

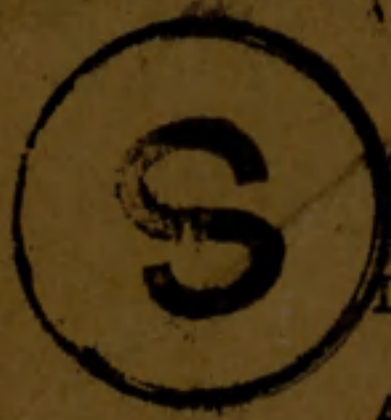
omw
21-1-19.

0-7649

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 2
- Proceedings on discharge..... 2
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate..... 1
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate..... 2
- Inventory of Kit.....
- Last Pay Certificate..... 1

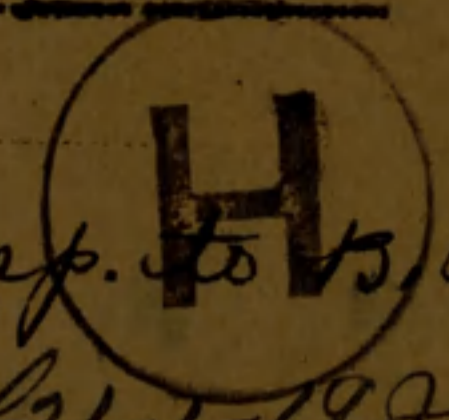
Name **AUSTIN KENNETH GORDON**

219745
Regt. No. **724256** Rank **Plt.**

Corps **No. 3. D. D.**

"Med. unfit"

Proc. in Dis. Dep. to V.S. P.C.
in M. F. W. 25-05
Ref. B.P.C. - 758 of 21-1-1928



M. F. W. 192
A 4 B. 122

Pay
AFS 1237-1
Ray
Impose 2
Pay card

14.11
21.12
31.12
2

1/13

ATTESTATION PAPER

No. 724256

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

- 1. What is your name? *Kenneth Gordon Austin*
- 2. In what Town, Township, or Parish, and in what Country were you born? *Rocklin Snowdon Ont Canada*
- 3. What is the name of your next-of-kin? *father Gordon Austin*
- 4. What is the address of your next-of-kin? *Rocklin Ont Canada*
- 5. What is the date of your birth? *August 10 1897*
- 6. What is your trade or calling? *Laborer*
- 7. Are you married? *no*
- 8. Are you willing to be vaccinated or re-vaccinated? *and inoculated K.B.A. 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*

Kenneth Austin (Signature of Man.)
R. H. Anson (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Kenneth Gordon Austin*, do solemnly declare that the above answers made by me to the above questions 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 *September 2 1915* *Kenneth Gordon Austin* (Signature of Recruit.)
R. H. Anson (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Kenneth Gordon 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 *September 2 1915* *Kenneth Gordon Austin* (Signature of Recruit.)
R. H. Anson (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 *Lindsay* this *2nd* day of *September* 191*5*.

G. J. Gordon (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.
L. H. Jarvis Capt (Approving Officer.)

DESCRIPTION OF *Kenneth Gordon 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.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 5 ins.

Scar on left shin

Complexion Fair

Eyes Blue

Hair Brown

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

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 August 29 1915

Place Lindsay

J. McCulloch
 Lieut
 Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT

Kenneth Gordon 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.

W. G. Ketcheson (Signature of Officer.)

Date OCT 6 1915

COLONEL
 O. C. 80th Battalion, C.E.F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724256 (Rank) Private

Name (in full) AUSTIN Kenneth Gordon. enlisted in
the 109 Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay Ont. on the Second
day of September 19 15

HE served in Canada England and France

and is now discharged from the service by reason of being medically unfit for further
War Service. Authority: Med Bo rd D/ 31-12-18. R.O. 1080.

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

Age 21yrs and 5months

Height 5ft. 4ins.

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars Scar on left shin

Scar on left shin

Kenneth G. Austin

Signature of Soldier

R. C. Rappell Lient.
Issuing Officer
O. C. Discharge Section
No. 3 District Depot
Rank

Date of Discharge 8-1-19.

Appointment

Signed at Kingston, Ont. this 8 day of January 19 19

in Military District No. 3

File Reference No. 3 DD-3-A-172

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

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

To be made out in duplicate.

DUPLICATE

ILQ. 51-21-22-53

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number..... *72425-6*

(3) Full Name of Soldier..... *Kenneth Gordon Austin*

(4) Place of Birth..... *Lochlin,*

Ont.

(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?..... *No.*

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

Also their names and ages..... *Nil.*

(9) Is your Father alive? *Yes*
If so, state name and address *Gordon Thomas Austin, Lochlin, Ont.*

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

(11) If your Mother is a widow? *Nil*
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.
*Gordon Thomas Austin,
Lochlin,
Ont.*

(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? *Yes*
If so, in what Company? *Foresters and London Life*
Have you made arrangements for payment of your Insurance premium? *Yes*
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *July 10th 1916*

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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

DUPLICATE

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

Regimental No. 724256 Rank Pte. Name Austin, K.G.Corps. 45th Battalion who was* Dischargedfrom January 8th 1919, to Category "E"

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from January 1st 1919,
to January 8th 1919, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Regt'l Pay..... <u>8</u> days at \$ <u>1</u> c.....	<u>8</u>	<u>00</u>
by } No.....			Field Allow. <u>8</u> days at \$..... <u>10</u>		<u>80</u>
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allee. No.....			Other Allowances*		
Other charges			Other Credits* <u>Clothing</u>	<u>35</u>	<u>00</u>
Payment on transfer or discharge No.....	<u>13183</u>	<u>43 80</u>	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	<u>43</u>	<u>80</u>	Total.....	<u>43</u>	<u>80</u>

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of December 1918 }
 { and Sep'n Allee. for month of 1919 } (to) Assignee G.F. Austin.
 (Address) Lachlin, Ont.

A.P. paid by Ottawa

(†) Insert amount to be assigned, whether it has been paid or not.

(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment

(2) if married and if a Separation Allowance Card has been submitted..... No(3) cause of discharge..... authority 3-A-172, O.C. #3 D.D.

(4) authority for transfer

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

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

Date January 7th, 1919Place Kingston, Ont.

W. Peter e. Captain,
 OFFICER I/C DEMOBILIZATION PAY DIV.
 MILITARY DISTRICT No. 9

Paymaster.

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

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

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

cheque #13183 attached

M. F. W. 44.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *3*

NAME OF SOLDIER *Quinton H. G.*

REGIMENT *22*

RANK *Pvt*

No. *724256*



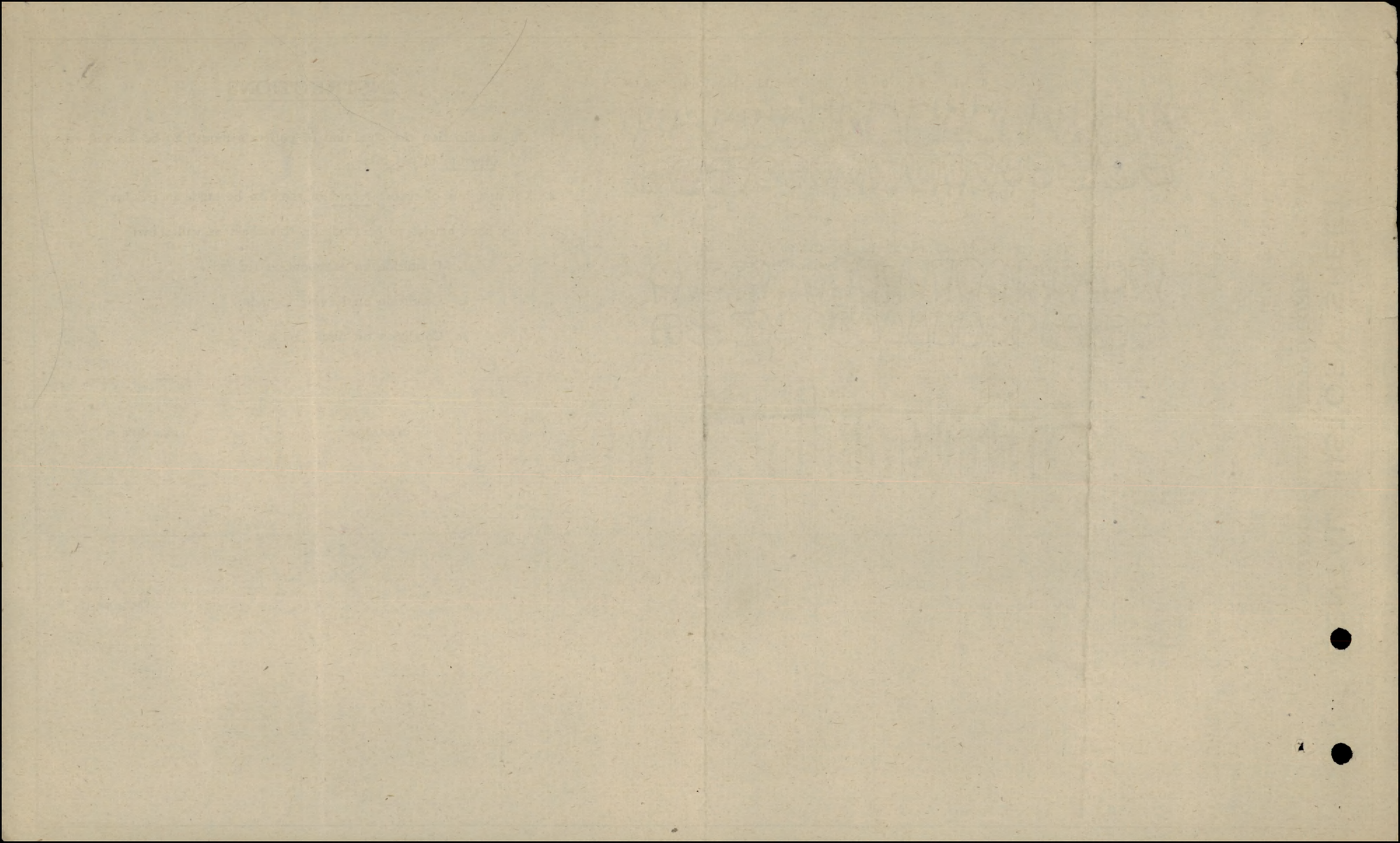
INSTRUCTIONS

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

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

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

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoxa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
	<i>1918</i>																					
	<i>Dec 28</i>			<i>9/10</i>						<i>5</i>										<i>A. Chambers</i>	<i>3</i>	<i>2. Car # 2, 10</i>
	"			<i>1/1</i>																<i>A. Chambers</i>	<i>3</i>	
	" <i>30</i>									<i>1/10</i>										<i>A. J. Oberg</i>	<i>3</i>	<i>Complete</i>



724256

11/2

MEDICAL HISTORY SHEET.

Surname Austin Christian Name Kenneth Gordon

Examined { on 29th day of August 1915
at Lindsay
Birthplace { City or Town Lochlin
County Ontario

Approved by J. McCulloch
Rank Lieut. M.O.

Apparent age 18 years
Trade or occupation Labourer
Height 5 Feet 4 1/2 Inches.
Weight 124 Lbs.
Chest measurement { Minimum 31 inches.
Maximum expansion 36 inches.
Physical development good
Small-Pox Marks

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>30 APR 1918</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right None Left One
Number One

Date	Result	VACCINATIONS.
<u>Sept 9 1915</u>	<u>good</u>	<u>J. McCulloch</u>
		M.O.
		M.O.
		M.O.

When Vaccinated last Sept 9 1915
(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>29/11/15</u>	<u>good</u>	<u>H. H. Alger</u>
<u>9/12/15</u>	<u>good</u>	<u>H. H. Alger</u>
<u>22/9/16</u>	<u>good</u>	<u>H. H. Alger</u>
		M.O.
		M.O.
		M.O.

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

Enlisted on 27th day of August 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Overseas Conty</u> <u>45th Victoria Regt.</u>	<u>724256</u>		<u>27. 8. 15.</u>
Transferred to..	<u>124th OVERSEAS BATTALION C.E.F.</u> <u>134th Bn</u> <u>19th Bn</u>	<u>724256</u>		<u>31. 7. 17.</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Willy</u>	<u>March 27th 1917</u>	<u>to disability</u>	<u>A 2 7/8 lock eye</u>
<u>Wesley, 7/Stone</u>	<u>31-7-18.</u>	<u>G.S.W. RT. EYE Enucleated.</u>	<u>B.M. (stone) for H</u> <u>months.</u> <u>Severely cap. came</u>
	<u>14 AUG 1918</u>		
		APPROVED	
<u>Lindsay</u>	<u>31-12-18.</u>		

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

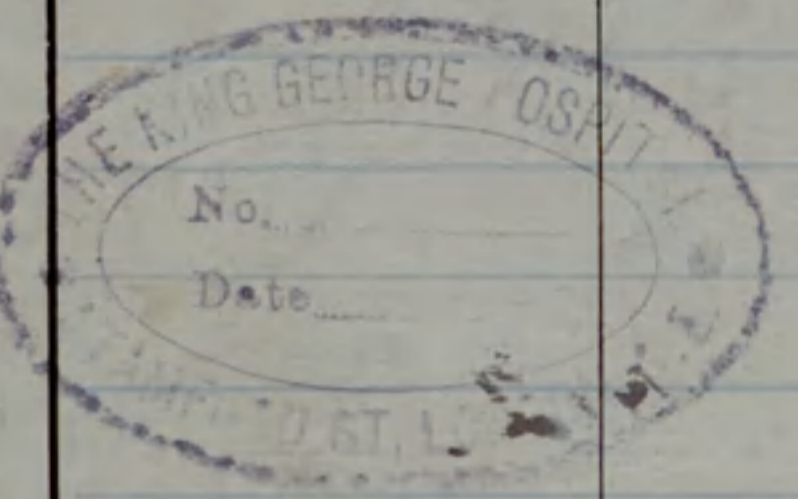
7-9-18 BCS
2-16-9-18 BCS

CANADIAN

J. McCulloch
CAPT
CANADIANS. SHERRIFFE
6

207115-
 Christian Name Kenneth Gordon
 Surname Gordon

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				
Isolation Ho. Q. shot		13	2	17	5	3	17	Mumps	21	Recd Duplicate Medical History Sheet posted to here.	<i>[Signature]</i>
		27	4	18	17	5	8	9 SW Face 11-3 Rt eye	20	Wounded April 14 1918 France. Wounded. Upper lid - 4.B. at back of outside globe. Vitreous haemorrhage. L.V. 6/6 Trans to Ban Hosp A. eye enucleated 24-5-18. Surge piece of steel found back of sclera. Socket quiet. Glass eye supplied. Cat. Bitt for 4 months as far as eye concerned.	G. Hoffman LIEUT., R.A.M.C.
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.		17	5	18	9	8	18	9 SW. Right Eye.	85		
		9	8	18	21	8	18		12		



WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.

[Signature]
 Capt. R.A.M.C.
 Lieut. & Regt for Officer Commanding
 WEST CLIFF CANADIAN EYE AND EAR HOSPITAL,
 FOLKESTONE, KENT

PA

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

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

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

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

1. Christian names *Kenneth Gordon* 2. Surname *Austin*
3. Rank *pt* 4. Original Unit *109th Bn* 5. Reg. No. *724256*
6. Address, in full, to which future payments of gratuity are to be forwarded
*853 Broadview Ave.
Toronto Ontario*
7. Date of enlistment in the C.E.F. *Sept 2nd 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Not applicable*
9. Relationship of such dependent *Not applicable*
10. Address, in full, of such dependent *Not applicable*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
Yes. I served with the 109th, 124th, 134th Bns in England and the 19th Bn in France.
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *Not applicable*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *(a) 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 *Enlisted Sept 2nd 1915. With 80th Bn. Transferred 109th 24/12/15. Went overseas July 20/16. Joined 124th Bn 17/12/16. Transferred 134th Bn. April 1917. Reimposed 19th Bn France. 24/5/17. Wounded 15/4/18. Discharged Canada 8/1/19.*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *Not applicable*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *Not applicable*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *Not applicable*

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 *Yes*

First payment Seventy Dollars (\$70.00) from Paymaster Discharge Depot No 3 M.D. Kingston

20. Have you been issued with a War Service Badge? If so, what class? *Not applicable*

21. Have you, during the present war, served in the Imperial Forces? *Not applicable*

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

Not applicable

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *Not applicable*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *Not applicable*

24. Are you now serving in the C.E.F.? *Not applicable* If not, give:—(a) Date of discharge

8/Jan 1919. (b) Reason for discharge (loss of right eye) Medically Unfit for further service.

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

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit *Yes*

19th Bn. Canadians from 24th May 1917 until 15th April 1918

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *Not applicable*

(b) If so, are you in receipt of full pay and allowances from that Department? *Not applicable*

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: *Kenneth Clouston*

Place of Residence: *855 Broadview Ave Toronto*

Declared before me at: *Toronto*

This *20* day of *January* 19*19*

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

W. J. Thompson
Com. & Geo.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

Casualty Form—Active Service.

Regiment or Corps 109th Battalion

Rank Pvt Surname Clouston Christian Name Kenneth Gordon

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (a) 2-9-15 Terms of Service (a) _____ Service reckons from (a) 2-9-15

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

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked ...		
			Disembarked...		
<u>5-10-18</u>	<u>1010 RD</u>	<u>Orders to fall to country 4-10-18</u>			<u>B 0276</u>
<u>16-10-18</u>	<u>do</u>	<u>Off to be D.D.</u>			<u>B 0287</u>
					<u>LIEUT.</u>
					OFFICER I/O RECORDS,
<u>17 OCT 1918</u>		<u>Attached C.D.D. Buxton for return to Canada, Part II Order No. 246</u>			
		<u>Ceases to be attached C.D.D. Buxton on embarkment for Canada.</u>			
					<u>Lt. for Lt. Col.</u>
					<u>Commanding Canadian Discharge Depot.</u>

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

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
19/4/18	hpool	Embkd Scandinavian	<i>[Signature]</i>		
22/1/18		T.O.S. Casualty Company No. 3 District Depot. for Disposal, Part Two D.O. 233	Kington	3/12/18	
					LIEUT. for O.C. Casualty Co., No. 3 District Depot
8/1/19		S.O.S. Discharged	Kington	7/1/19	
					Lient. for O.C. Discharge Section No. 3 District Depot

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

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

Regimental No. 124256 Rank Private Name Austin Kenneth Gordon

Enlisted (a) 24.12.15 Terms of Service (a) D of W. Service reckons from (a) 24.12.15

Date of promotion to present rank. 2-9-15 Date of appointment to lance rank } Numerical position on roll of N. C. Os. } 9-15

Extended _____ Re-engaged _____ Qualification (b) Laborer

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

	Embarked Canada	Halifax	24.7.16	
	Disembarked England	Liverpool	31.7.16	
9.12.16	Ob. 109 [#] Transferred to 124 [#] Bn	Witley	8.12.16	Do. P. 2. #43 ✓ <u>A. W. Eastman</u> <u>Capt.</u> ADJUTANT
9-12-16	124th Bn.	Witley Camp	8-12-16	Part 1 in <u>1001</u> <u>Orders 265</u> ✓ <u>A. W. Eastman</u> <u>MAJOR ADJUTANT</u> 124th BATTALION G. E. F.
5-4-17	124th	Witley	XXXXXX 31-3-17	Part 2 Orders #86 5-4-17 ✓ <u>H. C. Sherrow</u> <u>Lieut a/Adjnt</u> 124th Can Pnr Bn Details
24 JUN 1917	Ob. 134 [#] Bn	Witley	31-3-17	M. D. O. #91 ✓
23 1917	O.C. 134th Bn.	Witley		Pt. II, D.O. #13 ✓ <u>M. D. O.</u> <u>Lieut & Adjnt.</u> for O.C. 124th Canadian Inf. Bn. [P.T.O.]

(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.

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				
25 MAY 1917	C.B.D.	TAKEN on STRENGHT <i>19/18</i>		25 MAY 1917	N.R. Pt II Ord 42
25 MAY 1917	"	Left for Unit	FIELD	1 JUN 1917	N.R. 18-6-17
17 JUN 1917	Unit	Joined Unit	FIELD	2 JUN 1917	B. 213. CCS.
3/18	"	GRANTED 14 DAYS LEAVE.		30/18	<i>Bat 3 Pt II Ord 42</i>
17.2.18	"	Returned	19 Bn	14.2.18	B213
15.4.18	6 CFA	SSW Head Shoulder Adm 15/18 Trans	CCS	15.4.18	E 4315
15.4.18	29 CCS	" Adm 15/18 Trans	32 AT.	"	E 4704
18.4.18	5 Gen	" Trans	England	18.4.18	E 4924
18.4.18	6 Gen	SSW face Adm	6 Gen	18.4.18	E 5214
21.4.18	19 Bn	Wounded to FA.		15.4.18	B213
26.4.18	5 Gen	SSW. II(i) VIII(i) IX(i) Trans	Eng.	26.4.18	E 7643
16.4.18	6 Gen	" Adm 6 Gen		16.4.18	E 8732
26.4.18	"AT. Grantully Cle"	SSW face, Inv. to England & posted to 1st Leatl. out. Regtl. Depot, Witley.	England	26.4.18	W. 3083/5293 Pt II Ord 39 of 7.5.18 for Lt.-Col., A.A.G. Canadian Section. G. H. Q. 3rd Echelon B.E.F.
3-5-18	1 C.O.D.	J.O.S. from 19 Bn	Witley	28-4-18	N ^o 121 Lieut. <i>Hooper</i> i/c Records, O.M.F.C.
24-8-18	2nd C.O.D.	attached to 2nd C.O.D	Bramshett	22-8-18	Pt. II No. <i>201</i>
4-OCT 1918	OC. 2nd C.O.D.	Ceases to be attached to 2nd C.O.D. on return to..... Reg. Bn		4-OCT 1918	Pt. 2 D.O. No. <i>205</i> for OC. 2nd C.O.D.

File No.

WAR SERVICE GRATUITY.

Register No.

Reg. No. Dependent

Name Address

Address Award days at \$ per day \$

S. A. months at \$ per mo. \$ \$

Less P. D. P. Credited \$

..... \$

Less further debit balance \$

Net due paid as below

Pay Soldier \$ Pay Dependent \$

0	Ag. No	Ch No	ou	to	amount
1					
2					
3					
4					
5					
6					
					total

Days Rate Due

Less P.D.P. credited

Clerk Less further Dr. Bal.

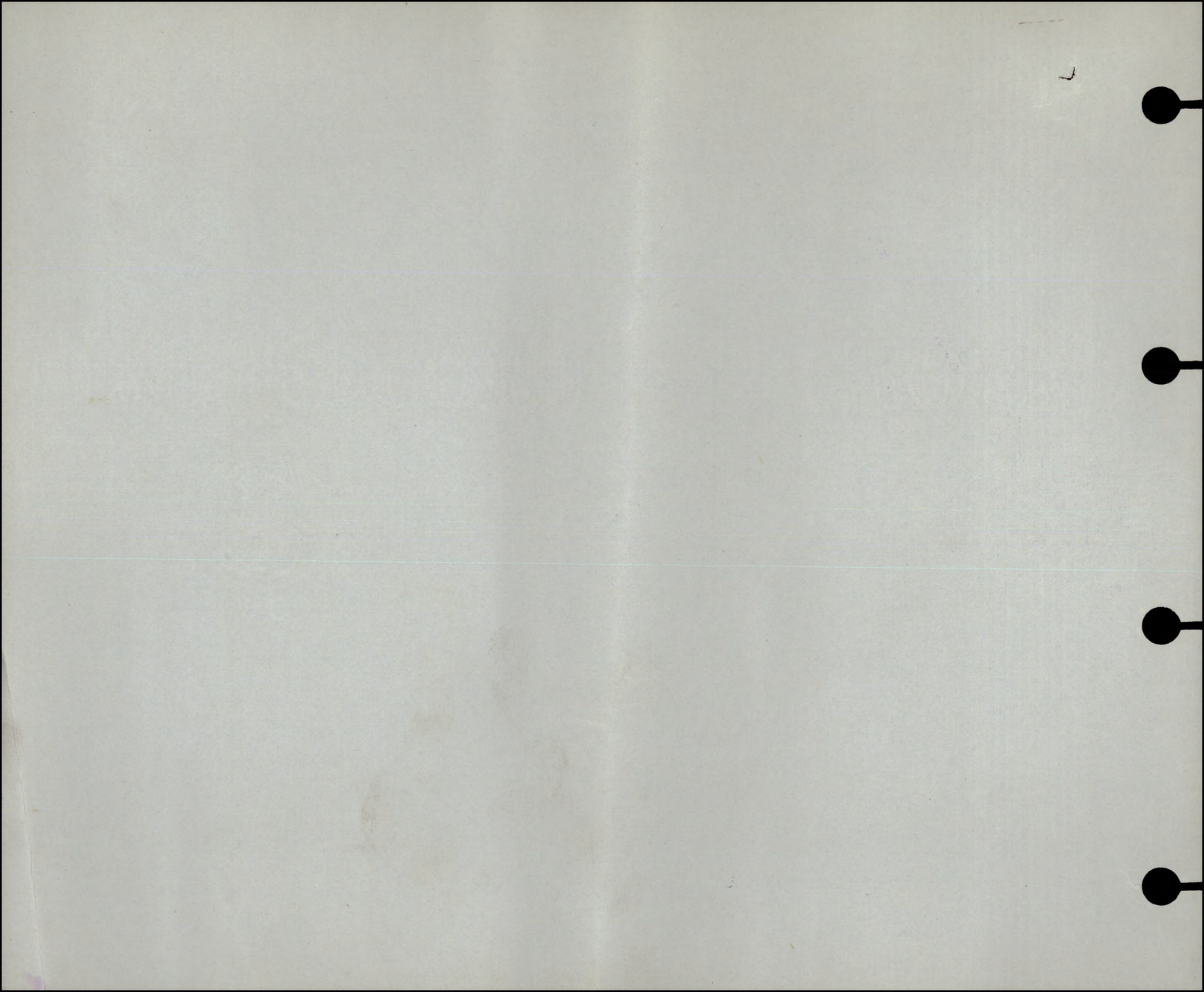
or overpayment.

Net

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
 Posting checked by

 Date.....



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *G. Austin,*
 Address *Loehlin,*
Out.

By Whom Assigned *Austin, K. L.*
 Regtl. No. *724256.*
 Rank *Pte.*
 Corps *19. Bn.*

Rate *\$30.00*

SPECIAL REMITTANCE

Sched # 457

9-11-17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915 1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>W 46356</i>	<i>30 -</i>	
Jan.	1916			
Feb.				
March				

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.				
5.10.18	M ^r (P.O.R.)	Leave on Com. 2 nd e.c.D.	Pt. Witley	4.10.18	P. n 0:276
16-10-18	"	In Comm nd DD Boston	"	16-10-18	U ⁿ 0287
6.12.18	"	Comm ✓ ✓ ✓ + to S.O.S. to Canada	" "	19.11.18	- 338

Rank _____ Name **AUSTIN, Kenneth Gordon** Reg'l No. **724256**
 Unit **109th Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Lindsay, 2nd Sepr., 1915.** Place of Birth **Lochlin, Snowdon, Ont., Canada.**
 Name and Address, Next-of-Kin **Gordon Austin, Lochlin, Ont., Canada.** Relationship **Father.**

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

N/E. R.B. No. **15863**
 File R.L. _____
 Category **Van 10**

Discharge, Date and Place _____ Reason _____ Character **Cease**

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	
8.12.16	Pt 109th Bn	SOS on transf. to 124th Bn.	Witley	8.12.16	Pt 343
9.12.16	Pt 124th Bn	S.O.S. from 109th	"	"	265
15-2-17	"	Adm. Insn 24th Aldershot	"	12-2-17	46 C.L. 45. Mumps.
7-3-17	124th	Disch. from 24th	"	5-3-17	66. D.C.L. 51.
5-4-17	124th	SOS to 124th Bn	"	31-3-17	86
2-4-17	134th Bn.	SOS from 124th Bn	Witley	31.3.17	- 91
23-5-17	134th Bn	SOS to 19th Bn	ao	23.5.17	-143
25-4-18	19.	Wounded	Pt Field	18-4-18	62 H 197
3-5-18	180th Bn	S.O.S. from 19th Bn	Witley	28-4-18	Pt 121 (19th Bn Pt 120) 390/7-5-18 ob
24-8-18	"	On Command 280th	"	19-8-18	Pt 1234

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Mr. G. T. Austin*
Address *Licklin*
Ont.

By Whom Assigned *Austin. H. G.*
Regtl. No. *724256*
Rank *Private*
Corps *109th Btn.*

Rate *15.00 August 1st. 16*
2M. 8⁹/₁₆ W.B. 26¹⁰/₁₆

PAYMENTS

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



XH123 12

1234

5678

9012

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

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

Mrs. G. T. Austin

PAYMENTS.

Name of Soldier

Pte Austin, N. G.
724256. 109th Bn.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15.00 Aug¹⁰</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>023827</i>	<i>45</i>	}
Nov.		<i>729559</i>	<i>45</i>	
Dec.		<i>36323</i>	<i>15</i>	
Jan.	1917	<i>Q35206</i>	<i>15</i>	
Feb.		<i>Q41538</i>	<i>15</i>	<i>15</i> <i>(JW)</i>
March		<i>S48988</i>	<i>15</i>	<i>15 R</i>
April		<i>H394</i>	<i>15</i>	<i>15 E.</i>
May		<i>A6128</i>	<i>15</i>	
June		<i>S13327</i>	<i>15</i>	<i>15 Cu</i>
July		<i>S20233</i>	<i>15</i>	<i>B</i>
Aug.		<i>J27224</i>	<i>15</i>	<i>D</i>
Sept.		<i>J34136</i>	<i>15</i>	<i>2210⁰⁰ J.M.</i>
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

W.H.

ay

CANADIAN
 ASSIGNED PAY AUDITED
(Signature)
 AUDIT CLERK
 DATE *14-5-19*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

A 5084

Aug. 1. 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15.			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. **724256**
 Rank **Pte.** Promoted **R** Reverted Discharge
 Soldier's Name **H. G. Austin**
 Battalion **109 Battn.**
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

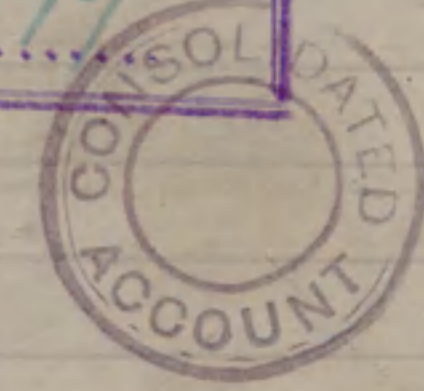
Name ~~H. G.~~ **G. J. Austin**
 Address **Lochlin, Ont.**
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept 30-17			2/0	2/0	Mk'd. 1. B. 21. 3/8 EB
Oct	D 51595		15	15	
Nov.	53380 C		15	15	B
Dec	59389 B		15	15	M
1918 Jan/18	60691 F		15	15	S
Feb	94795 B		15	15	
March	91136 A		15	15	✓ Rem'd 21. 3/8 EB
April	7876 I		15	15	R
May	9244 C		15	15	D.
June	17627 B		15	15	D.
July	30642 M		15	15	B
July	33216 G		15	15	B
SEP	40054 F		15	15	B
OCT	46687 A		15	15	B
NOV	54769 A		15	15	B
Dec	65665 B		15	15	B
			435	435	

M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 23320-M. & D. 7583.

NOV 20 1918
 A/c Closed 21-12-18
 Ret'd per **Scandamavan**
 Date **30/1/18** F. X.
 Clerk

CANADIAN
 ASSIGNED PAY AUDITED
[Signature]
 AUDIT CLERK
 DATE **14-5-19**



DENTAL CERTIFICATE

The following Certificate will

be attached to the Medical History Sheet of all

Other Banks being returned to Canada for disposal.

Name of Bank	Date of Examination	Condition of Teeth	Remarks	Signature

10-1-10

11/10

[Handwritten signature]

924256

3.

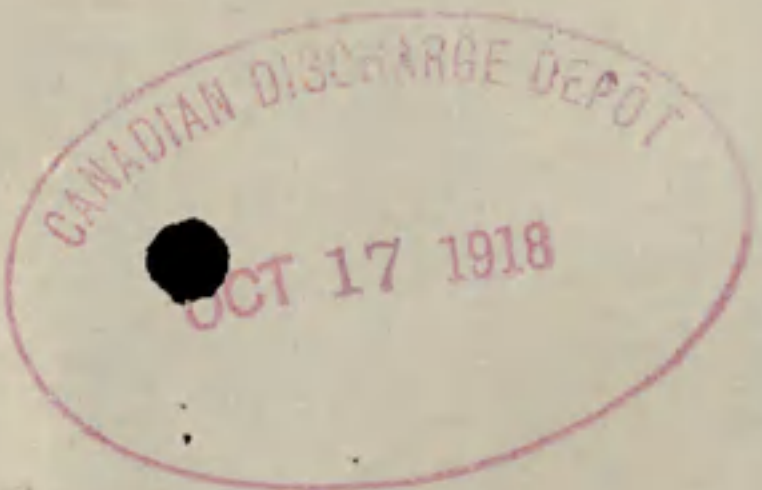
DENTAL CERTIFICATE.

*Pvt Austin, H.G.
C.O.R.D.*

The following Certificates will

be attached to the Medical History Sheets of all

Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
	<i>Yi</i>			<i>H. G. Austin C.O.R.D.</i>

Ward M₁ King George Hospital. No. of Bed _____ Date May 3 1918

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
724256	Pvt Austin	19/Cavalry	Left Tib

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

g.l.w left Tib

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

No. of Plate A 3964

Bones appear normal in region shown

Signature of M.O. J. H. Hunt
Date May 3, 1918

Signature of Radiographer H. J. H. Oxtin
Date _____
M.P.



Surname **Austin** Christian Name or Names **K.C.** Reg. No. **724256**
 Rank **Pte** Unit **124th** Co. **1st CO. (19)** Troop Batty
 Hospital **Aldershot Mil Isol** Date of Admission **14-217**

Transferred **5 G. H. Pover** Hosp. **18-4-18**
King Geo. H. Stamford St - S.E. Hosp. **28-4-18**
Westcliff E.E. Hosp. **18.5.18**
 Hosp.

Diagnosis **Mumps**
 (1) Later Diagnosis (if changed) **G.S.W. Face R. L. Foot + Shldr and.**
 (2) **G.S.W. R. Eye R. eye.**
 (3)

Additional Diagnosis: if more than one state present

DISPOSITION **Dis 5-3-17** Date
" 21-8-18

C.L. 19-2 17 45
12-3-17 51
25-4-18 A 197 (2)
30-4-18 B 201 (1)
22-5-18 B 220
23-8-18 B 300-2.

REMARKS

A.M.D. 2 DEPT.
 Boh. of D.O.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.

*Name *Austin Kenneth Gordon* Rank *Pvt* Regtl. No. *724256*

Original unit *245 Regt* Present unit *19 Bn* ~~M~~ or S Age *21* Religion *Meth* Fyle Depot..... Ref. H.Q.....

Port, ship and date of arrival *S. John Scandinavian 30/11/18*

Next of kin *F. Gordon Austin Lockley - Ont.*

Address on leave *Lockley Ont.*

Address on discharge.....

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation *Laborer* Date and place of enlistment *Ludon 2/9/15*

Diagnosis..... Date of Medical Boards.....

Date	Remarks	Pt. 2 Order No
<i>7-12-18</i>	<i>T.O.S. Casualty Company No. 3 District Depot. from 7/5.</i>	
	<i>for Disposal, Part Two D.O. 233</i>	
	<i>leave & sub 2-12-15 to 16-12-15</i>	

*—Name will be given in full ; surname first

Date.

Remarks

Pt. 2 Order No.

M. F. W. 192

150m.—5-18

1772-39-1243

DESA NOV 14 1922
REGN. No. 3211

att.
400

12

Number 72425-6 Rank Lieut.

Surname AUSTIN

Christian Name Kenneth Gordon.

Units 19th Bn Can Coy Theatre of War France

Date of Service 23-5-17

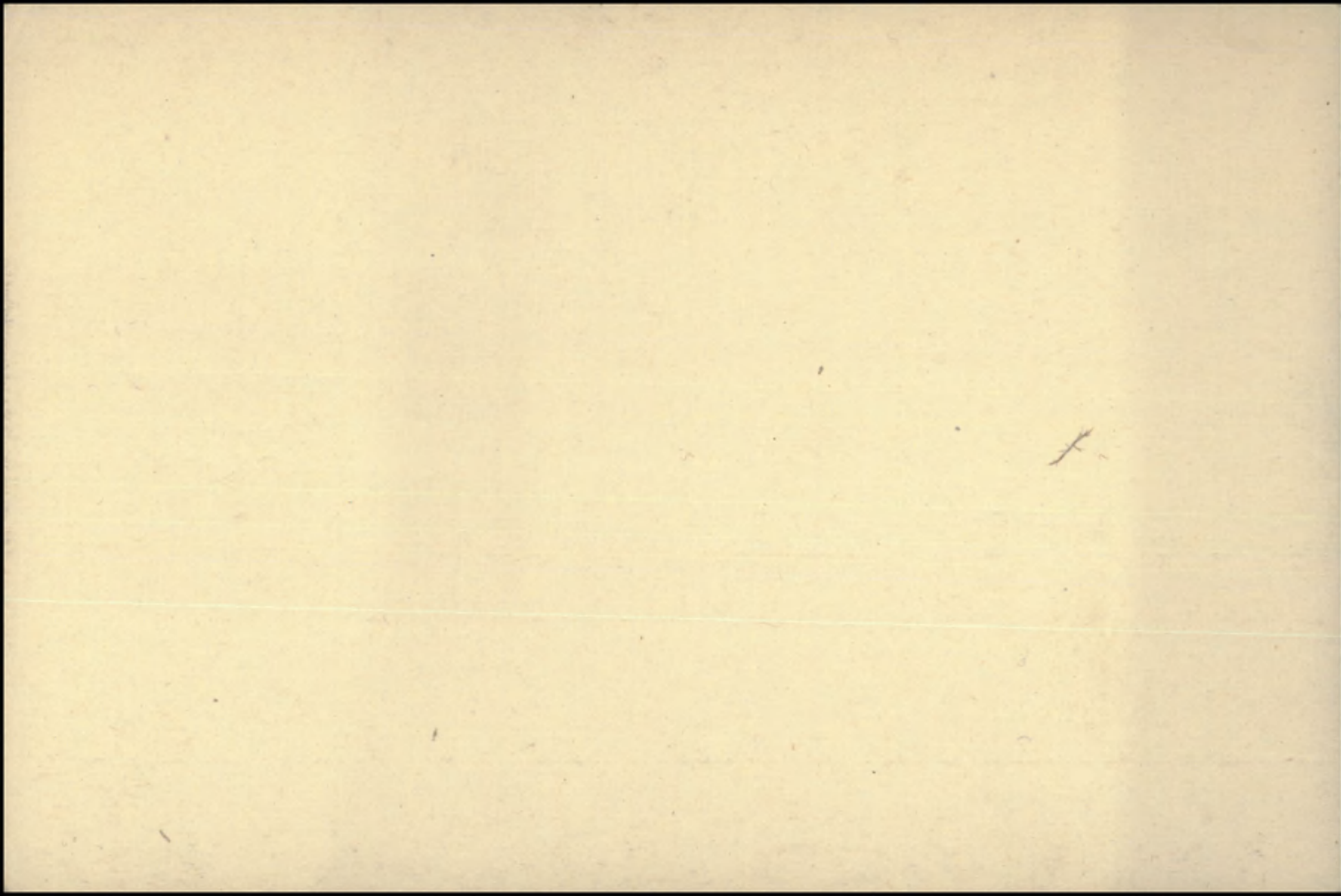
Remarks

Latest Address ~~Lochlin~~ 33 Holborne Ave

Trusts Cont.

Roll No. B Page 22154

10m.-8-21.M.



No. 21975 ✓ RANK

Pte

NAME Austin H. G

T. O. S. 27-8-15

UNIT

45th Victoria Regt
O. S. Cont


0076 27-8-15

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Aug 27 Sept 1	1915 Aug 31 Sept 28	✓	Transferred to 80th Bn 28-9-15	0092 28-9-15
Sept 29	Sept. 30	✓	<i>shown on 80th Bn pay list</i>	
Oct. Nov.		✓		
Dec 1.	Dec 23	✓	Transferred to 104th Bn 23-12-15	D. O. 96. 23-12-15

MARRIED

SINGLE


Yes

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

SURNAME.

Austin,

CHRISTIAN NAMES

Kenneth Gordon

REGL. No.

~~219745~~ *725256*

RANK

Pte.

UNIT

~~80th~~ *109th*

Batt.

FORMER CORPS

3

CARD No.

5104

S.O.S. Dis 8-1-19

P.U. FOLL. 20989-1-19 300

NEXT OF KIN.

NAMES IN FULL

Austin, Gordon,

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Lochlin, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Lochlin

DATE

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Sept. 2-15.

Sailed from Halifax 23/

7/16 per S.S. "Olympic"



No. 724507
724206. RANK

Pte

NAME Austin W. G.

T. O. S.

UNIT

Transferred from 80th Bn
24-12-15 D.O. 3329-12-15.

109th. Battalion

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 24	1915 Dec 31	✓		
1916 Jan	1916 Feb.	✓		
	Mar.	✓		
	April	✓		
	May	✓		
	June	✓		
	July	✓		

UNIT SAILED
JUL 23 1916

Kenneth Gordon

Name **AUSTIN** Rank **Pvt** Reg. No. **724256**Unit **19th**

Next of Kin

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
184	5th N Rowen	Ypres	face	A194	H118	883/6
28 4	King Geo. St. Stamford St.	do. K. Fort	do. K. Fort	B701		17696
18 5	Westchiff & Co. Colchester	Ypres	R. eye	B220		18318
21 8	DISCHARGED			B300		7522
22/8	Parsons to 3/9/8	to Cecil Brandell				RK

REMARKS.

(Father) Mr. G. T. Austin,

Lochlin P.O.

Gnt.

WEST CLIFF CANADIAN EYE AND
EAR HOSPITAL FULFORDSTONE

**A. & D.
CARD**

HOSPITAL.

724256

AT

A. & D. No.

7891

PL. OF ACTION

RANK

Pte

UNIT

19th Bn.

134th Bn

SICK OR
WOUNDED

0

NAME

Austin, H. G.

AGE

20

RELIGION

Pres.

PLACE IN HOSPITAL

160 123

DIAGNOSIS

GSD. Rt. eye.

ADMITTED

17/5/18

FROM

King George Hpl., London.

DISCHARGED

21/8/18

TO

No. Rep. Biii

TRANSFERRED

SERVICE AT HOME

8⁰/12

IN FIELD

11/12

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
45.	Mil. Isol. Aldershot	14-2-17	Parotiditis.
57	Discharged	5-3-17	Parotiditis
A197-2.	No 5 Gen. Rouen.	18-4-18.	G. S. W. Face.
B2011.	King Geo. Stamford Sh.	28-4-18	" " " " Lt. foot
B220-1.	F. W. Cliffe & Co. etc. Folkestone	18-5-18.	" " " "
B300	Dress,	21-8-18	" " " " R Eye

REGT'L NO

724256⁵

NAME

Austin

Kenneth Gordon

H. Q. FILE NO. 649-

RANK AND CORPS

Pte. (124th Bn.) 19th Bn.

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

"C"

N. of K. Gordon Austin (father) Locklin. Out.

24.118. 25-4-18. Adm. 5⁹⁻¹ Gen. Hosp. Rouen. Apr. 18th/18.
G. S. W. face.



X. Ray Department,

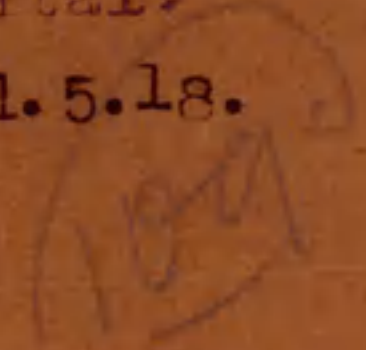
No. XI Canadian General Hospital,

Record No. 8650.....21.5.18.

125
O.C.,

West Cliff Hospital.

Folkstone.



Pte. K.G. Austin. 724256.,
19th Battalion. Canadian. 20.
Right eye.

Foreign body present in radiograph of orbital
region.

If localization is desired, please return
for further examination

.....
OFFICER i/c X
J. Reid Capt. M.C. A.

No. XI CANADIAN GENERAL HOSPITAL, MOORE
SHORNCLIFF

O.C. West Cliff Hosp. Folkestone -

Plé. Austin. K. G.

8650. 22.5.18.

#724256. 1912 B.N.

Foreign Body present in
Radiograph of Orbital Region.

If localization is desired
please return for further localization.

J.R. Reid Capt

SHORNCLEIFFE

NO. XI CANADIAN GENERAL HOSPITAL, MOORE BARRACKS,

OFFICER IN X-RAY DEPARTMENT

MAJOR, O. A. M. D.

8650

160/

0354

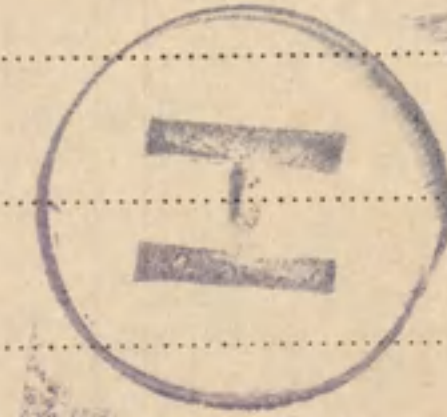
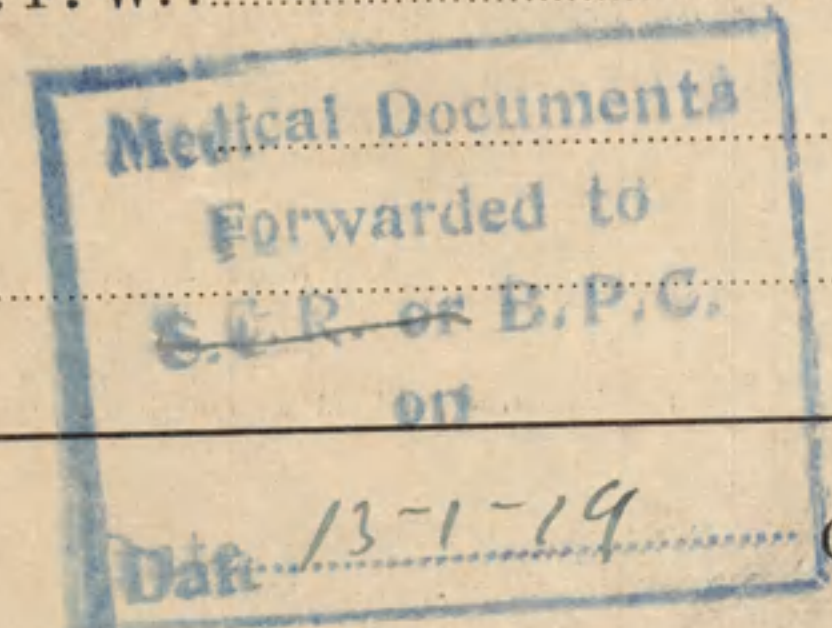
881-161-19

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

List 758

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

1. No. 724256		
2 Rank. Private		
3. Name. Austin Kenneth Gordon.		
4. Unit. No. 3 District Depot		
5 Date of Discharge	8-1-19	Place Kingston, Ont
6 Reason for Discharge. Medically unfit for further war service		
		
7. Authority. Med. Board D/31-12-18 R.O.1080		
8. Proposed Residence after Discharge..... Lochlin Ont.		
<p>9. CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ? 39</p>		
		<p><i>K. Austin</i> Signature of Soldier.</p>
<p>10. CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place Kingston Ont.</p> <p>Date 8-1-19</p>		
<p>Signature.....</p>		<p><i>P. C. Rappl</i> Lient. (O. C. Discharging Unit.) O. C. Discharge Section No. 3 District Depot</p>

sta
2-6-47

Almond
1879

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. 204).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

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

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

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

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

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

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

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

This space to be left blank for the Chelsea Number.



Army Form B. 268.

Proceedings on Discharge.

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

No. <u>724256</u>	Army Rank <u>Plc</u>
Name <u>Austin Kenneth G.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st C.O.R.D.</u>	
Battalion, Battery, Company, Depot, &c. <u>45th Regt 80th Batt</u> <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge _____	
Place of discharge _____	
1. Description at the time of discharge.	
Age <u>21</u> years _____ months Height <u>5</u> feet <u>6</u> inches Chest measure { girth when fully expanded _____ ins. { range of expansion _____ ins. Complexion _____ Eyes _____ Hair _____ Trade <u>Farmy</u> Intended place of residence <u>Judson Ont.</u> (To be given as fully as practicable)	Descriptive marks. <u>less Lt Foot the Shoulder</u> <u>Low 7th Eye</u> <u>(3)</u>
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be filled in by the Officer who confirms the discharge at home.)</small>	
2. The above-named man is discharged in consequence of <u>Returned to Canada in accordance with instructions under Paras. 7 & 9 of A.G. 5-1-22 of April 5th, 1918.</u>	
Category <u>Pr. 3.</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:—	
4. Character awarded in accordance with King's Regulations:—	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

To be filled in on the soldier quitting the Colours.

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

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

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

6. Campaigns, Medals and Decorations

Francis H. Mott

Certificate of education

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

(Place)

(Date) Commanding Battn. Regiment.

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

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

(Place) (Signature of Soldier.)

(Date) (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of service.

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

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

Total " .. "

11. Confirmation of discharge.

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

(Place) Signature

(Date)

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

In Category "E". Disability due to service.

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

R. Munro President.

PLACE.....Barriefield Camp.

DATE.....December 31st, 1918.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

President.

PLACE.....

DATE.....

APPROVED BY

APPROVED BY

R. Munro
 for Assistant Director of Medical Services.

Director-General of Medical Services.

DATE.....31/12/18

DATE.....

AP.
 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.....Kingston, Ont......DATE.....28-12-18.

- 1 (a) Unit.....#3 C.C.D.D. (b) Regimental No.....724256. (c) Rank.....Pte.
 (d) Surname.....Austin. (e) Christian name.....Kenneth.
 (f) Home address.....Lochlin, Ont.
 (g) Next of Kin.....Mr. G. Austin. (h) Relationship.....Father.
 (i) Address of Next of Kin.....Lochlin, Ont.
2. Age last birthday.....21. Date of birth.....Aug. 10th, 1897.
3. Enlistment, or Appointment (if an Officer) (a) Place.....Lindsay. (b) Date.....2-9-15.
4. Personal description:
 (a) Height.....5' 5". (b) Weight.....150. (c) Complexion.....Fair.
 (d) Colour of hair.....Light. (e) Colour of eyes.....Blue. (f) Identification marks, Scars, etc.....

5. Former trade or occupation.....Student.

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

	PERIODS	
	From	To
Canada.....	<u>2/9/15.</u>	<u>20/7/16.</u>
England.....	<u>20/7/16.</u>	<u>24/5/17.</u>
France or other theatres of War.....	<u>27/4/18.</u>	<u>22/11/18.</u>
	<u>England.</u>	<u>Date.</u>
	<u>#3 C.C.D.D.</u>	

7. Original disease, or injury.....G.S.W. of right eye and left shoulder. G.S.W. of left foot.

(a) Date of origin.....Apr. 15-18. (b) Place of origin.....Arras, France.

(c) Cause.....Shrapnel (hand Grenade).

M. F. B. 227.

300M-8-18.
 1772-39-117.

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

Anophthalmos right.

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

SUBJECTIVE SYMPTOMS - Man complains of pain over right eye and says the vision of his left eye blurs when reading.
OBJECTIVE SYMPTOMS - Eye Specialist Report. Right eye artificial (OK) Left eye. Hypermetropia V. 20/20 (6/6); Same with plus.50 D J.1. Requires glasses for reading ordered. Disability 40%. No disability left eye (SGD). J.C. Connell Lt.-Col. AVC.
There is a small scar over left calcicle, well healed and causing no disability There is a small scar on instep of left foot well healed and not causing any disability. There is a small scar inner side of left thigh well healed and causing no disability.

(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......
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses..... No except as above...... Respiratory System..... No...... Integumentary System..... No......
Disturbances of Mentality..... no...... Digestive System..... no...... Muscular System..... no......
Osseous and Joint Systems..... no...... Any other general condition..... no......

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

Man states on April 15th, 1918 he was in raid on German Post at Mercatel Arras France with Sgout Section 19th Bn when he was wounded by shdn grenade.

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).)

as above.

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

as above.

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

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

N/A.

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

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

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

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

Hospitals in France and England.

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

No.

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

17. Recommendations

That man be placed in Category "E".
Disability due to service.

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

STATEMENT OF THE INVALID

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

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

I complain in addition of.....

R. G. Austin Rank.
Signature of invalid examined.

Pneo **MEDICAL CASE SHEET.***

No. in Admission and Discharge Book. 7891. Year 1918.	Regimental No. 724256.	Rank. Pte	Surname. Austin	Christian Name. K.G.
	Unit. 19 th Bn 134 th Bn.		Age. 20.	Service. 3 ³ / ₁₂ 11 ¹ / ₁₂ 0
Station and Date. 17/5/18.	Disease <i>G.S.W. Rt Eye.</i>			
	<i>X ray. See report in F.M.C.</i>			
	<i>F.B. present.</i>			
	<i>Atropine 1% t.i.d.</i>			
	<i>wounded April 14/18. Arrar</i>			
	<i>Hand grenade</i>			

Rt. eye Pte Austin K.G.
discolored under atropine
discolored light green

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.
FOLKESTONE. JULY 23rd 1918.

IBP.
TO: President Medical Board.

G.S.W. RIGHT EYE.
EYE ENUCLEATED.

Pte. Austin, K.G.
No. 724256.
134th Bn.
19th Bn.

The marginally named man was wounded by a hand grenade in France 14-4-18. in right eye.
On admission to this Hospital he had complete blindness of this eye.
Left vision 6/6.
The iris was discolored, light green. There was a large yellowish mass to inner side of vitreous. Tension was minus.
X ray report showed F.B. in globe. The eye was enucleated 24-5-18 and a large piece of steel was found back of the sclera.
Socket has done well. Glass eye has been supplied.
He is fit for category B3. 4 months. far as vision is concerned.

W. Stanley Captain, C.A.M.C.
for O.C. West Cliff Canadian Eye & Ear Hospital.

WEA/V 5.
23718.

Pres **MEDICAL CASE SHEET.***

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
7891.	724256.	Pte	Austin	K.B.
Year	Unit.	Age.	Service.	
1918.	19 th Bn 134 th Bn.	20.	3 ³ / ₁₂ 1 ¹ / ₁₂ 0	
Station and Date.	Disease			
17/5/18.	G.S.W. Rt Eye.			
	<p><i>1/2 way. See report in F.M.C.</i> <i>F.B. present.</i></p> <p><i>Atropine 1% t.i.d.</i> <i>Wounded April 14/18. Corran</i> <i>Hand grenade</i> <i>N.V. no P.L. 2.V. 6/6</i> <i>iris dilated under atropine.</i> <i>iris discoloured light green.</i> <i>Fundus not seen in detail</i> <i>large yellowish hemispherical mass seen</i> <i>at inner side of vit. chamber, as</i> <i>if detached retina or organized exudate</i> <i>Tension minus.</i></p>			
	5-18.	Enucleation Rt eye.		
	5-18.	Large F.B. at back in sclera		
		Wound looks well.		
	6-78.	Sherr twice a day		
	7-8	Eye ordered		
	7-8	Eye supplied.		
		Discharge	B3.	W. C. C. C. C.
			4 mon.	
		Op. Rep 21/8/18	Bill	Paul 6.8.18

The marginally named man was
 wounded by a hand grenade in France in 1918.
 On admission to this hospital
 he had complete blindness of this eye.
 Left vision 6/6.
 The iris was dilated, light green. There
 was a large yellowish mass to inner side of
 vitreous. Tension was minus.
 X ray report showed 4-6-18 in globe. The eye
 was enucleated 14-6-18 and a large piece of
 steel was found back of the sclera.
 Section has been done. Glass
 eye has been supplied.
 He is fit for ordinary work 12 months.
 for as vision is corrected.
 W. C. C. C. C.
 Captain, C. A. M. D.
 West Cliff Canadian Eye & Ear Hospital.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
 (23205) Wt. W 4234-M 627. 1,000,000, 8/16. C.F.&S. Forms/I. 1237/11.

Station
and Date.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :-

12. Is the cause of the disability fully indicated in Part I (1)?

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :-

14. THE ENTIRE DISABILITY - Without regard to his regular occupation to what extent is his capacity lessened as present for earning a full livelihood in the general market for untrained labour?

15. THE PENSIONABLE DISABILITY - see Part I (3). Approximation on Active Service of a disability existing previous to joining is to be included in the estimate.

16. Permanency of the Pensionable Disability estimated next above in (15).

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks.

19. Recommendation :- (a) Fit for duty? (b) Fit for less duty? (c) Invalid to Canada? (d) Discharge from service as permanently unfit?

Dated at this day of 191

Signatures of the Board President.

Reserved for M.H.C.

Regt. No. 724256 Rank PTE Surname AUSTIN Christian Name KENNETH GORDON

Unit or Corps - (a) Overseas from United Kingdom 19th Battalion (b) In United Kingdom 1st CEN. CNT. REC. DEPT.

Born at - Town Lochlain County or Province Ontario Country Canada

Date of Birth - Day 10 Month August Year 1897 Age 20 yrs 11 months

Joined at 511 Sandway Street Date August 17/18

Former Trade or Occupation Farmer

Permanent marks or peculiarities that will serve for future identification: Scar on ulnar side L. wrist

Height - feet 5 inches 4 1/2 Colour of eyes Grey

Signature of Soldier (for identification purposes) K. G. Austin

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Table with 2 columns: Disabilities Group (a), (b), (c). Entry (a) G.S.W. RT. EYE ENUCLEATED.

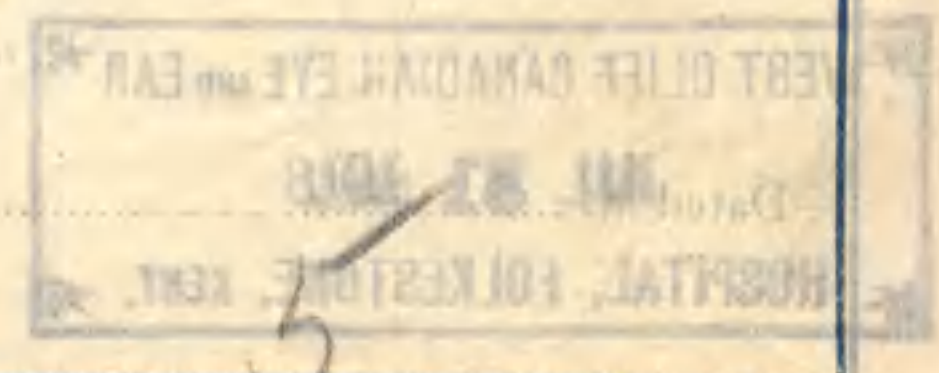
2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

Table with 3 columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Entry: GSW. RT. EYE, FRANCE, April 14, 18.

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

3. Is the disability due to disease contracted or injuries received prior to Active Service? (i) As to Group (a) above? no (ii) As to Group (b) above? not applicable (iii) As to Group (c) above? not applicable

4. Is the disability due to disease contracted or injuries received while on Active Service - (i) As to Group (a) above? yes (ii) As to Group (b) above? not applicable (iii) As to Group (c) above? not applicable



5. If a cause of disability was an injury received on Active Service, was it received -

(i) While on duty? *yes* (ii) While off duty? *no*
(iii) Was a Court of Inquiry held? *no* (iv) Where? *not applicable* (v) When? *not applicable*
(vi) Opinion of the Court? *not applicable*

6. HISTORY OF THE CASE. State concisely the essential points of the history during the entries made on the Medical History Sheet and other records.

*Enlisted Aug 15 England Aug 16 France May 17
Injured England April 18 E.S. to face
Wounded in right eye in France by hand grenade 14-4-18.
He was evacuated to hospital in this hospital
found necessary to remove the eye because of scleritis,
minor tension, presence of F.B. in globe 24-5-18.
King George Hosp. 24-7-18. 17-5-18. E.S. to face.
West Cliff " 17-5-18*

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.
FOLKESTONE. JULY 23rd 1918.

INP.
TO: President Medical Board.

G.S.W. RIGHT EYE.
EYE ENUCLEATED.

The marginally named man was wounded by a hand grenade in France 14-4-18. in right eye.

On admission to this Hospital he had complete blindness of this eye. Left vision 6/6.

The iris was discolored, light green. There was a large yellowish mass to inner side of vitreous. Tension was minus. X ray report showed F.B. in globe. The eye was enucleated 24-5-18 and a large piece of steel was found back of the sclera. Socket has done well. Glass eye has been supplied.

He is fit for category B 3 4 months as far as vision is concerned.

WEA/V 5.
23718.

W. C. Amley Captain. C.A.M.C.
for O.C. West Cliff Canadian Eye & Ear Hospital.

Date of Report *July 27 1918* Signed *W. C. Amley Capt. C.A.M.C.*

Station *West Cliff Hosp.* Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein except

WEST CLIFF CANADIAN EYE AND EAR

Dated at *West Cliff*
HOSPITAL, FOLKESTONE, KENT.

O.C. WEST CLIFF CANADIAN EYE AND EAR HOSPITAL

* Delete if inapplicable.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? *yes*
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? *not applicable*
If not, indicate it. *yes (see)*

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier (b) Misconduct of the Soldier
Caused? *no* Aggravated? *no*

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)
not applicable

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, 1/5, 2/5, 3/5, or all.)
not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).
(i) Is it permanent?
(ii) If not permanent, what is its probable minimum duration (in months)?
not applicable

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

18. Remarks.

19. Recommendation:—(a) Fit for duty? *yes*
(b) Fit for base duty? *yes*
(c) Invalid to Canada? *not applicable*
(d) Discharge from service as permanently unfit? *not applicable*

Classification for the Military Hospitals Commission.

Date of Board *31. 7. 18*

Signatures of the Board: *C.B. Tuleo Capt. C.A.M.C. President.*
W. C. Amley Capt. C.A.M.C.

Station *West Cliff Folkestone*

Approved *Ind. W. S. Fiquell*

Dated at *West Cliff*

A.D.M.S. Station *3*
14 AUG 1918

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	18714	EFFECTIVE DATE:-	
AMOUNT:-	1500	AMOUNT:-	
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.	
G. J. Austin Locklea, Ontario			

NAME: **AUSTIN, Kenneth Gordon**

NUMBER: **724256**

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- **109 Bn.**

DATE ACCOUNT FIRST OPENED:- **1-8-16**

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
			19 Bn
			1000
			Non Efta

DAILY RATES OF PAY AND ALLOWANCES

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

13M FORM REN... EFFECTIVE DATE 1/1/18
DISCHARGED TO Canada DATE 2/1/18
PAY BOOK VERIFIED Yes.
Cr. SALARY L.P.C. REN... 2/1/18
AUSTIN, Kenneth Gordon 10710718

Checked B. Burley 121-3/5/18

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
10/10/18	560	1st CORP	7.00				

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharge Canada 2/1/18 Nom Roll 45 10710718 Discharge

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
March	Bal Forward								1921		
Apr	P. Pay	33		Ca. a.P.				15			
		33		6-6/18-1918	446			15	3278		
May	Pte's pay	34.10		C.A.P.				15			
		34.10		Stop Nom fee 4/5/18 to 7/5/18	487						
June	P. P.	34.10		AR 767 29/5/18 w.c.c.&e. stop	243				4455		
		33		Cal.	730			15			
		33		AR 907 14/6/18	243						
		33		✓ 1227 28/6	243				5769		
July	P. P.	34.10		Cap				15	7679		
		34.10		AR 1478 12/7 Westcliffe	973						
		34.10		✓ 1637 31/7	487				6219		
Aug	P. a	34.10		Cap				15	8129		
		34.10		AR 1738 13/8	487				7642		
		34.10		AR 1915 20/8	4867				2775		
	S. J. ndap. 2/8 - new 3/9 2000 24/8/18 } Aunt - H.R. Forkestone 278	896							3651		
Sept	P. Pay	33		Cal				15	5451		
		33		AR 4131 10/9/18 2 665	1484						
		33		4537 2/9	997				2970		
Oct	P. a	34.10		Cap				15			
		34.10		AR 560 12/10/18 5-185	730						
		34.10		AR 872 27/10/18 650 Bunkers	973				3177		
		34.10		S.O.S. Canada 19/11/18 20 338 6/12/18 1 6000	1703			15			

CANADIAN ASSIGNED PAY AUDITED

AUDIT CLERK

DATE 14 5 -19

Over

forward

NUMBER

724256

RANK

Pvt.

NAME

Austin J. G.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Ph Forward								31.44		
Dec.				PA 1840 5/11/18. bdd Austin END ON L.P.C.	9.73				22.04		
Jan				PA 1840 5/11/18. bdd Austin END ON L.P.C.	9.73						
Feb				PA 1840 5/11/18. bdd Austin END ON L.P.C.	22.04				bal.		
					22.04						

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