REGIMENTAL DEPOT

NAME Boon Thomas James REGT. NO. 724002 UNIT 38th Cavalry H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med. Unfit.
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
2	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	MSW2502					
1	AG10434					
	Pay book					

H M

W. 2589
100M-11-18
17/...-1327

~~Staff~~ C. Coy

ATTESTATION PAPER.

No. 724002

109th OVERSEAS BATTALION, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS).
1. What is your surname?	~~Thos~~ Boon
1a. What are your Christian names?	Thomas James
1b. What is your present address?	243 Colborne St. Kingston Ont
2. In what Town, Township or Parish, and in what Country were you born?	Kingston Ont Canada
3. What is the name of your next-of-kin?	Mrs. Mary E. Boon
4. What is the address of your next-of-kin?	243 Colborne St. Kingston Ont Canada
4a. What is the relationship of your next-of-kin?	wife
5. What is the date of your birth?	July 21st 1869.
6. What is your Trade or Calling?	Real-estate agent.
7. Are you married?	Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	No.
10. Have you ever served in any Military Force? If so, state particulars of former service.	No.
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, Thomas J. Boon, 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.

Thos. J. Boon (Signature of Recruit)

Date Nov. 18th 1915. J. C. D'Estrube Capt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas J. Boon, 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.

Thos. J. Boon (Signature of Recruit)

Date Nov. 18th 1915. J. C. D'Estrube Capt. (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 Pembroke Falls this 26 day of ~~November~~ January 1916

Wm McArthur (Signature of Justice)
Col J.P.

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

Description of Thos James Boon on Enlistment.

Apparent Age 46 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10 ins.

Chest measurement.
- Girth when fully expanded 36 ins.
- Range of expansion 4 ins.

Complexion dark

Eyes brown

Hair grey

Religious denominations
- Church of England
- Presbyterian
- Methodist Yes.
- 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.)

None

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 November 8th 1915 A. E. Yeo Capt RAMC

Place Kingston, Ont.

Medical Officer.

* Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Thomas James Boon 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 JAN 27 1916 191

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724002 (Rank) Corporal

Name (in full) Thomas James Boon enlisted in

the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Kingston on the 18th

day of November 1915

HE served in England & Canada

and is now discharged from the service by reason of On Demobilization

Medically unfit for General Service. PO 1894

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

Age	54 years 9 months	Marks or Scars	
Height	5 ft. 10½ in		Nil
Complexion	Dark		
Eyes	Brown		
Hair	Grey		

Thos J. Boon
Signature of Soldier

Owen O'Sullivan
Issuing Officer

Lieut. Col.
Rank

O.C. No 3 Det. C.A.P.C. C.E.F.
Appointment

Date of Discharge 15th April 1920

Signed at Kingston Ont. this 15th day of April 1920

in Military District No. 3

File Reference No. 3 M.D. 88-B-102

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

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

6.

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 724002

(3) Full Name of Soldier Thomas James Boon

(4) Place of Birth Kingston, Ontario, Canada

(5) Are you married, or not? Yes

(6) If married, state,
(a) Full name of your wife Mary E. Boon

(b) Present Postal Address Chatham Street, Kingston, Ontario, Canada

(7) Are you a widower? No

(8) Have you any children? Yes

If so, give number of boys and girls One I boy I girl

Also their names and ages James Rupert Age 2 years

Mary Rutherford age 5 years

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address John Boon, Chatham St, Kingston, Ontario Canada

(10) Is your Mother alive? No

If so, state name and address Nil

(11) If your Mother is a widow No

Are you her sole support, or not? Nil

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

Nil

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

Nil

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

Nil

15) Are you insured? Yes

If so, in what Company? North American Life

Have you made arrangements for payment of your Insurance premium Yes

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

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

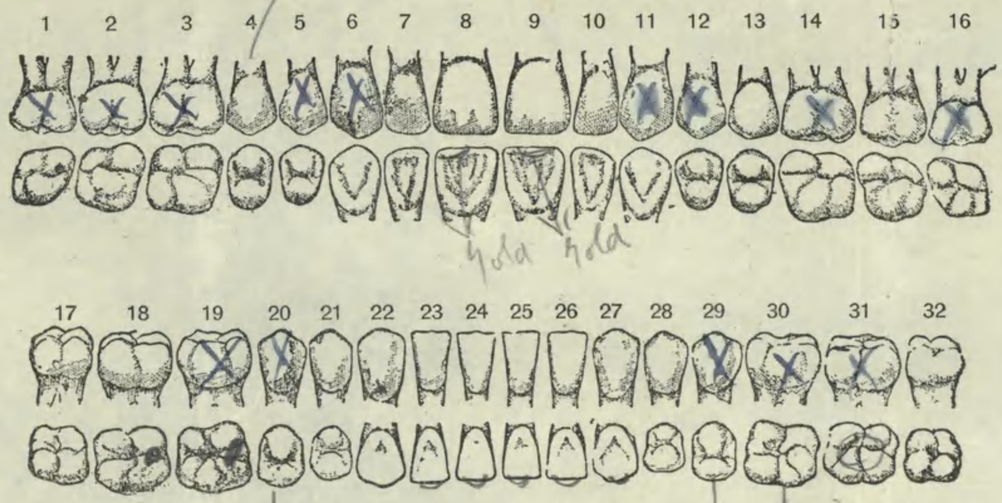
Date 6th July 1916

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS — DISTRICT 3

NAME OF SOLDIER Fix Boon T. — 201 Queen St., Kingston, Ont.

REGIMENT C.A.P.C. — RANK Cpl. — No. 724002



INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							
			✓18				31		31														
			✓19																				
			✓31																				

I hereby certify that I have received the above treatment

Signature — F J Boon

Completed June 1920

H A Stewart — CAPTAIN

DISTRICT DENTAL OFFICER, M.D. NO. 3

M.F.B. 165. 150m.—6-18. 1572-39-950.

Examination 2.00
Clean 1.50
Fillings Amalgam
1 @ 1/2 #18
2 @ 1/2 #18.31 5.00
1 Devit.
1 Root-filling 2.00
Extraction one. bed 1.50
Partial Upper 4 gold clasp 12.00 7 teeth
in lower 9.00
2 gold clasp.
33.00

D.M.S. 1348 (Revised).

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

10/16 1916.

No. 724002 Rank Pte Name Boon J. J.

Local Unit 109th Bn ~~Overseas Unit~~ Age 47

Examination held at Bramshott, Hants.

DISABILITY.

over age.

~~Overseas~~—Local.
(scratch one out)

PRESENT CONDITION.

He has never been sick and there is no disability other than age

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:

C. E. Cooper Cole Major Chmn Pres.

Members { J. Ferguson Major
M. Benjamin Capt

Approved.

Bramshott Oct 16th 1916.

R. D. Stewart Maj. C.A.M.C.
for A.D.M.S. & G.O.C.
Canadian Troops, Bramshott.

D.M.S. 348 (Revised).

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

29-11—1916.

No. 724002 Rank pte Name Boon. Thomas. J

Local Unit 9th Stat Hosp ~~Overseas~~ Unit Age 47

Examination held at Bramshott, Hants.

DISABILITY. over age

~~Overseas~~—Local.
(scratch one out)

PRESENT CONDITION.

Reboard

Board recommends: ~~Class C (1)~~

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

Signatures:

C. E. Cooper Cole Major C.A.M.C. Pres.

Members { H. Maclaren Capt.
H. McJackson Capt.

Approved.

Bramshott Nov. 29 1916. P. A. Stewart Maj

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

724002

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Born Christian Name Thomas James

Examined on 18th day of November 1915 at Kingston

Approved by S. J. Reyes Rank Captain M.O.

Birthplace City or Town Kingston County Ontario

Apparent age 46 years

Trade or occupation Real Estate Agent

Height 5 Feet 10 Inches.

Weight 132 Lbs.

Chest measurement Minimum 32 inches. Maximum expansion 4 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right. One Left. One Number Two 0

When Vaccinated last Childhood March 29th 1916

(a) Marks indicating congenital peculiarities or previous disease None

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

Date	Fit or Unfit	Examined for Re-engagement,	
21.9.17	C2	R. Thompson Capt RAMC	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations.	
29.3.16.	Good.	J. McCullock.	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
8/4/16	Good	J. McCullock	M.O.
8/5/16	Good	J. McCullock	M.O.
16/5/16	Good	J. McCullock	M.O.

Enlisted on 18th day of November 1915 at Kingston

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Batt C.E.F.	724002	Good	18/11/15
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bramshott Camp, Hants. 16 OCT. 1916 APPROVED.	P. H. Stewart Maj. D.A.D.M.S. Bramshott	own age	Rev. Base D. C.R. Copeland Major RAMC PRESIDENT, MEDICAL BOARD, BRAMSHOTT.
Bramshott Camp 29 NOV. 1916 APPROVED	29/11/16 P. H. Stewart Major, D.A.D.M.S. for A.D.M.S., Canadian Troops, Bramshott Camp	own age	P. B. D. Class C(1) C.R. Copeland Major RAMC PRESIDENT, MEDICAL BOARD, BRAMSHOTT.
East Sandling.	29-1-18.	Art. Sclerosis	B2 - Aut. 1606 1.1917 Capt.

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.

100M.—5-15.
H. Q. 1772-39-439

Kingston 16-3-20 16/10/18 Arteriosclerosis MAJOR, own age

B II Unimproved Case. Cat. Attached Capt RAMC

Surname Brown Christian Name Thomas James

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

DENTAL HISTORY SHEET

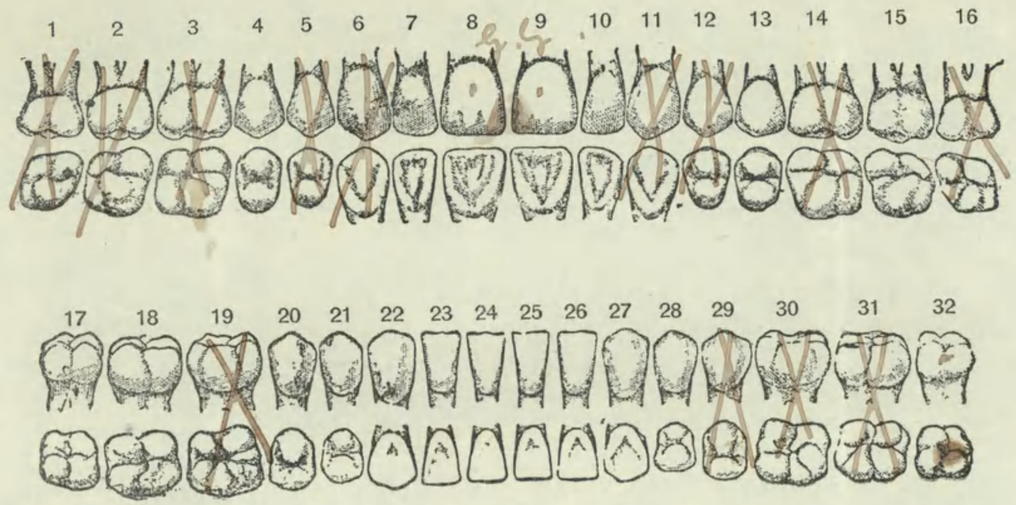
CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER Cpl. J. C. Bonn

REGIMENT 203 Det. C.A.P.C. 667 RANK Corporal

No. 124003



INSTRUCTIONS

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2. On first line of report record of same to be made in red ink.

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

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1920 ~~1925~~	1/32								12.3.5/14	13 / 16.19.29.30.31.	11.12				2/8.9.				H. A. Stewart	3	Can 32. Incomplete.

M.F.H. 465.
150M.—1-13.
177-39-950.

D.M.S. 1394.
7204.—100M.—5/2/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ~~724002~~xx 29th January, 1918 1917

No. 724002 Rank Pte. Name BOON, T.J

Local Unit 1st C.O.R.D. Overseas Unit ------- Age 48

Examination held at East Sandling.

DISABILITY.
~~Overseas~~—Local
(scratch one out).

ARTERIO-SCLEROSIS. (MILD)

PRESENT CONDITION.

Not in France. Has been in England since July 1916. He states he has no complaints. Heart action is rapid 95 per minute standing. Heart sounds not clear but no murmurs heard. Reacts well to exertion. Tension felt at Radial pulse. He looks fully age stated. Hair is grey. Is otherwise of very fair development and in good condition.

BOARD RECOMMENDS:— B.II

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

Signatures:—

Members
L. Hyttenrauch, Captain, CAMC ..... President.
Fred. W. W. Hipwell, Capt. CAMC

APPROVED

Dated 1- FEB 1918 1917.

F Burlson CAPT
FOR A.D.M.S. CANADIANS SHORNCLIFFE
For A.D.M.S.

Form D.M.S. 1394.
7004.—100M.—5/2/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Jan 29 1918

No. 134004 Rank Pte. Name BOON. T. J.

Local Unit 1st C.O.R.D. Overseas Unit — Age 48

Examination held at East Sandling.

DISABILITY.
Overseas—Local
(scratch one out).

ARTERIO-SCLEROSIS
(MILD)

PRESENT CONDITION.

Not in France. Has been in England since July 1916. He states he has no complaints. Heart action is rapid 95 per minute standing. Heart sounds not clear but no murmurs heard. Reacts well to exertion. Tension felt at Radial pulse. He looks fully age stated. Hair is grey. So other marks of very fair development and in good condition.

BOARD RECOMMENDS:—

B II

1. Fit for Duty.....

2. Fit for duty after.....weeks' physical training.

3. Fit for Temporary Base Duty.....weeks.

4. Fit for Permanent Base Duty.....

5. Discharge.....

Signatures:—

Members { [signature] President. [signature] Capt. .....

APPROVED

1 - FEB 1918

Dated.....1917.

F Burlson CAPT
FOR A.D.M.S. CANADIANS, SHORNCLIFFE

For A.D.M.S.

C.A.D.C.5009.
20M-[illegible]-2-18.

3

724002
Pte Boon J.J

DENTAL CERTIFICATE.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

1st C.O.R.D

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
CANADIAN DISCHARGE DEPOT OCT 24 1918	5 Extractings 2 part Lower part Upper			At Public Expense. C.D.D. Burton

Capt. C.D.D.

(COPY)

March 25th,1920.

To;-

M.O., R.C.H.A.

Cpl. F.J. Boon.
724003

Eyes are normal excepy for presby opia (age 54)
V - $\frac{6}{6}$ Reads J1 with X2.50D
Glasses ordered.
No eye disability.

(Sgd) J.C. Connell.
Lt-Col.,A.M.C.

Fill [illegible] Only.—Unit, Number, Rank and Na[illegible]e.

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 10TH BATTALION CANADIAN INFANTRY.

Regimental No. 424002. Rank Private Name Boon, Thomas James.

Enlisted (a) 18.11.15 Terms of Service (a) C. E. F. D. of W. Service reckons from (a) 18.11.15.

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) Estate Agent.

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.	
11.11.16.	No. 9 BGH	attached to No. 9 Can. Hty. Hospital, from C. C. A. C	Bramshott	18.10.16.	P. II. A.O. 5-174, L. Adamson Major for O. C. No. 9 Sta. Hospital C. E. F.
Granted leave 16-8-17 to 21-8-17 with free warrant					
5-9-17.	BCMH.	Attached from 1st. Central Ontario Regt. Depot.	Bramshott.	7-5-17.	P.11.D.O.243. Capt A. Wickenden for LIEUT. COLONEL, BRAMSHOTT MILITARY HOSPITAL
25-9-17.	No 9 CSH.	Cease to be attached on being returned to 1st Central Ont Regt Depot.	Bramshott	25-9-17	P II D.O. 260 H. Kendall Lt. Col. O.C. No. 12 Can. General Hospital

(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				
26.9.17	1st CORD	Taken on strength	Sandling	25.9.17	P. II D.O. 201
13.2.18	do	Att. to 1st C.C.D.	Sandling	13.2.18	P. II D.O. 44
10.3.18	do	Ceases to be att to 1st C.D.R.D.	Witley	9.3.18	H. L. Cleverley Capt. for O.C. 1st C.O.R.D.
12/3/18	1st CORD	Attached to 3rd Res	Witley	12/3/17	D.O. 69 H. L. Cleverley Capt. Lieut. & Actgt. Adjt. for O.C.
12.3.18	O.C. 3rd Res Bn	Attached from 1st CORD	Witley	11.3.18	P. II D.O. 71
29.7.18	O.C. 3rd Res Bn	Ceases to be attached on reposting to 1st C.O.R.D.	Witley	29.7.18	P. II. D.O. 210 A. B. Harris Lt. Col. O.C. 3rd RESERVE BN. C.E.F.
30.7.18	1st CORD	Ceases to be att to 3rd Res Bn.	Witley	29.7.18	D.O. 289
14.8.18	1st CORD	Att. to Can. Leg. Camp Aldershot	Witley	12.8.18	D.O. 224 J. M. Jackson LIEUT. i/c RECORDS, 1st C.O.R.D.
9.10.18	1st CORD	Ceases to be att to Bouley Leg. Camp	Witley	8.10.18	D.O. 280

Army Form B. 103.

Regimental Number 72402

Casualty Form—Active Service.

Regiment or Corps 189th Bn.

Rank Privt. Surname Bean Christian Name Thos.

Religion ..... Age on Enlistment ..... years ..... months.

Enlisted (*a*) 8/11/15 Terms of Service (*a*) Duration Service reckons from (*a*) 8/11/15

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

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

..... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
23.10.18	Record Off.	Can. Con. t to Lt. D.D. Whitby 23/10/18 D.O. 294 J. M. Jackson LIEUT. i/c RECORDS, 1st C.O.R.D.			
24 OCT		Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 252 Ceases to be attached C.D.D. Buxton on embarking for Canada. J. W. Lock. Lt. for Lt. Col. Commanding Canadian Discharge Depot.			
19/11/18	Lpool	Embkd Scandinavian			

(*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*) Signaller, Shoeing-Smith, &c.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
23/4/18	T.O.S. Casualty Company No. 3 District Depot. for Disposal, Part Two D.O. 233		Kingston	3/12/18	
					Lieut. Lt. O.C. Casualty Co., No. 3 District Depot
2-1-19	S.O.S. transf to No 3 Bn C.G.R.		"	31-12-18	A.B. 258
					Lieut.
17-1-19.	No 3 District Depot. Taken on Strength No 3 Battalion C.G.R. Kingston 31-12-18. Auth. 3 MD 88-B-702/28-12-18 DO 17 - 17-1-19.				
					Capt. & Adjt. No. 3 Bn. Canadian Garrison Regt., C.E.F.
31-1-19.	Kingston. Ont.	Transferred to C.A.P.C. A.O. 29/29-1-19. and struck off strength. (3 MD. 26-6-172/28-1-19.)			Capt. & Adjt. No. 3 Bn. Canadian Garrison Regt., C.E.F.
1-2-19	Kingston Ont	Taken on strength No 3 Det CAPC as from 1-1-19 Auth DO. 1 4/1-3-19			Capt. Asst. Director of Medical Services, M.D. 3
15-4-20	Kingston Ont	Struck off strength. No 3 Det CAPC 687 On demobilization, Med unfit for General Service Auth DO. 106. 4/15-4-20			Capt.

R—122

Rank | Name BOON, Thomas James | Reg'l No. 724002

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

Place and Date of Enlistment Fenelon Falls, 18th Nov.1915 | Place of Birth Kingston, Ont. Canada

Name and Address, Next-of-Kin Mrs. Mary E. Boon,

243, Colbourne St., Kingston, Ont., Canada. | Relationship Wife.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

N/E. R.B. No. 15867
File R.L.
Category Can 08

Discharge, Date and Place | Reason | Character

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.S. 28 10. 31.7.16			
25.10.16	CCAC.	T.O.S. from Crumpsall to 109 Bn	Folkestone	16.10.16	P.D.O. 468
30.10.16	109 Bn.	S.O.S to C.C.A.C.	Bramshott.	16.10.16	P.D.O. 304.
"	"	att from C.C.A.C. D.Q.R.D.C.	"	17.10.16	"
27.10.16	"	Cease to be att - att Mil Hosp B.	"	25.10.16	" 301.
31.10.16	CCAC	On Command to 95th H.P.	"	18.10.16	" 478
11.11.16	95th H.P.	att for duty from CCAC	"	18.10.16	" 174
7.5.17	1 C.O.R.D.	S.O.S from C.C.A.C	W Sandling	10.3.17	59 "
22.9.17	"	S.O.S to C.A.M.C	"	20.9.17	P.D.O 197
26.9.17	"	T.O.S. from C.A.M.C.	"	25.9.17	P.D.O 201
23.9.17	12th Hosp.	Cease att 1604 Can Stay Hosp	Bramshott		P.D.O 200.

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.
13-2-18.	I.C.O.R.D.	On Comm 16.C.D.	Pte.	Sidling	13-2-18	Pt 044. { 16 C.R. Pt 70 / 43a/14-2-18
19-2-18	16CD.	Ceases att & On Comm L.S.H. Dymge.	Pte.	"	18-2-18	Pt 048
10-3-18	16CRD.	Ceases att 16CD. rejd from Can Dep Dymge	Pte	"	9-3-18	Pt 067.
12-3-18	16CRD	On Comm 3 Res Bn	Pte	Witley	11-3-18	Pt 069 { 3 Res Bn. Pt 70 / 71a/12-3-18
30-7-18	"	Ceases att 3 Res Bn	"	"	29-7-18	Pt 204 (3 Res Bn Pt 70 / 210a/29-7-18
23-10-18	"	On Command CRD Burton	"	"	23-10-18	Pt 294
6.12.18	"	Ceas " " " +	"	"	19-11-18	— 338
		is S.O.S. to Canada				

L- L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

"Wife"

To Whom Mary E. Boon,
Address ~~24B Colborne St.~~,
1 Clows Block
Kingston, Ont.
Rate $15.00

AUG 1 1918

By Whom Assigned Boon, Thos. J.
Regtl. No. 724002
Rank Pte.
Corps C. Co. 109th Batt.

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				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Mary E. Boon. "Wife"

L. L. Job 310.—Req. 6574.

Name of Soldier Boon, Thos. J.

724002 Pte. Co. 109th Bat.

$15.00

Remarks. AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		D15392	15	
Sept.		G15494	15	
Oct.		C19901	15	
Nov.		K20034	15	
Dec.		E32228	15	
Jan.	1917	W31678	15	
Feb.		W38655	15	15 / Clows Block, Kingston Ont
March		44479	15	15 A
April		X 24	15	15-B.
May		U 6558	15	
June		C 12766	15	15. S
July		W 27568	15	Cu
Aug.		Y 27012	15	Cu
Sept.		Y 33828	15	210 e
Oct.		M 47783	15	✓
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN
ASSIGNED PAY AUDITED
E.M. Bradley
AUDIT CLERK
DATE 14/5/19

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

L. L. Job 88773—M. & D. 6195.

1-3-16

MILITIA AND DEFENCE

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

49

SEPARATION ALLOWANCE

Name Mary C. Boon

Address ~~243 Colborne St~~
Kingston Ont
#1 Clows Block.

Relation to Soldier wife, child or mother } wife

Name of Soldier Boon Thomas James

Regtl. No. 72400 2

Rank ~~Sergt~~ Red. Pte 5/10/16 pmh 24/10/16

Corps 109th Battery

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		E34213	25 -	25

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Mary E. Boon wife

Name of Soldier Boon Thomas James 724002 Pte

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.		Remarks.
			25		
April	1916	D 370	25		25
May		D 4960	25		25
June		H 8664	25		25
July		C 5287	25		25
Aug.		E 12662	25		25 5-8-16
Sept.		Z 14409	25		25
Oct.		Z 17930	25		25
Nov.		a 21778	25		25
Dec.		A 25158	20		20
Jan.	1917		X	X	X, note rec'd #1 Clow's Block Kingston.
Feb.		Z 30809	20		20
March		Z 33731	20		20
April		Z 55	20		20
May		Z 3010	20		20
June		C 73345	20		20
July		Q 10717	20		20
Aug.		E 14005	20		20
Sept.		D 18447	20	405	T
Oct.		B 24279	20		130
Nov.					
Dec.			425		
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

3. CARD NO.

~~608 15 4.20 Demob~~

~~100 102 106~~ 15 FOLL. 4.20

#3 dist ca PC

SURNAME. Boon,

CHRISTIAN NAMES Thomas James

REGL. No. 724002 RANK C. 2. M. S.

UNIT ~~109th~~ #3 Dist. C. of R.C. No. 1 of 1/3/19. Batt.

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Boon, Mrs Mary. E.

RELATIONSHIP TO SOLDIER Wife.

ADDRESS ~~243 Colborne St.~~, Kingston, Ont.
56 Chatham St.

CHANGE OF ADDRESS

Auth. Saap 7-11-18

COUNTRY OF BIRTH Canada, Kingston, Ont. DATE July 21st 1869

PLACE OF ATTESTATION Fenelon Falls, Ont. DATE Jan. 26th 1916

Sailed from Halifax 23/7 16 488/6 per S.S. "Olympic".

L. L. 90589.—M. & D. 6312. R/C 30-11-18 234/18 3 M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Real Estate Agent. RELIGION Methodist

DESCRIPTION.

APPARENT AGE 46 YEARS 5 MONTHS

HEIGHT 5 FEET 10 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 4 INCHES

COMPLEXION Dark. EYES Brown. HAIR Grey.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Kingston, Ont. DATE Nov. 18th, 1915.

at 2.

649-B-41480

Number 724002 Rank Pte

Surname BOON

Christian Name Thomas James

Units 109th Bn Can Inf Theatre of War England

Date of Service 31-7-16

Remarks

Latest Address 201 Queen St
Kingston, Ont

Roll No. A Page 4292

200m.-6-21.

(This form to be filled in by all ranks on voyage to Canada.)

M.D. No. 3

NUMBER	RANK	SURNAME	INITIALS	UNIT
724002	Pte	Boon	T. J.	109 Bn

Full postal address 56 Chatham St. Kingston Ont.
(Street) (City or Town) (Province)

Name of one person to be notified of arrival Mrs. T. J. Boon

Address 56 Chatham St. Kingston

Railway Station in Military District to which a furlough warrant is required Kingston

Railway Grand Trunk

If married, is your wife on board ..... Number of children on board ..... ,

Their destination .....

(Sgd.) T. J. Boon

M. F. W. 2502

50 M.—4-18
1772—39—1269

No. 724002 RANK Pte NAME Baon D. J.

T. O. S. Transfered from 14th Regt. 18-11-15. D.O.4. 24-11-15 UNIT 109th. Battalion

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915.			
Nov 18	Nov 30	✓		
Dec		✓	Prom. Lgt. 24-11-15.	D.O. 26. 19-12-15.
1916 Jan.	1916	✓	" Co. Q.M.S. 12-1-16.	D.O. 45. 12-1-16.
Feb.		✓		
Mar.		✓		
April		✓		
May.		✓.		
June.		✓.		
July.		✓.		

UNIT SAILED
JUL 23 1916

Reg. No.	Rank.	Surname	Category.	Dentally Unfit.
724002		Christian Names (1) Thomas (2) James (3)	B2 Date	Ov. 109

Place of Enlistment:	Date of	Taken on from	Religion	Inoculations	Company
Fenelon Falls	18.11.16	1st Corps		27/6.8/18 16/6	
Province:	**Age on**	**Date**		**Vaccination**	
Ont.	46 4/12	11.3.18	Meth	29.3.18	a

On Command	Hospital	Permanent Cadre	Employed as
		Date taken on	Opt Mess
Date Proceeding	Date Admitted		

Record of Overseas Service:	Profession or Trade (Civil)
	Real Estate Agent
	Transferred or Posted to
Reason for Return:	Date

Married or Single Married

Address of Next of Kin Wife

Mary E Boon

243 Colborne St Kingston

Ont Canada

Country

LEAVE.

No. of Pass Issued.	From.	To.	Free Transportation.

A.G. 10434.

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
71	12.7.18.	AHQ			

TRAINING.

Weeks of Training.

1	2	3	4	5.	6	7.	8	9	10	11	12	13	14	Over.

Nature of Training	Date passed test
Drill	
Musketry	
Bombing	
Rifle Bombing	
Bayonet Training	
Anti-Gas	
Lewis Gun	
Rapid Wiring	

Special Training Courses, etc.

Date of Enlistment: 1. 3. 16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch B

OVERSEAS CONTINGENTS

9005

Date of Assignment: Aug 1/16

RATE OF SEPARATION ALLOWANCE

~~20~~ 25.00	~~25~~ 11/12/17	30.00	

1-3-16 - 5-8-16 P.C. 3257 P.C. 2753 5-9-18 M.O. 39080

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 724002.

Rank Pte. Promoted Reverted 5/8/16 Discharge

Soldier's Name Thos J. Boon.

Battalion 109 Battn. C. Co.

Beneficiary Mrs. Mary E. Boon

Relationship wife

Address

PARTICULARS OF ASSIGNMENT wife.

Name Mrs Mary E. Boon.

Address ~~1 Allows Block, Kingston. Ont~~

Change of Address

1 56 Chatham St. Kingston Ont.

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
		Oct 31/17 425	225	650	
Nov	B 57039	20	15	35	
Dec	B 61367	20	15	35	
1918 Jan	B 65801	30	15	45	
Feb.	b 92598	25	15	40	
Mar	a 99869	25	15	40	
April	b 3749	25	15	40	
May.	E 10531	25	15	40	
June	D 18554	25	15	40	
July.	X 32905	25	15	40	
Aug.	b 30368	25	15	40	
Sept.	D 36469	25	15	40	
Oct.	B 48244	25	15	40	
Nov	B 51842	25	15	40	
Dec	a 66982	45	15	60	
		790	435		

2554-31/7/18 ✓

REMARKS 1839-J-1

M.R.O. 17194 alter 1/1/18.

A/c Closed 31-12-18.

Ret'd per S.S. Scandinavian

Date 30/11/18 F.X. 6/12/18 to M.O. 3.

Clerk Orse M.R.O. Destroy 46777

CANADIAN ASSIGNED PAY AUDITED

E. Brady AUDIT CLERK

DATE 14/3/19

M. F. W. 128
400M.—6-17—1772-89-141
L. L. 22320—M. & D. 1493.

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

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

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—172-39-1141
L. L. 22320—M. & D. 7993.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper or Particulars of Recruit	Militia Form W. 23 " W. 133
Squadron / Battery / Company } Conduct Sheet, or Field Conduct Sheet	" B. 263a " W. 178	Proceedings on Discharge	" B. 218
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

88-B-702

MILITARY DISTRICT No. 3 APR 20 1920 KINGSTON-ONT.

Proceedings on Discharge.

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

No. 724002

Rank Corporal

Surname Boon

Christian name Thomas James

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

Corps (Squadron, Battery or Company) 203 Det. C.A.P.C. C.E.F.

Date of discharge 15th April 1920

Place of discharge Kingston Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 54 years 9 months.

Height 5 feet 10½ inches.

Complexion Dark

Eyes Brown

Hair Grey

Trade Bookkeeper

Intended place of residence (To be given as fully as practicable.) 201 Queen Street Kingston

Descriptive marks Nil

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

On demobilization. Medically Unfit for General Service

Authority for discharge A.O. 1894

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.

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

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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).....

(Date).....

Commanding.....

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

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

(Place) Hampton Ont. Thos J. Boon *(Signature of Soldier.)*

(Date) 15th April 1920 S.G.L. Drayer *(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) Hampton Ont.

(Date) 15th April 1920 *(Signature)* Ewan A. Cooley Lieut. Col.

O.C. 203 Det. C.A.P.C. 687

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.)

No reservations

Thos J. Boon

Witness

S.G.L. Drayer

AUDITOR | PAYMASTER

M. OR S. M

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No 724002 | RANK Cpl. | NAME (IN FULL) BOON, T.J.

NEXT OF KIN: Mrs M. E. Boon, | RELATIONSHIP: WIFE

ADDRESS: 56 Chatham Street KINGSTON

IS SEPARATION ALLOWANCE PAID? YES | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS: As above

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Table "A" Rates		
Pay		$1.80 per diem
Field Allce		.50 do
Subsistence		.80

ORIGINAL UNIT C.E.F.

PLACE OF ATTESTATION

DATE OF ATTESTATION

ASSIGNED PAY $ 15.00

PAYABLE TO Mrs. M.E.Boon,

ADDRESS 56 Chatham Street KINGSTON

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

TRANSFERRED TO | DATE | AUTHORITY

TRANSFERRED TO | DATE | AUTHORITY

DATE EFFECTIVE

RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

DISCHARGED PLACE Kingston DATE 15/4/1920 REASON On Demobilization AUTHORITY Order No 106 IF ENTITLED TO POST DISCHARGE PAY No

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
Mar	31	1.70	52	70	24	80	30	00	107	50	44455				443400		25	00			37	50	45	00							107	50					44455
Apl	15	"	25	50	12	00	35 00 / 15	00	87	50					443493						72	50	15	00							87	50					443494
			78	20	36	80	80	00	195	00							25	00			110	00	60	00							195	00					

Douglas Stewart CAPTAIN
Paymaster, Mdo. Units, M. D. 6

200M-3-19.—L. L. 58788-M. & D. 9985.
M. F. W. 2596.
1772-20-1300.

AUDITOR JFM | PAYMASTER

M. OR S. M

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 724002 RANK Pte NAME (IN FULL) Roon J.J.
(BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN Mrs M.E. Roon RELATIONSHIP
ADDRESS 56 Chatham St
Kingston

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

B-42

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 109 Bde IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY, $ 1.00 DATE EFFECTIVE

PAYABLE TO Mrs M.E. Roon RELATIONSHIP
ADDRESS 56 Chatham St
Kingston Ont.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

	MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account	Dec 31/18							9	50	9	50																									9	50	
	Jan 1/19	8	1 10/100	8	80					8	80																									18	30	Trans to A.J.A. Bde C & R

O.K. J.F.M.

60m.-11-18. L. L. 81777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

3. C.A.P.C.

AUDITOR	PAYMASTER
AWS	MW

M. OR S. Married

REGT. No. 724007 RANK ~~Corpl~~ Pte. NAME (IN FULL) Boon, T. J. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN Mrs M. E. Boon RELATIONSHIP Wife

ADDRESS 56 Chatham St., Kingston, Ont.

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID Mrs M. E. Boon RELATIONSHIP Wife

ADDRESS 56 Chatham St, Kingston Ont.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

PARTICULARS	EFFECTIVE DATE	AUTHORITY
1.10		I.S. & A.
Subs. 80c p.d.		
Prom Cpl.	1-1-19	DO 71 Corps Order #3 8/3/19
Pay 1.20 F.A. .50	1/4/19	DO. 106

ORIGINAL UNIT C.E.F.

IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION

TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY. $15.00

DATE EFFECTIVE

PAYABLE TO Mrs M. E. Boon RELATIONSHIP Wife

ADDRESS 56 Chatham St. Kingston, Ont.

ANY CHANGE IN ASSIGNEE OR ADDRESS

S.A.A.P. SUBS. ~~V.L.18~~

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

EFFECTIVE

DISCHARGED PLACE DATE REASON AUTHORITY

IF ENTITLED TO POST DISCHARGE PAY

M.F.W. 2595 Recd.

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	S.A. $ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.
Balance from previous account 750															
March	31	1.20	37 20	5 90 24 80	30.00	97 90	5	13/3/19	42	27/3/19			70 00	32 90	
Apl. 1-30	30	1.20	36 00	24 00	30 00	90 00	73		174				70 00	25 00	
May 1-31	31	1.20	37 20	24 80	30 00	92 00	S264005		S264078				70 00	32 90	
June 1-30	30	1.70	51 00	30 50 24 00	30 00	135 50	479		587				70 00	64 60	
July 1-31	31	1.70	52 70	24 80	30 00	107 50	719	11/7/19	840				25 00	37 50	
Aug 1-31	31	1.70	52 70	24 80	30 00	107 50	S268282		S434032				25 00	37 50	
SEP 1-30	30	1.70	51 00	4 80 24 00	30	109 80	434092		437068				25	35 00	
Oct.	31		52 70	24 80	30 00	107 50	438076		434285				25 00	37 50	
Nov.	30		51 00	24 00	30 00	105 00	441657		441965				25 00	35 00	
Dec.	31		52 70	24 80	30 00	107 50	443010		443039				25 00	37 50	
Jan	31		52 70	24 80 25	30 00	107 75	443132		443163				25 00	37 45	
Feb	29		49 30	23 20	30 00	102 50	443220		443282				25 00	32 50	
183 days			546 20	334 25	360 00	1270 45							280 00	445 65	
				180 00	420 00	600 00									
				180 00	420 00	600 00									

MONTH 1919	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	S.A. $ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	BALANCE CREDIT $ C.	PARTICULARS OR REMARKS
March	15 00			30 00	97 90			Subs 5 90 Diff of pay on promotion Ck. 65
Apl. 1-30	45 00				90 00			2779 ~~264037~~
May 1-31	45 00				97 90	5 90		264037
June 1-30	45 00		5 90		135 50			268051 30 50 Diff in pay
July 1-31	45 00				107 50			268181
Aug 1-31	45 00				107 50			S434003 sub. 4 80 Recd. G.O. 70.
SEP 1-30	45 00		4 80		109 80			13 ds Leave Sub All 13 ds @ 80c FA 6 ds @ 50c 434128 DO 19 8/9 Leave 6 ds Subs
Oct.	45 00				107 50			5438429
Nov.	45 00				105 00			5441875
Dec.	45 00				107 50			5442687
Jan	45 00				107 75			Xmas Day Allce 25c S443100
Feb	45 00				102 50			443253
183 days	510 00		10 70	30 00	1276 35			
	30 00		70 00		100 00	150 00	350 00	S434161 — S434162
	30 00		70 00		200 00	120 00	280 00	5438429 434285
	30 00		70 00		300 00	90 00	210 00	5441875 5441965
	30 00		70 00		400 00	60 00	120 00	5442687 S443039
	30 00		70 00		500 00	30 00	70 00	S443100 S443163
	30 00		70 00		600 00			443253 443282
	180 00		420 00		~~2100 00~~			

CAPTAIN
Paymaster, Misc. Units, M. D. 3

Certified that all payments of W.S.G. are completed on this a/c.

Douglas Stewart
CAPTAIN
Paymaster, Misc. Units, M. D. 3

50m.-11-18. L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE RCLLS						CASH PAYMENTS						ASSIGNED PAY		REGI= MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Married or Single: Married

Place of Birth: Kingston Ont

Name and Address of Next of Kin: Mrs Mary E Boon
243 Colbourne St Kingston Ont Can

Relationship of Next of Kin: Wife

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
Red to Sgt.	3/8/16	D.O. 218-244
Rev to Ranks	4/8/16	RW 313. 109 B 8/11/16

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l. No. 724002 Rank ~~Corpl. 2 M Sgt.~~ Sgt Name Boon Thomas James

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

Permanent Force Allowances

Place of Attestation Fenelon Falls Ont

Date of Attestation Nov 18th/1915

Transferred to ~~C.A.M.C.~~ Date ~~25/10/16~~ Authority ~~D.O. 301~~

Transferred to C.C.A.C. Date 1/11/16 Authority D.O. 304 3/11/16

Transferred to E.O.R.D. Date 1-11-17 Authority

Transferred to 1st E.O.R.D. Date 1-3-18 Authority D.O.

165

Assigned Pay Monthly $ 15.00/100 Date Effective Aug 1/1916

Payable to Mary E Boon, ~~243 Colbourne St~~ 1 Blows Block. B1588 Relationship Wife

Kingston Ont Can

Assigned Pay Monthly $ Date Effective

Payable to Relationship

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

Discharge Date and Place Reason and Authority

Account transferred to Non-Effective Branch (Date)

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	Rate	Amount $	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														370	370									Bal. from Canada							370					
Aug 1-4	4	1.50	6		4	2.0		80																												
5-31	27	1.35	36	45	27	15		405							4730	19	48-16							.973				15		2473	2627					D.O. 218-244 Red to Sgt.
Sept	30		40	50				450							45	51	31-8-16	284	15/9/16					.973	.730			15		32 03	3924					
Oct	25		33	75				375							3750	23	30/9/16	162	25/10/16					974	486			15		2960	3714					~~D.O. 301 3/11/16 from C.A.M.C. B.M. Hosp~~
	6	1.35	8	10				90							900															86 36	5614					
Nov	30	1.00	~~30~~	~~40 50~~	10			~~3 50~~							~~AC 33~~													15	35 20	5020	3894				Retained on Strength from C.C.A.C. D.O. 304 88 days @ 40c 35.20 Diff Pates Rat & Pto. Pay
Dec	31		31	20 10	31			310							3410											1.973	260	15		2473	48 31					
1917 Jan	31	1.00 1.10	34	10											3410													15		2416	5525					
Feb	28		30	80											3080													15		4420	11185					
Mar	31		31	10											3110													15		5896	7714					
Apr	30		33												33													15		15	3514					
May	30		33												33													15		15	5314					
			1	10											110																5424					
			372	80										370	37570									2920	12 16	9490		150	35 20	32146						

Checked Lt. Arthur

Checked

724002 Pte Broom Thomas James

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
			372											370	375 70
June 30	1st		33												33
July 31			34 10												34 10
Aug 31			34 10												34 10
Sept 30			33												33
															509 90

Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
				+ 10% of Stat Hop 3%			
				-21	19/4		
				-191	30/4		

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
29 20	12 16	94 90		150	35 20	321 46	54 24				
				15		15	72 24				
				15.		15.	91 34				
		.97		15.		9 74 15.	100 70				
		.973									
		.973		15		34 46	99 24				
						418 96 66					
29 20	12 16	124 10		210	35 20	409 92					

Month	Date	Particulars	Cr. 1	Cr. 2	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Sep. Pay Allce.
									99 24	
Oct	P/8		34 10							
		430 30/5/17 9 Stat H.			9 73					
			34 10		9 73					
Nov	P.P.		33							
		loan AP								
		34975 AR 650. of Stat. Hosp 30/11.			9 73					
		37696 AR 878 " " 31/7.			12 17.					
		41803 AR 757. " " 15/7.			9 30					
		RP. AP. 130 9th Stat Hosp 15/6/17			7 30					
		9th AR 1113 9 " " 31-8-17			9 73					
		9th AR 303 " " 15-5-17.			9 73					
		9th AR 299 1 60 R.D. 15-10-17			4 87					
		9th AR 277 " 30-9-17			9 73					
		9th AR 980 9 Stat H. 15-8-17			9 73					
		9th AR 349 1 60 R.D. 24-10-17			12 17					
Dec	P.P.		34 10							
		" 1215 12 Gen Hosp. 15-9-17			7 30					
			67 10		99 76					
1918 Jan		" 447 1 60 RD 22-11-17.	34 10		14 60					
		" 402 " 12-11-17.			4 87					
		" 492 " 17-12-17.			29 20					
			34 10		48 67					
Feb			30 80							
			30 80							
March			34 10							
		C.C.P.								
		AR. 377. 27/3/18 8th Stat Hosp Fortchiefline Loan			7 30					
		AR. 770 20/3/18 1st 60 RD			2 43					
		AR 3704 22/3/18 3rd Rec			2 43					
Sept			34 10							

Month	Date	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Sep. Pay Allce.
1918 March		Brought	34 10								
					Shall. 631 24/1/18 1st C.R.D	12 16					
					Shall. 2940 14/2/18 1st C.R.D	9 73			15		
						30 49			15	14 79	

CANADIAN ASSIGNED PAY AUDITED
E.S. Bradley
AUDIT CLERK
DATE 14/5/18

P 820
12474—378M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:– 1.8.16. Stopped Effec 1/11/18		EFFECTIVE DATE:–	
AMOUNT:– 15**		AMOUNT:–	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs M.E. Boone.
1 Blows Blk.
Kingston, Ont.

(Wife)

A.S.M. FORM REN'R Stopped EFFED. 1/11/18
DISCHARGED TO Canada DATE 31/10/18
PAY BOOK VERIFIED Yes:
Cr. BAL. 40 55/55 L.P.O. REN'R 23/10/18
AUTHY. N.R. 49 29/10/18
Checked B. Burley

NAME:– Boon Thomas James

NUMBER:– 724002

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:– 109 Bn

DATE ACCOUNT FIRST OPENED:– 1.8.17.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			160 RD.
L.R.	1/11/17		NEA.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
12/10/18	562	3rd C.R. Bn.	2 43	Chgd 30/10/18			
23/10/18	2359	"	9 73	Chgd 4/11/18			

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:– Discharge Canada 31/10/18 N.R. 49 29/10/18 Disposal

MONTH 1918	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Balance Forward.								14 29		
April	Pt'ship	33		C.G.P.				15			
				AR. 174 12/4/18 3rd Contr Res	4 87						
				AR 108 26/4/18 do	12 17						
				DRAR. 540 1/1/18 1st CORD.	7 30				8 45		
		33			24 34			15			
May	Pt'ship	34 10		C.G.P.				15			
				AR. 214 14/5/18 3rd Contr Res	4 87						
				AR. 270 23/5/18 "	12 17				10 51		
		34 10			17 04			15			
June	P.P.	33		C.G.P.				15			
	AR. 1024 - 27/3/17. charged twice. mch/17 + Aug/17. authy Pa. 12618.		9 74	AR. 391 25 June. 3 Res.	12 17				26 08		
		33	9 74		12 17			15			
July	P.P.	34 10		C.G.P.				15	45 18		
				AR. 419. 12/7. 3 Res.	4 87				40 31		
				AR. 1265 26/7. 3 Ban R.	12 17				28 14		
		34 10			17 04			15			
Aug	P.P.	34 10		C.G.P.				15	47 24		
				AR. 124 26/8 3 Ban Res	12 17				35 07		
		34 10			12 17			15			
Sept	P.P.	33		C.G.P.				15			
				AR 2424 - 19/9 - 1 CORD	9 73						
				" 3046 - 27/9 12 Res	9 73				33 61		
		33			19 46			15			
Oct	P.P.	34 10		C.G.P.				15	52 71		
				562 12/10/18 3 Res	2 43						
				2359 23/10/18 "	9 73				40 55		
		34 10			12 18			15			
				Carried Forward.					40 55		

NUMBER 124002 RANK Pte. NAME Koon J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal Forward								40.55		
Dec.				CR. 1864 5/11/18. C.O.D. Pusta END ONLPC.	9.73				30.82		
1919		—	—	~~CR 30 18/1/19~~	9.73	—	—	—			
Jany				DR. 11144 Bal to Canada	30.82				Nil.		
					30.82						
	S.O.S. Canada 19/11/18 DC 332 5/11/18 (C.O.R.)										

LIST OF DISCHARGE DOCUMENTS.

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

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

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

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

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery.

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(b) Character Certificate (Army Form B. 2067) if entitled.
(c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

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

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

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

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

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

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

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

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

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

No. 724002 Army Rank Pte

Name Boon Thomas J.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 1st C. ORD

Battalion, Battery, Company, Depôt, &c. 109th
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge

1. *Description at the time of discharge.*

Age 49 years months
Height 5 feet 11 inches
Chest measurement { girth when fully expanded ins. / range of expansion ins.
Complexion
Eyes
Hair
Trade General Insurance Agent
Intended place of residence (To be given as fully as practicable) Kimpton Ont.

Descriptive marks.
Mole on Lt side neck
3

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

2. The above-named man is discharged in consequence of
Returned to Canada in accordance with instructions ~~under Paras. 7 & 9 of A.G.5-1-22 of April 5th, 1918.~~

Category B. 2.

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

To be filled in on the soldier quitting the Colours.

3. Military character :—

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

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C. (A8689) Wt. W7727/M2626 500,000 9/17 Sch. 32 Forms B. 268 4a

[OVER.

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

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

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

6. Campaigns, Medals and Decorations

Local

Certificate of education ..... _____

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

(Place) _____ _____

(Date) _____ *Commanding* _____ *Battn.* _____ *Regiment.*

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

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

(*Place*) _____ _____ (*Signature of Soldier.*)

(*Date*) _____ _____ (*Signature of Witness.*)

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

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

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

_____ (*Signature of Soldier.*)

10. *Statement of service.*

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

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

Total ... _____ " _____ "

11. *Confirmation of discharge.*

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

(Place) _____

Signature _____

(Date) _____

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

_____

OPINION OF THE MEDICAL BOARD

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

Yes, and would add Lt-Col. J.C. Connell, CAMC, reports:-

Eyes are normal except for presby opia (age 54)

V - $\frac{6}{6}$ reads J1 with X2.50D

Glasses ordered, No eye disability.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

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

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

On Demobilization, Medically unfit for general service.

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

Place Kingston Ont. — President.

Date 26-3-20. — Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness ..... Signed .....

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

President

Place ..... Members

Date .....

APPROVED BY G. Samuel Green. MAJOR D. A. D. M. S. M. D. No. 3. — Assistant Director of Medical Services.

APPROVED BY — Director-General of Medical Services.

Date MAR 26 1920

Date .....

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

Station Kingston, Ont., Date March 26th 192 0

1. 1 (a) Unit C.A.P.C. (b) Regimental No. 724002 (c) Rank Corporal

(d) Surname BOON (e) Christian name Thomas James

(f) Home address 201 Queen St., Kingston.

(g) Next of Kin Mary E. Boon (h) Relationship Wife

(i) Address of Next of Kin 201 Queen St., Kingston.

2. Age last birthday 54 Date of birth July 21st 1865.

3. Enlistment, or Appointment (if an Officer) (a) Place Kingston (b) Date Nov 18/ 15.

4. Personal description:

(a) Height 5' 10½" (b) Weight 150 (stripped) (c) Complexion dark

(d) Colour of hair Grey (e) Colour of eyes brown (f) Identification marks, Scars, etc. Nil

5. Former trade or occupation Bookkeeper.

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

		Periods From	Periods To
Canada	109th Battalion	Nov 18 1915	Oct. 1916
England	1 C.O.R.D.	Oct 1916	Jan 1919
~~France or other theatres of War~~ Canada	C.A.P.C.	Jan 1919	to date

7. Original disease, or injury 1. Overage.

(a) Date of origin N.A. (b) Place of origin N.A.

(c) Cause not applicable

M. F. B. 227.

400M.—11-18.
1772-30-117.

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

Overage.

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

Man has no complaints whatever. Complains of no symptoms.

Examination shows;- Heart, size and shape normal, accintration of second sound. The radial arteries are palpable at the wrists and there is some evidence of arterio scelarosis.

Man gives age as 54 and appears to be this age.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No. Cardio-Vascular System No. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No. (Albumen and Sugar will be excluded.)

Special Senses No. Respiratory System No. Integumentary System No.

Disturbances of Mentality No. Digestive System No. Muscular System No.

Osseous and Joint Systems No. Any other general condition No.

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

N/A.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Nil.

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

Nil.

11.—(*a*) Did the disabling condition have its origin before enlistment? N/A.

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

N/A

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? N/A

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

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

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

N/A

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

N/A

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

17. Recommendations Medically Unfit under demobilization.

K Lugnr Capt AMC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of

T. J. Boon Rank.
Signature of invalid examined.

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

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

on the day of 191

Members of the Board :—

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

Dated at this day of 191

Signatures of the Board

President.

Signatures of the Board

 Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 12367. 50M. 29-12-17.

Reserved for M.H.C.

Regt. No. 724002 Rank Pte Surname BOON Christian Name THOMAS JAMES

Unit or Corps—(a) Overseas from United Kingdom Nat O'Seas (b) In United Kingdom 1st CORD

Born at—Town KINGSTON County or Province ONT Country CANADA

Date of Birth—Day 21 Month JULY Year 1869 Age 49 yrs. 2 months.

Joined at KINGSTON ONT CANADA Date 18-11-1915

Former Trade or Occupation CLERK

Permanent marks or peculiarities that will serve for future identification :

Mole left side of neck

Height—feet 5 inches 10 Colour of eyes BROWN

Signature of Soldier (*for identification purposes*) Thomas James Boon

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

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

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) ARTERIO-SCLEROSIS

Disabilities Group (*b*)

Disabilities Group (*c*).

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	AGE		
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

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

3. Is the disability due to disease contracted or injuries received prior to Active Service ?
   - (*i.*) As to Group (*a*) above ? yes — If yes, has Active Service aggravated it ? no
   - (*ii.*) As to Group (*b*) above ? — If yes, has Active Service aggravated it ?
   - (*iii.*) As to Group (*c*) above ? — If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service—
   - (*i.*) As to Group (*a*) above ? no
   - (*ii.*) As to Group (*b*) above ? —
   - (*iii.*) As to Group (*c*) above ? —

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

(i.) While on duty? N.A. (ii.) While off duty?

(iii.) Was a Court of Inquiry held? (iv.) Where? (v.) When?

(vi.) Opinion of the Court?

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records*).

Came to Eng. 21 July 1916 (statement) M.H.S. shows that he was boarded 18/Oct/16, over age and marked per base. Boarded 29 Nov/16 and placed in Cat C ii ~~and~~ Boarded 29-1-18 art. sclerosis. Category B ii.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)

He looks to be well over fifty. There is some hardening of the arteries felt at the wrists. The are no adventitious heart or lung sounds. The second heart sound is much more distinct than the first. Pulse, at rest, 88. His muscles are flabby. His urine is negative

8. OPERATION. (i.) Was one performed? N.A.

(ii.) If so, state what.

(iii.) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? no

(ii.) If so, describe.

10. DO YOU RECOMMEND:—

(a) Fit for duty? no

(b) Fit for base duty? yes B ii

(c) Invalid to Canada? no

(d) Discharge from the Service as permanently unfit? no

Date of Report 15 Oct 1918 Signed Jas Hammond Officer in medical charge of case, Capt. Camp.

Station Witley

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

Geo. F. L. Fuller Capt. Camp. { Officer i/c S.M.O. / Hospital Brigade } Strike out one of these.

Dated at Camp Witley Station, on 15 - 10 1918.

* Delete if inapplicable.

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

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

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

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

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

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.) N.A.

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*) N.A.

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

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

18. Remarks.
B.P. 130—100. Arteries very palpable.

19. Recommendation:—(a) Fit for duty? no
(b) Fit for base duty? B ii
(c) Invalid to Canada?
(d) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board 16/10/18

Signatures of the Board. Lieutenant Colonel, President. We concur in the above case.

Station Witley

Approved W. J. Mulholland MAJOR, A.D.M.S.
D.A.D.M.S. CANADIAN TROOPS, WITLEY.

Dated at Station 191

A.D.M.S. HEADQUARTERS 2 OCT 1918 EY.