

*KONEYDEARE Ros's Philip*

REGIMENT

*254*

UNIT *4th*

*WAR. CAN. IMP.*

REGT. NO.

UNIT

H. Q. FILE NO.

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TO WHOM FORWARDED

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**CHD**

**M**

**H**

**PUBLIC ARCHIVES  
RECORDS CENTRE  
PERS JACKET  
ROOM**

**PUBLIC ARCHIVES  
RECORDS CENTRE  
PERS JACKET**

**CARD**

*31240*

**DEATH**

Category

**DISCHARGE**

Category

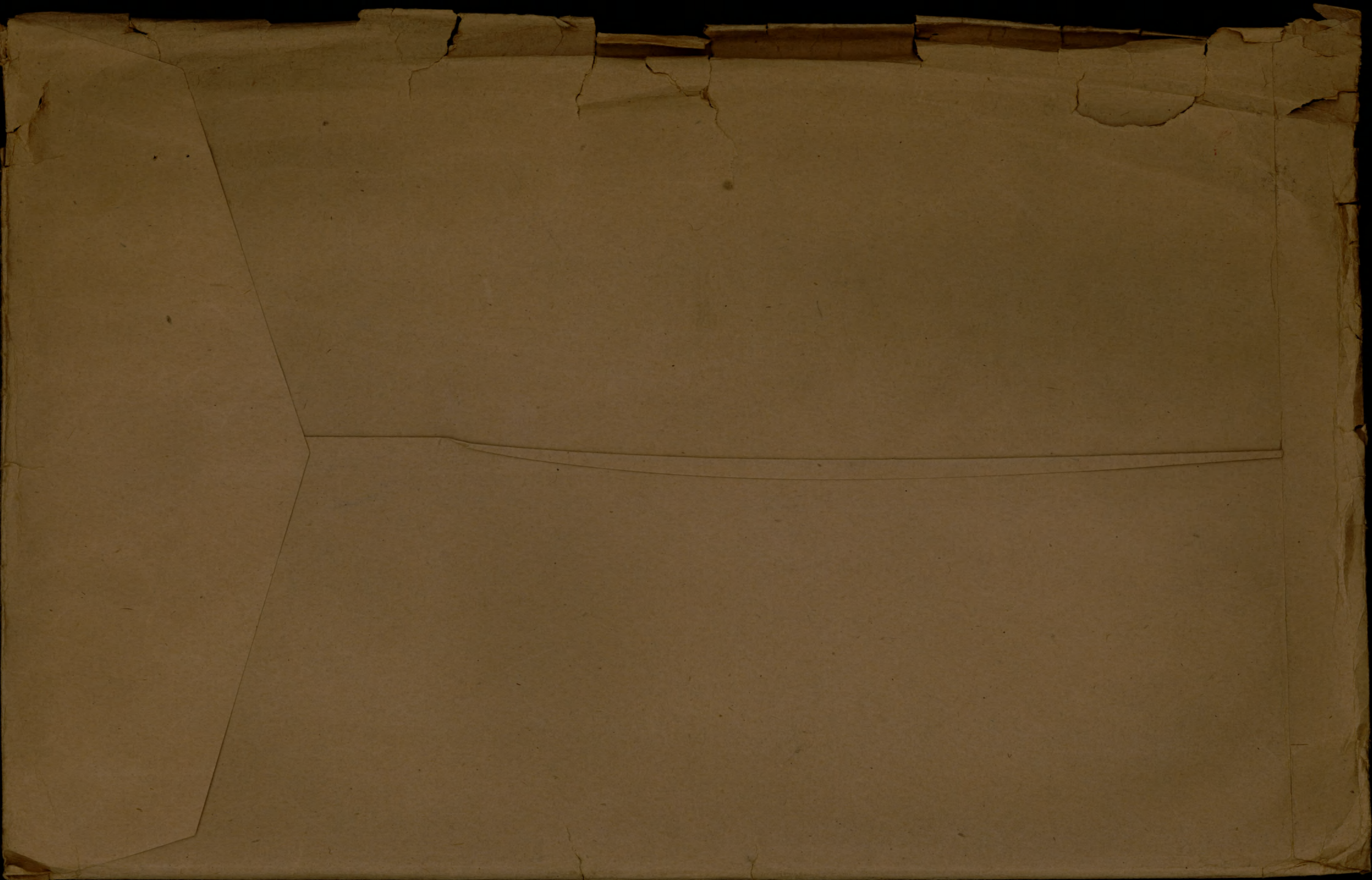
*Must*

**DESERTION**

*26 24  
12 24  
6-24*

*2*







**80th Battalion, C.E.F.**  
**ATTESTATION PAPER**

*M.G.S.*  
*Original*

No. 724254

Folio.

**CANADIAN OVER-SEAS EXPEDITIONARY FORCE**

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**

(ANSWERS)

1. What is your name? *Ross Conybeare*
2. In what Town, Township, or Parish, and in what Country were you born? *Haliburton Ont*
3. What is the name of your next-of-kin? *mother Mrs Wm Conybeare*
4. What is the address of your next-of-kin? *P.O. Haliburton Ont Canada*
5. What is the date of your birth? *June 26<sup>th</sup> 1895*
6. What is your trade or calling? *Salesman*
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?  
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*

*Ross Conybeare* (Signature of Man.)  
*R.H. Anderson* (Signature of Witness.)

**DECLARATION TO BE MADE BY MAN ON ATTESTATION.**

I, *Ross Conybeare*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *September 2<sup>nd</sup> 1915* *Ross Conybeare* (Signature of Recruit.)  
*R.H. Anderson* (Signature of Witness.)

**OATH TO BE TAKEN BY MAN ON ATTESTATION.**

I, *Ross Conybeare*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *September 2<sup>nd</sup> 1915* *Ross Conybeare* (Signature of Recruit.)  
*R.H. Anderson* (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 *2<sup>nd</sup>* day of *September* 1915.

*G. H. Jordan* (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

*C. H. Davis Capt* (Approving Officer.)



DESCRIPTION OF Ross Conybeare ON ENLISTMENT.

Apparent Age 20 years 2 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. 8 ins.

*Scar above left ankle*

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

Complexion Fair

Eyes Blue

Hair Red

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him fit for the Canadian Over-Seas Expeditionary Force.

Date August 29<sup>th</sup> 1915.

*J McCulloch*  
*Lieut*  
 Medical Officer.

Place Lindsay

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

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

CERTIFICATE OF OFFICER COMMANDING UNIT

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

*W G Fletcher* (Signature of Officer.)

Date OCT 6 1915 191 O. C. 80th Battalion, C.E.F.



CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Service Badge  
Class "A" No

THIS IS TO CERTIFY that No. 724254 (Rank) Sapper  
 Name (in full) Rosa Phillip Cougbeare enlisted in  
 the 109<sup>th</sup> Battalion  
 CANADIAN EXPEDITIONARY FORCE at Luders on the 2<sup>nd</sup>  
 day of September 19 15  
 HE served in France in 10<sup>th</sup> Battalion CE  
 Demobilization.  
 and is now discharged from the service by reason of  
Medical Unfitness.

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

Age 23 years  
 Height 5' 11"  
 Complexion Fair  
 Eyes Blue  
 Hair Auburn

Marks or Scars Freckles neck and  
 shoulders

Hair Auburn  
R.P. Cougbeare  
 Signature of Soldier.

Lucie Thompson  
 Issuing Officer.

Date of Discharge No. 2 District Depot  
 Toronto, Ont.  
 JUN 17 1919

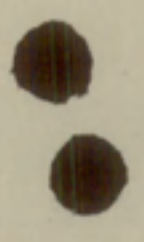
For  
O.C. No. 2 District Depot.  
 Rank

Date JUN 17 1919 19.....

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.



DISCHARGE CERTIFICATE



THIS IS TO CERTIFY THAT  
 NAME (in full)  
 GRADE  
 NUMBER  
 OF THE  
 REGIMENT  
 OF THE  
 CANADIAN EXPEDITIONARY FORCE  
 WAS DISCHARGED ON THE  
 DATE  
 AT  
 BY  
 DESCRIBE REASON FOR DISCHARGE  
 IN FULL

ISSUED AT  
 ON THE  
 DATE  
 BY  
 DESCRIBE POSITION  
 IN FULL

7



Certified this document  
checked with  
Regimental documents.

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

WAR SERVICE BADGE.

CLASS "A" No. 2

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

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

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

1. Christian names Ross Philip 2. Surname Coneybeare
3. Rank Sapper 4. Original Unit 109th Bn 5. Reg. No. 724254
6. Address, in full, to which future payments of gratuity are to be forwarded  
XXXXXX, Lindsay, Ontario  
P.O. Box 1138
7. Date of enlistment in the C.E.F. 2-9-1915
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. not applicable
9. Relationship of such dependent not applicable
10. Address, in full, of such dependent not applicable
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not applicable
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served. 3 years, 8 months, 6 days.  
CANADA - 10 months, 24 days with 109th Bn; ENGLAND, 4 mos.  
with 109th, 3 mos, 10 days with 124th. FRANCE, 16 mos, 21  
days with 124th, 9 mos. 11 days with Engineers, 10th Bn.
16. Were you at the time of enlistment a civil employ e of the Dominion Government? If so, state Department NO
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? NO

*mf*  
*mf*  
*mf*

*Q*



18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. NO

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. NO

*mf* 20. Have you been issued with a War Service Badge? If so what class? NO

21. Have you, during the present war, served in the Imperial Forces? NO

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. NO

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? YES

(b) If so, was such reversion in consequence of misconduct or inefficiency? NO

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

*mf* 25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.

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

*mf* 27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?  
(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *R. P. Honeybeare*

Place of Residence: *Lindsay Ontario Box 1138*

Declared before me at: *Widby*

This 11th day of May 1919

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

*W. Munnings* Major, Brigade Major, 4th Brigade, C.E.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.



P

EYE, EAR, NOSE AND THROAT CLINIC.

Witley Camp, Surrey.

Date... 22 - 5 - 1919.

Reg. 72425-4 rank. *Spr* Name *Coneybear*  
Unit *4th Bn CE HQ*

WITHOUT GLASSES.

WITH GLASSES.  
(As per prescription below)

SPH. CYL. AXIS.

Visual acuity Rt. *6/24* with *not-improved*  
Visual acuity Lt. *6/6* with

Category recommended is. *B1*

Glasses not ordered.

Original disease or injury. *Amblyopia R-eye*

Date of origin. *1904*

Place of origin.

Cause. *Injury*

Present disability. *Defective vision R-eye*

Remarks.

CONDITION WAS..... PRESENT PREVIOUS TO ENLISTMENT AND HAS.....  
BEEN CAUSED BY SERVICE. HAS ?..... BEEN AGGRAVATED BY SERVICE

L. B

*W. A. Macdonald*

CAPTAIN. C.A.M.C.  
Eye and Ear Specialist.  
Witley Camp, Surrey.



UNITED STATES DEPARTMENT OF THE INTERIOR

BLANKET PERMIT TO TAKE SAND AND GRAVEL  
IN THE PUBLIC LANDS OF THE UNITED STATES  
FOR THE PURPOSES OF CONSTRUCTION

WHEREAS, certain lands owned by the United States are situated in the State of California, and certain persons have applied for permits to take sand and gravel from said lands for the purposes of construction;

AND WHEREAS, the Secretary of the Interior has determined that it is in the public interest to grant such permits, subject to the conditions hereinafter set forth;

IT IS HEREBY ORDERED that the Secretary of the Interior shall grant to the applicant a permit to take sand and gravel from the lands described in the application, subject to the following conditions:

- 1. The permit shall be valid only for the purpose specified in the application.
- 2. The permit shall be valid only for the term specified in the application.
- 3. The permit shall be valid only for the area specified in the application.
- 4. The permit shall be valid only for the quantity specified in the application.
- 5. The permit shall be valid only for the person or persons specified in the application.

IN WITNESS WHEREOF, the Secretary of the Interior has hereunto set his hand and the seal of the Department of the Interior at Washington, D. C., this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

SECRETARY OF THE INTERIOR



24254  
 8th Battalion, C.E.F.  
**MEDICAL HISTORY SHEET.**

ORIGINAL

Surname Coneybear Christian Name Ross

Examined { on 29<sup>th</sup> day of August 1915  
 at Lindsay  
 Birthplace { City or Town Haliburton  
 County Haliburton

Approved by J. McCulloch  
 Rank Serjt M.O.

Apparent age 20 years  
 Trade or occupation Shisman  
 Height 5 Feet 8 1/2 Inches.  
 Weight 140 Lbs.  
 Chest measurement { Minimum 32 inches.  
 Maximum expansion 36 inches.  
 Physical development good  
 Small-Pox Marks None

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

Vaccination Marks { Arm Right None Left one  
 Number one  
 When Vaccinated last Sept 9 1915  
 (a) Marks indicating congenital peculiarities or previous disease None

Date	Result	VACCINATIONS.
<u>9.9.15</u>	<u>good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>29/8/15</u>	<u>good</u>	<u>H. H. Colquhoun</u> M.O.
<u>9/12/15</u>	<u>good</u>	<u>H. H. Colquhoun</u> M.O.
<u>22.9.16</u>		<u>H. H. Colquhoun</u> M.O.

Enlisted on 29<sup>th</sup> day of August 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Overseas Conty</u> <u>45<sup>th</sup> Vict Regt</u>	<u>724254</u>		<u>29.8.15</u>
Transferred to..	<u>124th OVERSEAS BATTALION C.E.F.</u> <u>ccac-18.1.17</u> <u>124<sup>th</sup> Bn 2.2.17</u>			<u>13 MAR 1917</u>

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD.**

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u>	<u>10-5-17</u> <u>P. D. Stewart</u>	<u>defective vision</u>	<u>Class B(i) Cooper</u> PRESIDENT
<u>APPROVED</u> <u>W. J. W. W. W.</u>	<u>24-5-17</u>		<u>MEDICAL BOARD BRAMSHOTT,</u> Duplicate Medical History Sheet posted to here! <u>T. B. J. J. J.</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.







143807

# EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

No. 724254 Rank Pte Name Coneybeare R Feb 2 1917  
Local Unit 124 Bn Overseas Unit \_\_\_\_\_ Age 22

Examination held in Bramshott area.

### DISABILITY.

Overseas—Local.  
(scratch one out)

*Defective vision*

### PRESENT CONDITION.

*Spec. Report R E  $\frac{6}{36}$  L E  $\frac{6}{6}$ .  
Recommended this man be  
raised to Category A "*

*M* Board recommends: *A "*

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

Signatures:

Members { *[Signature]* Pres.  
*[Signature]* Capt  
*110124 Bn*

Approved.

Bramshott \_\_\_\_\_ 191 \_\_\_\_\_



Bramshott

101

Abbott

Members

Page

Signature

2. Discharge

1. In the Bramshott Base Unit

3. In the Base Unit

Address

5. In the Base Unit

Address of the person

1. In the Base Unit

Formal acknowledgment

PRESENT CONDITION

(Signature of the Unit)

Signature - Date

DISABILITY

Examination held in Bramshott area

Local Unit

Overseas Unit

Age

No.

Rank

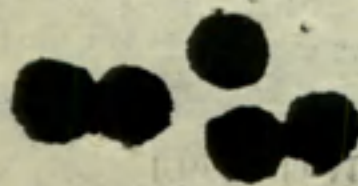
Name

101

STANDING MEDICAL BOARD, BRAMSHOTT

OR

EXAMINATION





# EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

10-1-1917

No. 724254 Rank Corp. Name Coneyburn, R.P.

Local Unit 124<sup>th</sup> Overseas Unit \_\_\_\_\_ Age 21

Examination held in Bramshott area.

### DISABILITY.

Overseas—Local.  
(scratch one out)

*Defective Vision.*

### PRESENT CONDITION.

*V.A. - R.E. 6/36 L.E. 6/6.  
E glasses not improved.  
fit for some cases, acc. to W.R. only glasses  
otherwise very fit.*

*Raised to AII  
by no. 124<sup>th</sup> Bn.*

Board recommends:

1. Fit for Duty. *Class BIII*
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. C. Cole* Pres.  
*L. A. Dickson*

Approved.

Bramshott 10-1- 1917

*A. Stewart Maj.*  
for A.D.M.S. and G.O.C.,  
Canadian Troops, Bramshott.



# EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

No. *10-1-191*  
Rank *Private* Name *George...*  
Local Unit *1st Bn. The Buffs* Overseas Unit *1st Bn. The Buffs* Age *21*

Examination held in Bramshott area.

### DISABILITY.

Overseas—Local  
(scratch one unit)

### PRESENT CONDITION.

*V.A. R. 10-1-191*  
*Private George...*  
*1st Bn. The Buffs*  
*1st Bn. The Buffs*  
*21*

### Board recommends:

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

Signatures:

Pres. *George...*  
Members *...*

Approved

Bramshott

101



*M.L.S.*

**DUPLICATE**

L.O. 51-21-20-53

To be made out in duplicate.

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

INSTRUCTIONS.

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

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

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

(2) Regimental Number.....

*724254*

(3) Full Name of Soldier.....

*Ross Phyllis Conybear*

(4) Place of Birth.....

*Haliburton,  
Ontario*

(5) Are you married, or not?.....

*No*

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

(b) Present Postal Address.....

(7) Are you a widower?.....

*No*

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

*No*

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

Also their names and ages.....



(9) Is your Father alive? *Yes*  
If so, state name and address *William, Haliburton, Ontario.*

(10) Is your Mother alive? *Yes*  
If so, state name and address *Margaret, Haliburton, Ontario.*

(11) If your Mother is a widow? *No*  
Are you her sole support, or not? *No*

(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.  
.....  
.....

(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.  
*Mrs Margaret Coneybeare,*  
*Haliburton,*  
*Ontario.*

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

(15) Are you insured? *Yes*  
If so, in what Company? *Standard Life Independent Order of Foresters*  
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 *14<sup>th</sup> July 1916.*

*[Signature]*  
Lt. Col.  
Officer Commanding.  
O. C. 109th Overseas Battalion, C. E. F.



P. W. M. J.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.  
DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block letters) CONNOR BEARE Ross Phillip  
REGIMENT H.Q. 4th Bde C.E. RANK Sapper. No. 724254  
Date of Examination in England 2/6/47 Date of Examination in France \_\_\_\_\_

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 7, 30.

2. EXTRACTIONS

3. CROWNS 8

4. DENTURES
- (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

(a) In Canada yes

(b) In England

(c) In France yes

Signature of Dental Officer [Signature]



UNITED STATES DEPARTMENT OF THE ARMY  
DENTAL CERTIFICATE FOR DEMOBILIZATION

17

THIS CERTIFICATE IS VALID FOR THE  
PERIOD OF 12 MONTHS FROM THE DATE  
HEREON

ISSUED AT THE DENTAL CLINIC  
OF THE ARMY DENTAL CENTER  
AT FORT MONMOUTH, NEW JERSEY



*W. S. B. Evans*  
 Fill in Only.—Unit, Number, Rank and Name.

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

## Casualty Form—Active Service.

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

Regimental No. 24254 Rank Private Name Boneybear, Ross  
 Enlisted (a) 2/9/15 Terms of Service (a) 10 of W. Service reckons from (a) 24-12-15  
 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) Saleman.

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	
5/8/16		Appointed A/Cpl. 109th Bn	Daney	5.8.16	Part II Order 218.7285
8.12.16	OC 109th	Transferred to 124th Bn Witley		8.12.16	D.O. #43 109th Overseas Battalion, C.E.F.  <i>W. S. B. Evans</i> ADJUTANT, CAPTAIN, 109th BATTALION CAN. INFANTRY.
9-12-16	124th Bn	Taken on strength of 124th Bn., C.E.F.	Witley Camp	8-12-16	Part II Orders 255  <i>W. S. B. Evans</i> MAJOR ADJUTANT, 124th BATTALION C.E.F.
18-1-17	124th Bn	Transferred to C.C.A.C.	Witley Camp	18-1-17	Part II Orders #18  <i>W. S. B. Evans</i> Capt., Adj. Supt. 124th Bn. C.E.F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) e.g. Signaller, Shoing 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				
<del>18-1-17</del>	<del>124th Bn.</del>	<del>Transferred to 3rd. Labour Battalion</del>	<del>Witley Camp</del>	<del>18-1-17</del>	<del>Part II Orders #18</del>  <del>Capt., Adj. 124th Bn. C.E.F.</del>
		<i>Do not proceed</i>			
11.2.17	124th Bn.	Re-taken on strength of 124th Bn.	Witley Camp	2.2.17	Part II Orders 42
17.2.17	124th Bn.	Reverts to Rctg. Sec-Cpl to meet Establishment	Witley Camp	20.2.17	Part II Orders 48
9-3-17	124th Bn.	Proceeded for Overseas Service.	Witley Camp	139-3-17	Part II Orders No. 69 <i>Amurgh</i> Lieut., Asst. Adj. 124th. CCBC (Pionrs)
11-3-17	M.L.O.	Disembarked	Boulogne	11-3-17	N.R.
14/4/17	O.S. 124 Bn.	Confirmed in <i>Apppt.</i> of L/6 pl.	Field	9/3/17	DO. Pt. II No. 81 d. 14/4/17
14/4/17	do.	Sick Evac.	Field	13/4/17	B. 213 Dec. 8 d. 24/4/17
14/4/17	12 C.F.A.	N.Y.D. Shell Shock adm.	12 C.F.A.	12/4/17	} A. 36 E 3473 Dec. 10
14/4/17	2 Can. Gen.	Shell Shock adm	C.C. 5.	13/4/17	
18/4/17	2 Can. Sta.	W. Shell Shock adm	2 Can. Gen.	14/4/17	W. 3034/24
18/4/17	7 Con. Dep.	do. adm.	7 Con. Dep.	18/4/17	W. 3034/32
15/4/17	1 C.F.A.	N.Y.D. Shell Shock adm	do.	18/4/17	} A. 36 E. 3636 Dec. 12
25/4/17	7 Con. Dep.	Shell Shock adm	1 C.F.A.	12/4/17	
25/4/17	10 Con. Dep.	do adm.	Corp Rest Stu.	12/4/17	} W. 3034/44
			10 Con. Dep.	25/4/17	
			do	25/4/17	W. 3034/44

CERTIFIED CORRECT  
 27 MAR 1917  
 CAN. RECORDS, LONDON



**Casualty Form - Active Service.**

Regiment or Corps 124<sup>th</sup> G.G.B.G. (P.W.) Canadians.

Rank L/Cpl Surname Coneybear Christian Name Ross

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

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

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

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

Occupation ..... Signature of Officer .....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
<u>16/5/17</u>	<u>O.C. C.B.D.</u>	<u>T.O.S. C.B.D. "A"</u>	<u>Boulogne</u>	<u>16/5/16</u>	<u>N.R./137.</u>
<u>20/5/17</u>	<u>do</u>	<u>Left C.B.D. for Unit</u>	<u>Field</u>	<u>20/5/17</u>	<u>N.R./270.</u>
<u>27.5.17</u>	<u>O.C. 124<sup>th</sup> P.W.</u>	<u>Returned to duty</u>	<u>do.</u>	<u>23.5.17</u>	<u>B.213 d. 5.6.17</u>
<u>13.10.17</u>	<u>do.</u>	<u>Reverts to Pte. at own Request</u>	<u>do.</u>	<u>5.10.17</u>	<u>Rev. Cert. N.I. 16 B.213 27254 D.O. 149 d. 9.11.17</u>
<u>12.1.18</u>	<u>do.</u>	<u>Granted 14 days leave to</u>	<u>Cannes</u>	<u>11.1.18</u>	<u>B.213 D.O. 4 d.</u>
<u>2.2.18</u>	<u>do.</u>	<u>Rejoined Unit</u>	<u>Field</u>	<u>27.1.18</u>	<u>22.1.18 B.213</u>
<u>27.4.18</u>	<u>do.</u>	<u>Granted one good Cond. Trade</u>	<u>do.</u>	<u>2.9.17</u>	<u>B.213; D.O. 30 M7.5.18.</u>
<u>27.7.18</u>	<u>12 C.F.A.</u>	<u>Influenza adm.</u>	<u>12 C.F.A.</u>	<u>27.7.18</u>	<u>A.36/9.5240</u>
<u>28.7.18</u>	<u>11 C.F.A.</u>	<u>do. adm.</u>	<u>11 C.F.A.</u>	<u>27.7.18</u>	<u>A.36/9.5445</u>
		<u>To.</u>	<u>12 C.F.A.</u>	<u>27.7.18</u>	
<u>30.7.18</u>	<u>12 C.F.A.</u>	<u>do. To</u>	<u>Duty</u>	<u>30.7.18</u>	<u>A.36/9.6254</u>

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

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







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

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

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 109<sup>th</sup> Battalion

Regimental No. 724254 Rank Pte. Name Coneybear, Ross  
C. E. F.

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

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

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
24-7-19	Can-Eng Pers	S.O.S. of the Comd Lt Col on proceeding to Canada 6-6-19-			a.o.i. [Signature] for Col R.

(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.







ramshot

Date... 24/12 - 1914

To M.O. 124 Battn.

Rank & Name Pte. R. P. Conybeare No. 724 254

Unit Battn.

Visual acuity

R.E. 6/36

L.E. 6/6

" " with glasses

R.E. not improved

L.E. ....

~~Unfit.~~

Fit. in camp, care, etc.

Glasses not ordered.

Remarks:-

Sig. W.E. Anley

Captain C.A.M.C.



1880

1880

1880

1880

1880

1880

1880

1880

1880

1880

1880

1880

1880

1880











Name **CONEYBEARE. ROSS** Rank **L/Cpl**

Reg. No. **724254**

Unit **124th PIONEERS**

Next of Kin **CANADA**

1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
Apr. 14.	No. 2. Can. Sty Hsp Outreau		"W" Shell Sk.	A. 16.	M. 2492	
	18. No. 7. Con Depot	Boulogne	do	A. 21		
	25. No. 10. Con Depot	Ecault	do	A. 29		
May	13. Dis to 3 Lge Red Cross harbors.		do	A. 40.		
23	Rejoined Unit.		do	A. 52		







NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L. No.

H. Q. FILE No. 649

FOLLOWS

No.

FOLLOWS

*Coneybear R*

*Cas Eng (124 P)*

*724254*



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A 283	12 Cav Reg Amb	27-7-18	Influenza
A 283	Kluscht's duty	30-7-18	"
<del>A 319</del>	<del>10 Gen. Support</del>	<del>6-9-18</del>	<del>appendicitis</del> <sup>Gen</sup>

This Casualty  
Shown on Cas list  
Car Engrs. 1918  
Refers to H. W. F.  
724, 139.  
Coneybeare

A. 318  
(not A 319) Geo.  
and not to  
R. Coneybeare  
7  
Voucher Library  
researched  
14/9/39



REGT'L NO 724254

H. Q. FILE NO. 649-

NAME Coneybear, Ross

RANK AND CORPS L/lt. 124<sup>th</sup> Bn. Form 80

FOLLOWS  
NO. 1. 12.

---

FOLLOWS

CABLE		NATURE OF CASUALTY
No.	DATE	
<u>M 2492</u>	<u>20-4-17</u>	<u>Adm. #2 Gen. Hosp. Outbreak Apr. 14<sup>th</sup> /17 Shell shock.</u>



LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 16.	No 2 (Stat (Can) Outrea	14-4-17 <sup>14</sup>	W. Shell shock
A 21.	No 7 Conv. Dep. Boulogne	18-4-17	" " "
A 29.	No 10 Conv. " Caout.	25-4-17	" "
A 40.	No 3 Large Res. C. Marbon	13-5-17	" " "
A 52	Kept from Ball Refunit	23-5-17	" " " 4-7-17



No. 724505 RANK Pte  
724254.

NAME Coneybrose. R. P.

T. O. S. UNIT 109th. Battalion  
Transferred from 80th Bn  
24-92-15 D.O. 33 29-12-15.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 24	1915 Dec 31	✓	Prom. 2/Cpl. 1-1-16.	D.O. 47.14-1-16.
1916 Jan.	1916 Feb.	✓		
Mar.		✓		
April		✓		
May		✓	Pro. Capt. 11-4-16.	S.O. 122 of 11-4-16.
June		✓		
July		✓		

UNIT SAILED  
JUL 23 1916







SURNAME

*Boneybear*

CHRISTIAN NAMES

*Ross*

REGL. NO.

*724254*

RANK

*Cpl.*

UNIT

~~*80th*~~ *109th*

*Batt.*

FORMER CORPS

CARD NO.

*2-2*

*S.O.S. Dis 16-6-19*  
*00-1719 FOEL. 20-6-19*  
*Demob. 2-22*

NEXT OF KIN.

NAMES IN FULL

*Boneybear Mrs. William*

RELATIONSHIP TO SOLDIER

*mother.*

ADDRESS

*Haliburton, Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*Canada Haliburton,*

DATE

PLACE OF ATTESTATION

*Lindsay Ont.*

DATE

*Sept. 2/15.*

*Sailed from Halifax*

*23/7/16, 29c*  
*R/L 13-6-19 347 sp.*



DATE	MEDICAL EXAMINATION.	PLACE
		DISTINGUISHING MARKS
HAIR	EYES	COMPLEXION
INCHES	INCHES	CHEST MEASUREMENT
INCHES	FEET	HEIGHT
MONTHS	YEARS	APPARENT AGE
	DESCRIPTION.	
	RELIGION	TRADE OR CALLING
WIDOWER	SINGLE	MARRIED

*1908*





6-m-31

Number 724254 ✓

Rank Allege ✓

Surname CONYBEARE ✓

~~Bl~~

Christian Name ROSS ✓

Units C-6 ✓ Theatre of War France ✓

Date of Service 11/3/17 ✓

Remarks

Latest Address ~~Box 1138~~ ✓

108 Manforth Ave. Lindsay  
Toronto, Ont.

Roll No Page 21884 Ont



## GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA



Surname **Coneybeare.** Christian Name or Names **R.** Reg. No. **724254.**

Rank **L/Cpl.** Unit **124th. Pion.** Co. Troop Batty.

Hospital **2. Sta. Hosp. Outreau.** Date of Admission **14-4-17.**

Transferred **7 Convol., Boulogne** Hosp. **18-4-17**

**10 " Caumont.** Hosp. **25-4-17.**

**12 Can F. amb.** Hosp. **27-7-18**

Hosp.

Diagnosis **Wd. shell. shock. gl**

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

DISPOSITION	REMARKS	Date
C.I. 21-4-17.	Dis to 3 L.A.C.	13-5-17
- 27-4-17 @ 21	Dis to duty	30-7-18
7-5-17 @ 29.		
22-5-17 @ 40		
11-6-17. AS 2	Rejoined unit	23-5-17 -
5-8-18 @ 2830		

A.M.D. 2 DEPT.

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



# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



9215614  
 9215614  
 9215614

Date of Enlistment

MLITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

C

8482

Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
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PARTICULARS OF SEPARATION ALLOWANCE

No. **724254**  
 Rank **Capt.** Promoted Reverted Discharge  
 Soldier's Name **R. Coneybeare**  
 Battalion **109 Batta. C.E.F.**  
 Beneficiary  
 Relationship  
 Address

*Marguerite*  
 Name **Mrs. W. Coneybeare,**  
 Address **Haliburton, Ont.**  
 Change of Address  
 1 **Lindsay Ont.**  
 2  
 3  
 4

M. F. W. 128  
 400M-6-17-1772-38-1141  
 L. L. 22220-M. & D. 7463.

Date	Cheque No.	Amount S/A	Amount A/P	Total
1917				
Dec 31			340	340
Jan 18	C 67673		20	20
Feb 7	D 97229		20	20
Mar 2	a 115411		20	20
Apr 7	n 8764		20	20
May 27	m 13872		20	20
June 9	25454		20	20
July 8	s 28856		20	20
Aug 8	38711		20	20
Sept 8	47228		20	20
Oct 9	56442		20	20
Nov 10	56429		20	20
Dec 16	R 64798		20	20
Jan 17	J 76425		20	20
Feb 17	50363		20	20
Mar 17	58725		20	20
Apr 17	K 489		20	20
May 17	H 6091		20	20
June 17	G 10247		20	20
			700	700

3538-R-5

REMARKS

D 2M 22 1/2 9 AB 10 1/2

A/c Closed 30-6-19  
 Ret'd per... Olympic  
 Date... 12/6/19 M.F.W 187 M.D. 2  
 Closed... J. Shanahan  
 M.R.O. 122261-20

AUDITED



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.

Rank

Promoted

Reverted

Discharge

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.-6-17-1772-39-1141  
L. L. 22520-M. & D. 7868.



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom *W. Conybear,* By Whom Assigned *Conybear, R.*  
 Address *Lindsay,* Regtl. No. *724254.*  
*Out.* Rank *Pte.*  
 Corps *124 Bn.*  
 Rate *\$20.00*

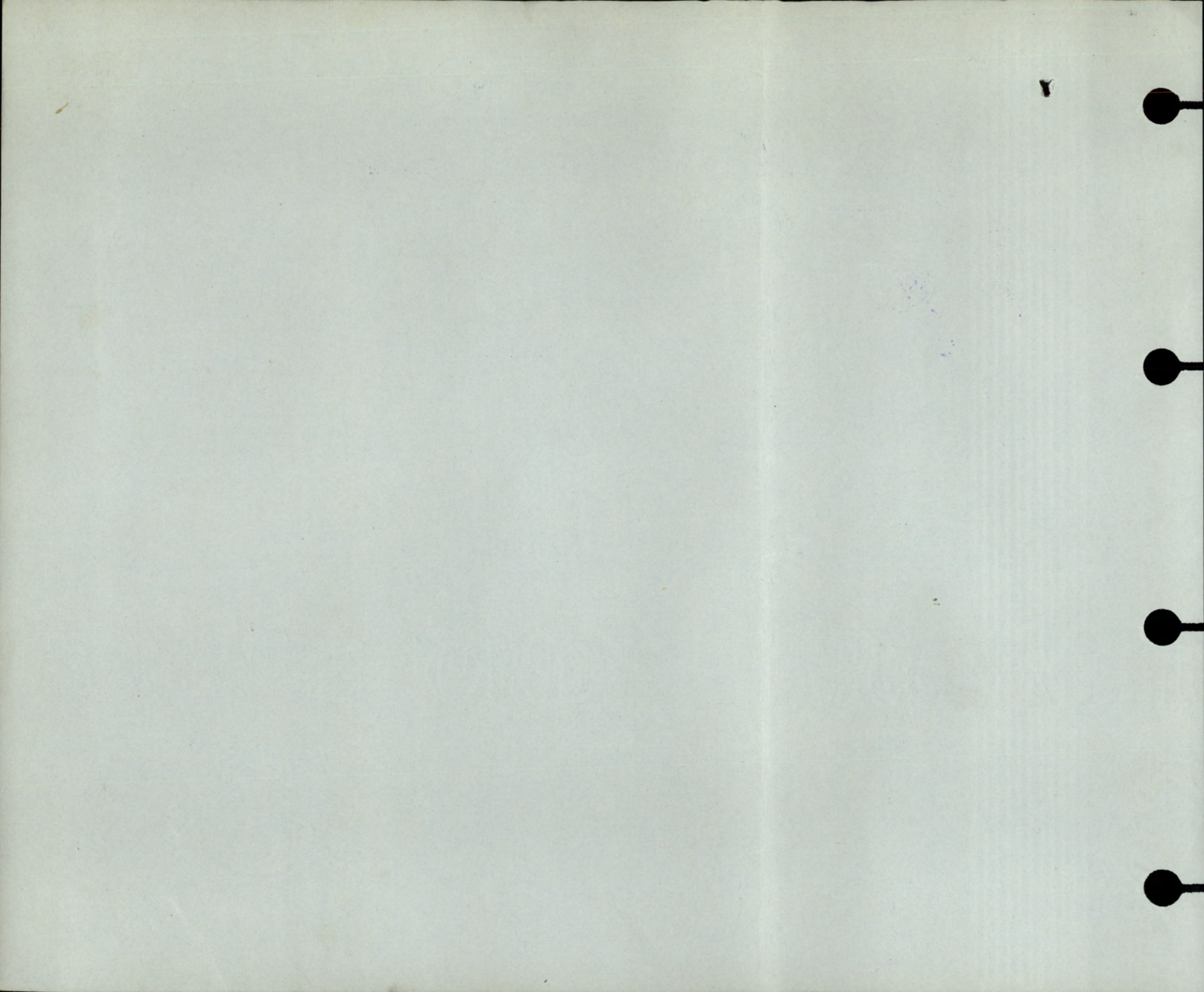
SPECIAL REMITTANCE

*Sched # 457*

*9-11-17* PAYMENTS ALSO ACCOUNT IN CURRENT LEDGER.

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.		<i>U 46361</i>	<i>20 -</i>	
Jan.	1916			
Feb.				
March				







MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

*Mrs Margaret*  
 To Whom *Wm Coneybeare*  
 Address *Haliburton Ont*  
*Kindsey*

By Whom Assigned *Coneybeare R.*  
 Regtl. No. *724254*  
 Rank *Corpl.*  
 Corps *109th Batta CEF.*

Rate *20<sup>00</sup> Aug '16 2M 22<sup>5</sup>/<sub>16</sub> Feb 19/16*

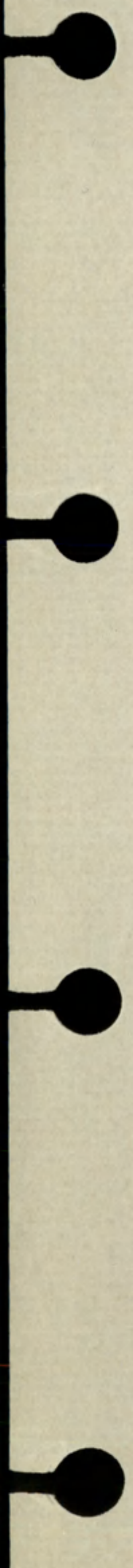
SEE ALSO ACCOUNT IN SPEC. REM. LEDGER.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				<i>2M 22<sup>5</sup>/<sub>16</sub> Feb 10<sup>12</sup>/<sub>17</sub></i>
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				







1900

1901

1902

•



# ASSIGNED PAY

OVERSEAS CONTINGENTS

Mrs Wm Coneybeare  
 Sheet No. 2 (Assignee)

Name of Soldier Coneybeare R  
724254 Corp. 109<sup>th</sup> Battrn R.F.

## PAYMENTS.

L. L. Job 5470—Req. 6888.

20<sup>00</sup>. Aug 16 <sup>Remarks</sup> 21122<sup>9</sup>/16.

Month.	Year.	Cheque No.	Amt.	Remarks
April	1916			
May				
June				
July				
Aug.				
Sept.		M17171	40	} 40 <sup>00</sup> Sept. Cheque to adjust 20 <sup>00</sup> future.
Oct.		R22874	20	
Nov.		a 25902	20	
Dec.		I30481	20	
Jan.	1917	T37673	20	
Feb.		T43607	20	20
March		V45013	20	20
April		N1261	20	20
May		Q7001	20	
June		Y13707	20	20
July		U20484	20	20
Aug.		Y27611	20	20
Sept.		Y34404	20	20
Oct.		N47305	20	
Nov.		Q53360	20	
Dec.		N55003	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*Handwritten initials*

*Handwritten initials*

*Handwritten circled numbers and notes*

*Handwritten red arrows and numbers*

*Handwritten note: 2340*



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.				



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.				
27.4.17	124 <sup>th</sup> Bn.	30 <sup>th</sup> 7 Conv. Depot	Boulogne	18.4.17	Co. 21 <sup>A</sup> W shell shock.
7.5.17	---	30 <sup>th</sup> 10	Ecault	25.4.17	--- 29 ---
22.5.17	---	30 <sup>th</sup> 3 Large Rest Camp	Field	13.5.17	--- 40 ---
11.6.17	---	Rejoined Unit	---	23.5.17	--- 52 ---
9.11.17	124 <sup>th</sup> Bn.	Reverts to ranks @ our request	Appl. Field	5.10.17	P. II 0-143
		Now know as 124 <sup>th</sup> Bn	Btn	Can-ENG	10-3 18
7.5.18	.	Awarded one G. C. Badge	Sr. Field	2.9.17	DD. 30
30.9.18	---	S.O.S. to 10 <sup>th</sup> Bu Co	"	24.5.18	D.O. 58410 Bu Co. 30/30 <sup>th</sup>
12.5.19	10 Bu. Co.	Pro. to Eng.	"	Havre	9.5.19. D.O. 29.
12.5.19	P WING CCC	Tot. fund ret to Can	Witley	10.5.19	DD 27
				83 - I	6.6.19.
23.7.19	O/C R.	S.O.S. of Om 76 having sailed to Canada	London	6.6.19	After order, Eng Pers.

AIR FORCE SERVICE.  
 Envelope by gumming this Label across Flap.  
 Use Label instead of tearing Envelope.



A.G.R.

Rank *Act. Cpl.* Name **CONEYBEARE, Ross** ✓

Reg'l No. **724254** ✓

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

Married or Single **Single.** ✓

Place and Date of Enlistment **Lindsay,  
2nd Sepr., 1915.** ✓

Place of Birth **Haliburton, Ont.** ✓

Name and Address, Next-of-Kin **Mrs. Wm., Coneybeare,  
P.O., Haliburton, Ont., Canada.** ✓

Relationship **Mother.** ✓

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No. **22587**  
File R.L. \_\_\_\_\_  
**CAN. OR**

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.				
		England per H. M. T. 2810		31-7-16	
5-8-16	O.C. 109 <sup>th</sup>	App'd Prov. Cpl	Doney	5-8-16	Pt II DO. 28 + D. 0285
8-12-16	"	S.O.S. on safe to 124 <sup>th</sup> Bn	Witley	8-12-16	" " 343
11-12-16	O.C. 124 <sup>th</sup>	J.P.S. on safe to 109 <sup>th</sup> S.O.S. on safe to C.C.A.C. & att'd to 124 <sup>th</sup> Bn.	"	"	" " 267
18-1-17	"	J.O.S. of 124 <sup>th</sup> Bn	"	10-1-17	" " 18
11-2-17	"	J.O.S. of 124 <sup>th</sup> Bn	"	2-2-17	" " 42
17-2-17	"	Rev. to rank of af/cpl.	"	20-2-17	" " 48
9-3-17	124 Bn	Emb for France	Witley	9-3-17	Pt II DO 68
14-4-17	"	App. + Conf. h/cpl.	Field	9-3-17	" " 81
21-4-17	"	Adm # 2 St. hosp.	Outrean	14-4-17	b.h #18 shell shock

A.F.B. 103 CHECKED  
21 MAR 1917



LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate..... Militia Form W. 23  
 or Particulars of Recruit..... Militia Form W. 133  
 Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122  
 Casualty Form..... Militia Form W. 54 or A.F.B. 103  
 Last Pay Certificate..... Militia Form W. 44  
 Certificate that missing documents are unobtainable.....  
 Medical History Sheet..... Militia Form B. 313 or A.F.B. 178  
 Proceedings of Medical Board..... M.F.B. 227, A.F.B. 179 or A.F.A. 45  
 Dental History Sheet..... Militia Form B. 465  
 Medical Report..... M. F. W. 129 or D. M. S. 1375  
 Regimental Conduct Sheet..... Militia Form B. 263  
 Company Conduct Sheet..... Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing)
12. Last Pay Certificate (P. 851). *7 dup*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *B*  
 Checked by No. *30*  
*[Signature]*  
 Date..... *4-3-19*

WAR SERVICE BADGE.

SHORT FORM.

GLASS "A" No.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

*D.A. 1*  
*O.G. 2*

*2-6-38*  
*P*

*376627*

1. No.	<i>724 254</i>	
2. Rank.	<i>Spr</i>	
3. Name.	<i>Coneybear Ross Philip</i>	
4. Unit.	<i>H Q 4<sup>th</sup> Bde Cdn Engrs</i>	
5. Date of Discharge	<i>JUN 17 1919</i>	Place <i>Toronto</i>
6. Reason for Discharge	<i>Demobilization</i>	
7. Authority	<i>O.S. No. 2 District Depot Part 11 D.O. No. 11</i>	
8. Proposed Residence after Discharge	<i>Lindsay Ont</i>	
<p>9. CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ?</p> <p><i>[Signature]</i>                  Signature of Soldier.</p>		
<p>10. CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place..... <i>No. 2 District Depot Toronto, Ont.</i></p> <p>Date..... <i>JUN 17 1919</i></p> <p>Signature..... <i>[Signature]</i>                  (O. C. Discharging Unit.)</p>		

*H*

*H-M-T Olympic*  
*SAILED S'EM'TON 6/6-19*  
*RECEIVED MAIL EX JUNE 12 1919*

*Box 1138*



REPORT FORM  
MULTIPLE ON DISCHARGE  
(Continuation)

Lined reporting area with horizontal and vertical grid lines.

(Of C. Discharge Part)

1. Name of Discharge Document  
2. Date of Discharge  
3. Nature of Discharge  
4. Name of Discharge Authority  
5. Name of Discharge Officer  
6. Name of Discharge Officer's Office  
7. Name of Discharge Officer's Employer  
8. Name of Discharge Officer's Department  
9. Name of Discharge Officer's Division  
10. Name of Discharge Officer's Branch  
11. Name of Discharge Officer's Section  
12. Name of Discharge Officer's Unit  
13. Name of Discharge Officer's Post  
14. Name of Discharge Officer's Station  
15. Name of Discharge Officer's Office  
16. Name of Discharge Officer's Office  
17. Name of Discharge Officer's Office



"OLYMPIC" 12.6.19 C 5452

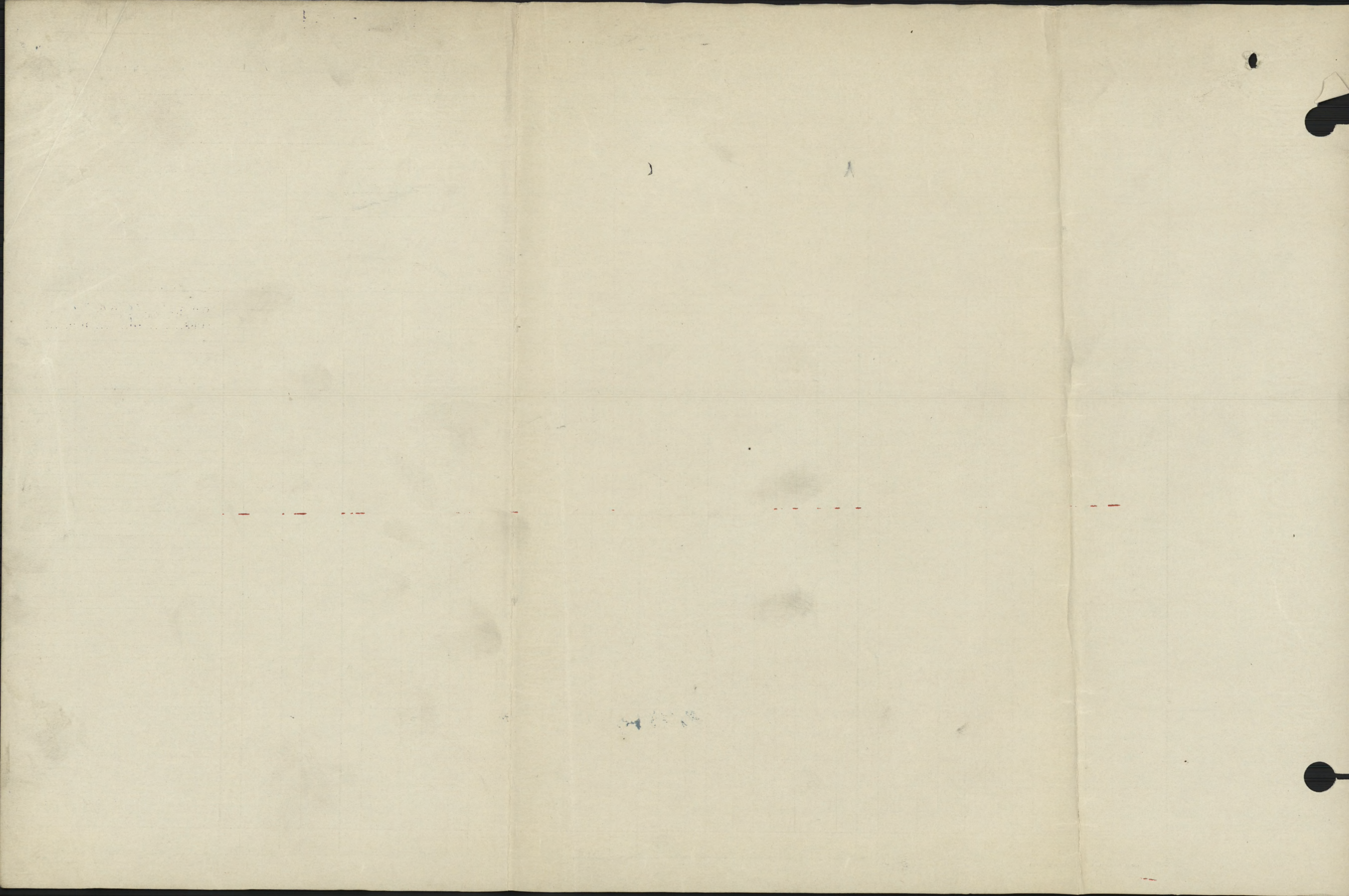
PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 724254n RANK Spr NAME (IN FULL) CONEYBEARE R.P. 17.

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. <i>174th Bn</i>	IF IN P.F. WHAT UNIT? <i>Barrs, Corbridge</i>
NEXT OF KIN					PLACE OF ATTESTATION	TRANSFERRED TO <i>Imperial Bank Queen's Highway Rd</i>
ADDRESS					DATE OF ATTESTATION <i>2-9-15</i>	TRANSFERRED TO <i>Monte</i>
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$ <i>201<sup>st</sup> Closed by Ottawa 30-6-19</i>	DATE EFFECTIVE <i>187-19</i>
TO WHOM PAID <i>mt</i>	RELATIONSHIP				PAYABLE TO <i>Mrs M. Coneybeare</i>	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS <i>Lindsay</i>	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE <i>Out</i>
					DISCHARGED	PLACE <i>Toronto</i> DATE <i>17.6.19</i> REASON <i>Demob.</i> AUTHORITY <i>D.O. 171</i> IF ENTITLED TO POST DISCHARGE PAY <i>yes</i>

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.													
31-5-19																	<i>Dr. Bal Eng L.P.C.</i>		
21-6-19	21	10	23	10				24	34								<i>PLA 1-6-19 to 21-6-19</i>		
																	<i>Clothing Allow</i>		
																	<i>1st pay W.P.F.</i>		
																	<i>A.P. June</i>		
																	<i>Boat &amp; Tram Money</i>		
																	<i>Cheque</i>		
																	<i>W.S.G.</i>		
183 days			420		420												<i>W.P.F. as above</i>		
																	<i>H Days PLA etc</i>		
																	<i>AR 83 July 8 672937 65 60</i>		
																	<i>AR 106 Aug 7 986743 70 -</i>		
																	<i>AR 132 Sept 8 1348420 70 -</i>		
																	<i>AR 162 Oct 14 1359291 70 -</i>		
																	<i>AR 187 Nov 12 1366125 70 -</i>		
					420												<i>W.S.G. PAID IN FULL</i>		







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.

*Concur.*

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.)

*yes to*

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.)

*R.T.C. under auth A.G. Tel 9083 of 11-11-18*

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

*Ed South apt* President  
*George Hooper Capt* Members

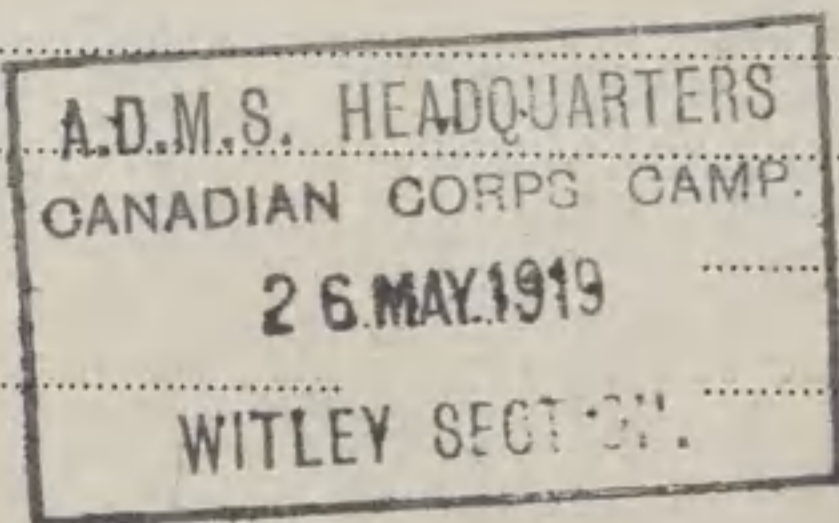
PLACE *Witley*

DATE *24-5-19*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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



PLACE

DATE

APPROVED BY

APPROVED BY

*H. Bennett*  
 Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

DATE

*Original P. W. 4th B.C.C.*  
 THIS FORM WILL BE USED FOR ALL RANKS  
 MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION *Witley Surrey* DATE *21-5-19*

1. 1 (a) Unit *24th B.C.C.* (b) Regimental No. *724254* (c) Rank *Private*

(d) Surname *CONEY BEARE* (e) Christian name *Ross Phillip*

(f) Home address *Waleburton, sur*

(g) Next of Kin *Mrs. Wm Coneybeare* (h) Relationship *Mother*

(i) Address of Next of Kin *Waleburton, sur*

2. Age last birthday *23* Date of birth *26-6-95*

3. Enlistment, or Appointment (if an Officer) (a) Place *Leidsey* (b) Date *Sept 2nd/1915*

4. Personal description: *Est*

(a) Height *5ft 11in* (b) Weight *168 Est* (c) Complexion *fair*

(d) Colour of hair *Auburn* (e) Colour of eyes *blue* (f) Identification marks, Scars, etc.

*Wheeler neck and shoulders*

5. Former trade or occupation *Salesman*

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
Canada	<i>3</i>	<i>261</i>

	PERIODS	
	From	To
Canada	<i>2-9-15</i>	<i>24-7-16</i>
England	<i>31-7-16</i>	<i>13-3-17</i>
France or other theatres of War	<i>13-3-17</i>	<i>9-5-19</i>

7. Original disease, or injury *AMBLYOPIA RT. EYE*

(a) Date of origin *1904 (Previous E.)* (b) Place of origin *Canada*

(c) Cause *Accidental Injury*



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.)

Moderately defective vision Rt Eye. Amblyopia

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.)

Specialist's Report - Whittier Camp - May 22/19

Visual acuity Rt 6/24 - not improved with glasses

Do Lt 6/6 Category recommended BT

Original Disease - Amblyopia - Date of origin 1904

Cause - Injury - Condition was present previous to enlistment and has not been aggravated by service.

(Signed) Wm A. Macdonald Capt. Cav.

Dense corneal scar at "10 o'clock", just outside visual area. Iris adherent to scar - pupil irregular and smaller than left. Reacts to L and A readily.

Subjective: - Defective vision rt eye - has to shoot with left.

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

Nervous System. No Cardio-Vascular System. No Genito-Urinary System. No

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

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

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

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

Patient states that in 1904 he injured eye with a piece of steel. Present condition resulted. No more since service. Board Brimstone 10/1/17 - Def. Vision BT

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).)

14-4-17. - "Shell shock" - mild mental symptoms - 20 days 16/5/17. No present disability. 27/7/18 - Influenza - good recovery.

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

Scar at Cornea - pupil irregular. Mottled red at shoulders.

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

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.) No

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

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

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

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

Nil in duty.

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

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

17. Recommendations. Nil

W. A. Macdonald Capt. Cav. 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, R. P. Conybeare, 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

J. H.

R. P. Conybeare Sp. Rank. Signature of invalid examined.



MARRIED OR SINGLE *Single*

PLACE OF BIRTH *Haliburton*

NAME AND ADDRESS OF NEXT OF KIN *Mrs Wm Coneybear  
Haliburton Ont*

RELATIONSHIP OF NEXT OF KIN *Mother*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Reverts to rank of Pvt. 20 7/17</i>	<i>20 7/17</i>	<i>D.O. 143 174 175</i>
<i>Private</i>	<i>5 17</i>	<i>20 143 9/11</i>

P.V.T.E.

REG'L. No. *124254* RANK *Private* NAME *Coneybear Ross*

IF IN PERM. CORPS; WHAT UNIT UNIT *109th Bn* TRANSFERRED TO *124th Bn* DATE *21.1.17* AUTHORITY *20343*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *ceac* DATE *1.2.17* AUTHORITY *8.12.16*

PLACE OF ATTESTATION *Lindsay* TRANSFERRED TO *Brit Hos.* DATE *31.5.17* AUTHORITY

DATE OF ATTESTATION *Sep. 2nd 1915* TRANSFERRED TO *124th Bn* DATE *11.8.17* AUTHORITY *ac*

ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE *Aug 1-1916 Lindsay* as *referred 3/1/17* effect *1/1/17*

PAYABLE TO *Mrs Wm Coneybear Haliburton* RELATIONSHIP *Mother*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE *Ont*

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)

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						
			\$	c.			\$	c.			\$	c.																				No.	DATE	No.
<i>July 31</i>															<i>10 95</i>																			
<i>Aug 31</i>	<i>31</i>	<i>10</i>	<i>34</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>310</i>								<i>37 20</i>	<i>2 98</i>	<i>16</i>									<i>20</i>		<i>2973</i>	<i>1842</i>					
<i>Sep. 30</i>			<i>33</i>				<i>3</i>								<i>36</i>	<i>35</i>	<i>31-6-16</i>	<i>60</i>	<i>15/16</i>							<i>20</i>		<i>3460</i>	<i>1982</i>					
<i>Oct 31</i>			<i>34</i>	<i>10</i>			<i>310</i>								<i>37 20</i>	<i>106</i>	<i>1/16</i>	<i>169</i>	<i>15/16</i>							<i>20</i>		<i>3460</i>	<i>3242</i>					
<i>Nov. 30</i>			<i>33</i>				<i>3</i>								<i>36</i>	<i>174</i>	<i>1/16</i>									<i>20</i>	<i>51</i>	<i>2781</i>	<i>3061</i>					<i>4005-233-7/1/16</i>
<i>Dec 31</i>			<i>34</i>	<i>10</i>			<i>310</i>								<i>37 20</i>	<i>220</i>	<i>30.11.16</i>									<i>20</i>		<i>2973</i>	<i>3808</i>					<i>20343-812-16-2/12/16</i>
<i>1917</i>			<i>24</i>												<i>24</i>											<i>20</i>		<i>20</i>	<i>4208</i>					<i>20343-812-16-2/12/16</i>
<i>Jan. 20</i>	<i>11</i>	<i>120</i>	<i>243</i>	<i>20</i>											<i>218</i>	<i>154</i>										<i>120</i>		<i>176</i>	<i>42</i>	<i>3693</i>				<i>20343-812-16-2/12/16</i>
<i>Feb. 28</i>			<i>33</i>	<i>60</i>											<i>33 60</i>											<i>20</i>		<i>20</i>	<i>5053</i>					<i>20343-812-16-2/12/16</i>
<i>Mar. 31</i>	<i>105</i>	<i>10</i>	<i>35</i>	<i>65</i>											<i>35 65</i>											<i>20</i>	<i>45</i>	<i>24</i>	<i>36</i>	<i>6105</i>				<i>20343-812-16-2/12/16</i>
<i>Apr 30</i>			<i>45</i>	<i>80</i>											<i>345</i>											<i>20</i>	<i>52</i>	<i>37</i>	<i>22</i>	<i>6883</i>				<i>20343-812-16-2/12/16</i>
<i>May 30</i>			<i>34</i>	<i>50</i>											<i>34 50</i>											<i>20</i>	<i>10</i>	<i>50</i>	<i>50</i>	<i>7283</i>				<i>20343-812-16-2/12/16</i>
<i>31</i>	<i>1</i>		<i>1</i>	<i>15</i>											<i>1 15</i>															<i>7298</i>				<i>20343-812-16-2/12/16</i>
<i>June 30</i>			<i>34</i>	<i>50</i>											<i>34 50</i>											<i>20</i>		<i>20</i>	<i>88</i>	<i>48</i>				<i>20343-812-16-2/12/16</i>
			<i>405</i>	<i>70</i>											<i>10 95</i>	<i>416</i>	<i>15</i>									<i>20</i>	<i>1310</i>	<i>327</i>	<i>67</i>					<i>20343-812-16-2/12/16</i>







\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.				
EFFECTIVE DATE:-	1-8-16	EFFECTIVE DATE:-					
AMOUNT:-	20 <sup>00</sup>	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 Mm Coneybear Mother NR Lindsay Ont Stopped Eff 1/6/19.							
PARTICULARS OF RANK OR APPOINTMENT							
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT					
		Me					
UNIT AND TRANSFERS							
ORIGINAL UNIT:-		109 <sup>th</sup>					
DATE ACCOUNT FIRST OPENED:-		1.8.16					
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SFD	UNIT TRANSFERRED TO				
			104th BATTALION				
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
17.4.19	101		3.49			LSB	47.72
23.4.19	130		12.96			M.C. K.	3.20
11.5.19	3206	P King	34.07				
			51.57				
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE			
	1	10					

PARTICULARS OF RENDERING NON-EFFECTIVE:												
MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION	
Feb 31	Balance Forwd								22.12			
Apr	P.P.	33		C.A.P.				20				
				A.P. 4 5/4	7.14							
				67 10/4	4.46				23.52			
		33			11.60			20				
May	P.P.	34.10		C.A.P.				20				
				A.P. 151 5/5	3.57							
				213 17/5	7.14				26.91			
June		34.10		"277 4.6.18 12 Bnl. C.E.	10.71			20				
		35		C.A.P.	4.46			20				
				"245. 15.6.18 10 "	3.57				31.88			
July		33			8.03			20				
		34.10		"310. 7.7.18 10 "	4.46							
				"493. 18.7.18 12 "	3.57			20	37.95			
		34.10			8.03							
Aug	S.P.	34.10		C.A.P.				20	52.05			
				A.P. 1384 4 <sup>th</sup> Div. Sig 6 <sup>th</sup> 14 <sup>th</sup> 8/18	3.57							
				"494 10 B. S. 15 <sup>th</sup> 8/18	3.57			20	44.91			
		34.10			7.14							
Sept	P.P.	33		af 699. 10 C.E. 15.9.18.	3.57			20	54.34			
				cap.								
		33			3.57			20				
Oct	S.P.	34.10		cap.				20				
				af 772. 10 C.E. 1.10.18.	3.73							
				872 " 15.10.18	3.73				60.98			
		34.10			7.14			20				

COMPILED BY *M. Day*  
CHECKED BY *Morgan*



NUMBER

724254 RANK

NAME

bonebeare. ~~Wm~~ Ross.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918									60 98		
Nov	sl	33-		cap				20-			
				CR 14275. London. 30/10/18	58 40						
				" 1092. 10CE 30/11/18	7 46						
				AR 912 15/11/18 10CE	63 73						
Dec	sl	34 10		cap				20			
Jan	sl	34 10		cap				20	32 59		
		101 20			69 59			60			
FEB		30 80		cap				20			
				AR 850. 11CE 2/1/19	9 33						
				" 1055 " 7/1/19	3 73						
				" 1117 " 26/1/19	6 33						
				" 1198 " 4/2/19	3 73						
Mar		34 10		Cap	26 12			20			
				" 1418 11CE 10/3/19	1 30				24 07		
		64 40			33 42			40			
Apr		33-		cap				20			
				7. 11CE 5/4/19	3 49				57 57		
May		34 10		Cap				20	47 68		
				101 11CE 8/4/19	3 49				51 57		
				130 12. 19/4	13 05						
				3206 ccc 11/5/19	3 40				3 83		
		07 10			55 00			40			
				4363 ccc 28/5/19	19 47						
				3771 25/5/19	4 81				28 17		
					24 34						

bol 6/6/19 2 r 83