

ATTESTATION PAPER.

No. 745355

116TH OVERSEAS BATTALION C.E.F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? Dalgliesh.
- 1a. What are your Christian names? Aubrey Samuel.
- 1b. What is your present address? Balsover, Ont. Canada.
- 2. In what Town, Township or Parish, and in what Country were you born? Balsover, Ont. Canada.
- 3. What is the name of your next-of-kin? Rebecca Dalgliesh.
- 4. What is the address of your next-of-kin? P.O. Balsover, Ont. Canada.
- 4a. What is the relationship of your next-of-kin? Mother.
- 5. What is the date of your birth? December 2nd? 1897.
- 6. What is your Trade or Calling? Carpenter.
- 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.

Aubrey Samuel Dalgliesh....., 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.

Aubrey Samuel Dalgliesh (Signature of Recruit)
J. A. Proctor (Signature of Witness)

Date.. February 16th... 1916

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Aubrey Samuel Dalgliesh....., 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.

Aubrey Samuel Dalgliesh (Signature of Recruit)
J. A. Proctor (Signature of Witness)

Date.. February 16th..... 1916

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 Beaverton, Ont...... this 6th..... day of March..... 191 6

J. Treleaver (Signature of Justice)

Description of Aubrey Samuel Dalglish. on Enlistment.

Apparent Age 18 years 2 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height..... 5 ft. 9 ins.

Chest measurement. { Girth when fully expanded..... 41 ins.
 Range of expansion.. 4 ins.

Complexion..... Fair.

Eyes..... Blue.

Hair..... Auburn.

Religious denominations

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date February 13th. 1916

Place Beaverton, Ont.

J. Callaway
 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.

Aubrey Samuel Dalglish 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.

A. Smith Major (Signature of Officer)
Company D. C. 116 7th/8th Batt
C.E. 7.

Date..... APR 15 1916 1916

NAME DALGLEISH AUBREY SAM. (Pvt) REGT NO. 745355 UNIT 116th Bn H. Q. FILE NO.

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

M

DEATH
H

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CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

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1 A.F.W. 3997

1 M.F. 20. 192

1 C.A.R.C. 5009a

cas card

pay card

11573

Box 268

H

Category

DISCHARGE

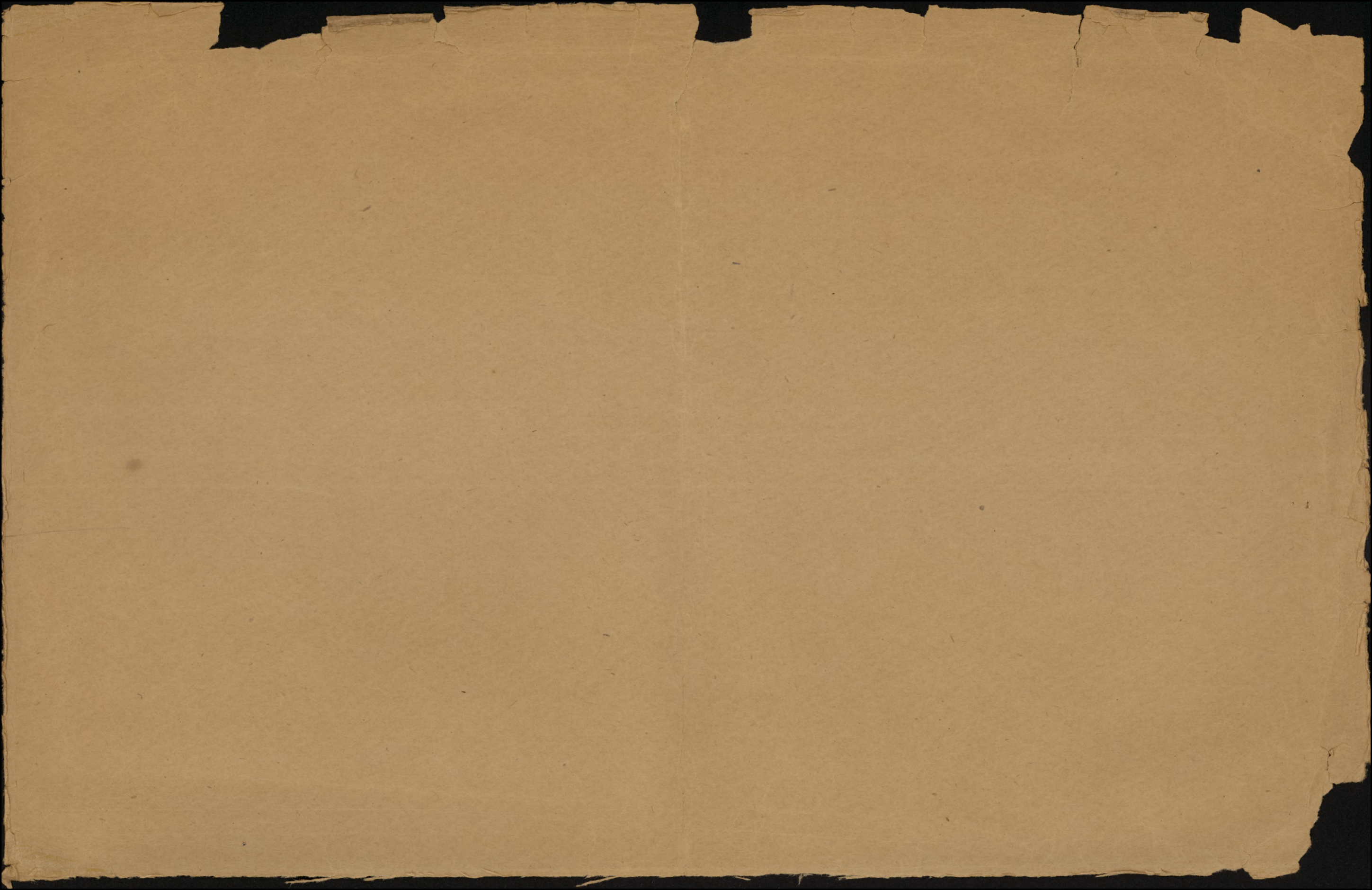
Category

Demob.

DESERTION

8-28
21-28
27-28

4



745355

I.D. number
No. d'identification

DALGLEISH

Surname
Nom de famille

AUBREY, SAM

Given names
Prénoms

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location

Lieu

2268

« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »



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				
27-7-17	1 st C.O.R.D.	T.O.S. from 20 th BN.	W'Sandling	20.7.17	PF-II-140 29 Signature kept for Colonel i/c Records, Con H.
23-8-17	O.C. 5th	T.O.S. from 1st C.O.R.D.	W.Sandling	17-8-17	B.N. ord 229
24-8-17	LstCORD	S%Off.S.on being posted to 5th.Reserve Battn	W.Sandling	17-8-17	Bn.Ord 168
23-8-17	O.C. 5th	T.On.S.from 1st.C.O.R.D.	W.Sandling	17-8-17	B.N.ord 229
15-2-18	O.C. 5th	3. Off. 3. to 12th. Res. Bn	W Sandling	15-2-18	Bn. Ord 46 Signature CAPT. ASSUTANT. BR RESERVE Bn. (CENT. ONT.) C.E.F.
15-2-18	O.C. 12th	T. On. 3. from 5th. Res. Bn	W.Sandling	15-2-18	Bn. Ord 40 Signature CAPT. ASSUTANT. BR RESERVE Bn. (CENT. ONT.) C.E.F.
29, I. 19	Sailed for Liverpool	Attached C.C.C. Kinmel Park for return to Canada. Part 11 Orders No. _____. Ceases to be attached C.C.C, Kinmel Park on embarking for Canada, Part 11 Order No: 26 for Commanding W.S. Powers Lt. M.P. 2. Wing, Kinmel Park Camp.		13 JAN 1919 31-1-19.	Signature CAPT. ASSUTANT. BR RESERVE Bn. (CENT. ONT.) C.E.F.

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

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

250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 45355 Rank Private Name Dalglish Aubrey Samuel

Enlisted (a) 16.2.16 13.6.16 Terms of Service (a) G. of W. Service reckons from (a) 16.2.16 13.6.16

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) Carpenter

CERTIFIED CORRECT.

18 OCT. 1916
UN. RECORDS, LON. DON.

Report Date	From whom received	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.	
		Embarked Canada	Halifax	24.7.16		
		Disembarked England	Liverpool	31.7.16		
		Transferred for Overseas Service with <u>20th Batt'n</u>			OCT 5 1916	D.O. Pt 11, No. <u>279</u> Capt.
6/10/16	C B Dep dom	Arrd & taken on strength	20th Bn	6/10/16	NR Pt 2 0' no 55 d 11/10/16	
	do	Left for	do	20/10/16	NR	
27/10/16	20th Bn	Arrived	do	22/10/16	B215	
9-5-17	4 C F M	S. W. Back adm 9/5 Jun 12 C F M		9/5-17		
10-5-17	32 A C M	adm 32 A C M		10-5-17		
17-5-17	C B A	A ⁿ -from Boulogne adm C B A		17-5-17	170P	
13-5-17	1 Con Cp.	fit	3 Rest Cp	13-5-17	109th BATTALION CAN. INFANTRY.	
24-5-17	C B A	help for	20 Bn.	24-5-17	NR	
16-6-17	20 Bn	Arrived		5-6-17	B213	
12-5-17	32 A C M	S. W. Back ser	1 Con Camp	12-5-17	301 d 25-6-17	
12-5-17	1 Con Dep	Wounded	adm	12-5-17		
20-7-17	1 C Gen	S. W. Elbow R Shldr R. Inv (Wdd) & posted to 1st Centl Ont. Regl Depot, Shorncliffe	per HS Brighton	20-7-17	W3034 (N. 5561). W3083.3548. Pt 2 52 d/31-7-17.	

Whogan
major for Lt.-Col., A. A. G.

(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 should be entered.
(b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

1206

(2)

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

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

500M.—9-16

H. Q. 1772-30-920.

Casualty Form—Active Service.

Unit, Regiment or Corps
 Regimental No. 745 355 Rank Pfc. Name Paul Glenn Aubrey Sam.
 C. E. F.

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

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

Extended Re-engaged Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
JAN 29 1919	J. S.	T O. C. No. 2 DISTRICT DEPOT. TORONTO		1919 PART II D. O. 42	<p><i>[Signature]</i></p> <p>Lieut. For O. C. No. 2 District Dep.</p>

(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, Shoening 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				
27/2/19		S.O.S. (Discharged) No. 2 District Depot Part II, D.O. No.			56
		<i>W. Watson</i> Capt			
		O.C. No. 2 District Depot O.C. No. 2 District Depot			

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-89-903.

LAST PAY CERTIFICATE

Regimental No. 745358 Rank Plt Name Dalglish A S
(Surname first)

Unit No. 2 District Depot who was* DISCHARGED

On FEB 27 1919 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 1 to FEB 27 1919 191.....
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month	2949	
Regimental Pay..... 27 days at \$..... 1.00		2700
Field Allowance..... 27 days at \$..... 0.10		270
Separation Allowance		3500
Clothing Allowance		7000
Post Discharge Pay <u>wag</u>		1200
*Other Credits		
Advances	23084	
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>Sub</u>	500	
Total	24309	11221
		<u>14670 / 14670</u>

*Give particulars.

A monthly stoppage of \$ 15 (†) has..... (‡) been paid on account of
Assigned Pay for the month of Feb 191... 9 }
and Separation Allee. for month of..... 191... } (to) Assignee Miss Mrs. Dalglish
(Address) Balsmer 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.

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

REMARKS:—

- State (1) date of enlistment married or single.....
- (2) Separation Allowance, entitled or not no (3) Reason for discharge.....
- (4) Authority for discharge or transfer no 56

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date FEB 26 1919
Place TORONTO, ONT
Malcolm MacKinnon
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

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. 745355 Rank pte Surname DALCLISH
(Give name in full)
Subroy Samuel
Unit or Corps 2nd D.O. Birthplace Balover, Ont.

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

1. GENERAL DESCRIPTION:

Physique good Weight 156 lbs. Height 5 ft. 9 in. Colour of Eyes blue
Nutrition good
Pulse 78
Condition of arteries normal
Vision Rt. 20/20 Left 20/20
Hearing (conversational voice) Rt. 21 ft.
Left 21 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
vacc 1916
scar 1/2" shrapnel 1917
1st shoulder wound

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.

no alb no sug a
no hema haemorrhoids
no nose no nose
no fainting
no disability from G.I.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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.....(Canada)

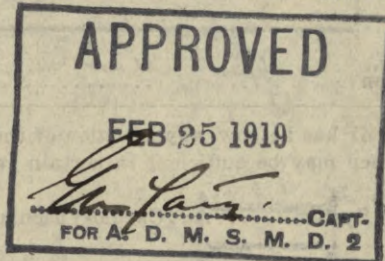
Date 24-2-19 Signed [Signature].....M.O.

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 [Signature].....

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

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



[OVER]

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank pte Name Dalgleish Surname Aubrey S.
Unit or Corps 116th 12 Regt (If a soldier) Regt. No. 745355
Born at Balsouer Ont on, date Dec. 2, 1898
Signature (for identification) Dalgleish A.S.

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. no

Weight 143 lbs.
Height 5 ft. 8 ins.

2. **NUTRITION AND DIATHESIS?** Good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?** no

4. **RESPIRATORY SYSTEM.** no

5. **HEART?**
Abnormal Sounds? no
Abnormal Size? no
Pulse Rate? 68 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening? no

7. **DIGESTIVE SYSTEM?** no

8. **GENITO-URINARY SYSTEM?** no
Urinalysis—s.g.? 1020 Reaction? ac Albumen? no Sugar? no

9. **SKIN, MIDDLE EAR, EYE**
or any other part? no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? Good

Examined at Kimmel Park Signed W. Stephen Bell M.O.
Date 13-1-19 Signed J.P. Loughlin M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Received of the General Office of the State of New York

for the sum of \$100.00
the sum of one hundred dollars
for the year 1874
J. J. [unclear]
[unclear]

1874

1874

1874

1874

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1874

1874

1874

1874

1874

1874

Received of the General Office of the State of New York
for the sum of \$100.00
the sum of one hundred dollars
for the year 1874
J. J. [unclear]
[unclear]

DUPLICATE

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

INSTRUCTIONS.

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

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

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number **745355**.....

(3) Full Name of Soldier **Aubrey Samuel Dalgleish**.....

(4) Place of Birth **Balsover, Ontario, Canada**.....

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

(6) If married, state,

(a) Full name of your wife **Nil**.....

(b) Present Postal Address **Nil**.....

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

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

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

Also their names and ages **Nil**.....

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

745355 Pte.

This is to Certify that No. 745355 (Rank) Pte.
PAUL LEBER, Aubrey Samuel

Name (in full) 116th. Bn. enlisted in
the Beaverton Ont.,
CANADIAN EXPEDITIONARY FORCE at 16th.
day of Feb. 16 on the
19
ENGLAND AND FRANCE

HE served in DEMobilIZATION
and is now discharged from the service by reason of

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

Age 21
5' 9"
Height Fair
Complexion Blue
Eyes Auburn
Hair

Marks or Scars
Vacc scars left arm
G.S.W. Back 9.5.17

A.S. Galperich
Signature of Soldier

Paul L. Leber
Issuing Officer
For

Date of Discharge Feb. 27th. 1919

O.C. No. 2 District Depot.
Rank

Signed at Toronto, Ont., 27th. day of Feb. 19
Appointment

in Military District No. No. 2
FEB 27 1919
File Reference No. DISTRICT DEPOT

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

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

Uniform is not to be worn after
expiration of one month from
date of discharge, except by special
permission of G. O. C. district.

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

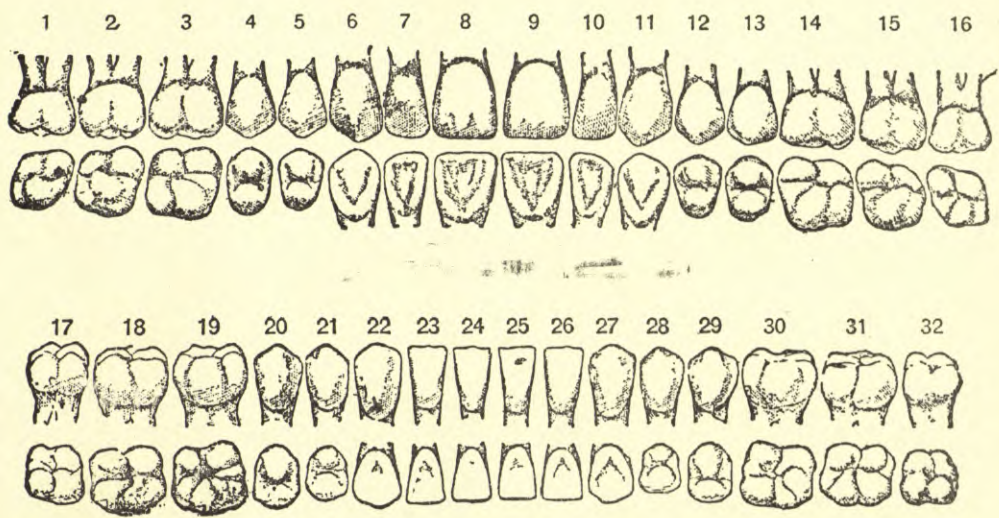
CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION *M.P.2*

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) *DAZGLEISH A.S*
REGIMENT *20th Battr.* RANK *LT.* No. *745855*

Date of Examination in England *14/1/19* Date of Examination in France _____



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS *14.*
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT? _____

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

- (a) ~~In Canada~~
- (b) In England
- (c) In France *yes*



Signature of Dental Officer *C. Graham Capt*

M. P. 2

Darstellung A. 2

22822

Dr.

20. 10. 1911

14/11

14

- (a) Top Upper
- (b) Far Upper
- (c) Mid Lower
- (d) Far Lower

- (e) In Case
- (f) In Case
- (g) In Case

14/11

MEDICAL HISTORY SHEET.

Surname Dalgleish Christian Name Aubrey Samuel

Examined { on 16th day of Feb 1916
 { at Beaver
 Birthplace { City or Town Balsaver
 { County Victoria

Approved by J. M. Culloway
 Rank Asst M.O.

Apparent age 18
 Trade or occupation Carpenter
 Height 5 Feet 9 Inches.
 Weight 160 Lbs.
 Chest measurement { Minimum 37 inches.
 { Maximum expansion 4 inches.

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

24 JUL 1917

Physical development Good
 Small-Pox Marks None
 Vaccination Marks { Arm Right X Left A
 { Number None

Date.	Result.	VACCINATIONS.
<u>13/6/16</u>	<u>Good</u>	<u>McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last None
 (a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>16.6.16</u>	<u>Good</u>	<u>McCulloch</u> M.O.
<u>23/6/16</u>	<u>"</u>	<u>McCulloch</u> M.O.
<u>30/6/16</u>	<u>"</u>	<u>McCulloch</u> M.O.
<u>1.8.16</u>	<u>"</u>	<u>McCulloch</u> M.O.

Enlisted on 16th day of February 1916 at Beaver

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>116th Co. C.E.F.</u>	<u>445355</u>		<u>16.2.16.</u>
Transferred to	<u>109th Co. C.E.F.</u>	<u>745355</u>		<u>13.6.16.</u>
	<u>21st Bn</u> <u>12th Res B</u>			<u>15.2.18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>West Sand Bay</u>	<u>14.11.17</u>		<u>Bit Y.P.</u>
<u>Kennel Pt</u>	<u>11.1.19</u>		<u>As 10 keepers</u>
<u>Ta & Cay</u>	<u>24.2.19</u>		<u>as 10 keepers</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

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom *Mrs. Max Dalgleish*
 Address *Bilsouck P.O.*
Ant.

By Whom Assigned *Dalgleish* ~~Max~~ *a.s.*

Regtl. No. *745-35-5-*

Rank *Pte*

Corps *109th Batt. "B" Coy.*

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				



100

100

100

100

100

100



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

Mrs. Max Dalgleish

Name of Soldier

Dalgleish A S
Pte "Coy" 10th Batt.

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

PAYMENTS.

745355

15⁰⁰

Remarks.

AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>N 12288</i>	<i>15 -</i>	
Sept.		<i>D 16048</i>	<i>15</i>	
Oct.		<i>D 20477</i>	<i>15</i>	
Nov.		<i>Z 2868</i>	<i>15</i>	
Dec.		<i>L 32996</i>	<i>15</i>	
Jan.	1917	<i>Q 38513</i>	<i>15</i>	
Feb.		<i>J 43821</i>	<i>15</i>	
March		<i>K 49674</i>	<i>15</i>	<i>15-6-</i>
April		<i>J 997</i>	<i>15</i>	<i>15-8-</i>
May		<i>J 87399</i>	<i>15</i>	
June		<i>X 14197</i>	<i>15</i>	<i>15-ru'</i>
July		<i>K 21167</i>	<i>15</i>	<i>W. K 21166 Carried. C.A. 9</i>
Aug.		<i>Q 27939</i>	<i>15</i>	<i>6</i>
Sept.		<i>P 34586</i>	<i>15</i>	<i>2</i>
Oct.		<i>C 40716</i>	<i>15</i>	
Nov.		<i>D 53400</i>	<i>15</i>	
Dec.		<i>R 56434</i>	<i>15</i>	<i>255</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

M.C.

W.S.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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.				

LTR

Rank _____ Name ^{EI} DALGLISH, Aubrey Samuel / Reg'l No. 745355 /
 Unit 109th, Bn. If in perm. Corps, } Married or Single Single. /
 What Unit? }
 Place and Date of Enlistment Beaverton, Ont, 16th, Feb, 1916, / Place of Birth Balsover, Ontario, CAN. /
 Name and Address, Next-of-Kin ^{EI} Rebecca Dalglish. /
 P.O. Balsover, Ontario, Canada. / Relationship Mother. /

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

N/E. R.B. No. 18652
 File R.L. _____
 Category Canon

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
5-10-16	109 th Bn	S.O.S. to 20 th Batta	Bramsall	5-10-16	Pt II. 50-279 I.T.O.
11-10-16	20 th "	T.O.S. from 109 th "	Field	6-10-16	" 55
16-5-17	---	Adm # 32 Stat Hosp.	Wimereux	10.5.17	bk A511 3.30 Back
18.5.17	---	To #1 Conv. Depot	Boulogne	12-5-17	--- 513
2-6-17	---	To 32 Stat Hosp.	Wimereux	26.5.17	--- 525 P.U.O.
11-6-17	---	To #1 Conv. Depot	Boulogne	4.6.17	--- 532
30-6-17	---	Rejoined Unit	Field	5-6-17	--- 547 (P.U.O)
25-7-17	---	Adm N ^o 2 Hill Hosp. Old Park	Canterbury	20-7-17	C.L.B. 394 G.S.W. Rammer & Shindler
31-7-17	---	To Hill Conv. Hosp. Woodcot Park	Epsom	27-7-17	C.L.B. 399

A.F.B. 107
 17 OCT 1916
 DISCHARGED
 Giseas Co

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
27-7-17	1 st C.O.R.D.	Caas to batt to ops unit - J.O.S.	W'Sandling	20-7-17	PT II - 140 + PT II 52 d/31/7/17 20 th BN
22-8-17	20 th BN	Disch. Mil. Cow. Hosp.	Epsom	17-8-17	G.L.B. 416 G.S.W.R. ^{RAM} SHOULDER
24-8-17	1 st C.O.R.D.	S.O.S. to 5 th Res. BN.	W'Sandling	17-8-17	PT II - 168
23-8-17	5 th Res. BN.	T.O.S. from 1 st C.O.R.D.	"	17-8-17	PT II - 229
15-2-18	12 th Res	T.O.S. from 5 th Res	"	15-2-18	" 40. (5 th Res. 46 d/15-2-18)
13-1-19	✓	On Com. Kimmel Pk.	✓	✓	12-1-19 " 10
8-2-19	✓	ceases on Com. Kimmel ✓ SOS to Canada	✓	✓	29-1-19 - 33

REGT'L. No. 745355

H. Q. FILE NO. 649

NAME

Dalgleish Aubrey Samuel

RANK AND CORPS

Pte 20th Bu (Form 116th Bn)

FOLLOWS

CABLE

NO.

DATE

C

NATURE OF CASUALTY

FOLLOWS

M453615-5-17Adm. No. 32 Stat. Hosp. Wimereux May 10th 1917 GSW back ✓M577925-7-17
12-9.Adm. to Military Hosp. Old Park, Canterbury July 20th gunshot wound right arm, right shoulder. ✓

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A511	32 Stat, Wimereux	10-5-17	G.S.W. back.
A513	* 1 honwt. Depot Boulogne	12-5-17	" " " "
A525	²⁴ 32 Stat Wimereux	26-5-17	P. U. O.
A532	to. 1 Com. Depot Boulogne	4-6-17	" " "
A547	Rep from base Ref. Unit	5-6-17	" " "
B. 394	2 Mil Old Park Canterbury	20-7-17	Gsw R arm & shldr
B399	to Mil bonw. Wdcote Pk Epsom	27-7-17	Gsw. Rt. arm & shldr.
B416	" " " "	17-8-17	" " " " " Disch ¹⁹⁻⁹⁻¹⁷
O365	Mil. Isol, Aldershot	4-11-18	Mumps.
O385	Disch.	23-11-18,	"

SURNAME.

Dalgliesh

CHRISTIAN NAMES

Aubrey Samuel

REGL. NO.

445355

RANK

Pte.

UNIT

116^{ch} - ~~109^{ch}~~ 20nd

FORMER CORPS

nil.

2.
CARD NO.
305. No. 27-2-19.
Demob.
FOLL.
Centk: A.O. 560/260

Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Dalgliesh, Mrs. Rebecca.

RELATIONSHIP TO SOLDIER

mother.

ADDRESS

P. O. Balsover, Ont.

COUNTRY OF BIRTH

Canada - Balsover, Ont.

DATE

Dec. 2nd 1897.

PLACE OF ATTESTATION

Beaverton, Ont.

DATE

Mar. 6th 1916.

O/S. 23-7-16 488

A.G. 5.2.19 262/30 as per 2)

Sailed from Halifax per. S.S. "Olympic"

MARRIED

SINGLE

yes.

WIDOWER

23/7/16.

TRADE OR CALLING

carpenter

RELIGION

methodist

DESCRIPTION.

APPARENT AGE

18.

YEARS

2.

MONTHS

HEIGHT

5.

FEET

9.

INCHES

CHEST MEASUREMENT

41.

INCHES

EXPANSION

4.

INCHES

COMPLEXION

Fair

EYES

Blue.

HAIR

auburn.

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Beaverton, Ont.

DATE

Feb. 16th 1916.

Present address. not stated.

Aubrey Samuel

Name DALGLEISH

Rank

Pte.

Reg. No. 745355

Unit 20th Bn.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
10-5	32 S.H. Wimereux.	GSW	Back.	A511	M4536	16-5
12-5	1 Cob. Dep. Boulogne.		do.	A513		
26 5	31 S.H. Wimereux		P.U.D.	A525		
4-6	1 Con. Dep. Boulogne.		do.	A532		
5-6	Rejoined Unit.		do.	A547		
20-7.	2. Mil. Hosp. Old Pk. Canterbury	GSW	Rt. Arm			
			& Rt. Shldr	B394.	M5779.	26-7.
27-7.	Mil. C.H.W' Cote Pk. Epsom		do	B399		
17-8	Discharged		do	B416		

No. 745-355

RANK

Ot

NAME

*Halgleish Ambrey S.*T. O. S. 16-2-16
(D.O. 84 of 27-2-16)

UNIT

*116th Battalion*M. D. *2*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Feb. 16</i>	<i>1916 Feb. 29</i>	<i>✓</i>		
<i>Mar</i>		<i>✓</i>		
<i>Apr</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June 1</i>	<i>June 1</i>	<i>O.S.</i>	<i>Trans. to 109th Bn. 1-6-16</i>	<i>D.O. 160</i>



Number 745355 Rank V 710 B

Surname DALGLEISH V

Christian Name Aubrey Samuel

Units 20th Bn. Can. Inf. Theatre of War France

Date of Service 5-10-16

Remarks

Latest Address Balsover P.O. V
Luh

Roll No.

200m.-2-21.M. B. Page 21312.

REGT. NO. RANK NAME

UNIT AGE SERIAL NO. IN A. AND D.

TOTAL SERVICE WHERE DATE AND PLACE OF ORI
AND HOW LONG

DISEASE OR INJURY

OPERATIONS

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION

(B) AS / TRANSFER (STATE WHERE FROM)
NAME OF HOSPITAL

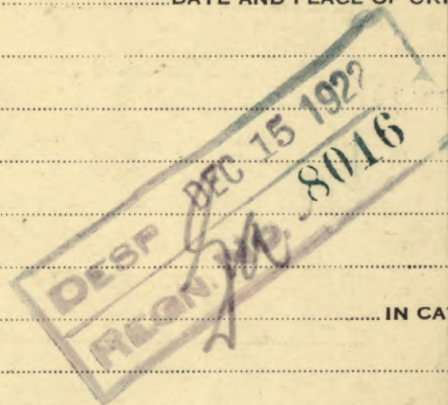
DATE OF DISCHARGE TO UNIT IN CA

DATE OF DISCHARGE AS AN INVALID

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO)
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED



Name L DALGLISH. Aubrey Samuel Rank Pte. Regtl. No. 745355
 Fyle Depot 21. DA-258
 Original unit Present unit 109th Bn M. or S. Age 21 Religion Meth Ref. H.Q.
 Port, ship and date of arrival Halifax Baltic 6-2-19
 Next of kin Mother Rebecca Dalgliash. Balsover Ont.
 Address on leave same
 Address on discharge same
 Transportation issued No Yes Date 27-2-19 Character on discharge
 Previous occupation Carpenter Date and place of enlistment Balsover, Ont. Beaverton Ont. March 5-16
 Diagnosis DEMOb 'N Date of Medical Boards 25-2-19

Date.	Remarks.	Pt. 2 Order No.
TOS 29-1-19	Posted to "as Co Ex Camp 6-2-19 leave with subs from 9-2-19 to 23-2-19	42
27-2-19	SOS DISCHARGED "DEMOb 'N" ENTITLED TO W.S.G.	56

*—Name will be given in full ; surname first.

(over)

Date.

Remarks

Order No.

M. F. W. 492

150m.—5-18

1772-39-1243

Surname *Dalgleish* Christian Name or Names *A. S.* Reg. No. *745355*
 Rank *Pk.* Unit *20 Batt. 1 C. ant. 12 R.* Co. Troop Batty.
 Hospital Date of Admission

Transferred *32 Stat. Wimereux* Hosp. *10.5.17*
#1 Bon Dep. Bagne Hosp. *12.5.17*
32 Staty, Wimereux Hosp. *26.5.17*
1 Comal. Boulogne Hosp. *4-6-17*

Diagnosis

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

gd. W. Back R
P.U.O.
G. E. W. R. arm or R. salt. B
 Additional Diagnosis: if more than one state present
Mumps. B.

DISPOSITION

Date

6.2.16.5.17 A 511
18.5.17 A 513
- 2-6-17 A 525
11-6-17 A 632
30.6.17 A 547
25.7.17 B 394
- 31.7.17 B 399
6.2.22-8-17 B 416
7.11.18 C 365
30.11.18 C 385

Reg. Unit. 5.6.17.
 REMARKS
Dia. 17-8-17
Dis 23.11.18

A.M.D. 2 Dept.
 Beh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. 2 mil. Old Park, Canterbury. 20.7.17

2. Woodcote Park, Epsom 27.7.17
Mil. Isolation, Aldershot. 4.11.18

3.

4.

5.

6.

7.

ASSIGNED PAY: ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.
EFFECTIVE DATE: 8/16 EFFECTIVE DATE:
AMOUNT: 15.00 AMOUNT:

NAME: DALGLEISH Audrey Lane
NUMBER: 745255

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.

Mr Max Dalgleish
Balsover Ontario
Mother
Stopped eff. 12-19

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Plt

Lt Col compiled 13-1-19
at Stopped eff. 12-19
R.A. Low

UNIT AND TRANSFERS
ORIGINAL UNIT: 109 Bn
DATE ACCOUNT FIRST OPENED:

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
NR	1.11.19		109 Bn

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
8/19	3993	12 hrs 1.10	7.00				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1.00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Q. no. 10 Can. 31-1-19. auth. nr. 10-15. 12-1-19. Willey and. " 20. Cr. Bal. 25/100 R.A.

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
March	Bal Ford								18 58		
April	P.P.	33		6 am A.P.				15			
		33		AR 29-5/4/18-12 Res	3890			15	235		
					3893						
May	P.P.	3410		L.A.P.				15	1675		
		3410						15			
June	P.P.	33		6 am				15			
				AR 896-14/6/18-12 Res	1460						
		33		AR 1044-26/6/18- do	1460			15	555		
					2920						
July	P.P.	3410		CAP				15	2465		
		3410		AR 1167-3/7/18-12 Res	1947			15	518		
					1947						
Aug	P.P.	3410		CAP				15	2428		
				AR 1733 14-8-18 12 Res	973						
				" 2034 27-8-18 "	973				482		
		3410			1946			15			
Sept	P.P.	33		6 am				15	2282		
				AR 2184 12/9	430						
				" 2455 25/9	973				579		
		33			1703			15			
Oct		3410		6 am				15	2489		
				AR 2702 15/10	487						
				✓ 2916 29/10	487				15 15		
		3410			974			15			

Cor. Low
do

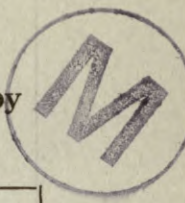
forward

This space to be for numbers.

War Service Badge.
Class
No. 89657 issued

Proceedings on Discharge.

JA



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

L.L.

No. 745355	
Rank Pte.	
Surname DALGLIESH, Aubrey Samuel	
Christian name	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) 116th. Bn. (#2 D.D.)	
Date of discharge Feb. 27th. 1919	
Place of discharge TORONTO, ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 21 years.....months.	Descriptive marks Vacc scars left arm G.S.W. Back 9.5.17
Height 5' feet 9" inches.	
Complexion Fair	
Eyes Blue	
Hair Auburn	
Trade Carpenter	
Intended place of residence Balsover P.O. Ont., (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of ON GENERAL DEMOBILIZATION Authority for discharge D.O.D.D.#2 P. 11#56	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

60
25-319

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

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

6. Medals and Decorations.....

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

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place)..... TORONTO, ONT. (Signature of Soldier.)

(Date)..... Feb. 27th. 1919 (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, ONT.

(Signature).....

(Date)..... Feb. 27th. 1919

O. C. Discharge Station, No. 2 District

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.)

List of Discharge Documents

No.	Description of Document	Date
1	Statement of Service	1918
2	Statement of Reservations	1918
3	Processing on Discharge	1918
4	Medical Report for Discharge	1918
5	Character History Sheet	1918
6	Final Report	1918
7	Final Report - Summary	1918
8	Statement of Will	1918
9	Final Report - Copy of Will	1918
10	Final Report - Copy of Will	1918

I certify that the following documents are included in the discharge package:

1. Statement of Service

2. Statement of Reservations

3. Processing on Discharge

4. Medical Report for Discharge

5. Character History Sheet

6. Final Report

7. Final Report - Summary

8. Statement of Will

9. Final Report - Copy of Will

10. Final Report - Copy of Will

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263 Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178 Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia form B. 313 Casualty Form " W. 54 Medical Report for Invalid§ " B. 227 Dental History Sheet " B. 465 Last Pay Certificate " W. 44 Duplicate Discharge Certificate " W. 39A ‡Form of Will " W. 82 §Only if discharged "Medically unfit." ‡Only if man has not been overseas.	Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133 Proceedings on Discharge " B. 218 <hr style="border: 0.5px solid black;"/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

"BALTIC" 6-2-19

No. 2 DISTRICT DEPOT

AUDITOR PAYMASTER

2841

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

REGT. No. 745355

RANK Pte.

NAME (IN FULL) DALGLEISH, A.S.

27

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
NEXT OF KIN					160R	Same
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY, \$	DATE EFFECTIVE
ADDRESS					PAYABLE TO	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
					Mrs May Dalgleish mother	
					Bolsover P.O. Ont.	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED PLACE	DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
					TORONTO, ONT.	FEB 27 1919 Demob D.O. 56

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	OTHER CHARGES			TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2		COL. NO. 3	\$	C.	\$	C.	\$	C.		DEBIT
31-1-19	110					2511																
26-1-19											973											
30-1-19											487											
6-2-19											500											
6-2-19											2000											
1-2-19	27	110	2970	12	70	14670	23084	24309														
27-2-19											5-11	11221										
183 days		W.S.G.	420			420					Date	W.S.G.										
											Feb 27	70										
											Mar 25	2509420	70									
											Apr 24	2592065	70									
											May 21	345853	70									
											Apr 71	June 24	687279	70								
											Apr 71	July 18	996448	70								
											71	718										

st W. S. G. Paid by #2 D. D.

W.S.G. PAID IN FULL

FOR PAYMASTER WAR SERVICE

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

D

276

Aug 1.16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15			
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5.2.78
8888

PARTICULARS OF SEPARATION ALLOWANCE

No. 745-35-5-
 Rank Pte Promoted Reverted Discharge
 Soldier's Name A. S. Dalgleish
 Battalion 109 Batty. C. Coy.
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Mr Max Dalgleish
 Address Balsover P.O. Ont.
 Change of Address
 1 Bolsover P.O. Ont. in R.O.B. 20th 18th Wjw
 2
 3
 4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31			255	255	L
Jan	<u>266142</u>		15	15	S
Feb	<u>E. 91964</u>		15	15	L
Mar	<u>a 121113</u>		15	15	
April	<u>B 3585</u>		15	15	L
May	<u>M 19795</u>		15	15	L
June	<u>I 23361</u>		15	15	L
July	<u>Q 27984</u>		15	15	L
Aug	<u>I 37166</u>		15	15	L
Sept	<u>L. 46675</u>		15	15	L
Oct	<u>M 54548</u>		15	15	
Nov	<u>I 57040</u>		15	15	
Dec	<u>R 69075</u>		15	15	
Jan	<u>M 74782</u>		15	15	
Feb	<u>P 79999</u>		15	15	✓
			<u>465</u>	<u>465</u>	

4181-A-43.

N. 21166 Cancelled C. a. G.

M. F. W. 128
400M. -6-17-1772-38-141
L. L. 22320-M. & D. 7983.

A/c Closed 28-2-19
 Ret'd per. Baltie
 Date. 6-2-19 F.X. 11-2-19
 Clerk Just Clark



DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

DISCHARGED

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 *Aubrey S.* 2. Surname *Dalgleish*
3. Rank *Pvt* 4. Original Unit *116 Bn* 5. Reg. No. *745358*
6. Address, in full, to which future payments of gratuity are to be forwarded
Balsorer P.O.
Ontario.
7. Date of enlistment in the C.E.F. *Feb 16. 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
9. Relationship of such dependent *not applic*
10. Address, in full, of such dependent
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.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
July 1916 ————— *Jan 30. 1919*
116 Bn ————— *20th Batt.*
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 *3 years.*
116th Batt.
20th Batt
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department
3 yrs 11 days *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

16-2-16
to
27-3-19
3 yrs 11 days

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No*
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?
24. Are you now serving in the C.E.F.? *No* If not, give:—(a) Date of discharge *27-2-19*
 (b) Reason for discharge *Demobilization*
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 *No*
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
Oct 1916 — July 1917
20th Batt.
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: *A. S. Dalgleish*

Place of Residence: *Balsore P.O. Ont.*

Declared before me at: *Toronto*

This *FEB 24* 19*19* day of

19....

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

Chadwick

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.