

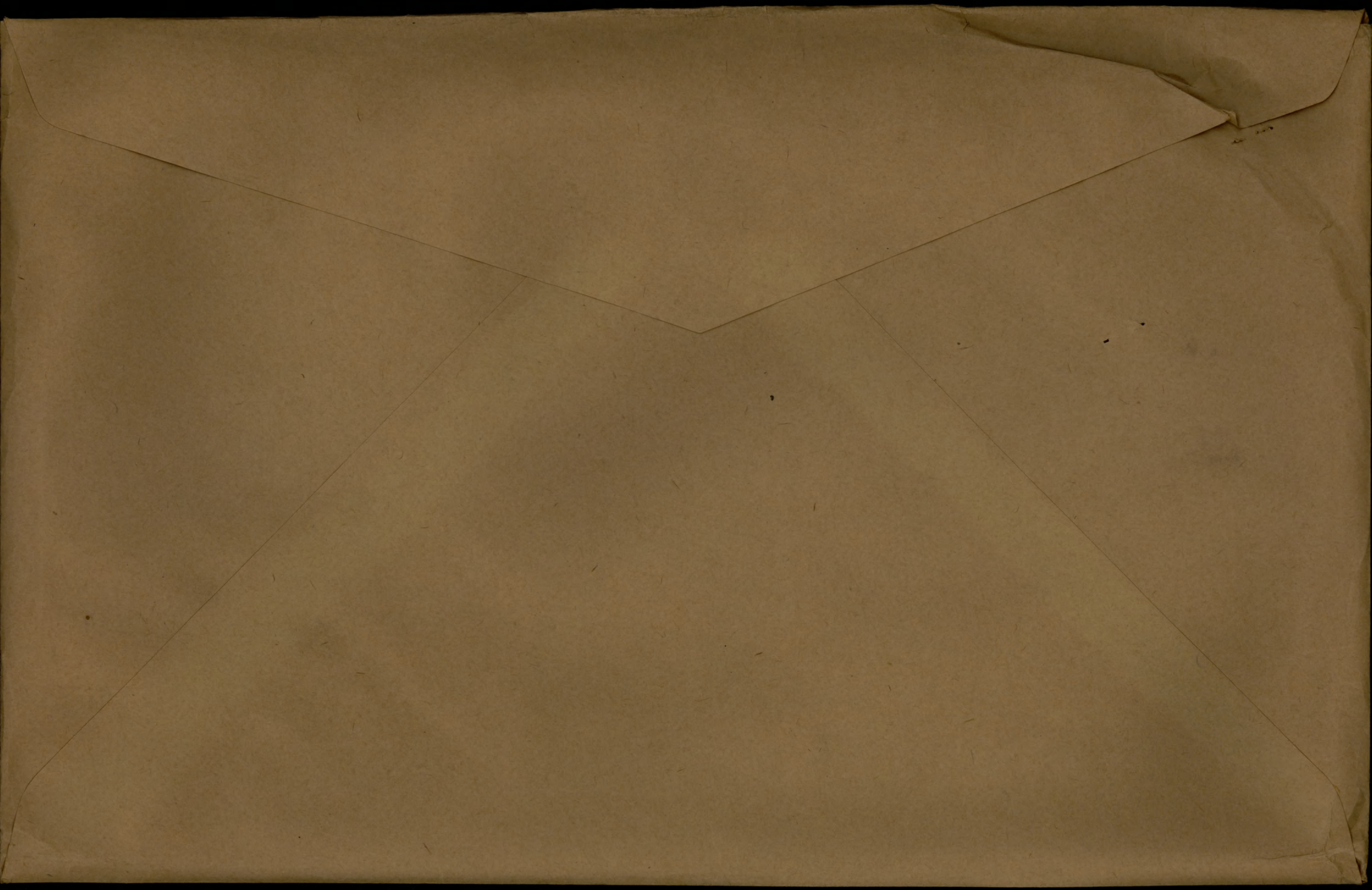
C.E.F. REGIMENTAL DOCUMENTS

NAME CONWAY ERNEST JAMES REGT. No. 724135 UNIT 2 BN H. Q. FILE No. 32706

H

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 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. 173)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					DEMOB
MEDICAL EXAMINATION (M.F.W. 129)					
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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
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PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
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COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					

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MAR 1 1916

ATTESTATION PAPER.

No. 724135

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname?..... Conway
- 1a. What are your Christian names?..... Ernest-James
- 1b. What is your present address?..... Clear Lake Ontario
- 2. In what Town, Township or Parish, and in what Country were you born?..... Muskoka District
- 3. What is the name of your next-of-kin?..... Henry Conway
- 4. What is the address of your next-of-kin?..... P.O. Clear Lake Ontario Canada
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... November 3rd 1896
- 6. What is your Trade or Calling?..... Farmer
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Ernest J. Conway, 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.

Ernest J. Conway (Signature of Recruit)
Arnold K. Stinson (Signature of Witness)

Date MAR 1 1916 191

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ernest J. Conway, 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.

Ernest J. Conway (Signature of Recruit)
Arnold K. Stinson (Signature of Witness)

Date MAR 1 1916 191

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 Dorset this 16th day of March 1916

H. G. Cassidy (Signature of Justice)

Description of Ernest Conway on Enlistment.

Apparent Age.....19.....years.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Height.....5 ft 3.....ins.

mole over Hyphoid process

Chest measurement. { Girth when fully expanded.....34 1/2.....ins.
 Range of expansion.....2 1/2.....ins.

Complexion.....Dark.....

Eyes.....Blue.....

Hair.....Brown.....

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....MAR 16 1910.....191 .

[Signature]
 Capt.

Place.....Minden.....

Medical Officer.....
 109th Overseas Battalion, C. E. F.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Ernest Conway.....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.

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

Date.....MAR 16 1910.....191 .

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724135 (Rank) Private

Name (in full) CONWAY, Ernest James enlisted in
the 109th Overseas Battalion.

CANADIAN EXPEDITIONARY FORCE at Dorset, Ont. on the 1st.
day of March 1916.

HE served inCANADA & ENGLAND & FRANCE.....

and is now discharged from the service by reason of
"DEMOBILIZATION"

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

Age 22 Years 2 Months.

Height 5 Feet 3 Inches

Complexion Fair

Eyes Blue

Hair L. Brown

Marks or Scars

One Vaccination right Arm.

Scar on right side of neck

Wound scar on right arm.

E. J. Conway
Signature of Soldier

O. C. Blackley Major
O. C. 2nd Bn., Canadian Garrison Regt.
Issuing Officer

Date of Discharge January 8th, 1919.

Rank

Appointment

Signed at TORONTO this 8th. day of January 1919

in Military District No. 2

File Reference No. _____

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

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

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 BN., C.E.F.

(2) Regimental Number..... 724135

(3) Full Name of Soldier..... Honest James Conway

(4) Place of Birth..... Jolear Lake - 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?..... ~~.....~~
 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 Henry Conway - Clear Lake
Calif

(10) Is your Mother alive? Yes.....

If so, state name and address Mary Ann Conway

Clear Lake - Calif

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

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

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

(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.

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

(15) Are you insured?..... No

If so, in what Company?..... —

Have you made arrangements for payment of your Insurance premium..... —

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

Date.....

JUL 11 1916

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

RAVINA BARLACKS,
West Toronto.

JUN 29 1918

20B. 1COR

O.C. No. 2 Special Service Co.,
Exhibition Camp,
Toronto.

TRANSFER AND
DOCUMENTS.

724135
PTE CONWAY
E.g.

The marginally noted has been
categorized **C2** by the Standing
Medical Board. His transfer to your Unit
appears in C.E.F. Orders with effect
from JUN 29 1918

Documents and the man himself
are forwarded herewith.

West Toronto.

Captain, C.E.,

for O.C. No. 2 District Depot.

O.C. No. 2 Special Service Co.,
Exhibition Camp,
Toronto.

TRANSFER AND
DOCUMENTS.

The marginally noted has been
categorized by the Standing
Medical Board. His transfer to your Unit
appears in C.E.F. Orders with effect
from

Documents and the man himself
are forwarded herewith.

West Toronto.

Captain, C.E.,

for O.C. No. 2 District Depot.

O.C. No. 2 Special Service Co.,
Exhibition Camp,
Toronto.

RAYMOND D. ...
JUN 22 1918

U.S. ...
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The ...
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CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

M. D. 2
No. 57

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

Regimental No. 7 24135 Rank Pte Name Conway, E J.
Corps 2nd Bn, C G R who was* discharged
On 8-1-19. 191 , to 191
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19. 191
to 8-1-19 191 , the inclusive date of transfer or discharge.

Dr.			Cr.		
	\$	c.		\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	8	
Advances by Cheques } No. _____			Reg'tl Pay <u>8</u> days at \$ <u>1</u> c		80
Assigned Pay and Sep'n Allee. No. <u>30301</u>	8	30	Field Allow. _____ days at \$ _____ c <u>10</u>	8	
Other charges _____			Separation Allowances* (Monthly)		
Payment on transfer or discharge No. <u>30303</u>	113	80	Other Allowances* _____		35
Balance Cr. (to be paid by the new unit)			Other Credits* <u>Clothing</u>		100
			Bal. Dr. (to be deducted by new unit)		
Total	151	80	Total	151	80

*Give particulars.

A monthly stoppage of \$ _____ (†) has _____ (‡) been paid on account of Assigned Pay for the month of _____ 191 } (to) Assignee _____
{ and Sep'n Allee. for month of _____ 191 }
(Address) _____

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment 1-3-16.
(2) if married and if a Separation Allowance Card has been submitted Yes.
(3) cause of discharge _____ authority 106
(4) authority for transfer _____

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

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

Date 6-1-19
Place Ex. Camp, Toronto, Ont

E. J. Conway
Paymaster, 2nd Bn Canadian Exp. Force
Capt.

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

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

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

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813817 Gloucester

ORIGINAL
724135

FCT 372

MEDICAL HISTORY SHEET. ORIGINAL

Surname Bonway Christian Name Earnest James

Examined { on 1 day of March 1916
at Minden
Birthplace { City or Town Top Oakley
County Mustokea Ont.

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

Apparent age 19 years
Trade or occupation Farmer
Height 5 Feet 3 Inches.
Weight 125 Lbs.
Chest measurement { Minimum 32 inches.
Maximum expansion 34 1/2 inches.
Physical development Good
Small-Pox Marks None

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		<u>21 MAY 1917</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

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

Date.	Result.	VACCINATIONS.
<u>18.3.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last March 18th 1916
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>15/6/16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
<u>22/6/16</u>	<u>"</u>	<u>J McCulloch</u> M.O.
<u>28/6/16</u>	<u>"</u>	<u>J McCulloch</u> M.O.
<u>TAB 22.9.16</u>	<u>"</u>	<u>A. Boyd</u> M.O.

Enlisted on 1 day of March 1916 at Minden

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>724135</u>		<u>1.3.16</u>
Transferred to	<u>21st Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>West Sandling</u>	<u>17.11.17</u>		<u>A III</u>
<u>Ravina Bks.</u>	<u>June 10, 1918</u>	<u>Weak & painful right arm (2) pain right side of neck.</u>	<u>"E"</u>
<u>Toronto</u>			<u>.....Major M.</u>
<u>Island Camp</u>	<u>Nov 18/1918</u>	<u>fit.</u>	<u>Pres. S.M.B.</u>
<u>Island Camp</u>	<u>Dec 30/18</u>	<u>fit.</u>	<u>Category A</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.

CANADIAN

Surname

Conway

Christian Name

Earnest James

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
GROSS HOSPITAL GLOUCESTER.		15	5	17	13	8	17	gno. neck + l. arm III i	91	Transferred to M.C.H. Exsom.	C. St. Johnston
M.C.H. Exsom		13	8	17	10 SEP 1917		old	79	Wounds healed on admission. Some stiffness. No other defects. Had P.T. with good results. Slow fit 9/17	W. E. Moore R.L.T.	

CLINICAL CHART.

Army Form B. 181

Corps 109 Attack 20 Canadians D

(To be attached to Case Sheet.)

Military Hospital Red. X. G. Lister

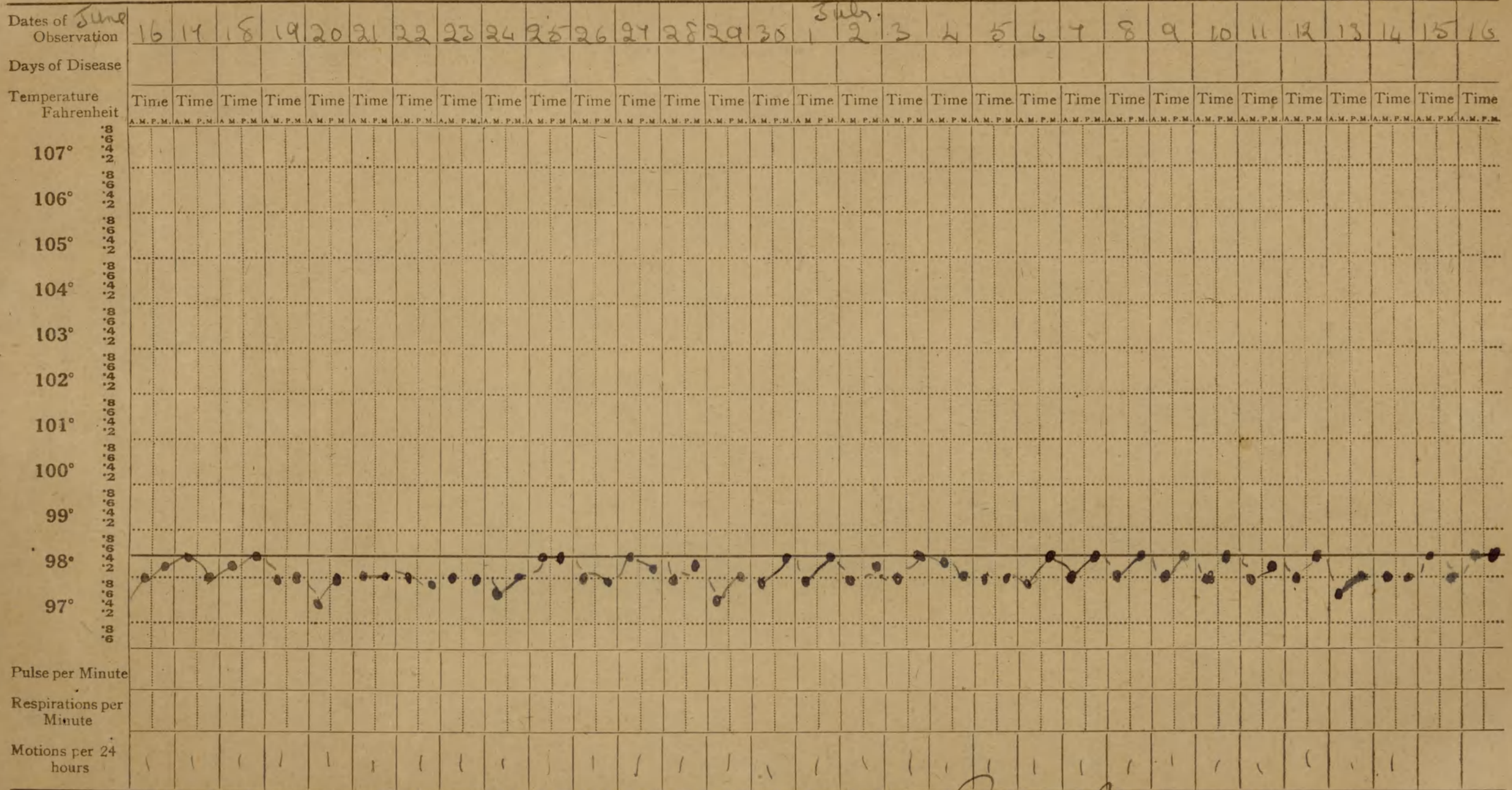
No. 124135 Rank and Name Pvt Conboy, E. J.

Age 21 Service 12/12

Disease G.S.M. Recd. P. Arm Date of admission 15.5.14.

Date of discharge 13.9.17

Result To Epsom



Signature Charles J. Johnston In charge of case.

CLINICAL CHART.

Army Form B. 181

Corps 109 Alt. 20 Canadians Co.

(To be attached to Case Sheet.)

Military Hospital Red. X. G. Coater

No. 724135 Rank and Name Pvt Conway S. J.

Age 21 Service 12 1/2

Disease G.S.W. 2nd Lt. P. Army Date of admission 15.5.17.

Date of discharge 13.8.17

Result to G. Coater

Dates of Observation	Days of Disease																														
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Temperature Fahrenheit	Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	
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97°																															
Pulse per Minute																															
Respirations per Minute																															
Motions per 24 hours																															

Signature Charles Johnston In charge of case.

CLINICAL CHART.

Army Form B. 181

Corps 109 Avel. 20 Canadian Div.

(To be attached to Case Sheet.)

Military Hospital _____

No. 724135

Rank and Name Pte Conway S. J.

Age 21

Service 1 1/2

Disease G.S.V. neck of spine Date of admission 15.5.17.

Date of discharge 13.8.17

Result to Epson

Dates of Observation	Days of Disease																															
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Temperature Fahrenheit	Time																															
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
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Pulse per Minute	56	60	70	74	80	80	80	84	74	60	62	60	60	76	70	72	70	70	72	70	74	70	70	70	70	70	70	70	70	72		
Respirations per Minute																																
Motions per 24 hours	1		1	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	

Anti Tetanus 500 units (2nd dose)

Anti Tetanus 500 units 3rd dose

Signature Charles Johnson In charge of case.

MEDICAL CASE SHEET.*

fc.T.
342
No. in Admission and Discharge Book.
362
Year
1917.

Regimental No. 724138
Rank. ple
Surname Conway
Christian Name Ernest J.
Unit. 109 att: 20 Canadian B.
Age. 21
Service. 12/12

Station and Date.
MED. CROSS HOSP. GLOUCESTER
15. 5. 17.

A. Disease G.S.W. neck of arm III i or wound.
B. Date and place of onset. May 10th 17. France
C. If wound, size and structures involved. Wound size of 6" Right neck

D. Please state if the disability is } By Service.
I. Due Yes.
II. Not Due
III. Aggravated

E. Condition on admission, signed by M.O.
Wound slanting up.
Small wound upper to right arm.
Some numbness in R. side neck.

F. Treatment. Eusal.
Charles J. Johnston

Operation (if any).

G. Progress.
20.6.17 Satisfactory
11.6.17 Tenderness open wound in neck. Still some paresis left arm
26.7.17
July 2. 1917
13.8.17

H. Description of condition on discharge, signed by M.O.
In statu quo.

I. Date to, sick furlough.
light duty.
duty.

Transfer. To M.C.H. Epstom
pending final discharge.
Charles J. Johnston

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

Station
and Date.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *214 #2*

M.F.B. 465.
200M.-6-18.
1772-39-950.

NAME OF SOLDIER

Conway, Forest James

REGIMENT *2nd BR. CANADIAN GARRISON REGIMENT*

RANK

No. *724135*



INSTRUCTIONS

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

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

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

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

DISCHARGE EXAM.
 EXHIBITION CAMP } CERTIFICATE ISSUED FOR
 DATE DEC 30 1918 }
Dentally fit.

W. Cunningham

2
28
14/18
DUPLICATE.

724135

MEDICAL HISTORY SHEET DUPLICATE

Surname Conway Christian Name Earnest James

Examined { on 1 day of March 1916
at Minden
Birthplace { City or Town Tap. Oakley
County Muskoka Ont.

Approved by J. McCulloch Capt.
Rank Medical Officer M.O.
100th Overseas Battalion C.E.F.

Apparent age 19 years
Trade or occupation Farmer
Height 5 Feet 3 Inches.
Weight 125 Lbs.
Chest measurement { Minimum 32 inches.
Maximum expansion 34 1/2 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.

Vaccination Marks { Arm Right None Left One
Number one

Date.	Result.	VACCINATIONS.
<u>18-3-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last March 18th 1916
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>15/6/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>22/6/16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>28/6/16</u>	<u>"</u>	<u>J. McCulloch</u> M.O.
<u>22/9/16</u>	<u>"</u>	<u>H.D. Boyd</u> M.O.

Enlisted on 1 day of March 1916 at Minden

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>724135</u>		<u>1-3-16</u>
Transferred to	<u>21st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Park School, Toronto</u>	<u>June 10, 1918</u>	<u>1. Weak & painful right arm. 2. Pain right side of neck.</u>	<u>Cat'y "C2"</u> <u>W.T. ... Major A.M.C.</u>
<u>Exhibition Camp.</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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 724135 Rank Pte Name Conway
 who was* proq
 On 8/1/19 1919, to 1/1/19 1919
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/1/19 1919
 to 8/1/19 1919, the inclusive date of transfer or discharge.

Dr.			Cr.		
	\$	c.		\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		
Advances by Cheques } No. _____			Reg'tl Pay <u>8</u> days at \$ <u>1</u> c.	<u>8</u>	
Assigned Pay and Sep'n Allee. No. <u>30301</u>	<u>8</u>		Field Allow. <u>8</u> days at \$ <u>10</u> c.	<u>80</u>	
Other charges			Separation Allowances* (Monthly)	<u>8</u>	
Payment on transfer or discharge No. <u>30303</u>	<u>113</u>	<u>80</u>	Other Allowances*		
Balance Cr. (to be paid by the new unit)			Other Credits* <u>clothing</u>	<u>35</u>	
Total	<u>151</u>	<u>80</u>	Bal. Dr. (to be deducted by new unit)	<u>100</u>	
			Total	<u>151</u>	<u>80</u>

*Give particulars.

A monthly stoppage of \$ _____ (†) has _____ (‡) been paid on account of Assigned
 Pay for the month of _____ 1919
 and Sep'n Allee. for month of _____ 1919
 (Address) _____ (to) Assignee Mrs H Conway
Clear Lake
Ont

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment 1/3/16
 (2) if married and if a Separation Allowance Card has been submitted yes
 (3) cause of discharge Demote authority DOB
 (4) authority for transfer _____

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

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

Date 8/1/19
 Place 2nd Camp

J. J. May Capt
 Paymaster, 2nd Bn. Canadian Grenadier Reg't
 Paymaster.

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

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

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

2 D

149 College St., Toronto, Ont.

JUN 25

1918.

From A.D.M.S., L.D. No. 2,

To O.C. No. 2, District Depot.

MEDICAL REPORT.

Herewith approved medical board proceedings placing the marginally noted man in Category *C 2* This for your information, please.

Charles Carter 2101

for A.D.M.S., L.D. No. 2.

1850
JUN 28

...

...

...

...

C O P Y .

C.W.7-C-19,
Hdqrs. Canadian Troops,
Witley Camp, Surrey,
13th April, 1918.

To:-
12th Cdn. Res. Bn.

724135, Pte. Conway, E. J.
12th Cdn. Res. Battalion.

Reference your X.53-2-5551, of the 6th instant.

Authority has been granted for the return of the marginally noted man to Canada as recommended in your letter above mentioned, for disposal by the Adjutant-General, Ottawa, on compassionate grounds.

Please make arrangements accordingly for his return by next available sailing. (Auth:A.G.3b. 2-C-1349, of 12-4-18).

Acknowledge.

Capatin,
A/D.A.A.G.,
Canadian Troops, Witley.

P.

COPY

C. W. B-19
Lt. Col. Canadian Troops
13th Airborne Division
13th April 1945

To: Lt. Col. New. Br.
Lt. Col. New. Br.
13th Airborne Division

Reference your letter of 11th April 1945.

Authority has been granted for the return of the
personally noted man to Canada as recommended in your
letter above mentioned, for disposal by the Adjutant-
General, Ottawa, on compassionate grounds.

Please make arrangements accordingly for his return
by next available sailing. (Ltr. A.C. 30. 2-7-149, of
12-4-45).

Acknowledged.

General
W. A. A. G.
Canadian Troops, Italy

C.A.D.C. 5009-10M.

3494-30-8-17.

2

424135

DENTAL CERTIFICATE.

Pte Conway E. J. The following Certificates will

be attached to the Medical History Sheets of all

1st C.O. R.A. Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
<i>25/4/14</i>	<i>Nil</i>			<i>J. H. Min Capt. C.A.D.C.</i>

DENTAL CERTIFICATE

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

Name of Soldier	Rank	In case of loss or decay of teeth, is the loss due to wounds, injury or disease directly attributed to Active Service?	Treatment	Date of Examination
[Faint handwritten name]	[Faint handwritten rank]	[Faint handwritten text]	[Faint handwritten text]	[Faint handwritten date]

70660

No. 724135 Pte. E.J. Conway, 20th Bn.

Will

with Mrs Mary Ann Conway (mother)

Clear Lake Ont. Canada.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.
 Regimental No. 24135 Rank Pte Name Conway Ernest James
 Enlisted (a) 1.3.16 Terms of Service (a) O of W. Service reckons from (a) 1.3.16
 Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }
 Extended _____ Re-engaged _____ Qualification (b) Lanner.

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.
CERTIFIED CORRECT. 8 OCT. 1916 CAN. RECORD LONDON.	Embarked Canada	Halifax	24.7.16	
	Disembarked England	Liverpool	31.7.16	
	Transferred for Overseas Service with 20th Batt'n.		OCT 5 1916	D.O. Pt. 11. No. 279 ADJUTANT
6/10/16	C B Dep Arrd & taken on strength	20th Bn	6/10/16	NR Pt 2 O's 55411/10/16
do	do Left for	do	20/10/16	NR
27/10/16	20th Bn Arrived	do	23/10/16	B215
11-5-17	4 C.F.A. <i>adm & trans</i>	12 C.F.A.	11-5-17	<i>adm & trans</i>
12-5-17	12		10-5-17	<i>adm & trans</i>
15-5-17	13 Staty Inv (Wdd) & posted to 1st Depot, Shorncliffe	Centl Ont. Regl HS StDenis	14-5-17	W3083 (A4899) ADJUTANT, 109th BATTALION CAN. INFANTRY. Pt 2 41D/5-6-17.
				<i>Whogan</i> Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. 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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

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

14-9-17 Lst. CORD S, off. S. to 5th. Res Bn W. Sandling 10-9-17 Bn. Ord 289

18-9-17 O.C. 5th T. On. S. from 1st. C.O.R.D. W. Sandling 10-9-17 Bn. Ord 255

15-2-18 O.C. 5th 3. Off. S. to 12th Res. Bn W. Sandling 15-2-18 Bn. Ord 46

15-2-18 O.C. 12th T. On. S. from 5th. Res. Bn W. Sandling 15-2-18 Bn. Ord 40

15-4-18 do Lt St 1st CORD Witley 15-4-18 Part II 90
Adjutant, 5th Reserve Bn (CENT. ONT.) C.E.F.
1/c Records 12th Res. Bn. C.E.F.

16-4-18 8 hours T.O.S. Witley 16-4-18 50104

24-4-18 de Att. to 1st C.D.D. Witley 24-4-18 D.O. 102
 Buxton
Adj. for O. G. 1st G. O. R. D.

25 APR 1918 TAKEN ON STRENGTH C.D.D. BUXTON Pt. II ORDER No. 97.

18 MAY 1918 EMBARKED FOR CANADA FROM LIVERPOOL
~~Commanding Canadian Discharge Depot.~~

Lock. Lieut. for Lieut.-Col.
 Commanding Canadian Discharge Depot.

T.O.S. No. 2 District Depot, Part II, D.O. No. 45 from 24/5/18

S.O.S. on transfer to 2nd Dep. Bn. 1st C.O.R. effect from 29/6/18

29-6-18 2nd D. Bn. 1st C.O.R., TAKEN ON STRENGTH, TORONTO, Part II D.O. # 180
 29-6-18 Pt. II Order # 70

A.G.R. Rank Name CONWAY, Ernest James ✓ Reg'l No. 724135 ✓

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

Place and Date of Enlistment 1st March, 1916. ✓ Place of Birth Muskoko District. ✓

Name and Address, Next-of-Kin Henry Conway, ✓
P.O., Clear Lake, Ontario, Canada. ✓ Relationship Father. ✓

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England per H. M. T. 2310		31-7-16	
5-10-16	109 th Bn	S.O.S. to 20 th Batta	Bramshott	5-10-16	P ^L -II. 50.279. <i>W.C.</i>
11-10-16	20 th "	T.O.S. from 109 th B'n	Field	6-10-16	" II 55.

A.F.B. 103 CHECKED
16 OCT. 1916

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps... 109th Overseas Battalion C.E.F.

Regimental No. 724135 Rank Pte. Name Conway Ernest James.
C. E. F.

Enlisted (a) 1-3-16 Terms of Service (a) W. of W. Service reckons from (a) 1-3-16.

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
6-1-19	2nd Bn. C.G.R.	S.O.S. On discharge R.O. # 1328 "DEMOBILIZATION"	Terente	8-1-19	Part 11 O.D. # 6

(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.

Rank _____ Name **CONWAY, Ernest James**
 Unit **109th Bn.** If in perm. Corps, }
 What Unit? }

Reg'l No. **724135**

Married or Single **Single**

Place and Date of Enlistment **1st Dorset March, 1916**

Place of Birth **Muskoko, District**

Name and Address, Next-of-Kin **Henry Conway**

P.O., **Clear Lake, Ontario, Canada**

Relationship **Father.**

Assigned Pay Monthly \$ _____

Payable to _____

Relationship _____

Separation Allowance \$ _____

Payable to _____

Relationship _____

N/E R.B. No. **13203**
 File R.L. _____
 Category **Case R**

Chesbot

Discharge, Date and Place

Reason

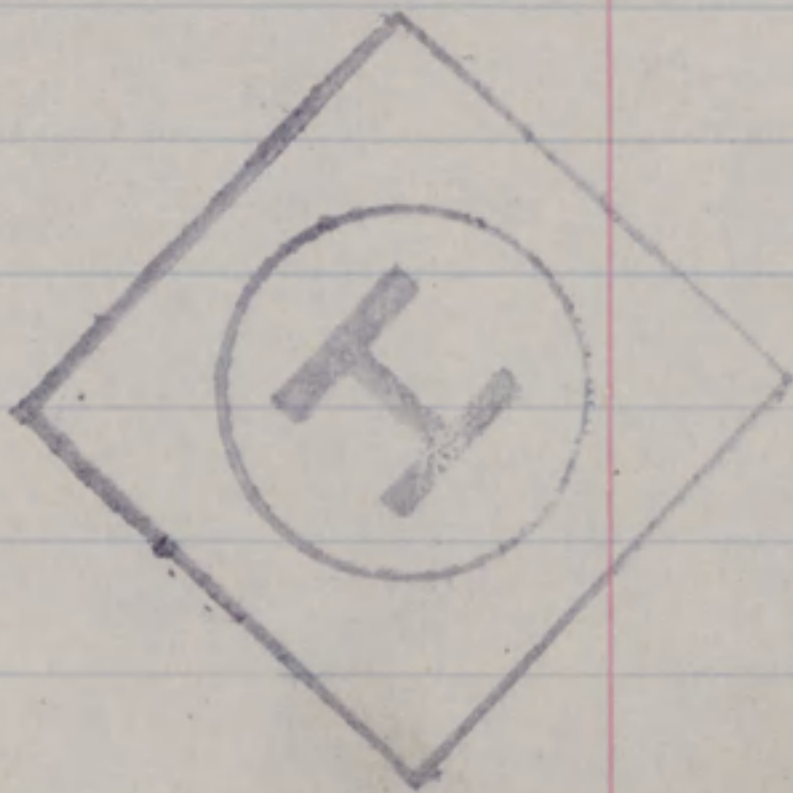
Character

H. W. V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in Eng. Per H.M.T. 2810		31.7.16	
5.10.16	109 th Bn.	S.O.S. to 20 th Bn	Bramshott	5.10.16	PT II-279
11.10.16	20 th Bn.	T.O.S. from 109 th Bn.	Field	6.10.16	--- 55
22-5-17	---	Adm ^d 13 Stat hosp.	Boulogne	12.5.17	R/W 516 55W face Ann Neck Sa
5.6.17	---	Ino. (W) + Posted to 1 st Cor	Field	14.5.17	PT II-41 PT II-188 15/7/17
13-7-17	---	adm. Red X Hosp.	Gloucester	18-5-17	C.L.B. 385 G.S.W. face Neck + RT. arm
17-8-17	20 th Bn	Can Mail Hosp	Epsom	14-8-17	Ch Bn 12 " "
14-9-17	1 st Cor	Desch - do -	do	10-9-17	Ch Bn 3
14-9-17	1 st C.O.R.D.	S.O.S. to Res. Unit 5 th Res.	W'Sandling	10-9-17	PT II-189 v PT II-255d/17/9/17
15-2-18	12 th Res	T.O.S. from 5 th Res	"	15-2-18	PT II 40. (5 th Res. 15/2/18)

724135

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.				
18-3-18	12 Res	S. O. S. to			
15-4-18	12 Res.	S. O. S. to 16000	Pte Wittey	15-4-18	N ^o 90 (1 st CORP Pt II 104 of 16-4-18)
24-4-18	16000	On Comm 16000	Buxton	24-4-18	N ^o 112
22-5-18	✓	leaves on Comm 16000.	✓	13-5-18	N ^o 140
		via S.O. to Canada for display as.			



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MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs Henry Conway*
 Address *Clear Lake
 Ont.*

By Whom Assigned *Conway, E. J.*
 Regtl. No. *724135*
 Rank *Pte.*
 Corps *"D" Co. 109th Battr.*

Rate *\$ 15.00*

AUG 1 1916

PAYMENTS

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



17 0 III
1 1 11
3 3 11
0 0 11

1 1 11
1 1 11

1 1 11
1 1 11



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2.

Mrs Henry Conway

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

PAYMENTS.

Name of Soldier

Conway, E. J.

724135 2 Coy Pte, 10th Baltn

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$ 15.00</i>
				AUG 1 1916
April	1916			
May				
June				
July				
Aug.		<i>V 15134</i>	<i>15</i>	
Sept.		<i>S 16677</i>	<i>15</i>	
Oct.		<i>S 21724</i>	<i>15</i>	
Nov.		<i>B 25665</i>	<i>15</i>	
Dec.		<i>J 32906</i>	<i>15</i>	
Jan.	1917	<i>U. 37173</i>	<i>15</i>	
Feb.		<i>V 38953</i>	<i>15</i>	<i>15 P</i>
March		<i>W 45748</i>	<i>15</i>	<i>15 E</i>
April		<i>Q 1205</i>	<i>15</i>	<i>15 R</i>
May		<i>R 8946</i>	<i>15</i>	<i>R 6946 cancelled now</i>
June		<i>M 19447</i>	<i>15</i>	<i>C</i>
July		<i>V 20913</i>	<i>15</i>	<i>C</i>
Aug.		<i>Z 28827</i>	<i>15</i>	<i>R.</i>
Sept.		<i>Z 36807</i>	<i>15</i>	<i>C</i>
Oct.		<i>O 47451</i>	<i>15</i>	
Nov.		<i>Z 53610</i>	<i>15</i>	
Dec.		<i>A 44716</i>	<i>15</i>	<i>→ 255</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

1-3-16

#77

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1774-39-813.

SEPARATION ALLOWANCE

Name *Mrs. Mary A. Conway*

Name of Soldier *Conway, C. J.*

Address *Clear Lake
Ont.*

Regtl. No. *724 135*

Rank *Pte.*

Corps *109th. Batta.*

Relation to Soldier } *Widowed*
wife, child or mother } *Mother*

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				



13-16

MILITIA AND DEFENCE

M. F. W. 11a.
50m.-6-16.
1772-39-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs. Mary A. Conway

Name of Soldier

Conway, C. J. Pte.

PAYMENTS.

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		L 21735	160	160
Nov.		Q 23814	20	20
Dec.		W 27868	20	20
Jan.	1917	F 28567	20	20
Feb.		F 31481	20	20
March		F 34649	20	20
April		F 533	20	20
May		G 4096	20	20
June		J 6732	20	20
July		I 10138	20	20
Aug.		M 13860	20	B
Sept.		L 16902	20	T
Oct.		R 22512	20	B
Nov.		S 24832	20	B
Dec.		Q 26164	20	B 450
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

300

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.				

Name

Pte E. J. Conway

M. F. W. 41
100M-1-13.
1772-39-383.

Regimental No.

724135

Name and address of next-of-kin

Unit

Date of enlistment

Place of " "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

Date		No. of Days	PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To		Rate	Amount	Rate	Amount			No.	Date					
	<i>June 29</i>		<i>June</i>				<i>12</i>	<i>12</i>	<i>23700</i>	<i>20</i>	<i>✓</i>			<i>8</i>	<i>sub May 24 - June 7 trans 20B1COR 0070</i>
	<i>June 29</i>												<i>8</i>		

Lead

see July

Name Pte Ernest J. Conway

Regimental No. 724135

Name and address of next-of-kin

Unit 109th

Date of enlistment

Place of

Married (yes or no) Yes pd. to 31-5-18

Date and place discharged

Amount of pay assigned monthly \$ 15⁰⁰ pd to 31-5-18

Reason for discharge

To whom payable Mrs. Henry Conway
SFC Clear Lake, Ontario

Character on discharge

JUL 18 1918

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.		
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						No.	Date
May 1	June 30	61	1	61	61	10	610						731	6710	JPL	
<hr/>																
July 1		1	1	1	1	10	10	5979					8	5289	6089	8 ⁰⁰ 8 ⁰⁰ charged debit from base pay sheet Trans 2 nd D th 1 st BOR NO. 70

JPL

(1)

SURNAME.

Conway.

2. CARD NO.

CHRISTIAN NAMES

Ernie V. James.

508 Dis Demob. 8-1-19

REGL. NO. 424135.

RANK Pte.

FOLL
D06-6-1-19 2nd CSR.

UNIT 109th.

Batt.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Conway, Henry.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Clear Lake, Ont.

COUNTRY OF BIRTH

Canada. Muskoka Dis.

DATE

Nov 3rd. 1896

PLACE OF ATTESTATION

Dorset, Ont.

DATE

Mar 16th 1916

Sailed from Halifax



23/7/16 per H. Simpson #188
RIC 20 M.F. W. 12. 250M. -2-16. H. Q. 1772-39-339

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Yes.

Church of England

DESCRIPTION.

APPARENT AGE

19

YEARS

—

MONTHS

HEIGHT

5

FEET

3

INCHES

CHEST MEASUREMENT

34 1/2

INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Mole over hipoid process

MEDICAL EXAMINATION.

PLACE

Minden, Ont.

DATE

Mar 16th 1916

NAME

Conway E. J.

REGIMENTAL NO.

724135

RANK

PLT

ENLISTED AT

PROMOTIONS, &c.
AND DATE

DATE

1/3/16

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

S.

NEXT OF KIN

Henry Conway
John Conway

RELATIONSHIP

father.

ADDRESS OF

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

No. 724135 RANK

Ple

NAME

Conway. C.

L'

T. O. S. 1-3-16.

UNIT

109th. Battalion

D.O. III. 29-3-16

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar 1.	1916. Mar. 31	✓		
April.		✓		
May.		✓		
June.		✓		
July.		✓		

UNIT SAILED
JUL 23 1916

number

724135

Rank

Pte.

Surname

CONWAY

Christian Name

Ernest James

Units

20th Bn Can Inf.

Theatre of War

France

Date of Service

5-10-16

Remarks

Latest Address

Clear Lake, Ont.

Roll No.

B Page 20047

200m.-6-21.

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

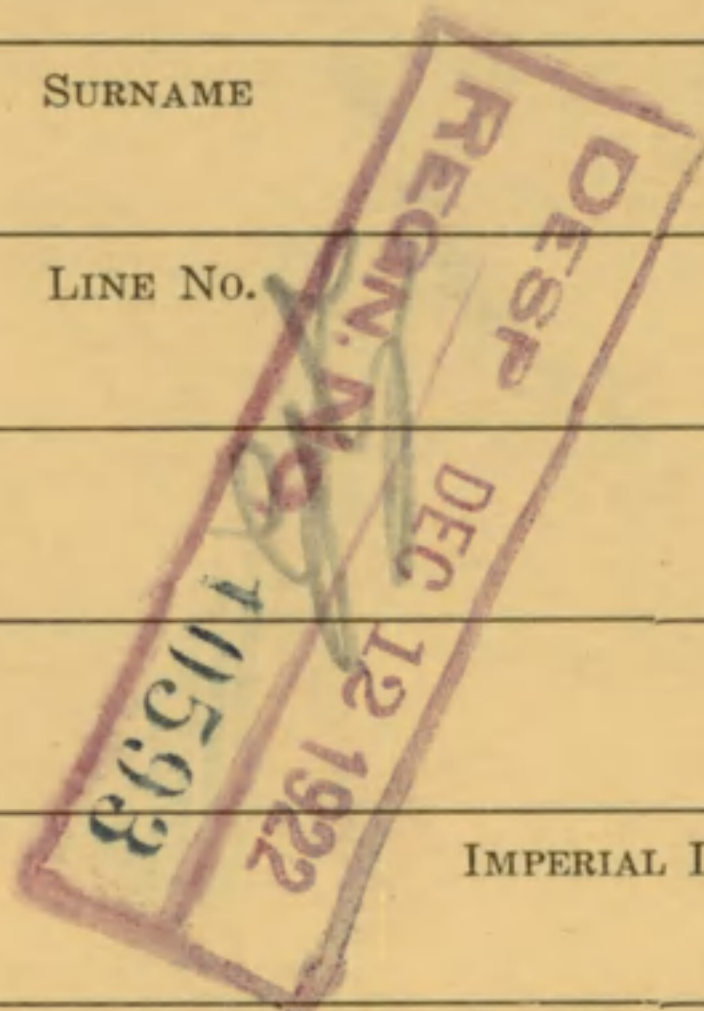
PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA



REGT'L. No. 724135

NAME

Conway, Ernest James,

H. Q. FILE NO. 649

RANK AND CORPS

Pte. 20th Bn. Form.

FOLLOWS
No. 109th Bn.
FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

m5006

22-5-17

l.
Adm. to #13 Stationary Hosp.
Boulogne May 12th 1917.
G. s.w. face - g. s.w. rt. arm, neck.
Severe. ✓

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 516,	#13 Stab. Boulogne	12-5-17	Gsw. face, neck, rt. arm. Sev.
B 385	Red Cross Gloucester	18-8-17	Gsw face neck & R
B 412	To Can Mil. Epsom	14-8-17	arm Gsw face neck & R. Arm
B 11	^{Mrs Const} Desch	10-9-17	(20) " " " " " 1st CNL " " " " " 11-10-17

Ernest James

Name CONWAY

Rank Pte.

Reg. No. 724135

Unit 20th Bn.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
12-5	13 S.H. Boulogne.	GSW Face, Neck, R. Arm Sev.		A516	M5006	22-5
18-5	Red Cross H. Gloucester		do	B385		
14-8	Can. M. G. N. Epsom		do	B412		
Sept 10	discharged	(91/2)	do	B11		

No. 724135 RANK

Otc

NAME

Conway E. J

T. O. S. *Trans. from*

UNIT 2nd. Depot Battalion 1st-COR.

* 2 Dist. Dep. 29-6-18
DOI 50, 29-6-18

M. D. 2

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1918 June	1918 no afc			

Surname **Conway.** Christian Name or Names **J.** Reg. No. **724135**
Rank **Pte.** Unit **20th. Bn.** Co. **1st C.O.R.** Troop Batty.
Hospital Date of Admission

Transferred **13. Stat. B'logne** Hosp. **12-5-17.**
Red Cross Gloucester. Hosp. **18-5-17.**
Canterbury Cow. Epsom Hosp. **14.8.17.**
Hosp.
Hosp.

Diagnosis **G.S.W. Face. Neck. Rt. Arm. Sev. R.**
(1) Later Diagnosis (if changed)
(2)
(3)
Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L. 22-5-17. A/516.

REMARKS

" 13-7-17 B385

17.8.17 B412.

18.9.17 B1115 disch. 10.9.17

A.M.D. 2 Dept.

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

10

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

*Name L Conway, Ernest Joseph Rank Pte Regtl. No. 724135
 Fyle Depot

Original unit Present unit 1st COR M. or S. Age 21 Religion CE Ref. H.Q.

Port, ship, and date of arrival Halifax N.S. Mauretania 20 May 1918

Next of kin Father Henry Conway, Clear Lake Ont.

Address on leave Same

Address on discharge

Transportation issued Yes No Date

Character on discharge

Previous occupation Farmer Date and place of enlistment 16 Mar. 1916 Dorset

Diagnosis Weak & painful rt. arm Date of Medical Boards 8-6-18

Pain rt. side of neck

Date.	Remarks.	Pt. 2 Order No.
24-5-18	T.O.S. from O.S. & posted to Cas. Co. C.C.D.O. #45	HQ. DO. #41
29-6-18	Trans. from Cas. Co. to #2 DB. 1st. COR. CC.DO. #70	HQ 71

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

1-3-16

Aug. 1/16

RATE OF SEPARATION ALLOWANCE

20	25		
----	----	--	--

RATE OF ASSIGNMENT

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

1-12-17
PL 3257

PARTICULARS OF SEPARATION ALLOWANCE

No. 724135

Rank *Pte.* Promoted Reverted Discharge

Soldier's Name *E. J. Conway*

Battalion *'D' Co 109th Batta.*

Beneficiary *Mrs. Mary Conway*

Relationship *wid. mother*

Address *Clear Lake, Ont.*

PARTICULARS OF ASSIGNMENT

Name *Mrs. Henry Conway*

Address *Clear Lake, Ont.*

Change of Address

- 1
- 2
- 3
- 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>		<i>440</i>	<i>255</i>	<i>695</i>	
<i>Jan</i>	<i>R. 66353</i>	<i>30</i>	<i>15</i>	<i>45</i>	<i>e</i>
<i>Feb</i>	<i>D 97639</i>	<i>25</i>	<i>15</i>	<i>40</i>	<i>F</i>
<i>Mar</i>	<i>a 115819</i>	<i>25</i>	<i>15</i>	<i>40</i>	<i>F</i>
<i>Apr</i>	<i>o 7258</i>	<i>25</i>	<i>15</i>	<i>40</i>	<i>F</i>
<i>May</i>	<i>m 14305</i>	<i>25</i>	<i>15</i>	<i>40</i>	<i>F</i>
<i>June</i>		<i>25</i>	<i>15</i>	<i>40</i>	

31-5-18 A/c Closed
 Ret'd per *Mauritania*
 Date *23-5-18* F.X. *613*
27-5-18 Clerk *M. Flood*
 MRO 2^d 27-5-18



18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistment, and under what regimental numbers and units... *one enlistment*

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

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?... *no*

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

24. Are you now serving in the C.F.? *no* If not, give- (a) Date of discharge... *1/1/19* (b) Reason for discharge... *Disamb.*

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... *yes*

26. Did you at any time serve at the front in an actual theatre of war? If so give particulars of one unit which you served at the front, and dates of such service with that unit. *yes 20th Bn Oct 5/16 to May 15/17*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?... *no*

(b) If so, are you in receipt of full pay and allowances from that Department?... *no*

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
Place of Residence:

E. J. Conway

Declared before me at:

This *7* day of *Jan* 19*19*

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

W. J. ... of the ...

Date paid	POST DISCHARGE PAY.		War Service Gratuity	Net Amount due.
	Paid Soldier	Paid Dependent		
<i>7/1/19</i>	<i>870</i>	<i>830</i>		

Correct

District Paymaster.

DEPARTMENT OF MILITIA AND DEFENCE.
WAR SERVICE GRATUITY.

Ottawa, Canada.

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

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

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

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

1. Christian Names *Ernest James* 2 Surname *Bonway*
3. Rank *Pte* 4. Original Unit *109th* 5. Reg. No. *724185*
6. Address, in full, to which future payments of gratuity are to be forwarded..... *Clear Lake*
Ont
7. Date of enlistment in the C.F.C. *1/3/16*
8. Names of dependent, if any, to whom Separation Allowance is being issued, immediately prior to your discharge.....
Mrs Henry Bonway
9. Relationship of such dependent *Mother*
10. Address, in full, of such dependent..... *Clear Lake*
Ont
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*
12. Were you at any time on the strength for pay and allowances of a unit of the C.F.C. 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.
..... *No*
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?..... *No*
14. Were you on active service only in Canada or the United States? — If so, give particulars of unit and dates of such service.....
No
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..... *France 8 months*
England 16 months
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department..... *Because of period in Canada*
17. Were you a member of the Permanent Force at the time of enlistment in the C.F.C.?..... *No*

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.

We 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) ~~Temporary unfit~~ (" D) ~~Yes~~ or No.)
- (e) ~~Unit fit 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.)

That he be placed in Category "A2".

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 Exhibition Camp, Toronto,

DATE December 30, 1918.

[Signature]
President.
[Signature]
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 _____

DATE _____

APPROVED BY *[Signature]* APPROVED BY _____
Assistant Director of Medical Services. Director-General of Medical Services.

DATE 31/12/18 DATE _____

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.

Toronto,
STATION Exhibition Camp. DATE December 30, 1918.

1. 1 (a) Unit 2nd. C.G.R. (b) Regimental No. 724135 (c) Rank Pte.

(d) Surname GONWAY (e) Christian name Ernest James.

(f) Home address Clear Lake - Muskoka, Ont, (Oakley)

(g) Next of Kin Henry Conway (h) Relationship Father

(i) Address of Next of Kin Clear Lake - Muskoka, Ont, (Oakley).

2. Age last birthday 22 Date of birth November 3, 1896

3. Enlistment, or Appointment (if an Officer) (a) Place Minden, Ont. (b) Date March 16, 1916

4. Personal description:

(a) Height 5' 3" (b) Weight 120 (c) Complexion Fair
(stripped)

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. 1 Vaoc. Mark

on right arm. Scar on right side of neck. Wound scar on upper part of right arm.

5. Former trade or occupation Farmer.

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).	PERIODS	
	Years	Days
	2	285

	PERIODS	
	From	To
Canada	March 16, 1916	August 1, 1916
England	August 1, 1916	October 5, 1916
France or other theatres of War	October 5, 1916	May 15, 1917
England & Canada	May 15, 1917	to date.

7. Original disease, or injury Gun shot wound neck.

(a) Date of origin May 10, 1917 (b) Place of origin France.

(c) Cause Exploding shrapnel splinter pierced neck.

[Handwritten initials]

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.)

Partial loss of function of neck.

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.)

Objective: Scar 1" long right side of neck, small keloid formed

over greater part, non-adherent. slightly tender on pressure.

Movement of neck normal, otherwise nothing to be found at present.

Subjective: At present time neck is giving no trouble at all, after exertion, when patient becomes heated up, right side of

neck aches, though there is never any limitation of movements

of neck, otherwise no symptoms.

(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 Albumen No Sugar.
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
No Piles, No Hernia, No Varicose veins, No Varicocele.

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

Hit by piece of shrapnel in May 1917, Spent 4 months in Hospital, since then neck has given same trouble as noted above.

10.—(b) (If not 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).)

Shrapnel wound right upper arm and between eye, May 1917.

No disability at present.

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

Scar 1/2" long right upper arm; scar 1" long right side of neck.

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

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

Not applicable

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) & (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? 3 months.

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

M.H.S. Shows 120 days treatment - X-Ray.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No (If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations That he be placed in Category A2.

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, E.J. Conway, Pte. 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

Signature of invalid examined. Rank. pte

MEDICAL HISTORY OF AN INVALID

Instructions which must be read by Medical Officers - Mar. 1, 1916

- 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 soldier 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 soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialed by the Medical Board.
- A note will be made of attached papers by the Medical Board.
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, 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 *Bavina Bks. Toronto* DATE *8/6/18*
 1. (a) Unit #2 Dist. Depot. (b) Regimental No. 724135 (c) Rank Pte.

(d) Surname CONWAY (e) Christian name Ernest Joseph James
 2. Age last birthday 21 Date of birth 27th Nov. 1896
 3. Enlisted at *Medan* on *Mar. 1, 1916*

4. Personal description:—
 (a) Height 5ft. 3 in. (b) Weight 130 (c) Complexion Dark
 (d) Colour of hair Brown (e) Colour of eyes Blue
 (f) Identification marks 3 Vaccination marks, mole over hipoid process

5. Address after discharge (for the use of the Board of Pension Commissioners) *Clear Lake, Ont., Farmer*
 6. Former trade or occupation *Farmer*

7. (a) Service	
Years	Days
2	99
Periods	
From	To
<i>189 Bat. Depot. Mar. 1, 1916</i>	<i>Oct. 5, 1916</i>
<i>#2 Dist. Depot. May 24, 1918</i>	<i>May 24, 1918</i>
To Date	

8. Has he been overseas? *France*
 (b) Original disease or disability. (1) Rt. arm was injured by bullet causing partial paralysis of hand (2) Shrapnel wound right side of neck - (1) & (2) Lens Frangé (a) Date of origin (1) & (2) May 10th 1917 (b) Place of origin (1) Weak & painful right arm (2) Pain right side of neck (d) Present disease or disability (1) Weak & painful right arm (2) Pain right side of neck

9. Present condition (a) Important to be a full description of the present disabling condition or conditions only. "History" must be recorded in [After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

(1) Subjective Right arm feels weaker than left. Unable to grip objects firmly. Dull aching pains in forearm and back of hand after using arm as in lifting objects.

OPINION OF THE MEDICAL BOARD (Continued).

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

That he be placed in Category "C"

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE *Bavina Bks. Toronto* DATE *June 10, 1918*
 President *W. J. ...* Members *K.D. ...*

APPROVED BY *[Signature]* DATE *24/6/18*
 Assistant Director of Medical Services
 Director-General of Medical Services

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

PLACE _____ DATE _____
 Members: _____
 President: _____

about ~~the~~ site of shrapnel scar, in hot weather or when over heated on marching, pain is also produced by extreme turning movements of head to left or right. When subject is cooled off pain disappears. Objective. No apparent atrophy of right sterno-mastoid muscle. Moderate degree of anaesthesia of skin and 3rd right cervical nerves. Extreme rotation of head to right or left produces moderate pain in region of scar, probably caused by nerves being involved in scar tissue. Very little disability. Incapacity due to (1) Partial loss of function of right arm. (2) pain in right side of neck.

OPINION OF THE MEDICAL BOARD

14. (Continued).

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.)

(1) & (2) No

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

Yes

17. Recommendations.

Victor O. Blanning
 Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned, *Ed. Henry* 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

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 criticized.

19. Is the soldier fit for

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

20. It is certified that the soldier

- (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.
- (e) Strike out condition not applicable.

9. Present condition.—(Continued).

Worse in damp weather. After going heavy work right and left.

up no loss of sensation.

Objective no limitation of movements of right arm.

active or passive. No tender areas. Grip of right hand

about 2/3 as strong as left. No loss of sensation in right arm

or hand - disability due mostly to weakness of right arm.

No atrophy of muscles of upper or lower right arm.

(8) Subjective pain - sharp pain in right side of neck

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous. Yes Digestive. Yes Respiratory. Yes Cardiac. Yes

Genito-Urinary. Yes Skin, Middle Ear, Eye or any other part. Yes

Skin - moderate degree of anaesthesia of skin

supplied by 5th & 6th. Cervical nerves right side of neck -

10. History: (a) of Condition referred to in "a" section 9.

(1) Was wounded by a bullet in upper right arm May 10/17. No point of

exit. Arm was useless for about one month and fingers 3, 4, 5 of

right hand were stiff and numb. Condition has greatly improved.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8.

This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

and only weakness of arm and hand cause present disability

muscle and bullet lodged in left side of neck - very little disability

at present. Subject has been boarded for discharge on

commissary's grounds - 1 vaccination mark right arm. 1 cow P.D.T.

right arm. 1 cow P.D.T. 1 vaccination mark right side of neck. 1 small cow P.D.T.

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

(1) & (2) Not applicable

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? (1) & (2) 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? (1) Six months (2) Permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible). (1) & (2) None

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.

Proceedings on Discharge.

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

No. <u>724135</u>	Army Rank <u>Pte</u>
Name <u>Conway Ernest Joseph</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st Coy. R. R. R.</u>	
Battalion, Battery, Company, Depot, &c. <u>109th Bn</u> <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge _____	
Place of discharge _____	
1. Description at the time of discharge.	
Age <u>24</u> years _____ months	Descriptive marks. <u>3 Pac. Marks</u>
Height <u>5</u> feet <u>2</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion _____	
Eyes _____	
Hair _____	
Trade <u>Trainer</u>	2.
Intended place of residence (To be given as fully as practicable) <u>Bracebridge</u>	
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	
2. The above-named man is discharged in consequence of <u>Compassionate Ground</u> <u>Auth A.G 36. 2-C-1349 12.4.18</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:—	
4. Character awarded in accordance with King's Regulations:—	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

To be filled in on the soldier quitting the Colours.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).
Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

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

6. Campaigns, Medals and Decorations

8 Months (France)

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 _____ Batta. _____ 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.)

* Strike out whichever inapplicable

ASSIGNEE PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		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.	

NAME:- **CONWAY, Ernest, James**

NUMBER:- **724135**

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Pte.</i>
		SEP 28 1918
UNIT AND TRANSFERS		
ORIGINAL UNIT:- <i>109 Pw.</i>		
DATE ACCOUNT FIRST OPENED:- <i>1-8-16.</i>		
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D
		UNIT TRANSFERRED TO
		<i>109 Pw.</i>

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
<i>12/4/18</i>	<i>106</i>	<i>W. Sanding</i>	<i>9 73</i>	<i>7/15/18.</i>			
<i>27/4/18</i>	<i>95</i>	<i>109 Pw</i>	<i>4 87</i>	<i>8/5/18.</i>			

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
	<i>1 -</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Discharge Canada 30/4/18 9/8 St. 2C. 1349 12/4/18 Comp. funds*

1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>1918</i>	<i>Real Fwd</i>								<i>365 63</i>	<i>305</i>	
<i>April</i>	<i>Res Pay rd.</i>	<i>33</i>		<i>adR 106 12/4/18 12 Res</i>	<i>9 73</i>						
	<i>deposed Pay Int. to 3/13/18</i>	<i>13 12</i>		<i>v 95 20/4/18 3 Res</i>	<i>4 87</i>				<i>411 75</i>		
				<i>1237 1/5/18</i>	<i>9 73</i>				<i>387 42</i>		<i>incl. 9 73</i>
<i>June</i>		<i>46 12</i>		<i>D.A. Cambaiter</i>	<i>24 33</i>				<i>N/A</i>		
				<i>387 42 3/7/18</i>	<i>387 42</i>						

A3M FORM REND *hit* **EFFEC** ✓
DISCHARGED TO *Canada* **DATE** *30/4/18*
PAYBOOK VERIFIED *yes.*
CC **BAL** *397 15* **L.P.C. RENT** *24/4/18*
AUTHY. *9/8 St. 2C. 1349*
Comparative funds.

Checked *Albury L.P.*

P. 552
MARRIED OR SINGLE

Single

PLACE OF BIRTH *Muskoka District Ont.*

NAME AND ADDRESS OF NEXT OF KIN *Henry Conway
Clearlake Ont.*

RELATIONSHIP OF NEXT OF KIN *Father*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L No. *724135* RANK *Pte* NAME *Conway Ernest James*

IF IN PERM. CORPS | UNIT *109th Bn* TRANSFERRED TO *2012th Bn* DATE *5/10/16* AUTHORITY *80279*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *1st C.O.R.D.* DATE *21.6.17* AUTHORITY *80441.5/10/17*

PLACE OF ATTESTATION *Dorset Ont* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *March 1st 1916* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

SEP 28 1918

Checked *G. Woodward*

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE BILLS				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.	DATE	NO.	DATE
<i>July 31</i>															<i>2370</i>	<i>2370</i>																					
<i>Aug 31</i>	<i>31</i>	<i>10⁰⁰</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>310</i>								<i>3410</i>	<i>289816</i>																					
<i>Sept 30</i>	<i>30</i>						<i>3</i>								<i>33</i>	<i>593151691/110</i>																					
<i>Oct 1-5</i>	<i>5</i>						<i>50</i>								<i>550</i>																						
<i>6/31</i>	<i>26</i>	<i>1.26</i>	<i>26</i>	<i>10</i>	<i>26</i>	<i>10</i>	<i>260</i>								<i>2860</i>	<i>933171141/130349110</i>																					
<i>Nov 30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>										<i>3300</i>	<i>13463/10/16</i>																					
<i>Dec 31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>										<i>3410</i>	<i>13992/116</i>																					
<i>1917</i>		<i>1530</i>			<i>1530</i>																																
<i>Jan 31</i>	<i>11</i>	<i>34</i>	<i>10</i>												<i>3410</i>	<i>153814171/16121/17</i>																					
<i>Feb 28</i>	<i>1</i>	<i>3080</i>													<i>3060</i>	<i>16821/17421/17</i>																					
<i>Mar 31</i>		<i>3410</i>													<i>3410</i>	<i>18021/15621/13</i>																					
<i>Apr 30</i>	<i>1</i>	<i>33</i>													<i>33</i>																						
<i>May 31</i>		<i>3410</i>													<i>3410</i>	<i>10930/44717/4</i>																					
		<i>33440</i>													<i>2370</i>	<i>35810</i>																					

O.I.

2nd Det., C. G. R.

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

AUDITOR *EPH* PAYMASTER *[Signature]*

M. OR S.

REGT. No. *724135*

RANK *Pvt*

NAME (IN FULL) *Conroy J*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C. E. F.	IF IN P. F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY, \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO <i>Master Conroy</i>	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS <i>Bear Lake, Ont.</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE REASON	AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

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.
Jan 1/8	8	11 ¹⁰	880	15180									15180			Aug 8/1/19 Remo 506		
			30 30															

ACCOUNT CLOSED, NOT RESPONSIBLE OFFICIAL
H. Q. CIRCULAR No. 103 (LUNAR)
ASST. DIRECTOR PAY SERVICES, A. G. No.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

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

This space to be for numbers

Proceedings on Discharge.

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

No.	724135
Rank	Private
Surname	CONWAY
Christian Name	Ernest James
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2nd BN. CANADIAN GARRISON REGIMENT
Date of Discharge	January 8th, 1919.
Place of Discharge	TORONTO
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 22 years..... 3 months.	Descriptive Marks One Vaccination right Arm Scar on right side of Neck. Wound Scar on upper part of right Arm.
Height..... 5 feet..... 3 inches.	
Complexion Fair	
Eyes Blue	
Hair L. Brown	
Trade Farmer	
Intended place of residence } Clear Lake (To be given as fully as practicable.) } Ont.	
2. The above-named man is discharged in consequence of "DEMobilIZATION" R. O. #1328	
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.	
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.

100M.—1-17.
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.

(Place) **TORONTO** *E. J. Conway* (Signature of Soldier.)

(Date) **January 8th, 1919.** *J. [Signature]* (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) **TORONTO**.....

(Date) **January 8th, 1919.** *[Signature]* Major **O. G. 2nd Bu., Canadian Garrison Regt.**

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.)

None.

E. J. Conway