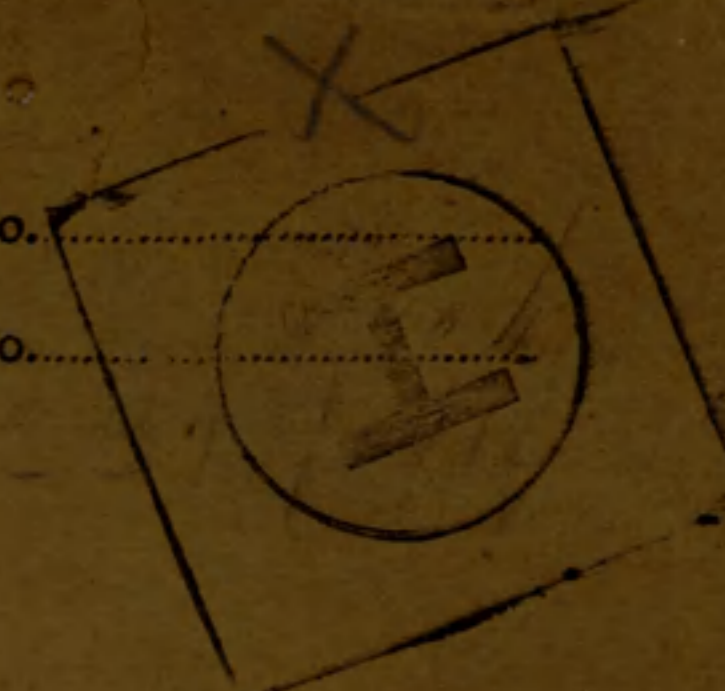


DISCHARGE DOCUMENTS

27729

R. O. No. ....

H. Q. No. ....



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

Attest Papers..... *26*

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..... *20*

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.....

Last Pay Certificate..... *1*

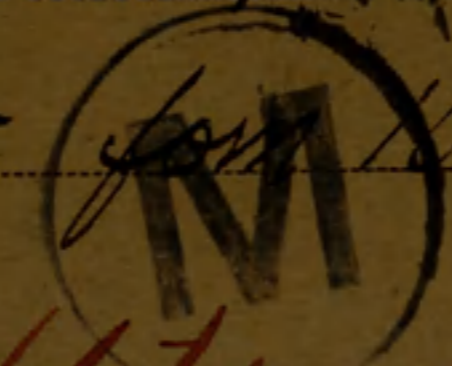
*2713122*

*R122  
1 pay card*

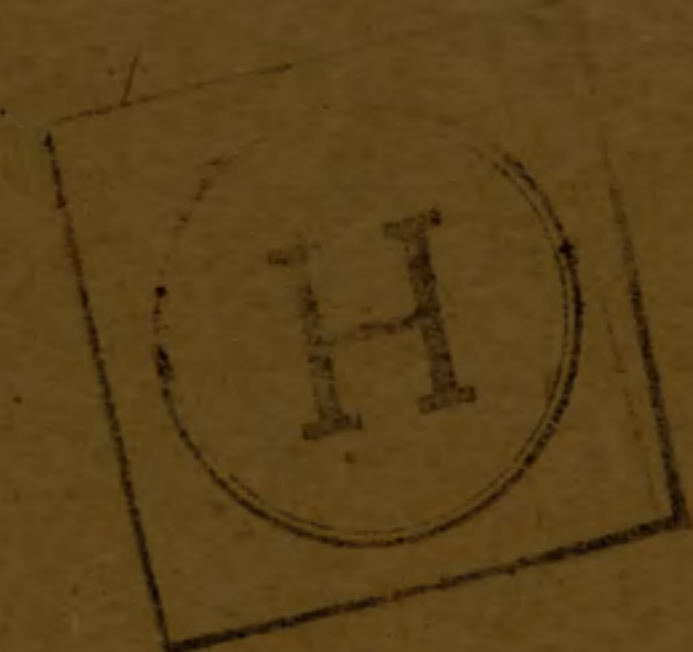
Name *Bonnetta Franklin Gilbert*

Regt. No. *7250220* Rank *Pte*

Corps *1st Co 19th US Inf*

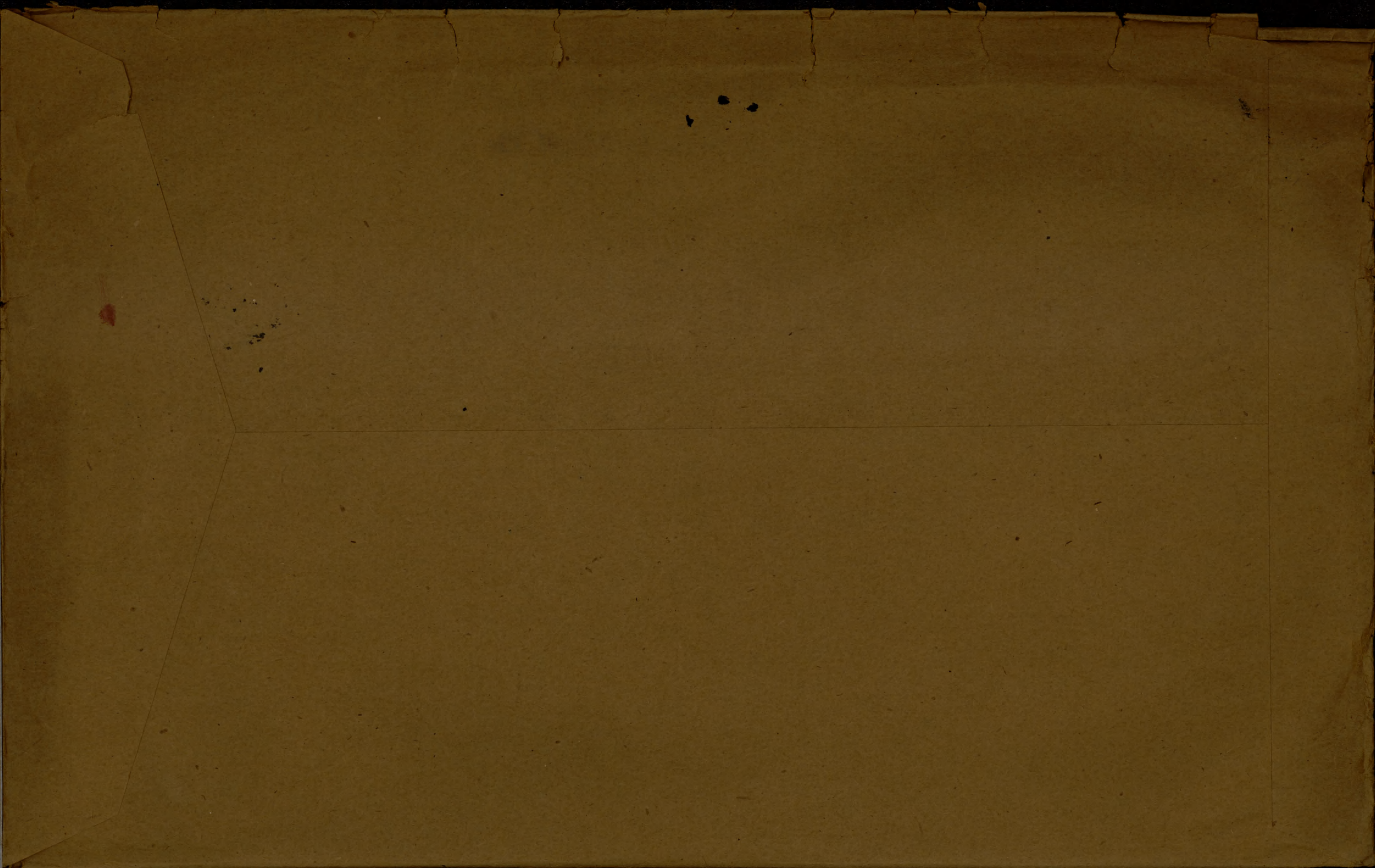


*disability which pre existed enlistment*



*402794*

*MM  
9/10/1918*



ATTESTATION PAPER.

No. 725-022

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

DUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname?..... *Bonnetta*
- 1a. What are your Christian names?..... *Franklin Gilbert*
- 1b. What is your present address?..... *Cameron Ont.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Warrington Ont.*
- 3. What is the name of your next-of-kin?..... *Wesley Bonnetta*
- 4. What is the address of your next-of-kin?..... *2185 Gerard St. Toronto*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *21st Feb. 1895*
- 6. What is your Trade or Calling?..... *Farmer*
- 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, *Franklin Gilbert Bonnetta* 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.

*Franklin Gilbert Bonnetta* (Signature of Recruit)

Date. *Dec 14th* 1915. *Wm. Sampbell* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Franklin Gilbert Bonnetta* 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.

*Franklin Gilbert Bonnetta* (Signature of Recruit)

Date. *Dec 14th* 1915. *Wm. Sampbell* (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 *6th* day of *January* 191*6*

*[Signature]* (Signature of Justice)

# Description of *Franklin Gilbert Bonetto* Enlistment.

Apparent Age... *20*... years... *11*... 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. *11* ins.

*Scar above left Breast.*

Chest measurement { Girth when fully expanded... *38 1/2* ins.  
 Range of expansion... *4* ins.

Complexion... *Fair*

Eyes... *Blue*

Hair... *Brown*

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

## CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and declares that he is not subject to fits of any description.

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

Date... *Dec. 14th*... 191*5*

*J. McCulloch*  
 Capt.  
 Medical Officer.

Place... *Lindsay*

109th Overseas Battalion, C. E. F.

\* Insert here "fit" or "unfit."

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

## CERTIFICATE OF OFFICER COMMANDING UNIT.

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

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

Date... **JAN 10 1916**... 191*6*

# 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. 725052 Rank pte Name F. G. Bonnetta  
 Corps #2 Cas Unit who was\* discharged  
 On Jan 24 1918, to.....  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Nov 24 1917 to Jan 24 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....	46	42	Bal. Cr. from prev. month.....		
Advances } No.....			Regt'l Pay <u>62</u> days at \$ <u>1</u> c.....	62	
by } No.....			Field Allow. <u>62</u> days at \$..... c.....	10	620
Cheques } No..... <u>14228</u>	15		Separation Allowances* (Monthly).....		
Assigned Pay and Sep'n Allice. No.....			Other Allowances* <u>sub</u> .....	14	40
Other charges.....			Other Credits* <u>Clothing</u> .....	13	
Payment on transfer or discharge No. <u>15393</u>	34	18	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
<b>Total.....</b>	<b>95</b>	<b>60</b>	<b>Total.....</b>	<b>95</b>	<b>60</b>

\* Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned Pay for the month of..... 191..... } (to) Assignee..... }  
 and Sep'n Allice. for month of..... 191..... }  
 (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:—**

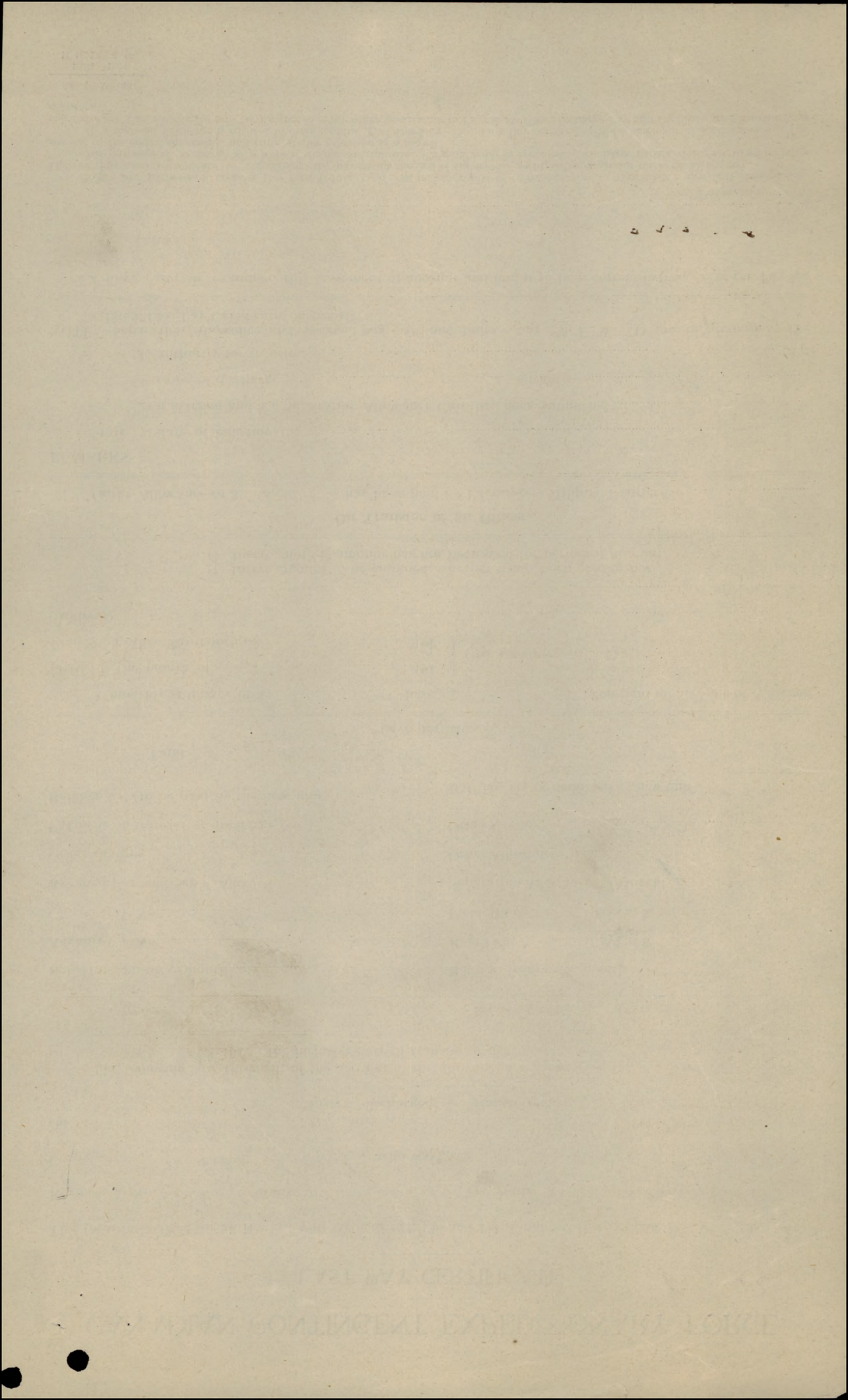
- State (1) date of enlistment .....
- (2) if married and if a Separation Allowance Card has been submitted..... no
- (3) cause of discharge..... authority..... 5019
- (4) authority for transfer .....

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..... 20/1/18  
 Place..... Toronto Comurse  
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.

*Duoch 85c  
 8.2.18  
 J.T.*



725023

# MEDICAL HISTORY SHEET.

ORIGINAL

Surname Bonnetta Christian Name Franklin Gilbert

Examined { on 14<sup>th</sup> day of December 1915  
at Lindsay  
Birthplace { City or Town Darlington  
County Ontario

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

Apparent age 20 years  
Trade or occupation Farmer  
Height 5 Feet 11 1/2 Inches.  
Weight 160 Lbs.  
Chest measurement { Minimum 34 1/2 inches.  
Maximum expansion 38 1/2 inches.  
Physical development Good  
Small-Pox Marks None  
Vaccination Marks { Arm Right None Left Five  
Number Five  
When Vaccinated last March 3<sup>rd</sup> 1916  
(a) Marks indicating congenital peculiarities or previous disease Petechiae

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

Date	Result	VACCINATIONS,
<u>3-3-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>4-5-16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.

(b) Slight defects but not sufficient to cause rejection  
Slightly flatfooted.

Enlisted on 14<sup>th</sup> day of December 1915 at Lindsay

Joined on enlistment	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
	<u>109th Bn</u> <u>C.E.F.</u>	<u>725022</u>		<u>14-12-15</u>
Transferred to..	<u>124 Bn</u> <u>C.C.A.C. - 13-9-16</u> <u>Mytchett Range - 6-2-17</u>			

Category altered from C to B.  
(Under new system of Categorization)  
G.D.D. Buxton, O.C.

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott</u>	<u>8/9/16</u> <u>28/8/16</u>	<u>deformed R ankle</u>	<u>perma base</u>
<u>Bramshott Camp, Hants.</u>	<u>28. 11. 16.</u>	<u>deformed R. ankle</u>	<u>Class C</u>
<u>8- SEP. 1916</u>	<u>W. Stewart Maj.</u>	<u>Major,</u>	<u>PRESIDENT,</u>
<u>APPROVED.</u>	<u>D.A.D.M.S. for A.D.M.S.,</u>		<u>MEDICAL BOARD, BRAMSHOTT.</u>
	<u>Canadian Troops, Bramshott Camp</u>		<u>PRESIDENT,</u>
<u>Bramshott Camp, Hants.</u>			<u>MEDICAL BOARD, BRAMSHOTT.</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.

28 NOV. 1916  
APPROVED.  
Ravina, Ontario  
Jan. 10/1918  
Deformed R. Foot. "E".  
Asthma.  
Major AMC  
Pres. SMB

Surname

*Bonnetta*

Christian Name

*Franklin Gilbert*

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				

APPROVED  
MEDICAL BOARD



To be made out in duplicate.

H.Q. 54-21-23-53  
**DUPLICATE**

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

INSTRUCTIONS.

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

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

**109th OVERSEAS BATTALION, C. E. F.**

(2) Regimental Number..... **725022.**

(3) Full Name of Soldier..... **Franklin Gilbert Bonnette.**

(4) Place of Birth..... **Darlington. Ontario. Canada.**

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

(6) If married, state,  
(a) Full name of your wife..... **No.**

(b) Present Postal Address.....

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

(8) Have you any children?..... **No.**

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

Also their names and ages.....

(9) Is your Father alive?.....**Yes.**.....**Wesley James Bonnetta.**.....

If so, state name and address.....**2185 Gerrard St.E. Toronto. Ont.**.....

(10) Is your Mother alive?.....**Yes.**.....**Annie Bonnetta.**.....

If so, state name and address.....**2185 Gerrard St.E. Toronto. Ont.**.....

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

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

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

.....**No.**.....

(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.

.....**None.**.....

(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.

.....**No.**.....

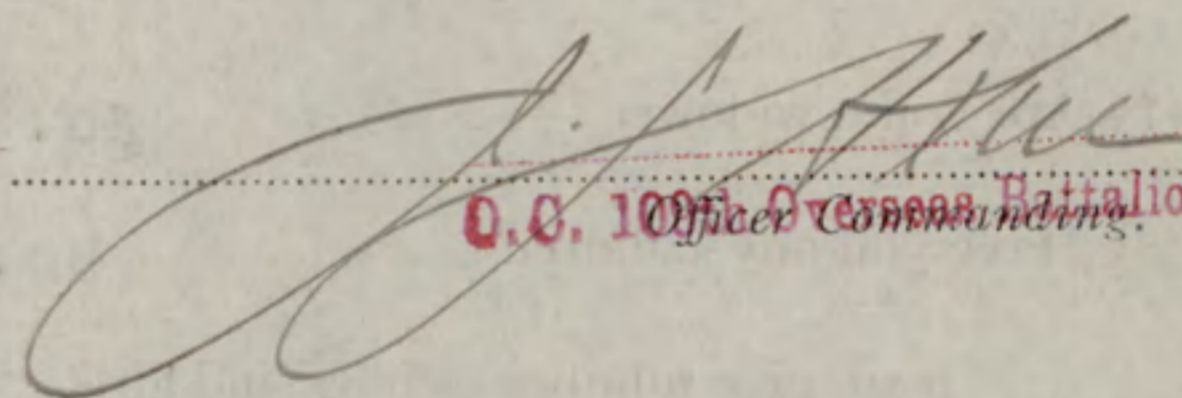
(15) Are you insured?.....**Yes.**.....

If so, in what Company?.....**Unknown.**.....

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.....**June 30th. 1916.**.....

  
.....**O.C. 100th Overseas Battalion, C.E.F.**.....  
.....**Lt. Col.**.....

121516

# EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

28-11-1916.

No. 725022 Rank Pte Name Bonnette, F.C.

Local Unit 109<sup>th</sup> Overseas Unit \_\_\_\_\_ Age 21

Examination held at Bramshott, Hants.

### DISABILITY.

*Deformity Rt. ankle*

Overseas—Local.  
(scratch one out)

### PRESENT CONDITION.

*Reboard.*

Board recommends: *Class C(iii)*

1. Fit for Duty.
2. Fit for duty after \_\_\_\_\_ weeks physical training.
3. Fit for Base duty \_\_\_\_\_ weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

### Signatures :

Members { *C. Cooper* Pres.  
*H. Machan* Capt  
*H. Majors* Capt

Approved.

Bramshott Nov 28 1916.

*[Signature]*  
for A.D.M.S.  
Canadian Troops, Bramshott.

Standard Medical Board  
Baltimore, Md.

Name \_\_\_\_\_ No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

1. Name \_\_\_\_\_

2. Name \_\_\_\_\_

3. Name \_\_\_\_\_

4. Name \_\_\_\_\_

5. Name \_\_\_\_\_

6. Name \_\_\_\_\_

GENERAL CONDITION

(Write on this side)  
General Condition \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

Recommendation \_\_\_\_\_

Cost of \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

STANDARD MEDICAL BOARD BALTIMORE

OR

EXAMINATION

1918

# EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

Sept. 8th 1916.

No. 725022 Unit 109th Battalion Rank Pte.

Name BONNETTA, F.G. Age 21

Examination held at Bramshott, Hants.

DISABILITY. Deformity of right ankle.

Overseas—Local.  
(scratch one out)

Present Condition: He has a deformity of right ankle due to an old injury previous to enlistment, of which the "X" Ray report says states :-  
" Was probably an old fracture of astragalus and Os calcis which had not united well."  
He cannot march any distance.

Board recommends:

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

Signatures:

Members {  
*B. Stewart Maj* Pres.  
*H. ... Maj*  
*W. ... Capt*

Approved.

Bramshott 8th Sept. 1916.

*W. ...* Major.  
 D.A.D.M.S. for A.D.M.S. & for G.O.C.  
 Canadian Troops, Bramshott.

STANDARD MEDICAL BOARD EXAMINATIONS  
IN  
ANATOMY

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

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

# Casualty Form—Active Service.

250M.—1-16.  
H. Q. 1772-39-920.

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

Regimental No. 25022 Rank \_\_\_\_\_ Name Bouretta Franklin Gilbert  
S. E. F.

Enlisted (a) 14.12.15 Terms of Service (a) G. of W. Service reckons from (a) 14.12.15

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Farmer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Canada	Halifax	24.7.16	
		Disembarked England	Liverpool	31.7.16	
		Transferred to C. C. A. C.	Bramshott	13.9.16	Part II Order 266. Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
<del>2/12/16</del>	<del>Oct 09</del>	<del>Transferred to 124th Bn.</del>	<del>Witley</del>	<del>2/12/16</del>	<del>Part II Order 233. Capt. ADJUTANT 124th Bn., C. E. F.</del>
<del>23.1.17</del>	<del>124 Bn.</del>	<del>Attached to Garrison Duty Bn.</del>	<del>Witley</del>	<del>20.1.17</del>	<del>Part II Order 233. Capt. ADJUTANT, 124th Bn., C. E. F.</del>

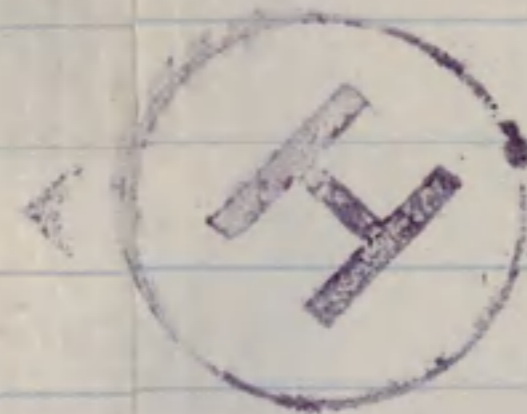
(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) e.g. Signaller, Shoering Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

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				
6.2.17	124th Bn.	Attached to Mitchell Ranges	Witley Camp	6.2.17	Part II Orders 37 <i>[Signature]</i> Capt ADJUTANT, 124th BATTALION C.E.F.
23-10-17	1st C.O.R.D.	T.O.S. 1st C.O.R.D. do - att to 1st C.O.D. Buxton	West Sandling	22-10-17 21/11/17	Pt. II D.O. No. 228 do - 217 <i>[Signature]</i> Lieut. & Assist. Adjt. for O. C. 1st C. O. R. D.
22 NOV 1917		TAKEN ON STRENGTH C.D.D. BUXTON			Pt. 11 ORDER No. 276 B. Vung Lieut.-Col. Canadian Discharge Depôt.
7-DEC 1917		EMBARKED FOR CANADA FROM LIVERPOOL			B. Vung Lieut.-Col. Canadian Discharge Depôt.
29.12.17	#2 Cas Unit	T.O.S. Dis #2 Cas Unit Toronto Ont 24th	Toronto	21.12.17 Jan 1918.	Pt II O# 316. Part 1...19 <i>[Signature]</i> Lieut. for O.C.#2 Cas Unit

649-53-23144



A.G.R. Rank Name **BONNETTA, Franklin Gilbert** Reg'l No. **725022**  
 Unit **109th Bn.** If in perm. Corps, }  
 What Unit? } **Lindsay,** Married or Single **Single.**  
 Place and Date of Enlistment **14th Decr., 1915.** Place of Birth **Darlington, Ont., Canada.**  
 Name and Address, Next-of-Kin **Wesley Bonnetta,**  
**2185 Gerard St., East Toronto, Ont., Canada.** Relationship **Father.**



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

N/R.B. No. **10170**  
 File R.L.  
 Category **General**

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

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H.M.T. 2810 31-7-16					
22-9-16	109 <sup>th</sup> Bn	Trans as Loc. Cos. C.C.A.C	Bramshell	7-9-16	PT II. D.O. 266 } PT II D.O. 396 + D.O. 293 } C.C.A.C
22-9-16	do	Attached from C.C.A.C for Rat. Bto. Pay. Equip. Clothing & Quarters		8-9-16	PT II D.O. 266 }
14-9-16	6626	Taken on strength.	Zelkestone	8-9-16	396
14-9-16		on board to 109th Bn P.B. etc		8-9-16	396
9-12-16	O.C. 124	Attached for all purposes	Witley	8-12-16	265
8-12-16	109 Bn	ceases to be attached 109 Bn		8-12-16	343 P 1075-13-2-17 CCAC
26-3-17	1 CORP	SOS on Com to 12 Res	Wlanding	10-3-17	-11 CCAC P 1075-13-2-17
23-10-17	"	on board 1600 Buxton		21-11-17	PT II 258
15-12-17	"	SOS to Canada for Dip by A.S. Pl.		7-12-17	PT II 261

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

Class Duty

M.D. # 2  
Toronto  
19/12/17  
Toronto. Out.  
N R 418





Name *Ple* *F. G. Bonnetta*

M. F. W. 41  
1 OM-7-16  
1772-39 889.

*WK*

Regimental No. 725022

Name and address of next-of-kin *Ci. Bal. Nov. 23. 2304*

Unit *109 Bn*

*adv. Made 30<sup>00</sup> ass 20<sup>00</sup> chgd. Nov.*

Date of enlistment

Place of " "

Married (yes or no) *No*

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

*LPC*

Form 5351-M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
	<i>Dec</i>													<i>D.O. 316</i>
							<i>1440 C. 7.</i>							<i>Dec. 21-Jan. 7. D.O. 316</i>
<i>Nov 24</i>	<i>Jan 1</i>	<i>62</i>	<i>1</i>	<i>62</i>	<i>62</i>	<i>10</i>	<i>620</i>	<i>1440</i>	<i>9560</i>	<i>14228</i>	<i>15</i>	<i>4642</i>		<i>Dis 0019</i>
							<i>13</i>			<i>15393</i>	<i>3418</i>			





# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

*mld*

1824-F-2

Name **Bonnetta, F.G.**  
Surname Christian Name

Regimental Number **725022** Rank **Pte.**

Address (in full) **40 Wayland Ave. East,**

Unit **109th Bn.**

**Toronto, Ont.**

Original Unit

District where paid **M.D.2**

Date of Discharge **24-1-18**

P. D. P. Filing Number **12-263-2**

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

L. L. 22573—M. & D. 8059.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	4280	23-1-18	33 00	4245	23-2-18	33 00	4145	23-3-18	34 10		100 10

Remarks:

M. F. W. 127.  
50M-617.  
1772 39-1140.

File No. ~~125122~~  
182495  
17.7.19

**WAR SERVICE GRATUITY.**

Register No. B578

Reg. No. 725022 *oto*

Dependent.....

Name Bonnetta G

Address.....

Address 100 Swanwick Ave

*E. Toronto*  
Award: days at \$ per day \$  
S. A. months at \$ per mo. \$  
Less P. D. P. Credited

Pay Soldier \$ 350.00 less further debit balance  
Net due. paid

Pay Dependent \$.....

TO SOLDE		P. D. P.	
0	Ag. No.	Ch. I.	ou
1			
2			
3			
5			
6			

*W. H. Edsell*

Days 153 Rate 70.00 Due \$350.00

Less P.D.P. credited 100.10

Clerk *H. D. ...*

Less further Dr. Bal. or overpayment.

*P. May*

Net \$249.90

*19-8 10/19  
W. 103*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
1/8/19	2772	496484	70 00		1			
2/9/19	13219	510778	70 00		2			
3/19/19	26303	522495	70 00		3			
4			<u>39 90</u>		4			
5					5			
6					6			

GEN'L AUDITOR  
Posting checked by  
*J. B. ...*  
Date 3-1-7-19



1000  
1000

1000

1000 1000

44

MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

To Whom Mrs. A. Bonnetta By Whom Assigned Bonnetta, F. G.  
 Address 2185 Gerard St., Regtl. No. 725022  
Toronto, E. Ont. Rank Plt.  
40 Wayland Ave. Dept. 74 Corps A. Co. 109<sup>th</sup> Batt.  
 Rate \$20.00 **AUG 1 1916**

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				



# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.-Req. 6574.

Mrs. A. Bonnetta

Name of Soldier

Bonnetta, F. G.

PAYMENTS.

725022

Pl: A. Co 10<sup>th</sup> Buff

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$ 20.00
April	1916			
May				
June				
July				
Aug.		J 15390	20	
Sept.		C 15445	20	
Oct.		<del>C 19849</del>	20	
Nov.		K 24987	20	
Dec.		E 32183	20	
Jan.	1917	U 36782	20	
Feb.		V 38554	20	20 R
March		W 45364	20	20 L
April		C 910	20	20 W
May		T 6694	20	
June		Y 13498	20	20 in 40 Wayland Ave. Toronto E. Ont.
July		V 20470	20	
Aug.		<del>B 29183 X 26518</del>	20	20 X 26518 Cured Snow
Sept.		W 35974	20	
Oct.		M 47701	20	
Nov.				
Dec.				
Jan.	1918			Can assigned Pay audited HR McCarthy 1/5/19.
Feb.				
March				
April				
May				
June				
July				

RRR

W.B

AUG 1 1916

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

*Aug. 1/916*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>20.</i>			
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## PARTICULARS OF SEPARATION ALLOWANCE

No. *725022*  
 Rank *Pte.* Promoted Reverted Discharge  
 Soldier's Name *J. G. Bonnetta*  
 Battalion *"A" Coy. 109<sup>th</sup> Battrn*  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name *Mrs. A. Bonnetta*  
 Address *40 Weyland Ave. Toronto, Ont.*  
 Change of Address  
 1  
 2  
 3  
 4

*Oct 31/17* *300* *300*

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Nov</i>	<i>58963 B</i>		<i>20</i>	<i>20</i>	
<i>Dec</i>	<i>61294 B</i>		<i>20</i>	<i>20</i>	<i>w</i>
<i>Jan</i>	<i>65728 B</i>		<i>20</i>	<i>20</i>	<i>m</i>
<i>Can assigned pay audited</i>					
<i>M. M. Carthy 1/5/19</i>					
<p><i>A/P</i> ..... A/c Closed <i>31-1-18</i>  Ret'd per <i>Justicia</i> .....  Date <i>7/12/17</i> ..... F. X. <i>7/1/18</i> .....  ..... Clerk <i>R. Foisy</i> .....</p>					

M. F. W. 128  
400M-6-17-1772-89-1141  
L. L. 22320-M. & D. 7595.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.	Promoted	Reverted	Discharge
Rank			
Soldier's Name			
Battalion			
Beneficiary			
Relationship			
Address			

Name

Address

Change of Address

1

2

3

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128  
 400M-6-17-1772-38-1141  
 L. L. 22520-M. & D. 1988.

Number

425022

Rank

Plt

Surname

BONNETTA

Christian Name

Franklin Gilbert

Units

109th Bn. Coy.

Theatre of War

England

Date of Service

31-7-16

Remarks

126 Swanwick Ave

Latest Address

~~40 Weyland Ave~~

E. Toronto Ont.

Roll No.

A Page 4556

**DEPT. MAY 18 1925**

**RECN. NO. / 355-0**

*Receipt rec'd 23-5-25 -*



SURNAME.

*Bonnetta.*

CARD NO.

*MB*

CHRISTIAN NAMES

*Franklin Gilbert.*

*SOS Dec. 24-1-18 2*

FOLL.

REGL. No.

*725022*

RANK

*Pte.*

UNIT

*109th.*

*Bm*

FORMER CORPS

*Nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Bonnetta, Wesley.*

RELATIONSHIP TO SOLDIER

*Father.*

ADI

*40 Wayland Ave. E. Toronto, Ont*

*L.S.A.P. 11/6/17.*

COUNTRY OF BIRTH

*Canada Darlington Ont.*

DATE

PLACE OF ATTESTATION

*Lindsay Ont.*

DATE

*Jan 6<sup>th</sup> 1916.*

*Sailed from Halifax 29/7/16 per S.S. "Olympic".*

*Emb/R/B 7 M 12 W 22 250M.-2-16. H. Q. 1772-39-339.*

en

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

9

MARRIED OR SINGLE

*Single*

PLACE OF BIRTH

*Darlington Ont. Can*

NAME AND ADDRESS OF NEXT OF KIN

*Wesley Bonnetta  
2185 Gerard St. East Toronto Ont*

RELATIONSHIP OF NEXT OF KIN

*Father*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>1111</i>		

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. NO *725022* RANK

Pte NAME *Bonnetta Franklin Gilbert*

IF IN PERM. CORPS  
WHAT UNIT

UNIT *109<sup>th</sup> Bn* TRANSFERRED TO *C.C.A.C.* DATE *1/10/16* AUTHORITY *20236*

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO *109<sup>th</sup> Bn* DATE *14/1/17* AUTHORITY *21774*

PLACE OF ATTESTATION

*Lindsay Ont* TRANSFERRED TO *Pvt Insp.* DATE *31 5 17* AUTHORITY *24*

DATE OF ATTESTATION

*Dec 14<sup>th</sup> 1915* TRANSFERRED TO *P 2<sup>d</sup>* DATE *1 11 17* AUTHORITY *5 1 22*  
*Dist to Gen*

ASSIGNED PAY MONTHLY \$ *20<sup>00</sup>*

DATE EFFECTIVE *Aug 1/1916*

PAYABLE TO

*Mrs. A. Bonnetta: 2185 Gerard St E* RELATIONSHIP *Mother*

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE *Toronto Ont*

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

*Stopped* EFFECTIVE *1/2/17* REASON *Discharged*

DISCHARGE DATE AND PLACE

*Canada 23/11/17* REASON AND AUTHORITY *For Disposal*  
*21/11/17*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

*alg 5-1-22 21/11/17*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS							
	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT				NO. OF DAYS	RATE	AMOUNT	1	2	3	4	1				2	3				4	CREDIT	DEBIT				
<i>17/6/17</i>	<i>1</i>	<i>1</i>	<i>1.87</i>						<i>1765</i>																							
<i>15/6/17</i>	<i>206</i>	<i>1</i>	<i>1.87</i>							<i>69816</i>				<i>973</i>	<i>20</i>		<i>2973</i>	<i>22024</i>														
<i>17/6/17</i>	<i>252</i>	<i>2</i>	<i>973</i>							<i>2031816</i>				<i>243</i>	<i>20</i>		<i>2243</i>	<i>32591</i>														
<i>18/7/17</i>	<i>311</i>	<i>110</i>	<i>730</i>														<i>28</i>	<i>5216</i>	<i>2461</i>													
<i>31/7/17</i>	<i>382</i>	<i>110</i>	<i>730</i>																													
<i>16/8/17</i>	<i>441</i>	<i>110</i>	<i>730</i>																													
<i>28/8/17</i>	<i>512</i>	<i>1</i>	<i>1.87</i>																													
<i>6/9/17</i>	<i>571</i>	<i>110</i>	<i>730</i>																													
<i>29/9/17</i>	<i>638</i>	<i>1</i>	<i>1.87</i>																													
<i>12/10/17</i>	<i>705</i>	<i>110</i>	<i>730</i>																													
<i>27/10/17</i>	<i>342</i>	<i>1</i>	<i>1.87</i>																													
<i>2/11/17</i>	<i>402</i>	<i>110</i>	<i>730</i>																													
<i>2/11/17</i>	<i>428</i>	<i>1</i>	<i>1.87</i>																													
										<i>110</i>																						
										<i>205</i>																						
														<i>1216</i>				<i>28</i>	<i>29519</i>													

*Bal. from Canada*

*973 ✓* *20* *2973 22024*  
*243 ✓* *20* *2243 32591*  
*330 ✓* *20.00* *5216 2461*  
*730 ✓* *20* *2243 3508*  
*481 ✓* *20* *3217 3701*  
*20* *20 3851*  
*5111*  
*730 ✓* *20* *2730 5461*  
*730 ✓* *20* *5165 3706*  
*730 ✓* *20* *2730 4276*  
*730 ✓* *20* *20 5576*  
*5686*

Date of Payment	No. of Ac. Roll	AMOUNTS	Place of Payment	Name of Paymaster	REMARKS
<del>21/5/17</del>	<del>127</del>	<del>1.1 -</del>	<del>487</del>	<del>4/11/17</del>	<del>243</del>
<del>15/6/17</del>	<del>206</del>	<del>1.1 -</del>	<del>487</del>	do do	
<del>17/6/17</del>	<del>252</del>	<del>2 -</del>	<del>973</del>	do do	
<del>18/7/17</del>	<del>311</del>	<del>110 -</del>	<del>730</del>	do do	
<del>31/7/17</del>	<del>382</del>	<del>110 -</del>	<del>730</del>	do do	
<del>16/8/17</del>	<del>441</del>	<del>110 -</del>	<del>730</del>	do do	
<del>28/8/17</del>	<del>512</del>	<del>1 -</del>	<del>1.87</del>	do do	
<del>6/9/17</del>	<del>571</del>	<del>110 -</del>	<del>730</del>	do do	
<del>29/9/17</del>	<del>638</del>	<del>1 -</del>	<del>1.87</del>	do do	
<del>12/10/17</del>	<del>705</del>	<del>110 -</del>	<del>730</del>	do do	
<del>27/10/17</del>	<del>342</del>	<del>1 -</del>	<del>1.87</del>	<del>4/11/17</del>	
<del>2/11/17</del>	<del>402</del>	<del>110 -</del>	<del>730</del>	<del>4/11/17</del>	
<del>2/11/17</del>	<del>428</del>	<del>1 -</del>	<del>1.87</del>	do do	

*27/10/16 Amblages*

*725022 Pte Bonnetta F.G.*

*16-10-8029*

*287.95*

*24/4/17*

*20266 Trans to CCAC*

*13-9-16*

*28 days Amblages Sept 28/16*

*Trans 10 of Bns 16/11/17 quick 24/17*

MARRIED OR SINGLE *Single*  
 PLACE OF BIRTH *Darlington Ont. Can*  
 NAME AND ADDRESS OF NEXT OF KIN *Wesley Bonnetta*  
*2185 Gerard St. East Toronto Ont*  
 RELATIONSHIP OF NEXT OF KIN *Father*  
 NAME AND ADDRESS OF NEXT OF KIN  
 RELATIONSHIP OF NEXT OF KIN  
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)  
 PAYABLE TO  
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c		
PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>11/11</i>		

REG'L. No *725022* RANK *Pte* NAME *Bonnetta Franklin Gilbert*  
 IF IN PERM. CORPS  
 WHAT UNIT *109<sup>th</sup> Bn* TRANSFERRED TO *C.C.A.C.* DATE *1/10/16* AUTHORITY *80266*  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *109<sup>th</sup> Bn* DATE *11/1/17* AUTHORITY  
 PLACE OF ATTESTATION *Lindsay Ont* TRANSFERRED TO *Fit Hosp.* DATE *31 5 17* AUTHORITY  
 DATE OF ATTESTATION *Dec 14 7 1915* TRANSFERRED TO *P27* DATE *1 11 17* AUTHORITY  
*Dis to Gen*  
 ASSIGNED PAY MONTHLY \$ *20.20* DATE EFFECTIVE *Aug 1/1916*  
 PAYABLE TO *Mrs A. Bonnetta: 2185 Gerard St E* RELATIONSHIP *Mother*  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE *Toronto Ont*  
 PAYABLE TO  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *Stopped* EFFECTIVE *1/12/17* REASON *Discharged*  
 DISCHARGE DATE AND PLACE *Canada 23/1/17* REASON AND AUTHORITY *For Disposal*  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *alg 5-1-22 2/1/17*  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS								
	No. OF DAYS	RATE	AMOUNT	No. OF DAYS	RATE	AMOUNT				No. OF DAYS	RATE	AMOUNT	1	2	3	4	1				2	3				4	CREDIT	DEBIT					
<i>July 31</i>									<i>17 65</i>	<i>17 65</i>																							
<i>Aug 31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>			<i>34 10</i>	<i>6 78 16</i>																							
<i>Elwyn Sept 30</i>	<i>30</i>	<i>30</i>				<i>3</i>			<i>33</i>	<i>20 31 81 6</i>																							
<i>1/15 31</i>	<i>31</i>	<i>1.00</i>	<i>31 00</i>	<i>31</i>	<i>10</i>	<i>310</i>			<i>80 95</i>	<i>109 Bn 79 15/4</i>																							
<i>Nov 1-30</i>	<i>30</i>	<i>30</i>	<i>3</i>			<i>3</i>			<i>34 10</i>	<i>78 3/19</i>																							
<i>Dec 31</i>	<i>31</i>	<i>31</i>	<i>310</i>	<i>31</i>	<i>310</i>				<i>32</i>	<i>109 Bn 183 3/10</i>																							
<i>1917 Jan 1-15</i>	<i>15</i>	<i>1.00</i>	<i>15 50</i>						<i>34 10</i>	<i>235 15/4</i>																							
<i>Jan 16-31</i>	<i>16</i>	<i>1.00</i>	<i>17 60</i>						<i>16 50</i>	<i>109 Bn 311 30/11</i>																							
<i>Feb 28</i>	<i>28</i>	<i>1.10</i>	<i>30 80</i>						<i>17 60</i>																								
<i>Mar 31</i>	<i>31</i>	<i>30 10</i>							<i>30 80</i>	<i>404 12 4 Bn 22 12</i>																							
<i>Apr 30</i>	<i>30</i>	<i>33</i>							<i>30 10</i>	<i>521 17 4</i>																							
<i>May 30</i>	<i>30</i>	<i>33</i>							<i>33</i>	<i>517</i>																							
<i>1</i>		<i>1 10</i>							<i>33</i>	<i>189</i>																							
		<i>33 4 40</i>							<i>33</i>	<i>142</i>																							
									<i>17 65</i>	<i>8 30 10 14 31 4</i>																							
									<i>35 2 05</i>	<i>73 0</i>																							
									<i>12 16</i>																								
									<i>82 75</i>																								
									<i>200</i>																								
									<i>28 29 5 19</i>																								

*Handwritten notes on the left margin, partially obscured by a white tab. Includes dates and names like "Elwyn Sept 30".*

225022 Pte Bonnetta Franklin Gilbert

DATE	PAY			FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT \$ C.	NO. OF DAYS	RATE	AMOUNT \$ C.	NO. OF DAYS				RATE	AMOUNT \$ C.	1 NO. DATE	2 NO. DATE	3 NO. DATE	4 NO. DATE	1	2				3	4				CREDIT	DEBIT
			334.40							17.65	352.05					1216	8275			200	18	295.19	56.86					
June 30	1%	33									33									20		20	69.86					
July 31			34.10								34.10									20		20	83.96					
Aug 31			34.10								34.10									20		20	98.06					
Sept 30			33								33									20		20	39.47	91.59				
															1216	10222												

written  
157 1/6  
487 1/4  
20 2/5

MONTH P. V. ARS OR.1 OR.2 PA. H.C. A.15 DR.1 DR.2 DR.3 DR.4 BALANCE

Dec	PIP	34.10	91.59																														
Nov 1-23	88	34.10	20 105.69																														
Nov		25.30	20 110.99																														
19.9		25.30																															
Jan																																	

Comm Assigned pay certified  
1/5/19

ARM FORM HENRY  
DISCHARGED TO...  
PAYBOOK VERIFIED...  
AUTHY...  
23/11/17

checked. A. T. Shinniff L.P.O.

465/26/2/18 3-2-9  
6.2.18  
154

## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of  (a) Proceedings on Discharge.  (b) Attestation.  (c) Medical History Sheet (in the event of such having been prepared.)
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."	

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.	725022	
Rank	Pte	
Name	BONNETTA Franklin Gilbert <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	#2 Gas Unit (109th Bn) (1st CO)	
Date of Discharge	24th Jan. 1918.	
Place of Discharge	Toronto Ont.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age..... 22..... years..... 11..... months.	Descriptive Marks  Vacc 1 L Arm	
Height..... 5..... feet..... 11..... inches.		
Complexion		Fair
Eyes		Blue
Hair		Brown
Trade		Farmer
Intended place of residence	40 Wayland Ave	
(To be given as fully as practicable.)	E. Toronto Ont.	
2. The above-named man is discharged in consequence of  Suffering from disability which pre-existed enlistment and not due to or aggravated by service		
<small>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.</small>		
3. Conduct and character while in the service have been, according to the records, etc.  Very good etc		
<small>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:</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)  Farmer		

M. F. B. 218.

100m.—6-16.

H. Q. 1772-39-113

(OVER)

Duck etc  
8.2.18  
J.T.

649-B-23144

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) Toronto Ont.  
  
(Date) 24th Jan 1918. Commanding J. S. Bonnette

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) Toronto Ont. J. S. Bonnette (Signature of Soldier.)  
  
(Date) 24th Jan 1918. J. S. Bonnette (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) 2 years 41 days.  
Total 2 years 41 days.

11. Confirmation of Discharge.  
  
The discharge of the above-named man is hereby confirmed.  
  
(Place) Toronto Ont.  
  
(Date) 24th Jan 1918. (Signature) J. S. Bonnette

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.)

Objective;-Nothing abnormal to be found in breath sounds of lungs.

Heart not enlarged, No adventitious sounds. Pulse sitting 88. On slight exertion 112 returning rapidly to 88.

All other systems normal.

Incapacity is due to weakness in that he cannot do any exertion without weakness and shortness of breath and he cannot march due to deformity of foot which necessitates him dropping out of route marches.

Next of Kin, Mrs. Bonetta  
40 Weyland Ave. East Toronto

Examined by Capt J. McCulloch  
Lindsay, Ont.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

mans address same  
FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

### MEDICAL HISTORY OF AN INVALID

STATION Ray. Bks. Toronto. DATE Jan 10th 1918

1. (a) Unit #2 Casualty (b) Regimental No. 725032 (c) Rank Pte  
 (d) Surname B O N N E T T A (e) Christian name Franklin Gilbert  
 2. Age last birthday 22 Date of birth Feb 21st 1895  
 3. Enlisted at Lindsay, Ont. on Dec 14th 1915  
 4. Personal description :-  
 (a) Height 5' 11" (b) Weight 170 (c) Complexion Fair  
(stripped)  
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks  
 5. Address after discharge (for the use of the Board of Pension Commissioners.)  
40 Weyland Ave. East Toronto.  
 6. Former trade or occupation Farmer  
 7. (a) Service

Years 2 Days 30

	PERIODS	
	From	To
<u>109th Battalion</u>	<u>Dec 14th 1915</u>	<u>Sept 13th 1916</u>
<u>C.C.A.C.</u>	<u>Sept 13th 1916</u>	<u>Dec 22nd 1917</u>
<u>#2 Casualty Unit</u>	<u>Dec 22nd 1917</u>	<u>to date</u>

- (b) Has he been Overseas? Yes England  
 8. Present disease or disability (use authorized nomenclature if possible). (1) Deformed Right foot  
(2) Asthma  
 (a) Date of origin (1) 1910 (2) 1902 (b) Place of origin (1) Cameron, Ont (2) Scarborough Ont.  
 (c) Cause\* (1) Injured by horse stepping on foot. (2) Unknown.  
\*(Here include original disease or injury)  
 9. Present condition. (Important, to be a full description of the present disabling condition or conditions).  
(1) Subjective:- Pain and stiffness in right foot especially on the inner border. Great toe of right foot at times is very stiff. Foot swells when it gets wet.

Objective:- Bony swelling inner border of right foot half way between metatarso-phalangeal joint and heel. Also one on the Dorsum of foot on 1st metatarsal Bone. Arch of foot has fallen. Phalangeal joint of great toe creaks on passive movement. Dorsum of foot just anterior to external malleolus tender on pressure. Walks with a decided limp.

(2) Subjective:- Shortness of breath constant, worse on any exertion

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

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

#### INSTRUCTIONS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
- In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
- If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
- The nomenclature of diseases to be followed is that 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 and Sons.



10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 2. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

(1) In 1910 a horse stepped on right foot fracturing some of the Bones

(2) Since 7 yrs of age has noticed that he was short winded. Could

not do any physical drill.

Has a slight swelling of Thyroid Gland now. When he was 12 or 13 yrs

old says that neck was very much swollen.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

(1) 10% (2) 10% Total 20%

12. Did the disability arise on or off duty? (1) Off duty (2) Off duty

13. Was a Court of Inquiry held? (1) (2) No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes (1) 5% (2) 10% No

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? (1) (2) No

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (1) (2) Permanent

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

(1) None X - Ray at Bramshott (2) None

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

(1) no (2) No

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

20. Recommendations For Discharge

*[Signature]*  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

F.G. Bonetta

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

*[Signature]*  
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

11. We do not concur. Should be

(1) 5% (2) 5% Total 10%.

14. We do not concur. Should be

(1) and (2) nil.

Otherwise we concur.

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) Does require treatment.
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control.

(Strike out condition not applicable).

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

That he be placed in Category E., and be discharged

~~as physically unfit.~~ for a physical disability pre-existing enlistment and not due to nor aggravated by service.

See K. R. & O., Canadian, Para. 322, Sect. 9.

*W.F. M.H.*

*W.F. M.H.* Major President.  
*[Signature]* Capt. Members.  
*[Signature]* Capt. Members.

STATION Ravina Barracks, Toronto

DATE Jan. 10, 1918.

APPROVED BY

DATE Jan. 15/18

APPROVED BY

DATE

*Charles Carter M.D.*  
Assistant Director of Medical Services.

Director-General of Medical Services.

1-2-18  
8998  
8-2-18  
054  
1750

Objective;-Nothing abnormal to be found in breath sounds of Lungs.  
Heart not enlarged, No adventitious sounds. Pulse sitting 88. On  
slight exertion 112 returning rapidly to 88.

All other systems normal.

Incapacity is due to weakness in that he cannot do any exertion  
without weakness and shortness of breath and he cannot march due  
to deformity of foot which necessitates him dropping out of route  
marches.

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

INSTRUCTIONS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
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- If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
- The nomenclature of diseases to be followed is that 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 and Sons.

Next of Kin. Mrs W. Bonetta  
40 Wayland Ave. East Toronto

Examined by Capt J. McCulloch  
Lindsay. Ont.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)  
mans address same  
FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

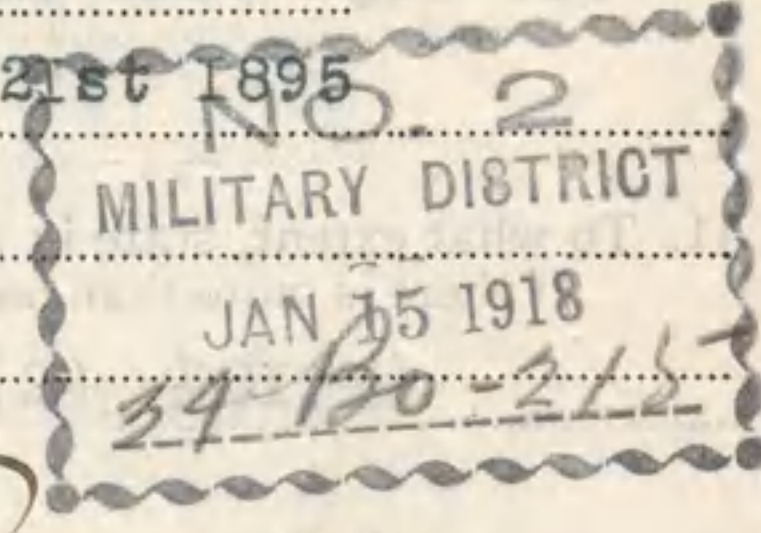
MEDICAL HISTORY OF AN INVALID

B.P.O. MILITARY DISTRICT  
FEB -1 1918  
CANADA

STATION Rav. Bks. Toronto. DATE Jan 10th 1918

1. (a) Unit #2 Casualty (b) Regimental No. 725032 (c) Rank Pte  
(d) Surname BONNETTA (e) Christian name Franklin Gilbert

2. Age last birthday 22 Date of birth Feb 21st 1895  
3. Enlisted at Lindsay. Ont. on Dec 14th 1915



4. Personal description :-  
(a) Height 5' 11" (b) Weight 170 (c) Complexion Fair  
(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks

5. Address after discharge (for the use of the Board of Pension Commissioners.)  
40 Wayland Ave. East Toronto.

6. Former trade or occupation Farmer

7. (a) Service Years 2 Days 30

	PERIODS	
	From	To
109th Battalion	Dec 14th 1915	Sept 13th 1916
C.C.A.C.	Sept 13th 1916	Dec 22nd 1917
#2 Casualty Unit	Dec 22nd 1917	to date

(b) Has he been Overseas? Yes England  
8. Present disease or disability (use authorized nomenclature if possible). (1) Deformed Right foot (2) Asthma

(a) Date of origin (1) 1910 (2) 1902 (b) Place of origin (1) Cameron. Ont (2) Scarborough Ont.  
(c) Cause\* (1) Injured by horse stepping on foot (2) Unknown.  
\*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).  
(1) Subjective;-Pain and stiffness in right foot especially on the inner border. Great toe of right foot at times is very stiff. Foot swells when it gets wet.

Objective;-Bony swelling inner border of right foot half way between metatarso-phalangeal joint and heel. Also one on the Dorsum of foot on 1st metatarsal Bone. Arch of foot has fallen. Phalangeal joint of great toe creaks on pressure passive movement. Dorsum of foot just anterior to external malleolus tender on pressure. Walks with a decided limp.

(2) Subjective;- Shortness of breath constant, worse on any exertion

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

(1) In 1910 a horse stepped on right foot fracturing some of the Bones

(2) Since 7 yrs of age has noticed that he was short winded. Could

not do any physical drill.

Has a slight swelling of Thyroid Gland now. When he was 12 or 13 yrs old says that neck was very much swollen.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

(1) 10% (2) 10% Total 20%

12. Did the disability arise on or off duty? (1) Off duty (2) Off duty

13. Was a Court of Inquiry held? (1) (2) No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes (1) 5% (2) 10% No

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? (1) (2) No

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (1) (2) Permanent

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

(1) None X - Ray at Bramshott (2) None

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

(1) no (2) No

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

20. Recommendations For Discharge

*[Signature]*  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned F. G. Bonetta have heard the description of my disability read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.) ~~Completed~~ addition of

*[Signature]*  
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

11. We do not concur. Should be

(1) 5% (2) 5% Total 10%.

14. We do not concur. Should be

(1) and (2) nil.

otherwise we concur.

22. Is the soldier fit for

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

23. It is certified that the soldier

- ~~(a) Does require treatment.~~
- (b) Does not require treatment.
- (c) Should pass under his own control.
- ~~(d) Should not pass under his own control.~~

(Strike out condition not applicable).

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

That he be placed in Category E., and be discharged

~~for a physical disability pre-existing~~  
enlistment and not due to nor aggravated by service.

See K. R. & O., Canadian, Para. 322, Sect. 9.

*[Signature]*

*[Signature]* Major President.  
*[Signature]* Capt. Members.  
*[Signature]* Capt. Members.

STATION Pa 1ns Barracks, Toronto

DATE Jan. 10, 1918.

APPROVED BY

DATE Jan. 15/18

APPROVED BY

DATE

*[Signature]*  
Assistant Director of Medical Services.

Director-General of Medical Services.