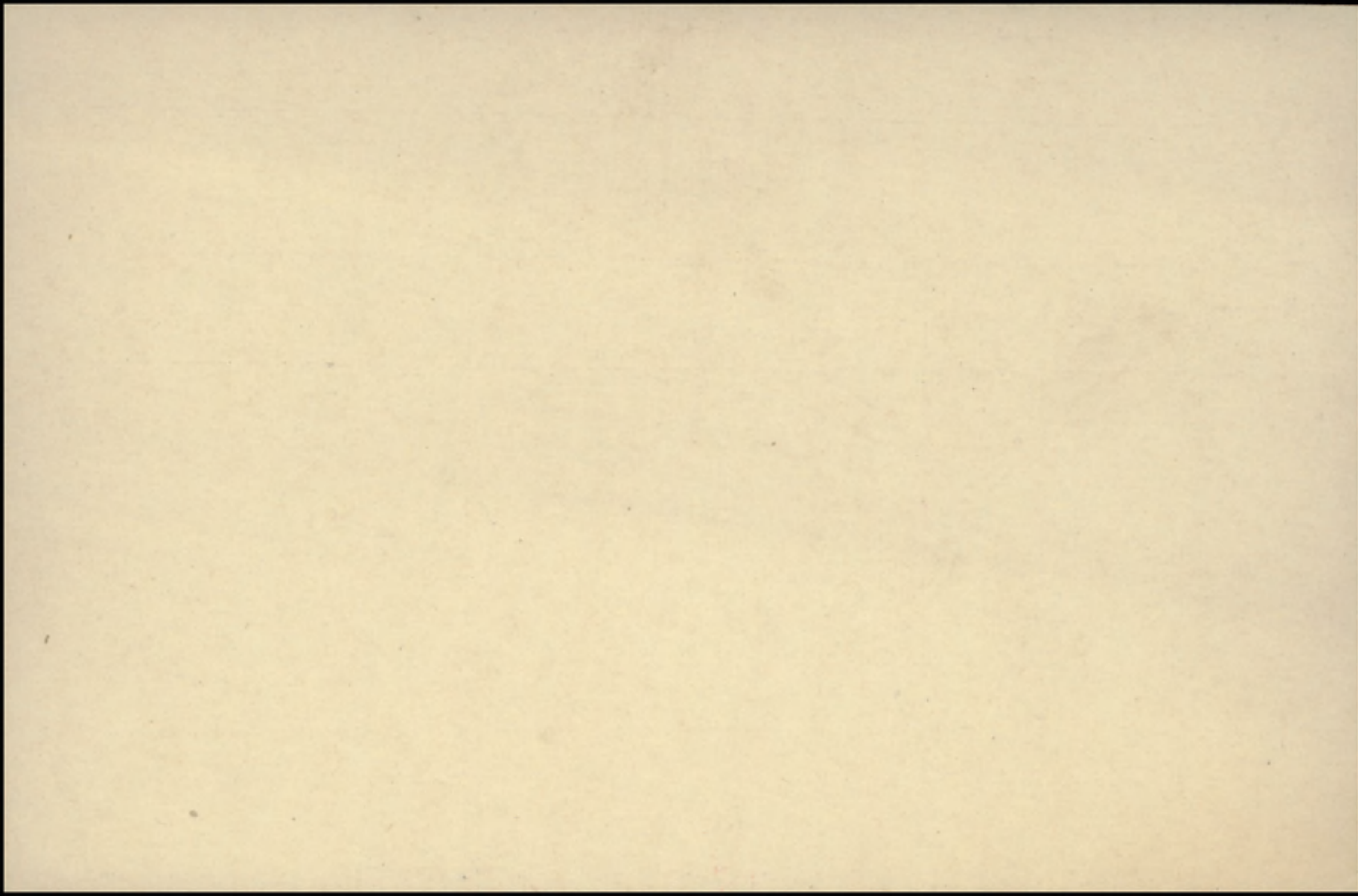
T. O. S.

UNIT Special Service Battalion
3 S. Coy.

*Transf'd from Co. 1-8-17.
no 198 of 18-8-17.*

M. D. 3

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1917 Aug 1	1917 Aug 24	✓	<i>at Disch'd 24-8-17 (RUS)</i>	<i>EO 203 of 24-8-17</i>
<i>acc closed by payment d.</i>				



649-A-4849

CARD NO.

V

SURNAME.

Austin

CHRISTIAN NAMES

Edwin Winfield

REGL. No.

726003

RANK

~~Pte~~ C.O. M.S.

3.03. Dis. 24.8.17.3

UNIT

109th.

Rest.

FORMER CORPS

Nil.

M.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Austin, Mrs. Maud.

RELATIONSHIP TO SOLDIER

Wife.

ADDRESS

Haliburton, Ont.

(over)

COUNTRY OF BIRTH

Canada Peterboro, Ont

DATE

Nov. 26th. 1879.

PLACE OF ATTESTATION

Haliburton, Ont.

DATE

Dec. 7th. 1915

Sailed from Halifax 23rd 488
4

7/16 per 5.5. "Olympic"
R/C. 8-7-17.

Returned to Canada

perld. Metagama 226 1/2
(J 2339)

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Merchant.

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

36

YEARS

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

38 1/2

INCHES

EXPANSION

5 1/2

INCHES

COMPLEXION

Dark

EYES

Blue.

HAIR

Black.

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Dec. 7th. 1915.

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

.....NIL.....

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

6. Medals and Decorations.....

.....NIL.....

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

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

(Place).....Barrie field, Ont.....

A. B. Bewick Major.
O.C. No. 3 Special Service Coy. CEF.

(Date).....August 24th., 1917.....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place).....Barrie field, Ont..... *E. W. Austin* (Signature of Soldier.)

(Date).....August 24th., 1917..... *M. J. Munroe* (Signature of Witness.)

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

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

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

E. W. Austin (Signature of Soldier.)

10. Statement of Service.

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

17 days.....7/12/15. Total.....years.....days.

11. Confirmation of Discharge.

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

(Place).....Barrie field, Ont.....

(Signature)..... *A. B. Bewick* Major.
O.C. No. 3 Special Service Coy. CEF.

(Date).....August 24th., 1917.....

Reservations referred to at Para. 8.

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

List of Discharge Documents.

Reg. Contract Sheet	Form B. 301	
Attention Paper	Form B. 325	
Statement of Man's Account on Transfer and Last Pay Certificate	Form D. 877	
Medical History Sheet (in the event of such having been prepared)	Form B. 313	
Medical Report for Invalidity	Form B. 327	
Proceedings on Discharge	Form B. 327	
Attention	Form B. 327	

E. W. Austin
M. J. Munroe
1917

OPINION OF THE MEDICAL BOARD.

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

None

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

10. Yes

11. Yes

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

Not Applicable.

12. Yes

15. Yes

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

Not Applicable.

16. Yes

17. Yes

14. Treatment.

None

18. Is he unfit for Military Service. No

Recommendations : Find this man fit for Category A I.

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

Not Applicable.

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

Not Applicable.

Signatures :—

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

P. R. Matheys Capt. A.M.C. Members.

Station. Barriefield Camp

Date. August 24th 1917.

E. J. [Signature]

Date. AUG 29 1917

Approved.

Assoc. Director of Medical Services.
D/ A.D.M.S. Mtl. District No. 3
FOR A.D.M.S. Mtl. District No. 3

Date.

Director-General of Medical Services.

George Hooper Capt. A.M.C.
Medical Officer by whom the case is brought forward.

SPECIAL

- 726003 custom cover
- 1 Certificate Re Discharge Documents
 - 1 Proceedings on Discharge
 - 1 Attestation Papers
 - 1 Casualty Form
 - 1 Field Conduct Sheet
 - 1 C.D.D. Findings
 - 1 Medical History Sheet
 - 1 Y.C.S.
 - 7 Discharge Documents

Casualties

List of Discharge Documents.

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

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

This space to be for numbers

Proceedings on Discharge.

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

No.	726003.
Rank	P r i v a t e .
Surname	AUSTIN.
Christian Name	Edwin, Winfield.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	No. 3 Special Service Coy.C.E.F.
Date of Discharge	August 24th., 1917.
Place of Discharge	BARRIEFIELD, ONT.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age	36 years months.
Height	5 feet 6 inches.
Complexion	Dark.
Eyes	Blue.
Hair	Black.
Trade	Merchant.
Intended place of residence	Haliburton,
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of being on Compassionate Grounds, under Auth; 3 MD.88-A-52, Dated Aug.22nd., 1917.	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
3. Conduct and character while in the service have been, according to the records, etc.	
..... G O O D	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
..... M E R C H A N T	

M. F. B. 218.

100M.-1-17.
H. Q. 1772-39-113.

*20 S.S. Comp
10-4-19 a.m.*

(OVER)

*Two sets of B.
10-4-19
J.H.S.*

This space to be left blank for the Chelsea Number.

[Blank box for Chelsea Number]

Proceedings on Discharge.

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

No. 426003 Army Rank Pvt.

Name Musky Edwin W.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps E. Coy G.D.

Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge _____

Place of discharge _____

1. Description at the time of discharge.

Age 39 years _____ months

Height 5 feet 6 1/2 inches

Chest measurement { girth when fully expanded _____ ins.
range of expansion _____ ins.

Complexion _____

Eyes _____

Hair _____

Trade _____

Intended place of residence { _____
(To be given as fully as practicable) Halifax Can.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Compassionate Grounds
Auth: A. G. Letter U.G. 3932-A-99
of 24/4/19

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

Commanding P. J. P. Canadian Discharge Depot
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

SPECIAL
Descriptive marks.
14 acc marks

LIST OF DISCHARGE DOCUMENTS.

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

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

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

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

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.
2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).
3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—
 - (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
 - (b) Character Certificate (Army Form B. 2067) if entitled.
 - (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.
4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.
5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.
6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.
7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.
8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.
9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

[OVER. Recd. List 7-1-19]

8. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

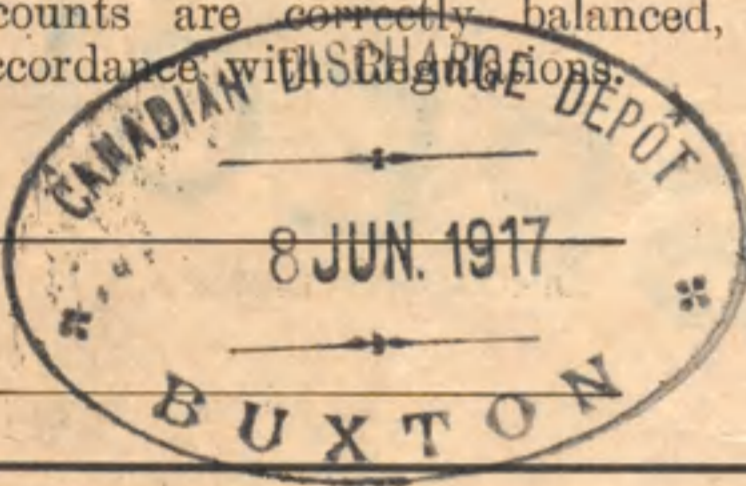
Handwritten signature: Alexander C. [unclear]

Certificate of education

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

(Place) _____

(Date) _____



Handwritten signature: [unclear]
Lieut. Col.
Commanding Canadian Discharge
Battn. Regiment.
Depot.

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

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

(Place) _____ (Signature of Soldier.)

(Date) _____ (Signature of Witness.)

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

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

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

(Signature of Soldier.)

10. Statement of service.

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

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

Total " " "

11. Confirmation of discharge.

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

(Place) _____ Signature _____

(Date) _____

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

CERTIFICATE re DISCHARGE DOCUMENTS.

DUTY

Metagama

726003

Reg'tl. No.

Name in full

Auston, Edwin

July 8 1917

Rank

Pte

Reserve Unit

E. O. R. D.

Present Unit

C. C. A. C.

Place of Residence in Canada

Halibuton, Ont.

Military District

3

109

Classification of Disability

(or) Reason for Discharge

For Re-enlistment in the R.F.C.

Commandant C.D.D. will assume responsibility by his initial in proper column that documents listed below have been completed, checked, and enclosed.

If original documents, initial in column on the left.

If original not available, initial in column on the right.

Initials of Commandant C.D.D. (Originals).	List of Documents required to complete Discharge, checked and enclosed.	Initials of Commandant (Originals not available).
P.P.H.	Proceedings on Discharge. (B. 268.) (Must be Original)	
	Proceedings of Medical Board. (B. 179.) (Must be Original)	
P.P.H.	Medical History Sheet. (A.F.B. 178.) (Must be Original)	
P.P.H.	Last Pay Certificate. (Must be Original)	
	Certificate of Discharge. (A.F.B. 2079.)	
P.P.H.	Casualty Form. (A.F.B. 103.)	
P.P.H.	Attestation Paper. (M.F.W. 54.)	
P.P.H.	Field Conduct Sheet. (A.F.B. 122.)	
	Company Conduct Sheet. (A.F.B. 121.)	
	Reg'tl. Conduct Sheet. (A.F.B. 120.)	
P.P.H.	Inventory of Kit. (W. 3068.)	
P.P.H.	Declaration from Dischargee.	

Commanding
(Signature)

[Signature]
for Lieut.
Canadian Discharge
Depot.
COMMANDANT.

