

NAME AUSTIN JAMES HENRY RICHARD REGT. NO. 724058 UNIT 20th H. Q. FILE NO. 000

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

DEATH

Category

0-7616

DISCHARGE

Category

Demob.

DESERTION

8-11
23-11
31-11
2

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PUBLIC ARCHIVES
RECORDS CENTER

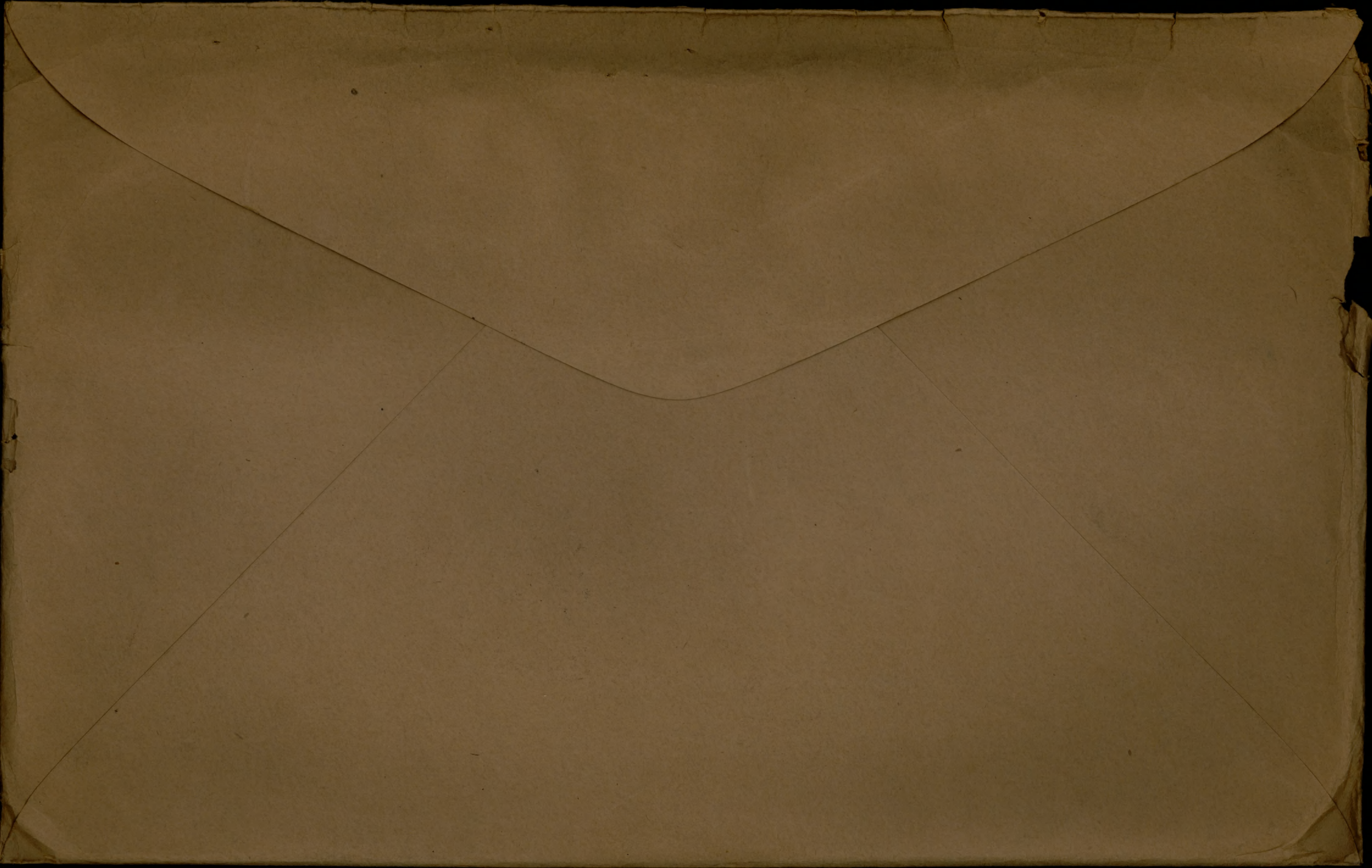
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- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)
- 1 C.D. 3
- 1 In 71 M 67
- 4 Misc
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- 1 ...
- 1 ...
- 1 ... 1257
- 1 ...
- 1 ...



MAR 1 1916

2

ATTESTATION PAPER.
109th OVERSEAS BATTALION, C. E. F.

No. 724058
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?..... *James Henry Richard*
- 1b. What is your present address?..... *Balsalm Grove Ontario*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *London England*
- 3. What is the name of your next-of kin?..... *Mrs E. Hone*
- 4. What is the address of your next-of kin?..... *35 Murray Bago, Eauxhall Walk, London S.W. England*
- 4a. What is the relationship of your next-of kin?..... *Mother 17*
- 5. What is the date of your birth?..... *9th June 1898*
- 6. What is your Trade or Calling?..... *Labourer 9*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *No*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *James Henry Richard 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 *MAR 1 1916* 191*6*. *J. H. R. Austin* (Signature of Recruit)
J. H. R. Austin (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Henry Richard 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 *MAR 1 1916* 191*6*. *J. H. R. Austin* (Signature of Recruit)
J. H. R. Austin (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 *Fenelon Falls* this *7th* day of *March* 191*6*.
Wm. McCullum (Signature of Justice)

JH

Description of James Henry Richard Austin on Enlistment.

Apparent Age 18 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. 4 1/2 ins.

Scar one inch across bridge of nose from inner angle of left eye one inch and a half long

Chest measurement { Girth when fully expanded 34 ins.
 Range of expansion 3 ins.

Complexion fair

Eyes blue

Hair light

Religious denominations. { Church of England x
 Presbyterian.....
 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 March 4th 1916

Place Frimley Falls

J. McCulloch 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.

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

Date **MAR 7 1916** 1916

**CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE**

**War Service Badge
Class "A" No.**

THIS IS TO CERTIFY that No. 724058 (Rank) Private

Name (in full) AUSTIN James Henry Richard enlisted in
the 109th Batt^e

CANADIAN EXPEDITIONARY FORCE at Lenelon Hill Station on the 1st
day of March 1916

HE served in 109th Batt^e Canada & England, 20th Batt^e
France, C.A.M.C. England.

and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

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

Age 21
Height 5 feet 6 1/2 inches
Complexion Fair
Eyes Blue
Hair Fair

Marks or Scars Scar on forehead

J H R Austin
Signature of Soldier.

[Signature]
Issuing Officer.

Date of Discharge

**No. 2 District Depot
Toronto, Ont.
MAY 24 1919**

**For
O.C. No. 2 District Depot.
Rank**

Date MAY 24 1919 1919

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.

Rank _____ Name **AUSTIN, James Henry Richard** Reg'l No. **724058**

Unit **109th Bn.** If in perm. Corps, }
 What Unit? }

Place and Date of Enlistment **Fenelon Falls, 1st March, 1916.** Married or Single **Single.**

Name and Address, Next-of-Kin **Mrs. E. Hone,** Place of Birth **London, England.**

35 Murray Bldgs., Vauxhall Walk, London S.W., Relationship **Mother.**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

N/E. R.B. No. **29119**
 File R.L. _____
 Category **CAN. OR**

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					
5-10-16	109 th Bn	S.O.S. to 20 th Bn	Bramhall	5-10-16	Pt II. 50.229 <i>Note.</i>
11-10-16	20 th "	T.O.S. from 109 th "	Field	6-10-16	" II 55.
7-3-17	"	adm No 5 Can fld Amb	"	4-2-17	CLA 453 Laryngitis
"	"	Discharged to duty	"	9-2-17	" " "
11-5-17	20 th	Beaufort War Hosp	Bristol	8-5-17	CLA 938 104 Left foot
13-5-17	160 th Coy	Taken on Strength	Wandling	8-5-17	Pt 65 (39 th 29.5.17. 20 Bn)
18-5-17	20 th Bn	ban for Capt Bearwood	Wokingham	15-5-17	CLA 343
12-6-17	10 th Coy	ceased to be shown in Corps on Com to ICC 2	Wandling	9-6-17	- 95 (104 th 20-6-17-1000)

A.F.B. 103 CHECKED 176 OCT. 1916

ON HI
 NATIONAL ECONO.

H

109th

same

Label across flap.
 ing Envelope.

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.				
26-6-17	26th	Trich C. C. Hosp	Bearwood	9-6-17	CL B372
13-9-17	6 Res.	T.O.S. from 1st Lt. A. D. C. C. H.	Sandring	12-9-17	PL 250 C.O.H. No 191 d/15-9-17
11-11-17	"	S.O.S. to 1. C.O.R.D.	"	10-11-17	PL 309 C.O.T.R.P.P. 150 d/14-17
16-2-18	12 Res.	att for all purposes	Plé	15-2-18	PL 40 C.O.T.R.P.P. 570 d/19-2-18
1-6-18	✓	ceases att from 1st Lt.	Wetley	1-6-18	PL 130 C.O.T.R.P.P. 530 d/4-6-18
2-7-18	1 C.O.R.D.	ceases att Depot Coy St. Albans	"	2-7-18	PL 181 C.O.T.R.P.P. 184 d/3-7-18
10-7-18	# 6 Res. Hosp.	T.O.S. from 6 AMB Dep	"	9-7-18	55 C.O.T.R.P.P. 190 d/9-7-18
28-8-18	do	S.O.S. to 6 AMB Depot	"	26-8-18	69 C.O.T.R.P.P. 239 d/27-8-18
4-10-18	Mb Hosp	T.O.S. from 6 AMB Depot	Pte Epsom	2-10-18	PL 277 C.O.T.R.P.P. 275 d/10-18
25-4-19	M.C.H.	S.O.S. to 20th Can Bn	Pte Epsom	25-4-19	D.O. 115

60- I - 23 date 15-5-19.

26-4-19	D. Wing ble	LDs from 20th Bn pending R.I.C.	Wetley	25-4-19	- 10
18	owing	SOS TO CAN	13	5	19 Pt 61

سے #11
Number

724058

Rank

Pt B

P
Surname

AUSTIN

Christian Name

James Henry Richard

Units

80th Bn Coy

Theatre of War

France

Date of Service

16-10-16

Remarks

Latest Address

Penelon Falls
Out

Roll No.

B Page 20867

10m -8-21.M

15.9.67

Blair, Mark & 77/26

DESP. JUN 23 1926
~~RECON. No. 28738~~

1st Issue

B.W.M.

V.M.

335 Virginia St.,
Buffalo, N.Y., U.S.A

OCT 25 1967

NAME

*Austin J H P
Pte 70th Bn*

REGT'L NO

724058

H. Q. FILE NO. 649-

RANK AND CORPS

FOLLOWS

NO.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 455:	W 5 Can. Field. Amb	4-2-17	Laryngitis
A 455:	Ditch to duty.	9-2-17	Laryngitis
B 338.	Beaufort War Bristol	8-5-17	D. C. of Lt. foot
B 343	to Can. Conv. Bear Wood W. Kingham	15-5-17	" " " " "
B 372	Et " " " " " " " "	9-6-17	" " " " "

World War, Canadian Convalescent Hospital,

Bear Wood, Wokingham, Berks

HOSPITAL.

DI

A. & D. No. *OS 8135* Ward *130B*

Unit *20th Bant* Sick or Wounded.

Regtl. No. *724058* Pl. of Act'n

Rank *Pte* Name *Austin J A R*

Age *19* Religion *Ge*

Service Compl'd *14/12* Time with Field Force *8/12*

Diagnosis *I b T Left foot*

Admitted *B W B Bristol* Discharged *9 JUN 1917*

~~Transferred~~ *1st Lt B W B* *Hastings*

St. Elbi

AM 10-17

Berubgen

12

Bwita

May 1

Wanna sutu apun

Dzgo

Very Dear

SURNAME.

Austin

97(2) CARD NO.

CHRISTIAN NAMES

James. Henry Richard

S.S. Div 24-579, D.C. 1/11/16
FOLL.
2007510/31-5-19, 2D

REGL. No.

72

405-8

RANK

Pte

UNIT

109th

Bw.

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Hawes Mrs. E.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

35

Murray Bldg

Canschall London Eng.

COUNTRY OF BIRTH

London Eng.

DATE

9th June 1898

PLACE OF ATTESTATION

Genton Falls

DATE

Mar 7th 1916.

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

R/C 22-5-19. 74 Pte

*48.4
4*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

yes
Labarer

RELIGION

C. of E.

DESCRIPTION.

APPARENT AGE

18

YEARS

MONTHS

HEIGHT

5-

FEET

4 1/2

INCHES

CHEST MEASUREMENT

34

INCHES

EXPANSION

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Light

DISTINGUISHING MARKS

scar across bridge from inner angle of left eye and inch and a half long.

MEDICAL EXAMINATION.

PLACE

Fenton Falls

DATE

Mar 4th 1916.

No. 724058 RANK *Pte*

NAME *Austen J. H. R.*

T. O. S. *1-3-16.*

UNIT *109th. Battalion.*

D.O. 96. 11-3-16

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Mar 21</i>	<i>1916. Mar. 31</i>	<i>✓</i>		
<i>April</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		

UNIT SAILED
JUL 23 1916



Surname **Austin** Christian Name or Names **J.H.R.** Reg. No. **724058**
 Rank **Pte** Unit **20th Bn** Co. Troop Batty.
 Hospital

Date of Admission **4-2-17**
 Transferred **Beaufort War Bristol** Hosp. **8.5.17**
Bearwood Bonval Hosp. **15.5.17**
 Hosp.
 Hosp.

Diagnosis **Laryngitis**
 (1) **Dr J. L. Looke**
 Later Diagnosis (if changed) **Rw**
 (2)
 (3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L. 7-3-17 A455 Dis. 9-2-17 REMARKS

12.5.17 B338 Dis. 9.6.17.

18.5.17 B 343.

26.6.17 B 342

A.M.D. 2 DEPT.

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

Rw

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Ref. No: 64

Date June 28th/18

FINDING, TRAVELLING BOARD ON TEMPORARY NON-EFFECTIVES.

No. 724058 Rank Pte Name Austin J.H.R. (1st C.O.R.D.)

has been selected as an Orderly for employment with C.A.M.C. Unit.

If for any reason this man is found unsuitable for employment as allocated, reason for unsuitability must be stated hereunder.

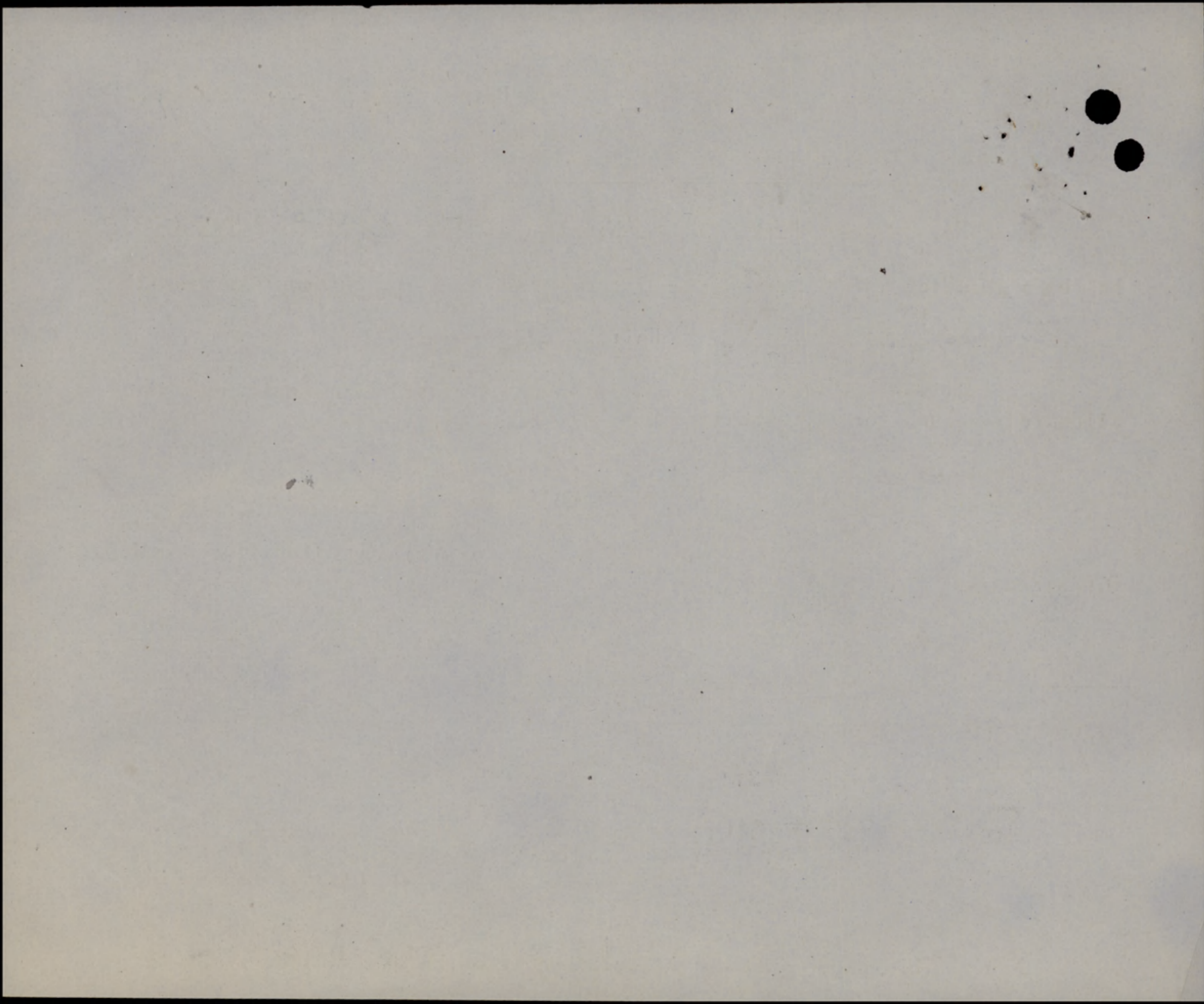
(Sgd) [Signature] President, Travelling Allocating Board.

O.C's Remarks:

[Dotted lines for O.C's Remarks]

(Sgd) [Signature] Officer Commanding.

N.B. This paper must not be detached from the man's Documents.



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

M. F. W. 54. (A. F. B. 133.)

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

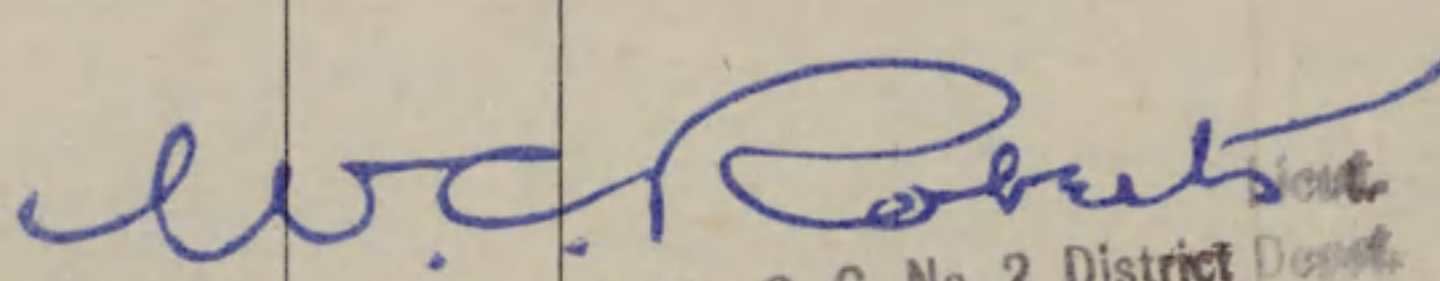
Unit, Regiment or Corps.

Regimental No. 224058 Rank Pte Name Austin J. R.
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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).....

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				
MAY 14 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO		1919	PART II D. O. 151
MAY 24 1919	S. O.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,			PART II D. O. 151
 For O. C. No. 2 District Depot.					

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

(b) e.g. Signaller, Shoing Smith, etc., also special qualifications in technical Corps duties.

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

W.L.B. *class*

M. F. W. 5
150M. 10-15.
H.Q. 1772-39-32A

Casualty Form—Active Service.

Unit, Regiment or Corps 109th Batta

Regimental No. 724008 Rank Pt Name Austin, James Henry Richard

C. E. F.

Enlisted (a) 1.3.16 Terms of Service (a) Duration Service reckons from (a) 1.3.16

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

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				
4.6.18	RECORD	transferred to 12 th Reg Batta	Wellesley	26.18	D.O. 153
2.7.18	1st C.O.R.D.	S.O.S. on transfer to C.A.M.C. Depot	Wellesley	2.7.18	Pt II D.O. No. 181
3.7.18	Caught	Taken on Strength	S'cliffe	2.7.18	W.D. Deinkley
9.7.18	"	S.O.S. to 11 Coy Hosp. S'cliffe	"	9.7.18	Pt II D.O. No. 184
10.7.18	O.C.	20.8. from Lt Col. S'cliffe	"	9.7.18	Pt II D.O. No. 55
28.8.18	do.	S.O.S. to come to R. Depot	"	26.8.18	Pt II D.O. No. 69
26.8.18	Caught	Taken on Strength	"	26/8/18	Pt II D.O. No. 239

DAPT. ASST. ADJUTANT,
FOR OFFICER COMMANDING, C.A.M.C. DEPOT.
COLONEL C.I.A.
OFFICER i/o No. XI CANADIAN GENERAL HOSPITAL,
MOORE BARRACKS, SHORNOLIFFE.

(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.]

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				
2-10-18	AMBRTH	COs to b. b. H. Epsom	Schiffa	2-10-18	P2A 276 Advz..... Capt. Asst. Adjutant For O.C. C.A.M.C. Reserve Depot
7-10-18	Epsom	Lutken on Strength now leave R77B.	Schiffa	2-10-18	P2A 277
24-4-19	M.C.H. Epsom	S.O.S. This unit on transfer to the 20 th Batt with effect 25-4-17 (Auth. H.Q. 14-1-65)			
	"O" WING	S.O.S., O.M.F.C., ON PROCEEDING TO CANADA	WITLEY	8.5.19	D.O. PT. 2 NO. 21
		* Sailing 30 th S.S. CARONIA Sailed L'pool 14-5-19			OFFICER I/c RE... "O" Wing C.C.S.

Q.G. Staff Division
MILITARY CONVALESCENT HOSPITAL,
EPSOM.

OFFICER I/c RE...
"O" Wing C.C.S.

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				
13-5-17	1 CORD	Taken on strength	W Sandling	8-5-17	P#65 H/L
12-9-17	Discharged from 1st C.C.D.	1st C.C.D.	W Sandling	12-9-17	12-9-17
13-9-17	1st C.C.D.	S.O.S. to 5th Res. Bn.	W Sandling	12-9-17	12-9-17
13-9-17	O.C. 5th	T. On. S. from 1st C.C.D.	W. Sandling	12-9-17	Bn. Ord 250
15/9/17	1st C.C.D.	S. Off. S. to 5th Res. Bn.	W Sandling	12/9/17	P#11 D.O. 190
11-11-17	O.C. 5th	S. Off. S. on being posted to 1st C.O.R.D.	W. Sandling	10-11-17	Bn. Ord 309
14/11/17	1st. CORD	T. On. S. from 5th. Res. Bn and will be shown as on Command to that Unit	W. Sandling	10-11-17	Bn. Ord 250
11-11-17	O.C. 5th	Attached from 1st. CORD	W. Sandling	10-11-17	Bn. Ord 309
15-2-18	O.C. 5th.	Ceases to be attd.	W? Sandling.	15-2-18	BN. O. 46
15-2-18	O.C. 12th.	Attached from the 1st C.O.R.D.			
1-6-18	do.	Ceases to be attached.	W. Sandling. Witley.	15-2-18 1-6-18	BN. O. 40 Part II 130.

Lt Colonel i/c Records, COM F.
 5th Res. Bn. Part II D.O. No. 12-9-17
 Adjutant,
 Canadian Command Depot,

B. S. Jones, Capt.
 Adj. 5th Res Bn.

E. S. Hoag

Lt Col i/c Records
 12th Res. Bn. C.M.F.

Fill in **Unit, Number, Rank and Name.**

W.S.B. Camp
M. F. W. 54.
150M, 10-15.
H.Q. 1772-39-920.
File

Casualty Form—Active Service.

Unit, Regiment or Corps *10TH OVERSEAS BATTALION*

Regimental No. *424058* Rank *Private* Name *Austin James Henry Richard*
C. E. F.

Enlisted (a) *1-3-16* Terms of Service (a) *D of W.* Service reckons from (a) *1-3-16*

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) *Laborer*

CERTIFIED CORRECT.
18 OCT 1916

Date	Report From whom received	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.
		Embarked Canada	Halifax	24.7.16.	
		Disembarked England	Liverpool	31.7.16.	
6/10/16	C B Dep	Transferred for Overseas Service with 20 th Battalion	20th Bn	OCT 5 1916	<i>D.O. Pt. 11 No 279</i>
do	do	Arrd & taken on strength	do	6/10/16	NR Pt 2 O'rs 55d11/10/16
27/10/16	20th Bn	Left for	do	20/10/16	NR
10/1/17	5. C.F.A.	Arrived	do	23/10/16	<i>W. J. Bell</i>
5-5-17	18 CCS	<i>Having the adm 4/2/17. direct A. 28 AT.</i>	28 AT	4-5-17	<i>CAPTAIN, ADJUTANT</i>
7-5-17	3 Cdn Gen	<i>22 T. 20 post. 28 AT.</i>		5-5-17	<i>109TH BATTALION CAN. INFANTRY.</i>
		<i>Inv (high) & posted to 1st C.O. Riv. 7/2/17</i>			<i>N. 3083 (A 2821)</i>
		<i>Alps, Thomcliffe per W. Bell on the 10th</i>			<i>Pt 2. 34d. 29. 5-17.</i>
			<i>Whogau</i>		<i>Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.</i>

(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.]

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

15.

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) AUSTIN J. H. R.
 REGIMENT 20th Bn. RANK Pvt. No. 724058
 Date of Examination in England 5.5.19 Date of Examination in France _____

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 3. 6. 14. 15. 16. 17. 19. 32.
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? _____

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England Yes
- (c) In France

Signature of Dental Officer J. H. Guinness Capt.

1851
1852
1853

1854

1855

1856

1857

1858

1859

1860

1861

1862

**MILITIA AND DEFENCE
ASSIGNED PAY.**

33569

To whom Mrs E. Holmes,
Address 38 Murrays Buildings,
Vauxhall Walk,
Kennington. SE.
London

By whom assigned Austen J.H R.

Regtl. No. 724058

Rank Pte

Corps, &c. 109th Btn.

Rate \$20.00

Date to Commence 1st Aug. 1916

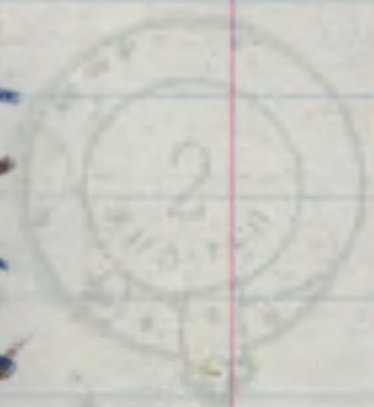
Date to Commence

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.		116931	20	X	
Sept		158602	20	X	
Oct.		195522	20	X	
Nov.		225483	20	X	
Dec.		273082	20	X	
Jan.	1917	313624	20	X	
Feb.		350629	20	X	
Mar.		395151	20	X	
April			160		
May					
June					
July					
Aug.					

W. H. Payne

80%



Checked & found correct

ASSIGNED PAY.

By whom assigned *Austen J. H. R.*
 Regtl. No. *724058* *Pt. 109th Bn.*

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					

To be made out in duplicate.

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 BATTALION, C. E. F.

(2) Regimental Number.....
724058

(3) Full Name of Soldier.....
James Henry Richard Austin

(4) Place of Birth.....
Westminster, London, England,

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

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

(b) Present Postal Address.....
Nil

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

(8) Have you any children?.....
Nil

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

Also their names and ages.....
Nil

(9) Is your Father alive?.....~~Yes~~ No.....

If so, state name and address..... Nil.....

(10) Is your Mother alive?..... Yes.....

If so, state name and address..... Mrs. E. Honas, 33 Miles Rdgs, Vauxhall Walks,
Cannington, London, S.E.....

(11) If your Mother is a widow..... No.....

Are you her sole support, or not?..... Nil.....

(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.

..... Nil.....

(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.

..... Nil.....

(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.

..... Nil.....

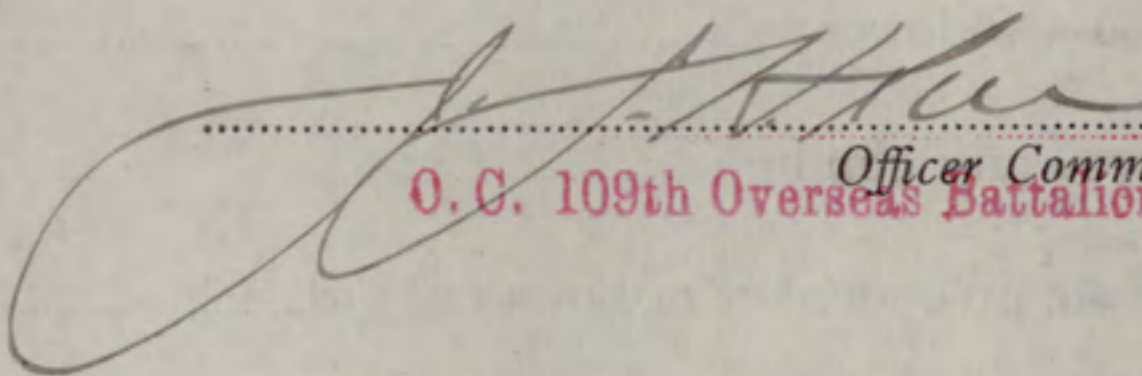
(15) Are you insured?..... No.....

If so, in what Company?..... Nil.....

Have you made arrangements for payment of your Insurance premium..... Nil.....

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

Date..... 6th July 1916.....

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

MEDICAL CASE SHEET.*

C.E.

No. in Admission and Discharge Book. <i>248135-</i> Year	Regimental No. <i>724058</i>	Rank <i>Pte</i>	Surname <i>Austin</i>	Christian Name. <i>J. H. R.</i>	
		Unit. <i>20th</i>		Age. <i>19</i>	Service. $\frac{14}{12}$

Station and Date.
130B

Disease *J.C.I. left foot.*

<i>Mr. W. Clorf.</i>	<i>10th April 1917</i>
<i>Boulogne.</i>	<i>12th " "</i>
<i>Bristol</i>	<i>1st May "</i>
<i>Bearwood</i>	<i>14th " "</i>

Present condition.

W shell open. Dressing.

J.C.I. fair.

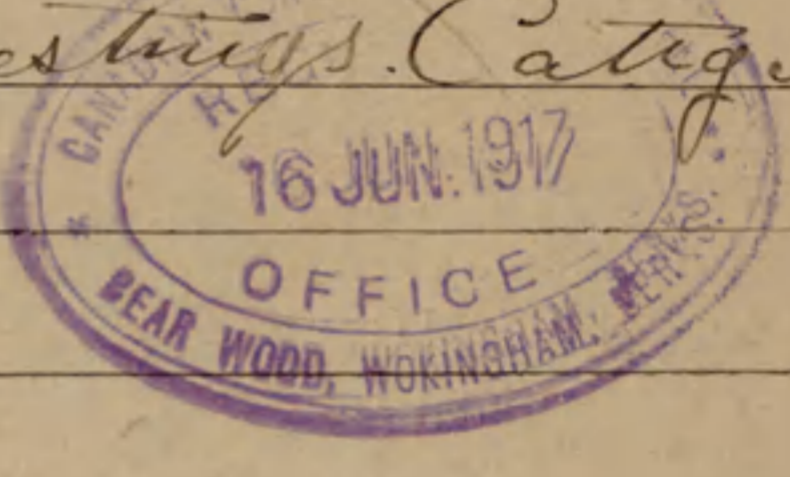
Toe has healed but skin very tender.

hair removed partially.

Di. - -

9 JUN 1917

Discharged. C.C.D. Hastings. Category D.



Hewson *Captain,*
Med. Off., Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

Station
and Date.

724058

MEDICAL HISTORY SHEET.

ORIGINAL ORIGINAL 1916

Surname Austin Christian Name James Henry Richard

Examined { on 1st day of March 1916
at Fenelon Falls.

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

Birthplace { City or Town Sendon
County England

Apparent age 18 years

Trade or occupation Laborer.

Height 5 Feet 4 1/2 Inches.

Weight 132 Lbs.

Chest measurement { Minimum 31 inches.
Maximum expansion 34 inches.

Physical development Good

Small-Pox Marks None.

Vaccination Marks { Arm Right Two Left One
Number Three

When Vaccinated last March 4th 1916

(a) Marks indicating congenital peculiarities or previous disease None

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,

Date	Result	VACCINATIONS.
<u>4-3-16</u>	<u>Nil</u>	<u>J McCulloch</u>
<u>29-3-16</u>	<u>Nil</u>	<u>J McCulloch</u>
<u>13-4-16</u>	<u>Good</u>	<u>J McCulloch</u>

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>27-4-16</u>	<u>Good</u>	<u>J McCulloch</u>
<u>4-5-16</u>	<u>Good</u>	<u>J McCulloch</u>
<u>14-5-16</u>	<u>Good</u>	<u>J McCulloch</u>
<u>22-9-16</u>	<u>"</u>	<u>H Boyd</u>

Enlisted on 1st day of March 1916 at Fenelon Falls.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>724058.</u>	<u>25-6-17</u>	<u>1.3.16</u>
Transferred to.....	<u>21st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESUME.
<u>Sacramento</u>	<u>6-11-17.</u>	<u>Defective Vision</u>	<u>BII A.E. Mardwell</u>
<u>Epson</u>	<u>23 APR 1919</u>	<u>Defective Vision</u> <u>Partial loss of</u> <u>function both eyes</u>	<u>B II</u> <u>J Mardwell</u>

CANADIAN

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.

Surname

Christian Name

Army

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Beaufort War Hosp.		8	5	14	14	5	14	J.C.T. L. foot.	1		N.A. Reynolds
Bearwood.		14	5	17	9	6	7	J.C.T. left foot.		J.C. Good. wound healed complains of slight stiffness in leg. Category D I	L. Ambrose Capt.
1st C.C.D. East Sandring					11	9	17			Category D I Rhoadeshouse Major, Officer Commanding, Canadian Convalescent Hospital, Bear Wood, Wokingham, Berks.	J.A. Wagner Capt. B.M.S.

952.

J.C. Good. wound healed complains of slight stiffness in leg. Category D I

Category D I Rhoadeshouse Major, Officer Commanding, Canadian Convalescent Hospital, Bear Wood, Wokingham, Berks.

PROCEEDINGS OF A MEDICAL BOARD

No. 101
Date: _____

101

PRESENT CONDITION

[Faint handwritten notes, possibly describing a patient's condition or history.]

BOARD RECOMMENDATIONS

- 1. For this patient, _____
- 2. For this patient, _____
- 3. For this patient, _____
- 4. Discharge

President

[Handwritten signature]

Secretary

APPROVED

For A.M.S. _____

PROCEEDINGS OF A MEDICAL BOARD.

Dated at November 6th 1917.

No. 724058 Rank Pte. Name AUSTIN J. H. R.

Local Unit 5th Reserve Overseas Unit 20th BATT. Age 19.

Examination held at East Sandling

DISABILITY. **DEFECTIVE VISION.**
Overseas-Local
(SCRATCH ONE OUT).

PRESENT CONDITION.

Wentcliffe report by Capt MacNeill
Oct 26/17. states.
R.V = Fingers at 4 ft. } Diagnosis
L.V = 6/9. } "Amblyopia et Anopsia
"At Corw. Squint"
and recommend category B II
otherwise fit
in France 9 months

July 23, 1918
No. 11
category confirmed
A. Mackay Capt.

BOARD RECOMMENDS:-

- 1. Fit for Duty B II
- 2. Fit for duty after _____ weeks' physical training.
- 3. Fit for Temporary Base Duty _____ weeks
- 4. Fit for Permanent Base Duty _____
- 5. Discharge _____

Signatures:-

([Signature] President.

(

(

Members ([Signature] Capt

(

(

(

APPROVED

8 - NOV 1917

Dated _____ 1917.

[Signature] For A.D.M.S.
FOR A.D.M.S. CANADIANS. (HORNOLIFE)

PROCEEDINGS OF A MEDICAL BOARD

1917

Dated at

Name AUSTIN J. H. R. Rank 1st Lt.

Local Unit 1st Lt. Overseas Unit 1st Lt. Age 19

Examination held at

DEFECTIVE VISION

DISABILITY.
Overseas—(see)
(SCRATCH ONE OUT)

PRESENT CONDITION

Handwritten notes:
The following report by Capt. M. H. ...
states that the patient is ...
The cause of the ...
is ...
The ...
is ...

BOARD RECOMMENDATIONS:

1. Fit for duty
2. Fit for duty after _____ weeks' physical training.
3. Fit for Temporary Base Duty _____ weeks
4. Fit for Permanent Base Duty _____ weeks
5. Discharge

Signatures:-

President

Members

APPROVED

For A.D.M.S.

1917

Dated

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY

P. 880.

Certified this document checked with Regimental documents

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *James Henry Richard* 2. Surname *Austin*
3. Rank *Private* 4. Original Unit *109th Battr* 5. Reg. No. *724058*
6. Address, in full, to which future payments of gratuity are to be forwarded
Penelon Halls Post Office
Ontario
7. Date of enlistment in the C.E.F. *1st March 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *No*
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:—~~
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?~~
14. ~~Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service~~
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 *1st March 1916 to date*
109th Battr Canada & England 20th Battr
France, C.A.M.C. England
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. *No.*
20. ~~Have you been issued with a War Service Badge? If so what class?~~
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?
24. ~~Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge
 (b) Reason for discharge~~
- MAY 24 1919* **DEMobilIZATION**
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.
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.
27. (a) ~~Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?~~
 (b) If so, are you in receipt of full pay and allowances from that Department?

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: *J. H. R. Austin*

Place of Residence: *Lennox Mills, Ont. Canada.*

Declared before me at: *Epsom.*

This *22nd* day of *April* 19*19*

Questions 12, 13, 14, 20, 24, 25, 26 & 27 are unanswered.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

W. H. ...

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

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

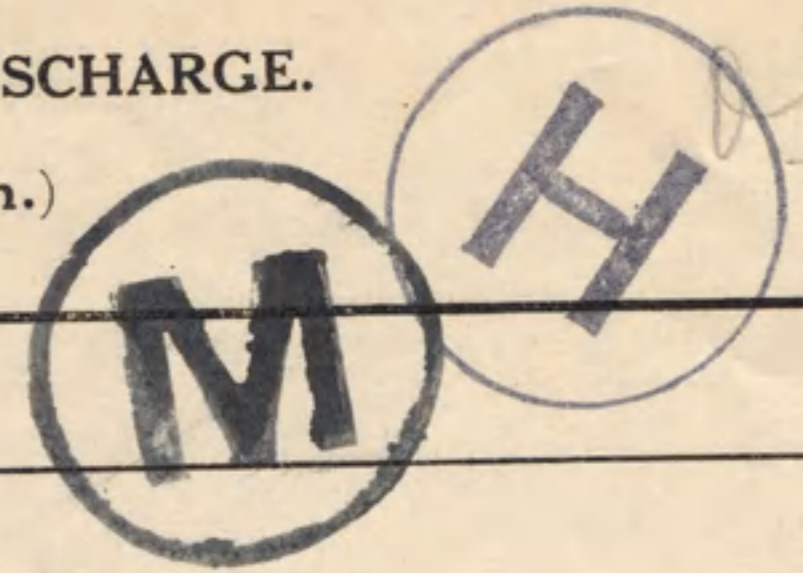
1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (2605) 1).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Continuation.
12. Last Pay Certificate (P. 851). *7 dup*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *B*
 Checked by No..... *37*
 Date..... *5/8/19* *hof*

War Service Badge *771561*
 Class "A" No.

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

D.A. - 5
1.



1. No.	<i>724058</i>	
2. Rank.	<i>Pte.</i>	
3. Name.	<i>Austin James Henry Richard</i>	
4. Unit.	<i>2nd Bn.</i>	
5. Date of Discharge	<i>MAY 24 1919</i>	Place <i>Toronto</i>
6. Reason for Discharge	<i>Demobilization</i>	
7. Authority.	<i>No. 2 District Depot, Part II, D.O. No. 151</i>	
8. Proposed Residence after Discharge	<i>Denison Falls, Ont.</i>	
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. ?	
	<i>James Henry Richard Austin</i> Signature of Soldier.	
10. CONFIRMATION.	The discharge of the above named man is hereby confirmed.	
	Place	<i>TORONTO, ONT.</i>
	Date	<i>MAY 24 1919</i>
	Signature	<i>[Signature]</i> O.C. No. 2 District Depot. (O. C. Discharging Unit.)

14-5-19
P. P. P. P. P.

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.

"We concur and agree with opinion of Medical Officer."

Specialists Report on eyes attached.

19. Is the invalid fit for

- | | | | |
|--|--------------|--------------|------|
| (a) General service, | (Category A) | (Yes or No.) | No |
| (b) Service abroad, not general service, | (" B) | (Yes or No.) | B.2. |
| (c) Home service (Canada only); | (" C) | (Yes or No.) | N.A. |
| (d) Temporarily unfit. | (" D) | (Yes or No.) | No |
| (e) Unfit for service in Categories A, B and C | (" E) | (Yes or No.) | 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.)

N.A.

- (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.)

Boarded for return to Canada. Authority A.G. Telegram 9083 of 11-11-18.

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.

PLACE EPSOM, Surrey.

DATE 23 APR 1919

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.

PLACE

DATE

APPROVED BY

APPROVED BY

DATE 23-4-19

Major, O.A.M.C.

for A.D.M.S., Canadians, London Area.

DATE APR 23 1919

ASSISTANT DIRECTOR OF
 Director-General of Medical Services.
 CANADIAN AREA.
 13, BERNERS ST. LONDON, W.1

THIS FORM WILL BE USED FOR ALL RANKS
 MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 EPSOM DATE 21 APR 1919

1. 1 (a) Unit B.C.M.C. (b) Regimental No. 724058 (c) Rank PTE

(d) Surname AUSTIN (e) Christian name JAMES HENRY B.

(f) Home address FENELON FALLS, ONTARIO, CAN.

(g) Next of Kin MRS E. HOLMES (h) Relationship MOTHER

(i) Address of Next of Kin 38 MURRAY BUILDINGS, VAUXHALL LONDON

2. Age last birthday 32 Date of birth 9-6-1898

3. Enlistment, or Appointment (if an Officer) (a) Place FENELON FALLS (b) Date 1-3-1916

4. Personal description:

(a) Height 5' 4 1/2" (b) Weight 150 ESTIMATED (c) Complexion FAIR

(d) Colour of hair LIGHT (e) Colour of eyes BLUE (f) Identification marks, Scars, etc. SCAR

ON FOREHEAD. SCAR ON LT. KNEE

5. Former trade or occupation FARMER

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	
	From	To	From	To
Canada				
England				
France or other theatres of War				

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	
	From	To	From	To
Canada				
England				
France or other theatres of War				

7. Original disease, or injury DEFECTIVE VISION

(a) Date of origin TRICK TO ENLISTMENT (b) Place of origin ENGLAND

(c) Cause CONDITIONS OF CIVIL LIFE

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—sight, mod., etc., 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.)

(DEFECTIVE VISION) Partial loss of function of both eyes.

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.)

Objective:— fairly well nourished and developed general condition good, has had defective vision since childhood, Specialists Report:—

"R. VISION - FINGERS AT 4 FT. w/ glasses 9/10

L. VISION - 9/9 w/ glasses (improve vision

in right eye somewhat, patient states) Anisometropia ex anopsia - RT. Conv. Squint."

Subjective:— Cannot see hands at all out of right eye, left eye is not so bad.

(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 Genito-Urinary System... NO

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).)

States:— have had bad eyesight since childhood, glasses improve vision in right eye somewhat.

now:— Vide Specialists Report. Just.

9. No other available documentary evidence

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).)

Beaufort War Hosp. 8/5/17 to 14/5/17. C.C.P. L. Wood. Bearwood 14/5/17 to 9/5/17 C.C.P. L. Wood food Recovery.

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

Scar just above left knee; Scar on forehead between eyes.

11.—(a) Did the disabling condition have its origin before enlistment? YES.

(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.)

NO

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

Nil.

Specialists Report on Eyes attached

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? NO

(If the answer is "yes" state nature of treatment required and probable duration)

N.A.

16. Can the former trade or occupation be resumed? YES.

(If not, briefly state why)

17. Recommendations... Nil

Almoody Capt C.M.C., 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 JAMES HENRY RICHARD 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... Nil

JHR

PTE JHR Austin Rank. Signature of invalid examined.

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND CANADA	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:- Aug 1/16		EFFECTIVE DATE:-	
AMOUNT:- 20 ⁰⁰		AMOUNT:-	

NAME:- **AUSTIN** *James Hy Richard*

NUMBER:- 724058

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 E Holmes
38 Murray Bldg, Park Hall Walk
Hennington London SE
Mother

L.P.C. comp 23419
R.P. stopped 16/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Me</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- *109 Bn*

DATE ACCOUNT FIRST OPENED:- *1 Aug 1916*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S D	UNIT TRANSFERRED TO
<i>RL</i>	<i>1/11/17</i>	<i>1/7/18</i>	<i>1 Cpl's Banded</i>

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
<i>1044</i>	<i>40</i>	<i>Eps.</i>	<i>993</i>	<i>Ledger</i>			<i>3461</i>
				<i>RSPB</i>			<i>973</i>
				<i>L.P.C.</i>			<i>2488</i>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	<i>100</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:-

1/2 CAN 30419 7/13/18 7436 920 234.9 3005M

RESTRICTED PAY for 7 months 20/1/18 5/10/18 10/1/18

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>March 31</i>	<i>Balance Forward</i>								<i>298</i>	<i>mil</i>	
<i>April</i>	<i>P.P.</i>	<i>33</i>		<i>Cheque Enc. 5A047 £4.2.2</i>			<i>20</i>				
				<i>AR 96 15/4/18 12 Res</i>	<i>243</i>						
				<i>AR 236 20/4/18 12 Res</i>	<i>243</i>				<i>11 06</i>		
		<i>33</i>			<i>4 56</i>		<i>30</i>				
<i>May</i>	<i>P.P.</i>	<i>3410</i>		<i>B. 102 4/4 £4.2.2</i>			<i>20</i>				
				<i>AR 487 14/5/18 12 Res</i>	<i>243</i>						
				<i>AR 657 23/5/18 12 Res</i>	<i>243</i>				<i>20 30</i>		
		<i>3410</i>			<i>4 86</i>		<i>20</i>				
<i>June</i>	<i>P.P.</i>	<i>33</i>		<i>B. 64 237 £4.2.2</i>			<i>20</i>				
				<i>AR 246 17/6 12 Res</i>	<i>4 87</i>						<i>4950 R Pay</i>
				<i>✓ 390 20/6</i>	<i>7 30</i>				<i>21 13</i>	<i>35</i>	
		<i>33</i>			<i>12 17</i>		<i>20</i>				
<i>July</i>	<i>P.P.</i>	<i>3410</i>		<i>B 9770 H H-2-2</i>			<i>20</i>		<i>3523</i>		
				<i>AR 24025 1365 5/7/18 12 Res</i>	<i>370</i>				<i>3153</i>		
				<i>AR 635 15/7/18 11 5 H 12 3</i>	<i>4 87</i>				<i>2666</i>		
				<i>722 29/7/18 " 12 13</i>	<i>4 87</i>				<i>2179</i>	<i>3920</i>	
		<i>3410</i>			<i>1344</i>		<i>20</i>				
<i>Aug</i>	<i>P.P.</i>	<i>3410</i>		<i>C 43304 H-2-2</i>			<i>20</i>		<i>3589</i>		
				<i>AR 796 13/8 11 5 H 12 2</i>	<i>2433</i>				<i>1156</i>		
				<i>1766 29/8 12 10</i>	<i>243</i>				<i>913</i>		
				<i>2 days pay P.W. 20/8-21/8 12 13</i>			<i>220</i>		<i>693</i>	<i>3920</i>	
				<i>2067 21/8/18 11 5 H</i>	<i>2696</i>		<i>220 20</i>				
		<i>3410</i>									

Forward

NUMBER 724058 RANK Pte

NAME AUSTIN Gds. Hvy. Richard

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Aug Bae									693		
Sep P.B.		33		D 17504 4-2-2			20		1993		
				MP 1923 16/9 CAMERAS 5 255					1735		
				2039 27/9 " 2/14 243					1495 3920		
		33			4.98		20				
Oct PP		3410		D 70702 4-2-2			20		2905		
				MP 747 15/10 Epsom 21 489					2418		
				912 29/10 " 39 243					2175		
		3410			730		20				
Nov PP		33		D 89504 4-2-2			20		5475		
				MP 1085 13/11 Epsom 9 489					2988		
Dec		3410		R 49506 4-2-2			20		4398		
				MP 1253 28/11 Epsom 36 243					4155		
				1412 16/12 do 65 730					3425		
		3410		76097 4-2-2			20		4835		
1919		10/20			1460		60				
Feb PP		3080		772107 4-2-2			20		5915		
				MP 1636 10/1 Epsom 15 489					5428		
				1822 29/1 " 52 243					5185		
				1998 13/2 " 83 489					4898		
				2152 27/2 " 116 489					4211		
		3410		97906 4-2-2			20		5681		
				2296 13/3 Epsom 140 973					4648		
				2486 25/3 " 158 489					4161		
		6490			3164		40				
Apr		33		D 38042 4-2-2			20				
				May 38043 4-2-2			20		3461		
				40 10/4 Epsom 14 973					2488		
				286 24/4 " end 31 973					1515		
		33			1946		40				
				3407 9/5 Witley 12 973					542		
					973						

Sailed Canada. 17/1/14. S.L. 60. A.D. 2

MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *London Eng*
 NAME AND ADDRESS OF NEXT OF KIN *Mrs E Holme*
35 Murray Bldg Vauxhall Walk
London Eng
 RELATIONSHIP OF NEXT OF KIN *Mother*
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT
AD checked found correct
Parker

CASUALTIES, PROMOTIONS, &c		
PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. *724058* RANK *Pte* NAME *Austin James Henry Richard*
 IF IN PERM. CORPS WHAT UNIT *109th Bn* TRANSFERRED TO *20th Bn* DATE *5/10/16* AUTHORITY *80279*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *1st B.O.R.B.* DATE *21.6.17* AUTHORITY *338 11/15/17*
 PLACE OF ATTESTATION *Fenelon Falls Ont* TRANSFERRED TO *Wak Pato* DATE *11.8.17* AUTHORITY *AK*
 DATE OF ATTESTATION *Mar 1st/1916* TRANSFERRED TO *1 CO RD* DATE *1/11/17* AUTHORITY
 ASSIGNED PAY MONTHLY \$ *20⁰⁰/₁₀₀* DATE EFFECTIVE *Aug 1/16*
 PAYABLE TO *Mrs E Holme 35 Murray Bldg Vauxhall Walk* RELATIONSHIP *Mother*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON *209*
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) *Restricted pay for 7 months D.O. 20 20/1/85 Res Br of 19/1/16*

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS						
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT									
			\$	c.			\$	c.			\$	c.																				No.	DATE	No.	DATE	No.	DATE
<i>July 31</i>															<i>70 35</i>	<i>70 35</i>																					
<i>Aug 31</i>	<i>31</i>	<i>1⁰⁰</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>								<i>34 10</i>	<i>20 95 16</i>								<i>20</i>		<i>129 73</i>	<i>24 72</i>										
<i>Sept</i>	<i>30</i>		<i>30</i>				<i>3</i>								<i>33</i>	<i>52 31 84 84 15 2 16</i>							<i>20</i>	<i>37</i>	<i>30 10</i>	<i>27 62</i>									<i>Wound on repayment process 11/8/16</i>		
<i>Oct 1-5</i>	<i>5</i>		<i>50</i>				<i>50</i>								<i>5 50</i>								<i>20</i>		<i>20</i>	<i>13 12</i>									<i>D.O. 279 from 20th Bn 5/10/16</i>		
<i>Oct 31</i>	<i>26</i>	<i>1</i>	<i>26</i>		<i>26</i>	<i>10</i>	<i>260</i>								<i>28 60</i>	<i>733 11/16</i>							<i>20</i>		<i>11 66</i>	<i>30 06</i>											
<i>Nov 30</i>	<i>30</i>	<i>1</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>								<i>33</i>	<i>1310 3/10/16</i>							<i>20</i>		<i>22 63</i>	<i>40 44</i>											
<i>Dec 31</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>								<i>34 10</i>	<i>1426 30/11</i>							<i>20</i>		<i>33 95</i>	<i>40 59</i>											
<i>1917</i>			<i>15 30</i>				<i>15 30</i>																														
<i>Jan 31</i>	<i>31</i>	<i>1⁰⁰</i>	<i>31 10</i>												<i>34 10</i>	<i>1505 16/12/18 80 6/11</i>							<i>20</i>		<i>27 85</i>	<i>46 84</i>											
<i>Feb 28</i>	<i>28</i>	<i>1⁰⁰</i>	<i>30 80</i>												<i>30 60</i>	<i>1620 1/11</i>							<i>20</i>		<i>22 62</i>	<i>55 02</i>											
<i>Mar 31</i>	<i>31</i>	<i>1⁰⁰</i>	<i>24 10</i>												<i>24 10</i>	<i>1771 27/11/18 85 1/13</i>							<i>20</i>		<i>30 46</i>	<i>58 66</i>											
<i>Apr 30</i>	<i>30</i>	<i>1⁰⁰</i>	<i>33</i>												<i>33</i>								<i>20</i>		<i>20</i>	<i>7 66</i>											
<i>May 31</i>	<i>31</i>		<i>34 10</i>												<i>34 10</i>	<i>70 30/11</i>							<i>20</i>		<i>30 10</i>	<i>75 66</i>											
			<i>334 40</i>												<i>20 35</i>	<i>384 75</i>							<i>20</i>		<i>47 05</i>	<i>15 14</i>	<i>11 66</i>	<i>4 87</i>	<i>200</i>	<i>37</i>	<i>279 09</i>						

