13305

R. O. No.

H. Q. No.

DISCHARGE DOCUMENTS

Name Bennett, Charles Henry

Regt. No. 724236 Rank Pte.

Corps 109th Bn.

Medically unfit

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

Attestation Papers 2

Declaration of change of name

Authority for special enlistments

Documents of re-enlisted men

Regimental Conduct Sheet

Compulsory Stoppages

Casualty Forms 1

Proceedings on discharge 2

Corps History Sheet

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

Parchment Certificate

Medical Report for Invalids

Medical History Sheet 1

Proceedings of Regt. Court Martial

Copies of Convictions by Civil Power

Company Conduct Sheet

Clothing Transfer Certificate 1

Inventory of Kit 1

Last Pay Certificate 1

mfw 67

Army form B. 122—1

Discharged

A.F.G. 1033—9

Pay Card

1R 149

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

402558

7-9
22-10
26 10
1

B-9

E. Omemee

APR - 1 1916

109th OVERSEAS BATTALION, C. E. F.

ORIGINAL

ATTESTATION PAPER.

No. 72/236.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Bennett
1a. What are your Christian names? ..... Charles Henry
1b. What is your present address? ..... Omemee Ont.
2. In what Town, Township or Parish, and in what Country were you born? ..... Belle Isle Nfld.
3. What is the name of your next-of kin? ..... Elizabeth Bennett
4. What is the address of your next-of-kin? ..... Belle Isle Nfld.
4a. What is the relationship of your next-of-kin? ..... Sister
5. What is the date of your birth? ..... August 8th 1881
6. What is your Trade or Calling? ..... Miner
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, Charles H. Bennett, 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.

C. H. Bennett (Signature of Recruit)

Date APR - 1 1916 191 . [illegible] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Henry Bennett, 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.

C. H. Bennett (Signature of Recruit)

Date APR - 1 1916 191 . [illegible] (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 APR - 1 1916 day of ..... 191 .

[illegible] (Signature of Justice)

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

Description of Charles Henry Bennett on Enlistment.

Apparent Age 34 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 7½ ins.

Chest measurement: Girth when fully expanded 38½ ins.
Range of expansion 4½ ins.

Complexion Dark

Eyes Brown

Hair Black

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

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Scar over metacarpo-phalangeal joint of large toe left foot

Tatoo on right wrist

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 APR - 1 1916 191 . J McCaulloch Capt.
Medical Officer
109th Overseas Battalion, C. E. F.

Place Lindsay

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

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

Date APR - 1 1916 191 .

To be made out in duplicate.

H.Q. 54-21-20-53

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 724256

(3) Full Name of Soldier Henry Charles Bennett

(4) Place of Birth Belle Isle Newfoundland

(5) Are you married, or not? No

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

(b) Present Postal Address

(7) Are you a widower? No

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address

(10) Is your Mother alive? No

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

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

John Bennett

Belle Isle Newfoundland

(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.

Nxwx

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? No

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

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

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

Date July 7th 1916

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 724236 Rank Pte. Name Bennett C.H.

Corps 109th Battalion who was* discharged

On February 23rd. 1917, to Civil Life.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from February 1st 1917, to Febraury 23rd. 1917, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No.			Regt'l Pay 23 days at $ 1 c	23	00
Advances by Cheques } No.			Field Allow. 23 days at $ c 10	2	30
Assigned Pay No.			Other Allowances* Clothing	13	00
Other Charges*			Other Credits* Subsistence D.O.44 & 15 days @ 60¢	16	80
Payment on transfer or discharge No. 3589	55	10			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	55	10	Total	55	10

*Give Particulars.

A monthly stoppage of $ Nil (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 191.... to (Assignee) .....

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted .....

(3) cause of discharge and authority MD3, 88-B-45

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

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

Date Febraury 14th, 1917.

Place Kingston, Ont.

Captain
Officer Paying Returned Soldiers
Military District No. 3
Paymaster

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

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

M. F. W. 44.

200M.—6-16.
H. Q. 1772-39-903

Office of the A.D.M.S.,Canadians, Shorncliffe
19 Westbourne Gardens,
Folkestone.

Sept. 16th, 1916.

To:-
Officer i/c Records,
Canadian Record Office,
London.

Name Bennett, C.H.

No. 724236 Rank Pte.

Unit 109th Bn.

The above noted appeared before a Medical Board on Sept. 16th, 1916, and the following entry has been made on the Medical History Sheet of this man:-

Board recommends:- Discharge
Signed W.C.Arnold, Captain, President, S.M.B.

September 16th, 1916, Approved,
Signed D.F.McIntyre,Capt. for S.L.Walker,Capt. for A.D.M.S.,
Canadians,Shorncliffe.

Further entries are also contained in this Sheet, which are herewith copied:-

Moore Barracks Hpl 1-9-16-- Epilepsy. No fit since admission. Statement of fit sent in by M.O. Board papers for discharged from army prepared. Signed M.O.

I hereby certify that the entries as above noted are true copies.

D.F. McIntyre

Captain C.A.M.C. for
A.D.M.S.,Canadians, Shorncliffe.

DFM/B.

ms
1237
10

18971

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
18971	724736	Pte.	Bennett.	G. H.
Year 1916	Unit. 109th Batt.		Age. 35	Service. 5/12

Station and Date.

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE

Sept 11 16

Disease Epilepsy.

Duration: 5 yrs.

P.H. Diphtheria aet. 15 yrs. No. V.D.

F.H. Neg.

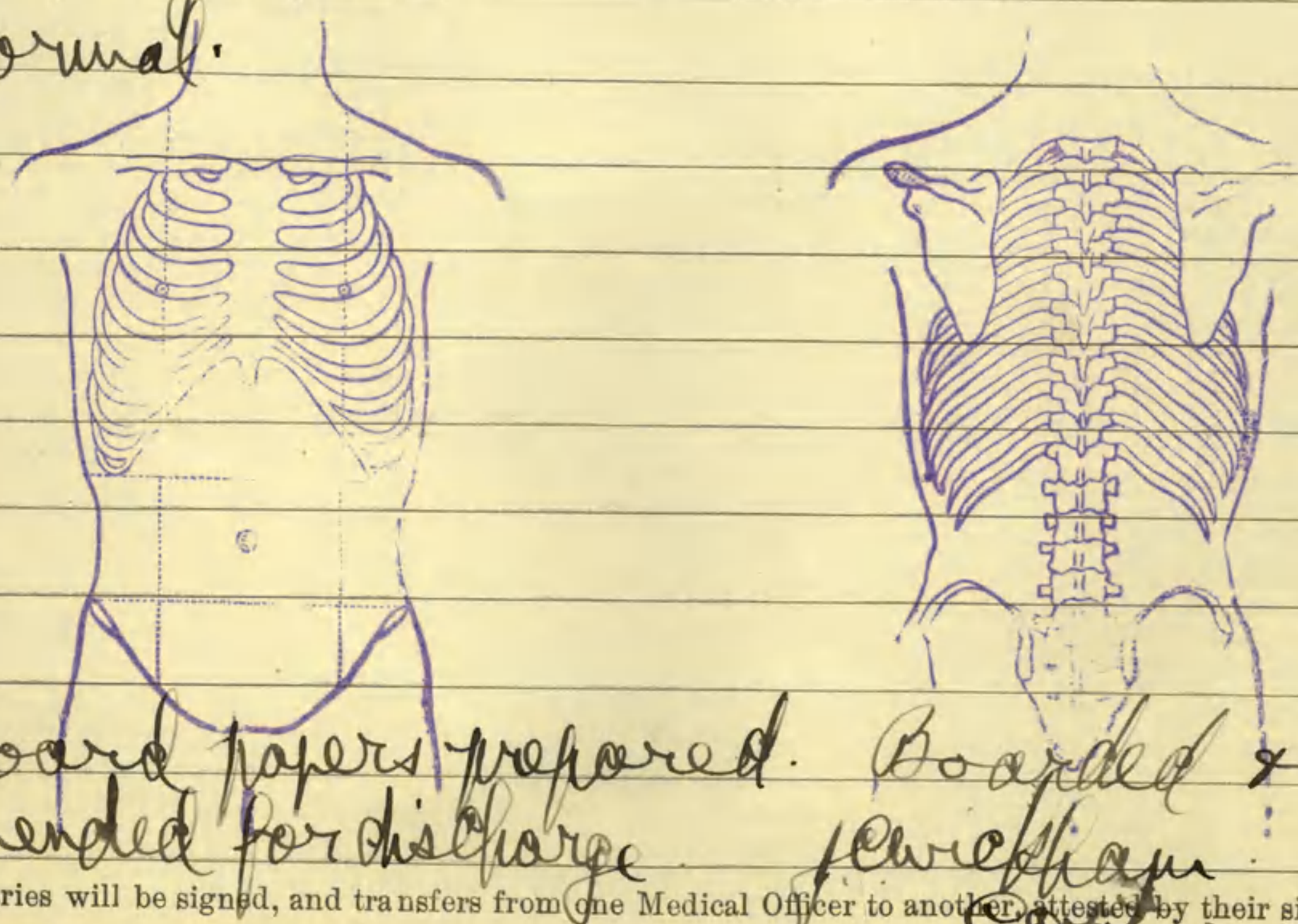
alcohol considerably, to excess at times.

H. P.I. Feels weak & shaky before fit comes on begins to jerk all over, loses consciousness, 10 min. duration. On waking feels weak, has headache. Sometimes bites tongue in fit, no involuntary movements, urine or stool. Last fit Aug. 10th. Before that during early part of winter. 2-3 a year as usual. No overseas service.

Exam. Heart, lungs abdomen neg. Reflexes neg.

Wassermann: Negative.

Urine: Normal.



DISCHARGED 29 SEP 1916

Cancelled

15-9-16 Board papers prepared. Boarded & recommended for discharge. J. Christian Capt

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S.

P.T.O.

Station
and Date.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

Corps 109th Batt. Military Hospital

No. 724236 Rank and Name Pte. Chas. Bennett Age 25 Service 5/12

Disease Date of admission Sept. 1 16 Date of discharge Result

Dates of Observation	Sept. 1.	2.	3	4	5	6	7	8	9	10	11	12	14	16	17	18	19	20	21
Days of Disease																			
Temperature Fahrenheit	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.	Time A.M.P.M.
Pulse per Minute	88	72	70	68	66	66	66	72	60	60	66	76	74	76	56	60	72	76	74
Respirations per Minute	18		18	18		18	18	18	18	18		18	16	18	18	18	18	18	18
Motions per 24 hours																			

Temperature scale: 107°, 106°, 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98°, 97°

Signature F. Cruickshank Capt In charge of case.

(2669.) W9043—1195. 800,000. 12/14. C.P., Ltd. Forms /B. 181/3.

B.
724236.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Bennett *Christian Name* Charles Henry

Examined { on 1 day of April 1916
at Lindsay

Birthplace { City or Town Belle Isle
County Newfoundland

Apparent age 34 years.

Trade or occupation Miner

Height 5 Feet 7½ Inches.

Weight 144 Lbs.

Chest measurement { Minimum 34 inches.
Maximum expansion 38½ inches.

Physical development Good

Small-Pox Marks None.

Vaccination Marks { Arm Right. None Left. Two
Number Two.

When Vaccinated last April 1st 1916

(*a*) Marks indicating congenital peculiarities or previous disease

None

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

Slightly Flat Footed

Approved by
J McCullochCapt.
Medical Officer
Rank 109th Overseas Battalion, C. E.F.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
1.4.16	nil	J McCulloch M.O.
15.4.16	good	J McCulloch M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
12.5.16	Good	J McCulloch M.O.
17.5.16	Good	J McCulloch M.O.
25.5.16	"	J McCulloch M.O.

Enlisted on 1 *day of* April 1916 *at* Lindsay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Bn. C.E.F.	724236.		1.4.16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Moore Barracks	Sept 14/16	Epilepsy	Discharge W. Carwold Capt
Kingston, Ont	Feb. 7/17.	Epilepsy	

16 SEP 1916

approved
D. T. McIntyre.
CAPT.
FOR A.D.M.S. CANADIANS, SHORNCLIFFE

APPROVED
CAPT. A.M.C. FOR D. OF R. & O. FOR
BRIGADIER GENERAL
COMMANDING
TORONTO

Discharge

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

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Bennett Christian Name Thomas Henry

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Moore Barracks Hospital.		1	9	16			16	Epilepsy		No fit since admission. Statement of fit sent in by M.O. Board papers for discharge from army prepared.	J.C. Wickham. Capt. C.A.M.C.

Form to be used instead of blank space on Army Form 179

Prooceddings of Medical Board at Discharge Depot

Number Rank Name and Corps of disabled Soldier.

724236 Pte Bennett Chas H. 109th Bn.

Previous civilian occupation:-

649-B-8605

Cause of disability.

Epilepsy -

Condition in detail, which prevent the soldier earning a full livelihood.

Invalid is in same condition as on enlistment in so far as Epilepsy is concerned. Has an attack about once every 3 or 4 months. At present has a chancroid on penis - first noticed sore on penis about Oct 1/16

Opinion of the Board

Degree of Incapacity (Please state in fractions)

1/8 not due to service

Probable duration of incapacity:-

Permanent

Does it render him permanently unfit for Military Service? Yes

Would operation, special treatment, or the use of appliances etc., lessen incapacity. Convalescent Home for Treatment of Chancroid

Signature W. M. Carrick Major President

E A Robertson Capt

Station Quebec Members

M J Coglon Capt.

Date. Oct 9/16

Approved.

Date Oct 9/16

W. M. Carrick Major
Assistant Director Medical Service

Date 27/10/16

Oscar Clemens Col
Director General Medical Service.

for

R—122

A.G.R.

Rank | Name BENNETT, Charles Henry | Reg'l No. 724236

Unit 109th Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Lindsay, 1st April, 1916. | Place of Birth Belle Isle, Newfoundland.

Name and Address, Next-of-Kin Elizabeth Skeins, Belle Isle, Newfoundland. | Relationship Sister.

Assigned Pay Monthly $ | Payable to R139 | Relationship 1-9-16

Separation Allowance $ | Payable to | Relationship L.C.B.I.

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 4606
File R.L. Lanmn
Category 6041

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England per H.M.T. 2810 31-7-16			
1.9.16	D.C. 109th	Admitted to Hospital	Moore Brks.	1.9.16	C.L. #12 Pt. II D.O. 245 Epilepsy
29.9.16	Do 109th Bn.	Trans to C.C.R.C. & struck off strength while patient in Moore Barracks Camp	Bramshott	17-9-16	C.R.17 Pt II. D.O. 273 {Auth Pt II. D.O. 405 C.C.R.C. 19-9-16
5-10.16	C.C. Depl	Dis from Hospital to Barracks	S'Cliffe	28.9.16	C.R.17
19.9.16.	C.C.R.C.	Taken on Strength.	Folone	18.9.16.	Pt II D.405.
24.7.17	"	SOS to Canforlis	Hastings	19.9.16	— 94

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.				
	Dis Depot	Ls Conv Home	MD #3 Kingston	6-10-16	MR 90
			#3 Kingston		

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 124236 Rank Private Name Bennett Charles Henry

Enlisted (a) 1-4-16 Terms of Service (a) B. of W. C. E. F. Service reckons from (a) 1-4-16.

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) Sniper

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Canada	Halifax	24.7.16	
		Disembarked England	Liverpool	31.7.16.	

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

(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				

Bramshott Camp, August ,25th. 1916.

To-

Re # 724236 Pte. C.H.Bennett

Sir:-

I hereby certify that I have seen the marginally named man in a true fit of epilepsy.

H. O. Boyd .....Captain
Medical Officer
109th. Battalion Canadian Infantry

D.M.S. 1317.

From F. B. Bowman. O/c Lab.

To M. O.

O/c Ward 9 M.B.C.H.

MOORE BARRACKS HOSPITAL,

SHORNCLIFFE,

September 13 1916.

REG. No.	NAME AND RANK.	UNIT.	WARD No.	A. & D. No.
724236	Bennett Pte.	109 Batt.		

Report on Wassermann test.

" negative.

Sgd.

F. B. Bowman.

Capt. C.A.M.C.

O. i/c Laboratory.

D.M.S. 1317.

From Bramshott Camp

To August 25 1916

MOORE BARRACKS HOSPITAL,

SHORNCLIFFE,

191

REG. No.	NAME AND RANK.	UNIT.	WARD No.	A. & D. No.
	724236 Pte C & Bennett			
	Sir I hereby certify that I	have seen the		
	marginally named man in	a true	fit of	
		Epilepsy		
	"Signed	H C Boyd	~~Captain~~	
		Captain		
		Medical	Officer	
	109 Battalion	Canadian	Infantry	

D.M.S. 1317.

From Bramshott Camp

To August 25-1916

MOORE BARRACKS HOSPITAL,

SHORNCLIFFE,

191

REG. No.	NAME AND RANK.	UNIT.	WARD No.	A. & D. No.
	724236 Pte Ctt	Bennett		
	Sir I hereby certify that I have seen the marginally named man in a true fit of epilepsy			
	"Signed" H C Boyde Captin			
	Medical Officer			
	109 Battalion Canadian		Infantry	

D.M.S. 1317.

From F. B. Bowman. O. i/c Lab.

To M. O.

i/c Ward 9 M.B.C.H.

MOORE BARRACKS HOSPITAL,

SHORNCLIFFE,

September 13 1916

REG. No.	NAME AND RANK.	UNIT.	WARD No.	A. & D. No.
724236	Bennett Pte.	109 Batt.		
	Report on Wassermann test. –			
	" negative.			
	Sgd. F. B. Bowman Capt. C.A.M.C. O. i/c Laboratory			

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Bennett.	C. H.	724236.

Rank	Unit	Co.	Troop	Batty
Pte.	109th Bn.			

Hospital — Date of Admission

Transferred Moore Barracks Hosp. 1.9.16

Hosp.

Hosp.

Hosp.

Diagnosis Epilepsy

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION Dis. 28.9.16. Date

CL 13.9.16. #12.

5.10.16. 17.

REMARKS

A M D 9 Dept.

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

EPITOME OF HOSPITAL TREATMENT.

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

H. Q. .....

M. D. No. 3

Surname Bennett

T. O. S. ..... 19 .....

Christian names Charles Henry

D. O. Pt. II ..... of .....

Regtl. No. 724236 Rank Pte.

S. O. S. 23-2 19 17

Unit 109th Bn.

Reason M.M.

Auth. Nov.

Next of kin Skeins Elizabeth Relationship Sister

Address Belle Isle, Nfld.

Also notify: .....

BORN—Place Newfoundland, Belle Isle Date Aug. 8th 1881

ATTESTED—Place Lindsay, Ont. Date Apr. 1st 1916

O/S 23-7-16 4 EE

R/C 6-10-16

W. 22—100M 7-18. 1772-39-839.

No. 724236. RANK Pte. NAME Bennett, C. H.

T. O. S. 1-4-16. (S.O. 127 of 17-4-16) UNIT 109th Battalion.

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916. april 1.	1916 april 30	✓		
May.		✓		
June.		✓		
July.		✓		

UNIT SAILED
JUL 23 1916

No. 724236 RANK Pte. 109th B'n. NAME Bennett C. H.

T. O. S. UNIT Casualties C. E. F.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Oct. 1	Nov. 30	n.	Illegally absent. Trans'd to MD 4.	(D.O. 56) (Nov. pay list)
Dec.		n.		
1917	1917			
Jan.		n.		
Feb. 1	Mar. 23	n.	Discharged 23/3/17	(D.O. 47) of 16/2/17
			a/c closed by payment n.	

No. 724236. RANK Pte. NAME Bennett - C. 38.

T. O. S. UNIT Discharge Depot. Sutton

M. D. 15.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Oct. 10	1916 date	✓	10 gch.	

LEDGER NO. 271 SERIAL NO.

REG. NO. 724236 NAME Bennet C. H

RANK Pte CORPS 109th AGE 35 SERVICE C 2/12 E 4/12

O.S. HOSPITALS	DATE OF ADMISSION
1 Elmhurst Mill. Kingston	19 ~~26~~-10-16
2	
3	

(OS) DIAGNOSIS Epilepsy

TRANSFERRED TO

DISPOSITION 23-2-17. CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

REGT'L No 724236

H. Q. FILE No. 649-

NAME Bennett C. H.

RANK AND CORPS Pte. 109th Bn

FOLLOWS

No.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
A 2272		Sailed for Canada per the Troopship Secret on Sept 30th 1916 Sc Epilepsy

L. L. Job 90581—M. & D. 6314.

M. F. W. 42—50M—1-16.
H. Q. 1772-39 893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
12	Moore Bks. Shorne.	1-9-16	Epilepsy.
17	" "	28-9-16	" " Discharged
47	M & C Kingston	23-2-17	S.O.S. "C" unit Cl. I Very Good.

R. 149.

Name Bennett, Charles Henry. *Rank* Pte. *Reg. No.* 724236

Unit 109th. Battalion.

Next of Kin (Newfoundland)

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1-9-16	Moore Barracks	Hosp	Epilepsy.	12		
28-9-16.	Dis.			17		

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

M&H 649-B-8805 B

Number 724236 Rank Pte

Surname BENNETT

Christian Name Charles Henry

Unit 1/1 Bn Camb Theatre of War England

Date of Service 31-7-16

Remarks

Latest Address Bell Island
Newfoundland

Roll No. A Page 146

Dum. per d. 5 10/26

BRAMSHOTT. 1. 9. 16.

This is to certify that Pte. C. H. Bennett # 729236 has no contagious or venereal disease.

H. D. Boyd Capt.

M. O. 109th Bn. C.E.F.

NO. 2. CANADIAN MOBILE LABORATORY
~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX.~~ ?

13 SEP. 1916

To : M. O. i/c.,

Ward 9 M.B.C.H.

REPORT ON WASSERMANN TEST

724236 - Pte. Bennett - 109th. Batt.

WASSERMANN - NEGATIVE

Capt. C.A.M.C.
O.i/c. Laboratory.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

01292-C-2

Name Bennett, Charles H.
Surname Christian Name

Regimental Number 724236 Rank Pte.

Unit 109th Bn.

Original Unit

District where paid M.D.3

Date of Discharge 23-2-17

P. D. P. Filing Number 2-28-3

Address (in full) Queens Hotel,
West Fort William, Ont.

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

L. L. 22573—M. & D. 8009.

Total Credits 91 days		FIRST PAYMENT Cheque No. A	Date	Amount 30 days		SECOND PAYMENT Cheque No. B	Date	Amount 30 days		FINAL PAYMENT Cheque No. C	Date	Amount 31 days		Balance Over-payments to be Recovered		Total Amount Paid	
100	10	552	1-12-17	33	00	542	3-1-18	33	00	545	3-2-18	34	10			100	10

Remarks:

M. F. W. 127.
50M—6 17.
1772 39-1140.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk .....

Dependent.....

Address.....

.....

Pay Dependent $.....

Dec'd No..... **W. S. G.** File No.....

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

TO SOLDIER TO DEPENDENT

0	Ag. No	Ch No	Amount		Days	Amount
1						
2						
3						
4						
5						
6						
		Total			Total	

Rate..... Due.....

Less P.D.P. credited.....

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				

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

GEN'L AUDITOR
Posting checked by
.....
Date.....

M. F. W. 41.
10m.—4-16.
1772-39-889.

761

Name Bennett Pte C A

Regimental No. 724 236

Unit 109 Bn

Date of enlistment "

Place of "

Married (yes or no) No

Amount of pay assigned monthly $ Nil

To whom payable —

Olympia 5 10/10

Name and address of next-of-kin

Omaha
Ont

Date and place discharged

Reason for discharge Class 2

Character on discharge

L. L. Job 502 M. & D. 6578.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	35 9/16							74 79								
26 9/16.	35 9/16	5	1	5.	5	10	50.		80 29.			70.		9 73		Qm. Boat
												Bal Cr.		56.	80 29.	YTOMD3 - 1-10-16
								06								
23 2/17																Discharged Cl I
								06								Rendered E.C.P.
																Ret. def. pay list #1-16 4/7

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

I
200
142/17
hos

R.C. FEB 14 1917
14/3/17

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. } .....

Administrative Medical Officer.

Militia Form B. 227.
150 m—5-16.
H. Q. 1772—39—117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids.

MEDICAL HISTORY OF AN INVALID.

649/13.8805

1. Station. Kingston.
2. Regiment or Corps. 109th.Battalion.
3. Regimental No. and Rank. Private 724236
4. Name. C.H.Bennett.
5. Age last Birthday. 36
6. Enlisted on April 2nd.1916. at Omemee,Ont.
7. Former Trade or Occupation. Farmer

8. General remarks on his :—
(a) Conduct.
(b) Habits.
(c) Temperance.
(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. February 7th.1917.

9. Service.

	Years.	Days.	PERIODS. From.	PERIODS. To.
109th Battalion,C.E.F.,			April 2nd.1916.	Feb.7th.17.

10. (a) Disease or disability. Epilepsy.
(b) Date of origin. At age of 30 years.
(c) Place of origin. Phoenix. B.C.
(d) Cause. Unknown.

11. Present Condition. (Most Important).
(To include full description of present disabling condition or conditions.)

Man gives history of having a convulsion about once a month. Convulsion is preceded by a peculiar sensation around the region of the heart. Sometimes patient bites his tongue while in convulsion, but does not void urine or feces. Heart and other systems normal. Family history is negative. Man fit for civil life.

12. (a) Is the disability the result of service or climate? No.
(b) Has it been aggravated by intemperance, vice or misconduct? No.

M. F. B. 227.
150 M—5-16.
1772-39-117.

7

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

None.

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

Not applicable.

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

Not applicable.

14. Treatment

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

Not aggravated by service.

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

Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

To no extent as compared to capacity at time of enlistment.

18. State if for discharge on account of unfitness for Service.

Yes.

F. A. O'Reilly Lieut. A.M.C.
Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18 Is he unfit for Military Service. Yes.

Recommendations:

As this man has epilepsy and is consequently unfit for military service, the Board recommends that he be discharged as Medically Unfit. Physical condition same as on enlistment.

Signatures:—

W. Alfonso Caffaune — President.

F. A. O'Reilly Lieut A.M.C.

83 Lyon Lieut. A.M.C.

Members.

Station. Kingston, Ont.

Date. February 8th.1917.

Date. February 8th.1917.

Lt-Col. A.M.C.
Asst. Director of Medical Services.

Approved.

Date. 23/2/17

Director-General of Medical Services.

8 146 21/2-17

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Prior Park, Bath, England, on the day of 191

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

Signed at Prior Park, Bath, this day of , 191 .

President.

St. C.P., Kingsway, W.C.
30,000—17/4/16—10533.

Army Form B. 179.
Canada.

Medical Report on an Invalid.

Station Moore Barracks Canadian Military Hospital

Date Sept. 12/16

1. Unit 109th Bn.
2. Regimental No. 724236
3. Rank Pte.
4. Name Bennett. C. H
5. Age last birthday 35 yrs.
6. Enlisted { on Apr. 2nd. 1916 / at Omemee. Ont.
7. Former Trade or Occupation } Farmer.

8. Disability.

Epileptic Fits.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. At age of 30 yrs.

10. Place of origin of disability. Phoenix. B. C.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. No overseas service. Usually takes two or three fits a year. Last fit on Aug 10th; before that in early part of winter. No evidence on Medical History Sheet. Feels weak and shakey before fit comes on; begins to jerk all over, then loses consciousness; lasts ten minutes. On waking feels weak, has headache. Sometimes bites tongue in fit. No incontinence.
P.H. Diphtheria at 15 yrs. No V.D. Alcohol to excess at times
F.H. Negative

12. (a) Give your opinion as to the causation of the disability. (a) Cause unknown, probably hereditary.
(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3.*) (b) Not applicable.

Coded 17-2-17 RJF

9

13. What is his present condition? Well nourished man. Shows no evidence of epilepsy at present.

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Physical examination negative

Urine: normal

Wassermann: negative.

Attached is statement of epileptic fit, and Wassermann test:

14. If the disability is an injury, was it caused — not applicable.

(*a*) In the presence of the enemy? no.

(*b*) On active service? no.

(*c*) On duty? no.

(*d*) Off duty? no.

15. Was a Court of Inquiry held on the injury? not applicable.

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

16. Was an operation performed? If so, what? not applicable.

17. If not, was an operation advised and declined? not applicable.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? not applicable.

19. Do you recommend

(*a*) Fit for duty? no.

(*b*) Fit for base duty? no.

(*c*) Invalided to Canada? no.

(*d*) Discharge as permanently unfit? Yes.

H. Wickham Capt. C.A.M.C.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station [illegible] SEP 1916

A. Mackenzie
Officer in charge of Hospital.

Date

* Loss of teeth on, or immediately after, active service should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. a1 No a2 No

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? Not applicable

21. Has the disability been caused or aggravated by

(*a*) Intemperance? No

(*b*) Misconduct? No

22. Is the disability permanent? Yes

23. If not permanent, what is its probable minimum duration? Not applicable

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? None as compared to capacity at time of enlistment

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? not applicable

26. Do the Board recommend

(*a*) Fit for duty? —

(*b*) Fit for base duty? —

(*c*) Invalided to Canada? —

(*d*) Discharge as permanently unfit? Yes

27. Remarks.

APPROVED
CAPTAIN FOR D. OF R. & O. FOR
BRIGADIER GENERAL
COMMANDING
CANADIAN TRAINING DIVISION.

Signatures:—

W. Chrowd Capt. President.

G. F. Richardson Capt.

Station MOORE BARRACKS CANADIAN HOSPITAL SHORNCLIFFE

Date 14 SEP 1916

Members.

Approved.

Station Shorncliffe

Date 16 SEP 1916

D. F. McIntyre
Administrative Medical Officer.

FOR A.D.M.S. CANADIANS, SHORNCLIFFE

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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

This space to be for numbers.

Proceedings on Discharge.

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

No. 724236

Rank Private

Name Charles Henry Bennett
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 109th Battalion.

Date of Discharge February 23rd. 1917.

Place of Discharge Kingston, Ontario.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 35 years 6 months.
Height 5 feet 7½ inches.
Complexion Dark
Eyes Brown
Hair Black
Trade Miner
Intended place of residence (To be given as fully as practicable.) Bell Island Newfoundland

Descriptive Marks

2. The above-named man is discharged in consequence of

BEING MEDICALLY UNFIT FOR FURTHER SERVICE.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Very Good

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Miner

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

Cancelled 17-3-17

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

NIL

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

6. Medals and Decorations.....

NIL

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

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

(Place) Kingston, Ontario. G Hunter Ogilvie

(Date) February 10th. 1917. *Commanding* ..... Colonel
A.A.G. Military District, No. 3

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) Kingston, Ontario. C H Bennett (*Signature of Soldier.*)

(Date) February 10th. 1917. S B Wright (*Signature of Witness.*)

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

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

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

..... (*Signature of Soldier.*)

10. **Statement of Service.**

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

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) Kingston, Ontario. G Hunter Ogilvie

(*Signature*) ..... Colonel
A.A.G. Military District, No. 3

(Date) February 10th. 1917.

Reservations referred to at Para. 8.

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

C H Bennett

(OVER)

Married or Single: Single

Place of Birth: Belle Isle Newfoundland

Name and Address of Next of Kin: Elizabeth Skeins
Belle Isle Newfoundland

Relationship of Next of Kin: Sister

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ — Effective (Date):

Payable to:

Relationship of Dependant:

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital
Sept 30th 1916			Sat. 06. cents
30.00			

Reg'l. No. 724236 Rank: Pte Name: Bennett Charles Henry

If in Perm. Corps What Unit: Unit 109th Bn

Transferred to C.C.A.C. Date 22/9/16 Authority C.C.&L 239

Permanent Force Allowances

Transferred to N.E. Date 26/9/16 Authority

Place of Attestation: Lindsay Ont

Transferred to Date Authority

Date of Attestation: April ~~Skeins~~ 3rd 1916

Transferred to Date Authority

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Assigned Pay Monthly $ Date Effective

Payable to Relationship

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

Discharge Date and Place: To Canada 25/9/16 Reason and Authority: C.C.&L 239 25/9/16

Account transferred to Non-Effective Branch (Date) 26/9/16.

Account transferred to Officers' Pay Branch (Date)

Date	Pay: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $	Working or Special Pay: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
July 31															28 10									Bal. from Canada							28 10				
Aug 31	31	1.00	31		31	1.0	31.0								34 10	13	4-8-16							973						973	52 47				
Sept 22	22		22				22.0								24 20	46	31/9/16							2431					2071	450	72 17		30	6	Issue on repayment Q.4005 #2 Transf to C.C.A.C. Auth 11/8/16 C.C.&L 239
23 25	3		3		3		30								3 30														68	68	74 79				Pay book Vouched Chgs Coll Aug/16 & P.C. rend 25/9/16 on Discharge to Canada auth CC1 L239 25/9/16
									Bal on Left to N.E. Rch																						74 79				
N.E. Jan. 1917.															74.79.														74.79.	74.79.	Nil				
Aug 1917.														.06	.06														.06	.06		Transd to "Canada Disc'ge a/c"			Transd to "Canada Disc'ge a/c" A Clerk Sept's Pay List 1.

Checked

Checked