FEB 23 1916

2

ATTESTATION PAPER.

No. 72113.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Cunningham
1a. What are your Christian names? ..... Charles Henry
1b. What is your present address? ..... Dorset Ont
2. In what Town, Township or Parish, and in what Country were you born? ..... Haliburton
3. What is the name of your next-of kin? ..... Mr. Thos. Cunningham
4. What is the address of your next-of-kin? ..... P.O. Dorset Ont Canada
4a. What is the relationship of your next-of-kin? ..... Father
5. What is the date of your birth? ..... Jan 21st 1898
6. What is your Trade or Calling? ..... Lumberman
7. Are you married? ..... no
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... yes
9. Do you now belong to the Active Militia? ..... no
10. Have you ever served in any Military Force? ..... no
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Cunningham, 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.

Charles Cunningham (Signature of Recruit)

Date Feb 23rd 1916. Arnold R. Stinson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Cunningham, 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.

Charles Cunningham (Signature of Recruit)

Date Feb 23rd 1916. Arnold R. Stinson (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Dorset this 14th day of March 191 .

W. A. Cassidy (Signature of Justice)

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

Description of Charles Henry Cunningham on Enlistment.

Apparent Age 18 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5' ft. 11 ins.

Chest measurement:
- Girth when fully expanded ..... 36½ ins.
- Range of expansion ..... 3½ ins.

Complexion Fair

Eyes Blue

Hair Dark Brown

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

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

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

Scar on lower lip

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 FEB 23 1916 191 .

Place Mendon

J. McCulloch Capt.
Medical Officer
109th Overseas Battalion, C. E. F.
Medical Officer.

*Insert here "fit" or "unfit."

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

.....

.....

.....

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

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

Date FEB 23 1916 191 .

CUNNINGHAM CHARLES HENRY 724113 109 BN. 48672

DEMOB.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724113 (Rank) Private

Name (in full) CUNNINGHAM, Charles Henry. enlisted in

the 109th Overseas Battalion.

CANADIAN EXPEDITIONARY FORCE at Dorset, Ont. on the 14th

day of March 19 16.

HE served in .....CANADA & ENGLAND.....

and is now discharged from the service by reason of

"DEMOBILIZATION"

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

Age 20 Years 11 Months

Height 5 Feet 11 Inches

Complexion Fair

Eyes Blue

Hair Dark Brown

Marks or Scars

Twe Vaccination Left Arm.

C. H. Cunningham

Signature of Soldier

C. Blackey Major

O. C. 2nd Bn, Canadian Garrison Regt.

Issuing Officer

Rank

Appointment

Date of Discharge January 8th, 1919.

Signed at TORONTO this 8th day of January 19 19

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.

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....
Name of Officer

.....
Rank

.....
Appointment

R—122

P.

Rank | Name CUNNINGHAM. Charles Henry | Reg'l No. 724113.

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

Place and Date of Enlistment Dorset 23rd Feb.1916. | Place of Birth Haliburton.

Name and Address, Next-of-Kin Mr. Thos. Cunningham.

P.O. Dorset. Ont. Canada. | Relationship Father.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

CCAC
N/E R.B. No. 6290
File R.L.
Category Transmit

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England per H. M. T. 2810 31-7-16			
22-9-16	109th Bn	Trans as Loc. Cas. C.C.a.C.	Bramshott	28-8-16	PT II. D.O. 266 + D.O. 293 } PT II D.O. 400 C.C.a.C 16-9-16
22-9-16	do	Qll^t from C.C.a.C for P.B.D. for Rat. Bo. Pay. Equip. Clo. & Quarters	do	28-8-16	PT II. D.O. 266 }
16-9-16	C.C.a.C	T.O.S and shown on com at 109th Bn P.B.D.		28-8-16	PT II D 400/B
29-1-17	124 Bn	att to 124 Bn for PORDER	Witley	8-12-16	PT II D.O. 29
20-2-17	109 Bn	att to 124 Bn.	"	"	" 6
10-1-17		ceases to be att to 124th Bn			" 10
25-2-17	124 Bn	+ att to Disch Depot CCAC	"	10-1-17	" 56
12-2-17	CCAC	Proc Plan for Discharge att 109th & S.O.S.	Hastings	2-2-17	— 72
2-2-17	CDD	S.O.S. proceeding to Canada M.U.	Buxton	2-2-17	— 28
	Dis Dep	To Con Home	MD 2 Toronto	11-2-17	NR 196.

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.					

ORIGINAL NOT AVAILABLE.

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 Battalion C.E.F.

Regimental No. 724113 Rank Private. Name CUNNINGHAM, Charles Henry.

Enlisted (a) 23-2-16 Terms of Service (a) D ~~66~~ W & 6 Mths. Service reckons from (a) 23-2-16.

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				
9-7-18	2nd Bn. C.G.R.	from #2 Special Service Co. TAKEN ON STRENGTH, TORONTO		1-7-18	Part II, D.O. # 9
6-1-19	2nd Bn. C.G.R.	S.O.S ON Discharge R.O. # 1328 "DEMOBILIZATION"	Toronto	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.

[P.T.O.

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

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. 724113. Rank Private Name Cunningham Charles Henry.

Enlisted (a) 23.2.16 Terms of Service (a) C.E.F. D of W. Service reckons from (a) 23.2.16.

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) Lumberman.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Canada	Halifax	24.7.16	
		Disembarked England	Liverpool	31.7.16	
		Transferred to C. C. A. C.	Bramshott	15.9.16	Part II Order 266. Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
8/12/16	109th	Transferred to 124th Bn.	Witley	8/12/16	L.R. pt II No 443. A W Caselton Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
9-12-16	124th. Bn.	Taken on strength of 124th. Bn., C.E.F.	Witley Camp	8-12-16	Part 11 Orders 265 MAJOR ADJUTANT, 124th BATTALION C.E.F.

C.C.A.C. SUB-OFFICE, BRAMSHOTT. 18 JAN 1917 Blackman Lieut

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

[P.T.O.

Attached L.R.

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				
		DISCHARGED. under Para 392, Sec. 16, K.R. & O. 1912. Being no longer physically fit for war service. R.m. Hazelton Lieut, Officer i/c Discharges for Officer Commanding Canadian Discharge Depot			
6/11/17	—	Promoted Lce/Corporal	Toronto, Ont.	6/11/17.	Part 2 Orders No. 261.
9/1/18	—	A.W.L. Reduced to Ranks.	Toronto, Ont.	9/1/18	Part 2 Orders #7.
9-7-18	2nd Bn. C.G.R.	TAKEN ON STRENGTH, TORONTO from #2 Special Service Co		1-7-18	Part II, D.O. #9

DUPLICATE

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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(1) Name of Overseas Unit which Soldier joins 109th OVERSEAS BN., C.E.F.

(2) Regimental Number 724113

(3) Full Name of Soldier Charles Henry Cunningham

(4) Place of Birth Forset, Ontario.

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

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

(b) Present Postal Address —

(7) Are you a widower? No.

(8) Have you any children? No.

If so, give number of boys and girls —

Also their names and ages —

M. F. W. 67.

300M.—5-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Thomas Cunningham, Dorset, Ont.

(10) Is your Mother alive? Yes.

If so, state name and address Mrs Esther Cunningham
Dorset, Ontario.

(11) If your Mother is a widow No.

Are you her sole support, or not? Yes.

(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.

30 dollars

(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.

Yes.

(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

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

War Veterans Allowance

Name: Charles Henry Cunningham No: 724113

1. THEATRES OF SERVICE

(1) South African War

Date and port of disembarkation:

(2) World War I Canada U.K.

IF CANADA AND U.K. ONLY
) Date(s) disembarked in U.K. 31 July 1916
) Date(s) S.O.S. in U.K. for Canada 2 Feb. 1917.
) Period(s) of desertion in U.K.

(3) World War II

Date of embarkation:

(4) Korean War

Date of embarkation:

2. Date and place of all enlistments:
23 February 1916 Dorset, Ont.

3. Date of all discharges and reason:
8 January 1919 Demob

4. Date and place of birth as per attestation paper:
21 January 1898 Haliburton Ont.

5. Marital status: If married, name in full of wife: Single

6. Any other military service: Nil

7. Decorations, if any. Nil

Toronto
7/4/59

Clerk's Initials:

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE 6/3/75

NAME / *NOM* CUNNINGHAM, CHARLES H.

Service No. / *Matricule No* W.W.1 724113-C.E.F.-Army-

CPC No. / *CCP No* N-2134203

WVA No. / *AAC No* 222177

Information Received from:
Information reçue de: Tele-Memo from S.T.M.O.--Sunnybrook Hosp. Annex, Toronto, Ont.

Date of Death
Date du Décès 31/1/75

Place
Endroit Sunnybrook Medical Centre, Toronto, Ontario

Distribution: WSR-DASG
VI - ASS
DO - BD
HO - BC

Pour le chef,
for Chief, Central Registry Division.
Dépôt central des dossiers.

DVA 24 (Rev. 2/70) BIL.

Ottawa, Nov. 22/20

From:

The Adjutant-General,
Canadian Militia.

To: C. W. Cunningham

Dorset, Ont.

Sir:

Enclosed herewith please find Military Will executed by you while in the C.E.F., and returned, the same being your own property.

Lieut., for Lt.-Col.,
Director of Records,
for Adjutant-General.

D-1a.
EBM.

D.M.S. 1348 (Revised).

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

28-11-1916.

No. 724113 Rank Pte Name Cunningham F. H.

Local Unit 109th ~~Overseas~~ Unit Age 18

Examination held at Bramshott, Hants.

DISABILITY.

~~Overseas~~—Local.
(scratch one out)

Goitre

PRESENT CONDITION.

Cannot march with pack - dyspnoea.

Board recommends: Class ~~E~~ E

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

Signatures:

C. R. Cooperstole Major C.A.M.C. Pres.

Members { H. Macharin Capt
R. MacJackson Capt

Approved.

Bramshott Nov. 28 1916.

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

D.M.S. 1348.

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

Aug 28 1916.

No. 724113 Unit 109th Bn Rank Pte

Name Cunningham Chas. H Age 18

Examination held at Bramshott, Hants.

DISABILITY. Enlarged Thyroid Gland

~~Overseas~~—Local.
(scratch one out)

Present Condition: No systemic symptoms

Board recommends:

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

Signatures:

Members { A. D. Stewart Maj. Pres.
H. Macharen Capt
D. J. McKay Capt

Approved.

Bramshott 28 AUG 1916 1916.

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

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 724113 Rank Pte. Surname CUNNINGHAM C/1
(Given name in full) Charles Henry
Unit or Corps 2nd C.G.R. Birthplace Dorset, Ont.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique Good Weight 179 lbs. Height 6 ft. 0 in. Colour of Eyes Hazel

Nutrition Good

Pulse normal 70

Condition of arteries normal

Vision Rt. D. 30 Left D. 30

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

Vac 12. arm 1916.
Thyroidectomy scar
Operation Mar 1916.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

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

Special Senses no. Integumentary System no. Respiratory System no

Disturbance of mentality no Muscular System no. Digestive System no

Osseous and Joint System no. Any other general condition no.

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Had a Goitre when he enlisted Feb/16. Thyroidectomy was done Mar/16 at Toronto General Hospital. Good result. No disability resulting. No Varicocele, Hydrocele, hernia or haemorrhoids

(If space is insufficient, continue on back of form.)

[OVER]

OK Gm

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at Toronto (Canada)

Date 30/XII/18 Signed [illegible] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature [illegible]

(If not satisfied, M.F.B. 227 will be completed by a Medical Board).

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

APPROVED
31/12/18
J.P. Chinchan
Capt.
For A.D.M.S., M.D. 2

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

724113.

D.
724113.

MEDICAL HISTORY SHEET. ORIGINAL

Surname Cunningham Christian Name Charles Henry

Examined { on 23 day of February 1916
at Minden

Birthplace { City or Town Dorset
County Haliburton

Apparent age 18 years.

Trade or occupation Farmer.

Height 5 Feet 11 Inches.

Weight 159 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 36½ inches.

Physical development Good

Small-Pox Marks None.

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

When Vaccinated last March 15th 1916

(a) Marks indicating congenital peculiarities or previous disease

None

(b) Slight defects but not sufficient to cause rejection

None

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

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

Date.	Result.	Vaccinations.
15.3.16.	Good	J. McCulloch M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
15/6/16	Good	J. McCulloch M.O.
22/6/16	"	J. McCulloch M.O.
28/6/16	"	J. McCulloch M.O.

Enlisted on 23rd day of February 1916 at Minden

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Bn. C.E.F.	724113.		
Transferred to	No. 2 Special Service Co'y			

DISCHARGED under Para 392, Sec. 16, R. R. & O. 1912. Being no longer physically fit for war service.

R. M. Hazelton Lieut.
Officer i/c Discharges
for Officer Commanding,
Canadian Discharge Depot.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bramshott	28/8/16	Enlarged thyroid gland	Permanent base
Approved Bramshott	28 AUG 1916	Goitre.	
C. H. Young Major. D.A.D.M.S. for A.D.M.S. Canadian Troops, Bramshott Camp	28/11/16.		
Bramshott Camp Hants	Apl 18/18	Following Thyroidectomy	C-2 Permanent Base
Camp Borden	22/7/18.		
Exhibition Camp	30/XII/18.		

Chas. F. Stewart Maj. PRESIDENT.
MEDICAL BOARD, BRAMSHOTT.

C. Cooper Capt.
Roger C. Mee Capt.
PRESIDENT.
MEDICAL BOARD, BRAMSHOTT.

Chas. F. Stewart Maj.
Geo. Adams Capt.
PRESIDENT.
MEDICAL BOARD, BRAMSHOTT.

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

M. F. B. 812.
Form C. 1-16.
H. Q. 177-39-50

28 NOV 1916

APPROVED.

Lt. Lewis Capt.

Surname Cunningham Christian Name Charles Henry

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

3 Copies

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

M.D. 2 No. 5

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

Regimental No. 224113 Rank Pte Name Cunningham R.D.

Corps 2nd Bn B.C.L.R. who was* Disc

On 8/1/19 191____, to

*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.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	6	40
Advances by Cheques No.			Regt'l Pay 8 days at $1 c	8	
No.			Field Allow. 8 days at $ c 10		80
Assigned Pay and Sep'n Allce. No. 30312	30		Separation Allowances* (Monthly)		
Other charges WEL	8	80	Other Allowances*		
Payment ~~on transfer~~ or discharge No. 30333	111	40	Other Credits* Clothing	35	
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	100	
Total	150	20	Total	150	20

*Give particulars.

A monthly stoppage of $_____(†) has_____(‡) been paid on account of Assigned Pay for the month of _____191____ and Sep'n Allce. for month of _____191____ (to) Assignee Mrs A Cunningham

(Address) Dorset 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 14/3/16

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

(3) cause of discharge Demob authority Bo 6

(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 Camp

J. B. Mc Cay Capt

Captain, Paymaster, 2nd Bn. Canadian Garrison Regt.

for Paymaster.

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

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

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

M. F. W. 44.
H.Q. 1772-39-903.
20M-11-18. D.P. 874.

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Pte. C. H. Cunningham

Regimental No. 724113

Unit 109 Btn

Date of enlistment

Place of "

Married (yes or no) Yes Pay S.C. from Feb.

Amount of pay assigned monthly $ 15.00/100 pa to Jan

To whom payable Mrs Esther Dorset Ont

Name and address of next-of-kin Dorset Ont Whitby

Date and place ~~discharged~~ Transferred. June 28 - 1917

Reason for discharge O.C. letter June 28/17

Character on discharge #2 Special Service Co. D.O. 186

Form 5331—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Mch 1	31	31	1 -	31 -	31	10	3 10	1 71	75 81	13496		10 -	70 -		80 -	114° Do. 89 Out Feb 23 - Mar 13. 13798
								40 - 11 40	11 40				Cr. bal		7 21	MAR 31 1917
1 Apl	30	30	1 -	30 -	30	10	3 -	20 - 7 21	60 21	16405 15237		15 21 10 -	35 -		60 21	APR 1917 Sw 16110
1 May	31	31	1 -	31 -	31	10	3 10	20 -	54 10	18008		10 -				Sw
										19169			35 -			
										19592		9 10			54 10	Sent. Sup L
June	30 28	28	1 -	28 -	28	10	2 80	20 -	50 80	20640		5 -				
										21057			35 -	2 20		Overpd. T.P.A.
										22363		13 -			53 -	
								Dr. Bal 2 20								J.P.L.

M. F. W. 41
1 0M—'-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

M. F. W. 41
1 0M—7-16
1772-39 889.

(1045)

Name Cunningham Pte C.A.

Regimental No. 724113

Unit 109 Btn

Date of enlistment —

Place of " —

Married (yes or no) S.P.A. to 31/1/17.

Amount of pay assigned monthly $ 15 to Jan 31/17.

To whom payable Mrs Esther Cunningham
Dorset Ont

Name and address of next-of-kin
Dorset
Ont

Date and place discharged

Reason for discharge

Character on discharge HQ 649. b 8719
Missanabie 11/1/17

b 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	24/1/17							27.81						4.87		AR 9626
25/1/17	31/1/17	35/1	35-		35	10	3 50	- -						9.73		Boat
														50-		Quebec
									66.31			Balber		1.71	66.31	To Dell 1/3/17

M. F. W. 41
1 0M—'-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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

L. L. Job 310—M. & D. 6574.

Ewl

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

363

To Whom Mrs Esther Cunningham
Address Dorset
Ont.

By Whom Assigned Cunningham, L. H.
Regtl. No. 724113
Rank Pte.
Corps "D" Co. 109th Battn.

Rate $15.00

AUG 1 1916

2m 22/8/16 G.29/8/16.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Stop payments Feb 1/17
Sept.				3m. 22/1/17 J.L.F.
Oct.				28/2/17
Nov.				Discharged to Canada
Dec.				
Jan.	1915			Acct Closed.
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

COPIED FOR 4 CASUALTIES.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—4-16.
1772—39—819.

364

Sheet No. 2 Mrs Esther Cunningham

PAYMENTS.

Name of Soldier Cunningham, E. H.
724113 "D Coy" Pte. 109th Battn

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		V15264	15	
Sept.		C15911	15	
Oct.		G20365	15	
Nov.		K25770	15	
Dec.		O32899	15	
Jan.	1917	B37124	15	
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

$15.00

AUG 1 1916
AUG 1 1918

Go to
15 Stop 1/2/17

Returning Unavailable 2/2/17 FX Stop 6/2/17

HW

WB

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

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Esther Cunningham

Address c/o Mrs Thomas Cunningham
Dorset
Ont

Relation to Soldier wife, child or mother: Dependant Mother

Name of Soldier Cunningham, Charles H

Regtl. No. 424113

Rank Pte

Corps 109 Batt

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				

Destroy

ACCOUNT CLOSED
DATE ..... PER ..... W

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Esther Cunningham Mother

Name of Soldier Cunningham, Charles H. Pte.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June		Y 36 93	80	80	
July		Y 11667	20	20	
Aug.		M 12754	20	20	N·31881 cancelled.
Sept.		O 15291	20	20	
Oct.		Y 19018	20	20	Rmld to Mrs. F. McKay, Dorset, Ont. 13/12/16
Nov.		Y 22255	20	20	
Dec.		025158	20	20	acct-closed.
Jan.	1917	0 28131	20	20	Ret'd Missanabie 2/2/17
Feb.		~~M 31881~~	~~20~~		JEHSe 12/2/17.
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

Destroy 220

ACCOUNT CLOSED

DATE..... PER..... W

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.				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.-6-16.
1772—39—818.

Sheet No. 2 Esther Cunningham

L. L. Job 4503.—Req. 6832.

PAYMENTS.

Dep. Mother

Name of Soldier Cunningham Chas. H.
Pte

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June		U 3693	80		
July		Y 11667	20		M 31881 Cancelled
Aug.		M 12754	20		
Sept.		D 15291	20		
Oct.		L 19018	20		Remailed M. L. McKay, Dorset, Oct 13 1/16
Nov.		Q 22255	20		
Dec.		D 25158	20		a/c closed, Rt'd Ottawa abt 7 2/17.
Jan.	1917	D 28131	20		
Feb.		~~M 31881~~	~~20~~		Mailed 10/3/17.
March		P 35912	40		40R Reopen a/c auth Sec O'Brien
April		O 7448	20	20	dated 6 3/17. Brauken 7 3/17
May		O 9869	~~20~~ 300	20	
June		R 7746	30	20	Q11095 Can Fac
July	~~211095~~	~~211094~~	~~20~~	20	211094 Cancelled
Aug.			20		
Sept.					Dis. 30/6/17 Dpm 2/7/17 WD 18/7/17
Oct.					
Nov.					ACCOUNT CLOSED
Dec.					DATE..... PER W
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

L. L. Job 4503.—M. & D. 6832.

1-3-16

64

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Esther Cunningham

Address c/o Mrs Thos Cunningham
Dorset, Ont.

Relation to Soldier wife, child or mother } Dep. Mother

Name of Soldier Cunningham Chas. H.

Regtl. No. 724155

Rank Pte Transd to #2 S.S. Co. 30-6-17 per D.P.M.L. 1-9-17

Corps ~~109th Bn~~

To what Corps belonging when called out } ASBy 27/9/17

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				

COPIED FOR 2 CASUALTIES.

CONSOLIDATED ACCOUNT

ACCOUNT CLOSED
DATE..... PER..... W.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Name of Soldier Cunningham Chas. H.

PAYMENTS.

Esther Cunningham Dep-Mother

Month.	Year.	Cheque No.	Amt.	Remarks.
				Cte.
April	1916			See sheets in Destroy.
May				
June		V 3693	80	Not discharged. Reopen
July		Y 11667	20	without loss of time. Auth:
Aug.		M 12754	20	File 04087-C-5.
Sept.		O 15291	20	A S Blythe
Oct.		L 19018	20	27-9-17
Nov.		E 22255	20	
Dec.		O 25158	20	
Jan.	1917	O 28131	20	
Feb.		~~M 31881~~	~~20~~	M 31881 Cancelled.
March		P 35914	40	mailed 10-3-17
April		O 748	20	
May		O 3869	20	
June		E 7746	20	
July	~~2-11095~~	~~2-11094~~	20	2-11094 Cancelled 2-11095 Cancld.
Aug.				
Sept.		A 11340	60	LOR mailed 29/9/17
Oct.		C 23096	20	T
Nov.		L 25666	20	B
Dec.		E 19967	20	T ~~460.00~~ N.D. $440.00
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

Number 124113 Rank Pte.

Surname CUNNINGHAM

Christian Name Charles Henry

Units 109th Bn. Can. Inf. Theatre of War England

Date of Service 31-7-16

Remarks Horse - Ont. 17/23

Latest Address Dorset.
Ont.

Roll No. A Page 4108

200m.-6-21.M.

REGT. NO. ..... RANK ..... NAME .....

UNIT ..... AGE ..... SERIAL NO. IN A. AND D. I

TOTAL SERVICE WHERE ..... DATE AND PLACE OF ORIG
AND HOW LONG

DISEASE OR INJURY .....

OPERATIONS .....

RESULT OF OPERATIONS .....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION .....

(B) AS A TRANSFER (STATE WHERE FROM) .....
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT ..... IN CAT

DATE OF DISCHARGE AS AN INVALID .....

DATE OF DEATH .....

DATE OF TRANSFER (STATE WHERE TO) .....
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED .....

No. 2 SPECIAL SERVICE COY

M. F. W. 71.—500M.—5-16.
1772—39—961.

NAME Cunningham. C. H.

REGIMENTAL No. 724113. RANK Pte

ENLISTED AT Dorset ont. PROMOTIONS, &c. AND DATE

DATE 14. 3. 16.

SERVED PREVIOUSLY, STATE UNIT, &c. M. A. C. C. "D" Unit

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN T. Cunningham RELATIONSHIP Father

ADDRESS OF Dorset.

ASSIGNMENT OF PAY $ 15.00 C. TO Esther Cunningham

ADDRESS Dorset. ont.

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	NO.	DATE	
T.U.S. 1-7-18	9	9-7-18	
Elim. R.O. 1328- 8-1-19	6	6-1-19	

REGT'L No 724113

NAME Cunningham Charles

H.Q. FILE No. 649-

RANK AND CORPS pte. 8th Battalion

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
T313	4-2-17	Sailed for Canada per the S.S. Missanabie on 2nd Feb. 1917 Goitre

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
106	M. H. C. C. Toronto.		
	Toronto Gen to Spadina	12-4-17.	class 2.
72 (4)	M. H. C. C. Toronto	1-3-17	T.O.S. Cl. 2. for P. & A. (109th Bn)
88 (1)	" " " " "	27-3-17	Spadina M. H. to Toronto G. H. Cl. II for P. & A. (109th Bn.
57 (6)	" " " " "	26/2/17	Adm. Spadina, Cl. II. + see above for Ider
155 (2)	" "	1/6/17	Whitby to Spadina
158 (4)	M. H. C. C. Toronto	5-6-17	Whitby from Spadina
106 (1)	" " " "	12-4-17	Toronto General to Spadina
186	" "	28/6/17	Whitby to #2 S. S. Co.

M 202
#25

No. 724113 RANK Pte NAME Cunningham. C. H.

T.O.S. 23. 2-16. UNIT 109th. Battalion.
D.O. 106. 23-3.16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
Feb. 23	Mar. 31	✓		
April.		✓.		
May.		✓.		
June.		✓.		
July.		✓.		

UNIT SAILED
JUL 23 1916

No. 724113. RANK Pte NAME Cunningham. C. H.

T. O. S. Transferred "D" Unit M.A.C.C. 28.6.17 (D.O. 1530 of 7.7.17.) UNIT No 2 Special Service Co.

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917.	1917.			
June 29	July. 31.	✓.		
Aug.		✓.		
Sept.		✓.		
Oct.		✓.		
Nov.		✓.	Prom. L/Cpl. 6-11-17.	D.O. 2610 of 12-11-17.
Dec.		✓.		
1918				
Jan.		✓.	Reduced to ranks. 30-12-17	D.O. 7 of 7-1-18.
Feb.		✓.		
Mar.		✓.		
April.		✓.		
May		✓.		
June.		✓.		

649-C-8719

CARD NO. ✓

S.D.S. Demob 8-1-19 2.

FOLL.

D 6-6-1-19 C.G.R. 2/Bn.

SURNAME. Cunningham

CHRISTIAN NAMES Charles Henry

REGL. No. 724113 RANK Pte

UNIT ~~109th~~ ~~"D" Unit M.H.C.C.~~ ~~Bat.~~ No. 2 Spec. Serv. Coy

FORMER CORPS Nil

NEXT OF KIN.

NAMES IN FULL Cunningham, Thos.

RELATIONSHIP TO SOLDIER Father

ADDRESS Dorset. Ont.

CHANGE OF ADDRESS

R/C 11-2-17

COUNTRY OF BIRTH Canada Haliburton Ont. DATE Jan. 21st 1898

PLACE OF ATTESTATION Dorset. Ont. DATE Mar. 14th, 1916

O/S. 23-7-16 1480

Sailed from Halifax 23/7/16 per S.S. Olympic

Trans. from "D" Unit M.H.C.C. to No. 2 Spec. Serv. Coy. 28/6/17

L. L. 8450. "M" & D. 6572. M. F. W. 22. 250M—2/16. H.Q. 1772/39-320.

R/C 11-2-17

96

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING lumberman RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 18 YEARS MONTHS

HEIGHT 5 FEET 11 INCHES

CHEST MEASUREMENT 36½ INCHES EXPANSION 3½ INCHES

COMPLEXION fair EYES blue HAIR dk. brown

DISTINGUISHING MARKS Scar on lower lip

MEDICAL EXAMINATION. PLACE Minden, Ont. DATE Feb 23rd, 1916

Returned to Canada Per S.S. "Missanabie" Feb 2/17 (Auth. 2318)

Name CUNNINHAM. C.H. Rank Pte Regt. No 724113 Unit D.

Battn. 109th Camp or O.S. O, File M.H.C.C. H.Q. File

Pension awarded Date of first payment

Discharged to Class Conduct on discharge

Next of kin Father. Dorset, P.O.

Address on discharge

DATE	CLASS	REMARKS	PART 2 ORDER
26-2-17	2	Spadina.	#57
1-3-17	2	T.O.S.	#72
19-3-17	2	Beatty	#79
27-3-17	2	Toronto Gen. Hosp. from Spadina.	#88
12-4-17	2	Spadina	#106
13-4-17	2	Whitby	#107
1-6-17	2	Spadina	#155
		(OVER)	

M.H.C. F. 29

DATE	CLASS	REMARKS	PART 2 ORDER
1-6-17	2	Whitby From Spadina	#158
28-6-17	2	Trans. to No. 2 S.S. Co.	#186

AUDITOR | PAYMASTER

M. OR S. S. (S.S.)

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

REGT. No. 724113. RANK Pte. NAME (IN FULL) CUNNINGHAM C. H. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes | DATE EFFECTIVE

TO WHOM PAID Mrs Esther Cunningham | RELATIONSHIP Mother

ADDRESS Dawt Ontario

D.6

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 102nd Btn | IF IN P.F. WHAT UNIT? Dawt. P.O. Ontario

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 14.3.16. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE: 2nd Btn. C.E.F. | DATE: 8/1/19. | REASON: Demob | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY: Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 Cheque	C.	COL. NO. 3 $	C.	ASSIGNED PAY W.S.G.	C.	REGIMENTAL CHARGES Cheque	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account	153 days								500																		100.				100.	00					Arrears L.P.6 2nd Btn. C.E.F. Mar 1 70.00 Sept. 30
													Feb 8						23	99			70	00	2400				30	00	200	00					23 99 & 2400 mailed 10/2/19
													Mch 5						206007				70	00	206008				30	00	300	00					
													Apr 4.						241992				70	00	241993				30	00	400	00					241992 - 241993 mailed 7-4-19
													May 6						340664				70		340666				30	-	500	-					
									500	-													280	-			100	-	130	-	500	-					Ok

W. S. G. PAID IN FULL

LIEUT.
FOR PAYMASTER WAR SERVICE GRATUITY

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

Married or Single: Single

Place of Birth: Haliburton Ont

Name and Address of Next of Kin: Mr Thos Cunningham, Dorset

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

O.16/17 N 18/19 O. 16/17

Reg'l. No. 724113 Rank Pte Name Cunningham Charles Henry

If in Perm. Corps What Unit | Unit 109th Bn. Transferred to C.C.A.C. Date 1/10/16 Authority 60266

Permanent Force Allowances Transferred to P.P.C. Date 21/1/17 Authority P.A. 59-1-0 17/1/17

Place of Attestation Dorset Ont. Transferred to Date Authority

Date of Attestation Feby 23-1916 Transferred to Date Authority

PAY OFFICE, N. E. BRANCH, FEB 7 1917, OTTAWA

Assigned Pay Monthly $ ~~15.00~~ Date Effective Aug. 1-1916

Payable to Mrs Esther Cunningham Dorset Ont Relationship Mother

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) 20-1-17 Effective Feb 1-17 Reason Discharged to Canada

Discharge Date and Place 24.1.17 Canada. Reason and Authority P.A. 59-1-0 17-1-17.

Account transferred to Non-Effective Branch (Date) 25.1.17

Account transferred to Officers' Pay Branch (Date)

Entered on N.E. Card Index

Checked by H. Sillolson

Date	Pay: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $	Working or Special Pay: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
July 31														270	270									Bal. from Canada							270		XXX		
Aug 31	31	1.00	31		31	10	310								3410	28	9-8-16							973 -				15 -		2473	1207 -				
Checked Edward Sept.	30		30				3								33	60	31-8-16							730 -				15		2230	2277 -				D0266 Trans C.C.A.C. 15-9-16
Oct 1-31	31		31		31		3	10						69 80	3410			109 Bta. 164	15-10-16						7 30 -					2703	3690	1997			
																		109 " 91	15-9-16						7 30 -										
																		109 " 130	31-7-16						7 30 -										
Nov. 1-30	30		30 -		30		3 -								33 -			192	31-10	109th Bn.					730 -			15 -	172	2402	2895			L4005 #154 - 109th Bn. 13/10/16.
																		264	15-11	109th Bn.					487 -										
Dec. 1-31	31		31		31		3	10							3410			311	30-11						487 -			18 -		2474	3831				
			1530				1530																												
Jan 1-20	20	1.10	22												22 00													15 00		15 00	4531				Trans to R.P.C. 20/1/17 P.A. 59-1-0 17/1/17
Checked J. Ottowell Pyc. 21-24	4		4	40											440			403	20-12	Wilty.				2190 X						2190	2781				X From A.S.P.B.
			194	70										270	1974 70																2781				A34 rendered 20/1/17 eff. 1-2-17. Discharged to Canada 24/1/17 P.A. 59-1-0 17/1/17. R.P.C. rendered 24-1-17. Pay Book verified Credit 27 81
N.E. McCity.																	J.2270. 9626.							487.					Balance transferred to N. E. Branch.	2294	27 81	McC				H Stadw. C.D.D. Buxton S.P.L. 27. 2/2/17 Cc Dec. 22 9..

Trans'd to "Canada Disc'ge a/c"

Date	Pay				Field Allowance				Working or Special Pay				Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls								Cash Payments				Assigned Pay	Other Charges	Total Debits	Balance		Pay Withheld or Deferred	Pay Available for Issue	Remarks
	No. of Days	Rate	Amount		No. of Days	Rate	Amount		No. of Days	Rate	Amount					1		2		3		4		1	2	3	4				Credit	Debit			
			$	c.			$	c.			$	c.				No.	Date	No.	Date	No.	Date	No.	Date												

NAME OF NEXT OF KIN Mrs. E. Cunningham,
ADDRESS OF NEXT OF KIN Dorset P.O., Ont.
MAIL ADDRESS Same.
RELATIONSHIP Mother.

MEDICAL HISTORY OF AN INVALID.

1. Station. Whitby Military Hospital.
2. Regiment or Corps. "D" Unit, M.H.C.C.
3. Regimental No. and Rank. Private #724113.
4. Name. Cunningham, C.H.
5. Age last Birthday. 19.
6. Enlisted on Feb. 23, 1916. at Dorset, Ont.
7. Former trade or occupation. Farmer.

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

Date. May 25, 1917.

9. Service.

	Years.	Days.
	PERIODS	
	FROM	TO
Canada	February 1916	July 1916.
England	July 1916	February 1917.

10. (a) Disease or disability. Hyperthyroidism Convalescent.
(b) Date of origin. Previous to enlistment.
(c) Place of origin. Canada.
(d) Cause. Unknown.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Patient had thyroidestomy done on March 28, 1917. There are no evidences of hyperthyroidism. No tremor, no exophthalmos, no tachycardia. Patient feels well and looks well, can walk 5 or 6 miles with no discomfort.

Dis Sect 31.7.17

12. (a) Is the disability the result of service or climate? Neither.
(b) Has it been aggravated by intemperance, vice or misconduct? No.

14

M. F. B. 227.
200M. 8-16.
1772-39-117.

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

Thyroidectomy scar U-shaped extending from a point 1" above and ½" ext. to Right Sternoclavicular joint to a point 2" above and 1" external to left Sterno-clavicular joint.
Small drainage scar in supra-sternal notch.
One vaccination mark left arm.

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

Not applicable.

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

Not applicable.

14. Treatment.

Toronto General Hospital.

Spadina and Whitby Military Hosp.

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

Yes, 50%

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

6 months.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

1/5.

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

No.

E. W. Broughton, Lt.
Medical Officer by whom the case is brought forward.

Does th

10. Yes.

11. No.

12. Yes.

15. Yes.

16. Yes.

17. Yes

18. Is he unf

Recomme

Signatures :—

Station. SPA

Date. Jun

Date.

Approved.

Date.

a point 1" above
to a point 2"
ular joint.

ought forward.

OPINION OF THE MEDICAL BOARD.

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

10. Yes.

11. No. He looks very pale. The neck was prominent when he enlisted, but increased in size subsequently.

12. Yes.

15. Yes.

16. Yes.

17. Yes 1/5 of which 50% is due to aggravation from service.

18. Is he unfit for Military Service. No.

Recommendations :

That he be placed in Category "C2".

Signatures :—

C. J. Currie, Maj. President.

F. W. Hughes, Capt. } Members.

J. D. Loudon, Lt. }

Station. SPADINA MILITARY HOSPITAL,

Date. June 1, 1917.

Date. 13/6/17 Capt
for Asst. Director of Medical Services.

Approved.

Date. July 30/17 Capt
for Director-General of Medical Services.

Militia Form B. 227.

200m. 8-16.
H. Q. 1772-39-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

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

(At Station or Hospital where finally disposed of.)

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

Date .....

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

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

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

Administrative Medical Officer.

* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * MEDICAL BOARD

assembled at SPADINA MILITARY HOSPITAL

on the 2nd of April 1917

by order of A.D.M.S. M.D. #2

for the purpose of examining and reporting on

Private C. H. Cunningham #724773

PRESIDENT.

MEMBERS.

The BOARD having assembled pursuant to order, proceed to examine the above mentioned man and report that:

1. PRESENT CONDITION. He was returned to Canada suffering from enlargement of the Thyroid gland, which he has had a certain amount for last 4 or 5 years. He complained of shortness of breath, weakness, and nervousness; some Tachycardia. Pulse - lying - 72; standing - 84; after exertion - 108. Examination showed considerable enlargement of Thyroid, more marked on left side. Removal of Thyroid was advised, and operation has been carried out. He is at present in Toronto General Hospital convalescing from operation.

M. F. B. 303.
150M.—7-16.
H. Q. 1772—39—133.

Discharge 1-8-17

2. EXTENT TO W
LIVELIHOOD

3. PROBABLE M

4. WHETHER TH
IN HIS REG

2. EXTENT TO WHICH HIS CAPACITY IS LESSENED FOR EARNING A FULL LIVELIHOOD IN THE GENERAL LABOUR MARKET AT PRESENT:

5/5

3. PROBABLE MINIMUM DURATION OF THE DISABILITY:

2 months

4. WHETHER TREATMENT IN A CONVALESCENT HOME WOULD MATERIALLY ASSIST IN HIS RECOVERY:

Yes -

H. Thompson Capt

J. B. Shuttleworth Capt

[illegible] Capt

APPROVED,

[illegible] Major

D/A.D.M.S. (2)

Date 13/4/17 Capt

APPROVED

Thos Morrison Capt

for D.G.M.S.

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. 724113

Rank Private

Surname CUNNINGHAM

Christian Name Charles Henry.

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 20 years 11 months.

Height 5 feet 11 inches.

Complexion Fair

Eyes Blue

Hair Dark Brown

Trade Lumberman

Intended place of residence (To be given as fully as practicable.) Dorset Ont.

Descriptive Marks

Two Vaccination Left Arm.

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.

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

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

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

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

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

E. R. J.

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 C. H. Cunningham .....(*Signature of Soldier.*)

(Date) January 8th, 1919. J. Allen Lt. (*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*) C. B. Lowther Major
O. C. 2nd Bn., Canadian Garrison Regt.

e.

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

mpany. (*Squadron*
n accordance with

e

just demands, up
d page.

nature of Soldier.)

nature of Witness.)

e to forward these
to sign, and when

discharge

Majesty's Service.

nature of Soldier.)

d).....years.....days.

al.....years.....days.

Major
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.

C H Cunningham

(OVER)

List of Discharge Documents.

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

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

(a) Proceedings on Discharge.

(b) Attestation.

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

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

21/5/18

Recd from Doc Sec

RECEIPT FOR SOLDIERS' DOCUMENTS

(N.B.—See Instructions on the back of this form.)

CORPS	No.	RANK	NAME	Original Attestations and Documents retained therewith					Duplicate Attestations and Documents retained therewith			Proceedings on discharge	Corps History Sheet	Date and No. of Deposit Receipt for Purchase Money and Amount	Parchment Certificate	Casualty Form	Medical Report for Invalids	Medical History Sheet	Proceedings of Regimental Court Martial	Dental History Sheet	Copies of Convictions by Civil Power	Company Conduct Sheet	Clothing Transfer Certificate	Inventory of Kit	Last Pay Certificate	Particulars of Recruits
				Proceedings of Court of Enquiry or on men reported missing on Active Service	Re-engagement Papers	Declaration of change of name	Authority for special enlistments	Documents of re-enlisted men	Regimental Conduct Sheet	Compulsory Stoppages																
TRANSFERRED TO No 2 M.S. Coy. 28-6-17	724113	Pte	Cunningham, C.H.															MFB 17	AFB 177							

I have received the above documents,

.....

Signature of Officer who receives the documents.

Rank.....

Corps.....

Station.....

Date.....

M. F. B. 408.

75M.—1-18.
H. Q. 1772-39-596.

Instructi[illegible]s to Transmission [illegible] Documents.

1. This form will always be sent with the documents of a man or draft—

(*a*) On transfer to another Corps.

(*b*) On posting to another portion of his Corps.

(*c*) On being detached for duty with another Corps.

(*d*) On transmission to Headquarters.

(*e*) On discharge.

2. Officers receiving the documents should at once check the entries in this form. If correct, they should sign and return this form to officer who sent it.

3. If any document is missing they must at once apply for it, as they will be held answerable for any deficiency which may afterwards be found to exist.

4. In the case of drafts the names of the men should be arranged alphabetically.

PART I. A.F.B. 179 Canada (Revised).

Reserved for M.H.C.

Regt. No. 424113 Rank Pte. Surname Cunningham Christian Name Charles Henry.

Unit or Corps—(a) Overseas from United Kingdom 109th Bn. C.E.F. (b) In United Kingdom

Born at—Town Dorset County or Province Haliburton Country Canada.

Date of Birth—Day 22. Month January. Year 1898 Age 18 yrs. 11 months.

Joined at Minden Ontario Date 23.2.16.

Former Trade or Occupation

Permanent marks or peculiarities that will serve for future identification :—

Slight scar on lower lip.

Height—feet 5 inches 11 Colour of eyes Brown.

Signature of Soldier (*for indentification purposes*) Pte C H Cunningham

Medical Report.

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

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

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

Disabilities Group (*a*).

Disabilities Group (*b*). Goitre

Disabilities Group (*c*).

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

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i*) As to Group (*a*) above.			
(*ii*) As to Group (*b*) above.	Natural	Minden Ont. Haliburton Co.	10 years ago
(*iii*) As to Group (*c*) above.			

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

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(*i*) As to Group (*a*) above? If yes, has Active Service aggravated it?

(*ii*) As to Group (*b*) above? yes. If yes, has Active Service aggravated it?

(*iii*) As to Group (*c*) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i*) As to Group (*a*) above? Not applicable

(*ii*) As to Group (*b*) above?

(*iii*) As to Group (*c*) above?

19-6-17 m.k.

PART I. (*continued*).

5. If a cause of disability was an injury received on Active Service, was it received— Not applicable

(*i*) While on duty? (*ii*) While off duty?

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

(*vi*) Opinion of the Court?

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

always had goitre as far as he can remember

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

Normal except for goitre in neck.
No symptoms except when marching with pack.
Dyspnea on exertion.
All other systems working normally.

8. OPERATION. (*i*) Was one performed?

(*ii*) If so, state what. Not applicable.

(*iii*) Was one advised and declined?

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

9. (*i*) Is there loss or decay of teeth attributable to Active Service?

(*ii*) If so, describe. Not applicable

10. DO YOU RECOMMEND:—

(*a*) ~~Fit for duty~~?

(*b*) Fit ~~for base duty~~?

(*c*) Invali~~d to Canada~~?

(*d*) Discharge from the Service as permanently unfit? yes.

Date of Report Dec. 7. 1916. Signed H. O. Boyd. Capt.
Officer in medical charge of case.

Station Witley Camp.

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

C. D. Stewart Maj
Camp
{~~Officer i/c Hospital~~ / ~~S.M.O.~~ Brigade} Strike out one of these.

Dated at Bramshott Station, on 18-12-1916

* Delete if inapplicable.

PART II.

Clear and de
Disability du

11. Is the disabi
If not, indic

12. Is the cause
If not, indic

Dia

13. Was the disal
or aggrava

14. THE ENTIRE
full livelih
(*Estimate at*

15. THE PENSIO
in the esti
What part

16. Permanency of
(*i*) I
(*ii*) I

17. If an operation
consider the

18. Remarks.

19. Recommendatio

Date of Board 3

Station Bramsho

Approved

Dated at Bramsho

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

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

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

12. Is the cause of the disability fully indicated in Part I (2)? no.
If not, indicate it.
Several other members of his family suffer from the same disability — condition is evidently due to hereditary tendency and environment.

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

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

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

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

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? not advised.

18. Remarks.

19. Recommendation:—(*a*) ~~Fit for duty?~~
(*b*) ~~Fit for base duty?~~
(*c*) ~~Invalid to Canada?~~
(*d*) Discharge from Service as permanently unfit? yes. ~~Class E~~ E.A.D.

Classification for the Military Hospitals Commission.
not classified

Date of Board 30 DEC 1916

Signatures of the Board: E. A. Dickson Major (President.); H. Macharen Capt

Station Bramshott.

Approved: C. Fleming Major, For G.O.C. & A.D.M.S. — D.D.M.S. for A.D.M.S., Canadian Troops, Bramshott Camp

Dated at Bramshott. 31 DEC 1916 Station Bramshott. 31 DEC 1916 191

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

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

on the day of 191

Members of the Board :—

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

Dated at this day of 191

Signatures of the Board

President.

DENTAL HISTORY SHEET

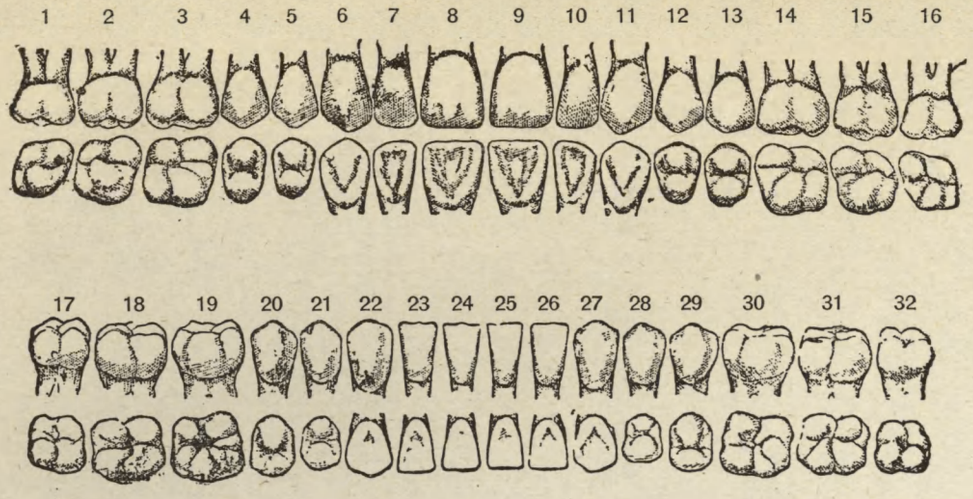
CANADIAN ARMY DENTAL CORPS

DISTRICT ..... Toronto, Ontario, Hearn

NAME OF SOLDIER ..... Cameron, Charles Gerrate

REGIMENT ..... 2nd BN. CANADIAN GARRISON REGIMENT RANK ..... No. 724113

M.F.B. 465.
200M.—6-18.
1772-30-950.



INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																						
DISCHARGE EXAM. EXHIBITION CAMP DEC 30 1918 — CERTIFICATE ISSUED FOR																						
DATE																						
																				A.W. Canning Capt.		

Date of Enlistment 1-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

~~20.~~	25.		

1-12-17
P.C. 3235-

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No. 424113

Rank Pte. Promoted Reverted Discharge

Soldier's Name Chas. H. Cunningham

Battalion Trans. to #2 S.S.Co. 30-6-14 per DP#2 m.d. 14-9-17

Beneficiary Esther Cunningham

Relationship Dep. mother

Address c/o Mrs. Thos Cunningham Dorset Ont.

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
1917 Dec. 31		440		440		
Jan/18. F	62861	30		30	e	
Feb		25		25		MRO 28

04082-C5

Pm Mid #2 Paying from 1/2/18
See letter 9/5/18

Paymaster Paying
From 1- -18
To .....

CONSOLIDATED ACCOUNT

M. F. W. 128.
400M.—2-17—1772 39-1141
L. L. 22320—M. & D. 1938.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

30 2

M. F. W. 128.
40M—4-17—1772-39-1141
L. L. 22820—M. & D. 7993.

2nd Det., C. G. R.

AUDITOR | PAYMASTER

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

M. OR S.

REGT. No. 724112 RANK Pte NAME (IN FULL) Cunningham C H (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C. E. F. | IF IN P. F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 14/3/16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO Mrs. A. Cunningham | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Dorset. Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A. NO. OF DAYS	PAY AND F. A. RATE	PAY AND F. A. AMOUNT $	PAY AND F. A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																																					
Jan 1/8	8	1.10	8	80	35 30 30		6	40	150	20			3037		3033						111	40	30				8	80			150	20					Wed 1/1/18 further orders do 1414 Disc 8/1/19 Demob do 1

ACCOUNT CLOSED. NOT SIGNED.
RESPONSIBLE OFFICER S.O.S. PRICE TO H.Q. CIRCULAR No. 102 (LOCAL 120).

ASST. DIRECTOR PAY SERVICES, M.D. No. 2.

60m.-11-18. L. L. 51777. M. & D. 9585.

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