Staff Bat.
Middlesex Bnn

MAR 9 1916

ATTESTATION PAPER.

No. 724069

Folio.

ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Dark
1a. What are your Christian names? ..... Augustus Ebenezer
1b. What is your present address? ..... Lindsay
2. In what Town, Township or Parish, and in what Country were you born? ..... Shrewton Wiltshire Eng.
3. What is the name of your next-of kin? ..... Mary Dark
4. What is the address of your next-of-kin? ..... 43 Logie St. Lindsay Ont. Canada
4a. What is the relationship of your next-of-kin? ..... Wife
5. What is the date of your birth? ..... September 25th 1863
6. What is your Trade or Calling? ..... Farmer
7. Are you married? ..... Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? ..... 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, Augustus E. Dark, 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.

A E Dark (Signature of Recruit)

Date MAR 9 1916 191 . A W Aselting Lieut (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Augusta E Dark, 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.

A E Dark (Signature of Recruit)

Date MAR 9 1916 191 . A W Aselting Lieut (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Lindsay this MAR 9 1916 day of 191 .

(Signature of Justice)

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

Description of Augustus E. Dark on Enlistment.

Apparent Age 52 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement: Girth when fully expanded 37½ ins.
Range of expansion 3 ins.

Complexion Dark

Eyes Blue

Hair Grey

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

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).

Slight wart near the left collar bone.

Scar on middle finger of left hand.

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date MAR 9 1916 191 .

Place London

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.

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

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

Date MAR 9 1916 191 .

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....2.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....3.....

Proceedings on discharge.....3.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....1.....3

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....1.....

Clothing Transfer Certificate.....1.....

Inventory of Kit.....

Last Pay Certificate.....

Army Form B.122.

a 74 B 179-1

Medical History Sheet

M. F. W. 62.
50M.—9-16.
H Q. 1772—39 935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Dark, Augustus, Ebenezer.

Regt. No. 724069 Rank Pte.

Corps 3rd Can. Lb. Bn. form. 109th C.E.F.

Unfit for further service.

C2763

R 30-12-19

M

H

To be made out in duplicate.

DUPLICATE

U.C. 51-21-23-53

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: Victoria & Haliburton "109th"

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number: 724069

(3) Full Name of Soldier: Augustus Ebenezer Dark

(4) Place of Birth: Shrewton England

(5) Are you married, or not? Yes

(6) If married, state,
(a) Full name of your wife: Mary Dark

(b) Present Postal Address: Lindsay Ont.

(7) Are you a widower?

(8) Have you any children? Yes 3 Boys & 3 Girls

If so, give number of boys and girls

Also their names and ages: Serena J. Dark 20
Catherine L. Dark 22
C. J. Dark 16 Doris Dark 14
Robert Dark 12
Hilda Dark 5
(Percy Noble Dark) Killed at front

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address

(10) Is your Mother alive? No.

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

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

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

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

Yes.

(15) Are you insured? Yes.

If so, in what Company? Metropolitan

Have you made arrangements for payment of your Insurance premium Yes

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

Date July 18/16

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

724069.

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Park Christian Name Augustus Ebenezer

Examined on 9th day of March 1916 at Lindsay

Birthplace City or Town Shrewton County Wiltshire England

Apparent age 52 years

Trade or occupation Farmer

Height 5 Feet 6 Inches.

Weight 140 Lbs.

Chest measurement Minimum 34½ inches. Maximum expansion 37½ inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right. Nil Left. Four. Number Four.

When Vaccinated last March 12th 1916

(a) Marks indicating congenital peculiarities or previous disease

None

(b) Slight defects but not sufficient to cause rejection

Slight varicose veins right leg.

Myopia

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.

B

111

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

Date.	Result.	Anti-Typhoid Inoculations, Etc.
25.4.16	Good	J McCulloch M.O.
2.5.16	Good	J McCulloch M.O.
10.5.16	"	J McCulloch M.O.
25.9.16	"	Hobbs

Enlisted on 9th day of March 1916 at Lindsay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th C.E.F.	724069.		9.3.16.
Transferred to	124th OVERSEAS BATTALION C.E.F. 3rd Cavn Lt Btry			28.1.17.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bramshott Camp, Hants.	P.D. Stewart Major R.A.M.C. for A.D.M.S. Canadian Troops, Bramshott Camp	None.	Class B1 and C.C. complete. PRESIDENT. MEDICAL BOARD, BRAMSHOTT.
10 JAN 1917 APPROVED			
St Martins Plain.	2/11/17	E Discharge approved.	F B Wilson Capt.

5 - NOV 1917 CAPT.

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

B. P. C. FOLIO FALSE DOCKET 3

Feb 1917 Jan 22/18 Average Arthralgia E Wolfe Capt

M. F. B. 432.
400M.—1-16.
H. Q. 1772-39-439.

Surname Sark Christian Name Augustus Edmund

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

DENTAL HISTORY SHEET

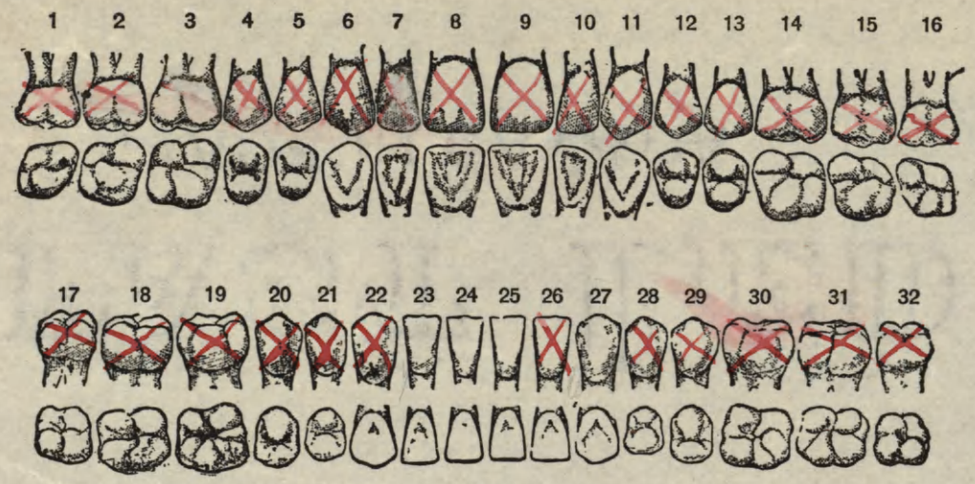
CANADIAN ARMY DENTAL CORPS

District 5

Name of Soldier Park G. E.

Regiment Special Service Rank

No. 7447169



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 Dist.	REMARKS
Condition on first Examination	Jan	23/18										X									Lieut. Olive	5.	Complete.

M.F.B. 465
2/0M-1-17
1772—250

Exc 96721

C.A.D.C.5009-10M.
3494-30-8-17.

724069
St Dark A E

DENTAL CERTIFICATE.

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

MRD

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
20-11-17	Required Clasp in Lower Denture	No	No	Public Expense F. A. Gunn Capt. C.A.D.C.

88-15-79

FMW.

MEDICAL HISTORY OF AN INVALID. ORIGINAL

1. Station. Kingston, Ont.

2. Regiment or Corps. 2nd. Labor Battn.

3. Regimental No. and Rank. Pte. No. 724069.

4. Name. Augustus Dark.

5. Age last Birthday. 54 yrs.

6. Enlisted on March 9th., 1916. at Lindsay, Ont.

7. Former trade or occupation. Tannery Laborer.

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. January 8th., 1918.

9. Service.

	Years.	Days.
	PERIODS	
	From	To
109th. Battalion, CEF.	March 9th. 1916.	Feb. 1917.
3rd. Labor Battn.	Feb. 1917.	Present.

10. (a) Disease or disability. 1. Overage. 2. Rheumatism (muscular).

(b) Date of origin. 1. Not applicable. 2. May 1917.

(c) Place of origin. 1. Not applicable. 2. France.

(d) Cause. 1. Not applicable. 2. Exposure.

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.)

Man is overage, appears about 55 yrs. old, arteries somewhat sclerosed. No organic disease. Heart and lungs normal. Slight varicose veins of both legs giving no trouble.

Subjective :- Had bad attack of lumbago in May 1917. Complains of transient pains in left thigh and knee. Some days he is quite well and on other days it is very painful. Pain more severe at night and keeps him awake. He does not limp, there is no swelling or clinical evidence of disease. Man states that on account of this rheumatism he does not feel equal to his old job of tannery-laborer.

12. (a) Is the disability the result of service or climate? ~~No.~~ 1 no · 2. man states yes · RS.

(b) Has it been aggravated by intemperance, vice or misconduct? No.

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.)

None.

(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?

//////////

(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 exceptional.

14. Treatment.

None.

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

Never had rheumatism before enlisting.

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

1. Permanent.
2. Six 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. Nil. Same as on enlistment.
2. 15% for 6 mos.

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

Yes.

H Ryan Capt. AMC.

Medical Officer by whom the case is brought forward.

Army Form B. 103.

Regimental Number 424069

Casualty Form—Active Service.

Regiment or Corps 3rd Edn Labour Bn

Rank Pte Surname Dark Christian Name A. E.

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

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

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

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) .....

or Corps Trade and rate .....

Occupation ..... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
5/10/17	G.B.D.	Classified Unfit for further Service in France & posted to Man. Regt. Depot, Shorncliffe		4/10/17	R.R. 100 Part II No. 106/d/1.17 10/17
			Captain for Lieut. Col. A.A.G. Edn Sect. GHQ		3rd Echelon
6.10.17	M.R.D.	T.O.S. on repatriating from Base Depot France	Delgato	5.10.17	A.F. 20211 11/10/17
					LIEUT: FOR LT. COL. I/C RECORDS, C.O.M.F.

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

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

W. 5527—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B./103 E/1555.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
	From whom received				
25.10.17	MRA	DET Depot Coy	Seaforth	5.10.17	Pt 11 DO 211
10-11-17	" "	Commanding No 1 CAD	Buxton	9-11-17	" " 246.
					Lieut. & Adjutant, Manitoba Regimental Depot.
10 NOV 1917	TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 267				Lieut.-Col. Commanding Canadian Discharge Depôt.
DEC 1917 - 7	EMBARKED FOR CANADA FROM LIVERPOOL				Lieut.-Col. Commanding Canadian Discharge Depôt.

2nd. Sheet.

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

Regimental No. 724069 Rank Private Name Dark Augustus Ebenezer
C. E. F.

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

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

Extended Re-engaged Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
9.1.18.	O/seas	TAKEN ON STRENGTH NO. 3 SPECIAL SERVICE CO.	Kingston	9.1.18.	Auth. 3 M.D. 88-1-18. 9.1.18
8.2.18.	#3 S.S.C.	DISCHARGED & STRUCK OFF STRENGTH	Kingston	8.1.18.	Auth. 3 M.D. 88-D-179 / 16.1.18.

E. M. Freeman
Lieut. & Adjutant
No. 8 Special Service Company, C.E.F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) *e.g.* Signaller, 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 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. 124069 Rank Private Name Clark Augustus Ebenezer

Enlisted (a) 9.3.16 Terms of Service (a) D. of W. Service reckons from (a) 9.3.16.

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

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

Report Date	Report 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	
8.12.16	O.C. 109th	Transferred 124th Bn	Witley	8.12.16	343 O.O. 255
					Capt. ADJUTANT 109th Overseas Battalion, C.E.F.
					A W Aselting 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 II Orders 255
					R. Dewkinson MAJOR ADJUTANT, 124th BATTALION C.E.F.
18-1-17	124th. Bn.	Transferred to C.C.A.C.	Witley Camp	18-1-17	Part II Orders #18
					R. Dewkinson Capt., Adjt. 124th. Bn. C.E.F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, 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				
~~18-1-17~~	~~124th. Bn.~~	~~Transferred to 3rd. Labour Battalion~~	~~Witley Camp~~	~~18-1-17~~	~~Part II Orders #18~~ Capt., Adjt. 124th.Bn.C.E.F.
29.1.17	3rd Lab. Bn ~~CCAC~~	Taken on Strength	Branchott	28.1.17	Part II D.O.R.
9/2/17	3rd Lab Batt	Proceeding Overseas with 3rd Lab Batt		9/2/17	Pt II D 6 #11 ADJT. 3rd CAN. LABOUR BATTN.
28/1/17.	CCAC	S.O. to trans to 3rd Lab Bn.	Hastings	28/1/17.	Pt II O #47 Lieut. for Officer i/c Records, C.E.F.
11-2-17	CBD	Disembarked	Havre	11-2-17	nk
21/8/17	O C Bn	To 6 GBD		21/8/17	B213. D6 §33
29/9/17	6 GBD	T.O.S. 6 GBD		29/9/17	nk 67
10/9/17	"	Ag'd. Medical Unfit for further service in France		10/9/17	W3339/112
9-1-18	Canada	TAKEN ON STRENGTH NO. 3 SPECIAL SERVICE CO.	Kingston	9/1/18	auth. 3 M.D. 88-1-18 9.1.18
8-2-18	#3 Sp.C.	DISCHARGED & STRUCK OFF STRENGTH	Kingston	8/2/18.	auth. 3 M.D. 88-D-177 / 16-1-18

R—122

LTR

Rank | Name DARK, Augustus Ebenezer | Reg'l No. 724069

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

Place and Date of Enlistment Lindsay, 9th, March, 1916. | Place of Birth Shrewton, Wiltshire, England.

Name and Address, Next-of-Kin Mary Dark
43 Logie St, Lindsay, Ontario, Canada. | Relationship Wife.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B No. 9369
File R.L.
Category M.W. Can

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			
8.12.16	06 109th Bn.	SOS on trans. to 124th Bn	Witley	8.12.16	Pt II D.O. 343
9.12.16	06 124th	TOS " " fr 109th	"	"	" 265
		SOS on trans to C.C.A.C.			
18.1.17	"	& attd to 124th Bn.	"	10.1.17	" 18.
		Cases to be att'd			
28.1.17	C.C.A.C	S.O.S. & 3rd Lab Bn	Hastings	28.1.17	" 47
27-1-17	C.C.A.C	TOS on Com to 3rd Lab Bn BD	"	30-1-17	— 46
29-1-17	3rd Lbr. Bn.	T.O.S. from C.C.A.C.	Bramshott	28-1-17	" 1.C.C.A.C. 47
9-2-17	" "	Proceeds o/seas.	"	9-2-17	— 11.
17.10.17	" "	SOS on posting to M.R.D	Pk	Field 4.10.17	— 61
6.10.17	M.R.D.	TOS on reporting from Base Depot France	Pk	Delgate 5.10.17	Pt II D 211
9-11-17	" "	On com 1st CDD Buxton	Pk	" " 9-11-17	" " 246

A.F.B. 103 CHECKED 3 MAR 1917

724069. Park A. E.

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.
14.12.17	M.R.O	Ceased on com 1st CDD, SOS Canada	MS Sciffe	7.12.17	R.11 D0280 Rule K.R.&O Para 392 Sect 16
	Di Depot	Class Duly	M.D. #1 London	19/12/17	M.R.418. Ingersoll. Ont.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

13385/310

Name Dark, Augustus E.
Surname Christian Name

423-1-A-1.

Mary Dark

Regimental Number 724069 Rank Pte.

Address (in full) Lindsay, Ont. 113 Logie St

Unit NO. #3. Special Service CO.

Original Unit

District where paid M.D. 3.

Date of Discharge 8-2-18.

P. D. P. Filing Number 5-77-3.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ 25.00 per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days		FIRST PAYMENT				SECOND PAYMENT				FINAL PAYMENT				Balance Over-payments to be Recovered		Total Amount Paid	
		Cheque No. A	Date	Amount 30 days		Cheque No. B	Date	Amount 30 days		Cheque No. C	Date	Amount 31 days					
175	10	1518	8-3-18	58	00	1489	8-4-18	59	10					58	00	117	10
1359	1st	G17753	1/2/19	70	00												
"	1st	G17754	1/3/19	30	00												
1246a	2nd	G43573	16-3-19	39	40												

Remarks: Advance on Account Post Discharge Pay.

M. F. W. 127.
50M—6 17.
1772 39-1140.

South Lake
Minden P.O.
Ontario

Wife Same address

Dec'n No 1558.5-310 W. S. G. File No. 4251-A-10

Award ..... days at $ 100 per ~~day~~ mo $ 400.00

S. A. ..... months at $ ..... per mo. $ 175.10

Less P. D. P. Credited

Less further debit balance

Net due paid as below 224.90

TO SOLDIER TO DEPENDENT

	O	Ag. No	Ch No	Amount		Ag. No	Ch No	Amount		
1-3-19	1	1359	17753	70	11	1359	17754	30		1-3-19
16-3-19	2	1246 A	43573	34	90	2509	434464	30	00	12-4-19
	3					2103B	437315	30		19-4-19
	4					1035C	446233	30	11	13.5.19.
	5									
	6									
				104.90			Total	120	.00	

GEN'L AUDITOR
Posting checked by
W. Blair
Date 26.9.19

L- L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

Wife

To Whom Mrs. Mary Dark,
Address Lindsay, Ont.

Rate 15.00

AUG 1 1916

By Whom Assigned Dark. A. E.
Regtl. No. 724069
Rank Pte
Corps 109th Batt. B. Coy

PAYMENTS

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

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Mrs Mary Dark. Wife

L. L. Job 310.—Req. 6574.

Name of Soldier Dark A. E.
724069 "Bley" Pte 109th Bn.

15-00

AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		V 15745	15 —	
Sept.		E. 15909	15	
Oct.		E. 20275	15	
Nov.		M 25314	15	
Dec.		931342	15	
Jan.	1917	K38444	15	
Feb.		K 43696	15	15
March		L 49558	15	15
April		K 1030	15	15
May		A 7515	15	
June		Y 14299	15	15
July		L 21512	15	
Aug.		R 28027	15	
Sept.		Q 34666	15	
Oct.		D 41629	15	
Nov.		Z 53032	15	
Dec.		I 52435	15	
Jan.	1918			255 —
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

9-3-16

L. L. Job 95618—M. & D. 6555.

MILITIA AND DEFENCE

M. F. W. 11.
15m.—3-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mary Dark

Address 43 Logie St
Lindsay
Ont

Relation to Soldier wife, child or mother } Wife

Name of Soldier Dark A. E.

Regtl. No. 124069

Rank Pte

Corps 109th 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				

9-3-16

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
15m.—3-16.
H. Q. 1772-39-818.

Sheet No. 2. Mary Dark Wife

Name of Soldier Dark A. E.

L. L. Job 95618—M. & D. 6555.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	S 1816	34		34
May		Y 1830	20		20
June		O 8859	20		20
July		X 8609	20		20
Aug.		N 13857	20		20
Sept.		N 15473	20		20
Oct.		N 18849	20		20
Nov.		Q 21239	20		20
Dec.		Q 24830	20		20
Jan.	1917	R 28318	20		20
Feb.		R 31914	20		20 R. 31513 Cancelled
March		Z 34725	20	294	20
April		R 612	20		20
May		R 4021	20		20
June		U 6831	20		20
July		Y 10492	20		20
Aug.		X 13841	20		R
Sept.		W 16634	20		X
Oct.		e 20807	20		T
Nov.		Y 25002	20		Hd
Dec.		L 26307	20		Bv
Jan.	1918				434
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.				

SURNAME. Dark

CARD NO. ✓

CHRISTIAN NAMES Augustus Ebenezer.

S.O.S. Dis 8-2-18 3

REGL. No. 724069 RANK Pte

UNIT 109th Batt.

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Dark, Mary

RELATIONSHIP TO SOLDIER Wife

ADDRESS 43 Logie St., Lindsay, Ont.

COUNTRY OF BIRTH England Shrewton DATE Sept. 25th 1863

PLACE OF ATTESTATION Lindsay, Ont. DATE Mar. 9th, 1916

S/S. 23-7-16 188 11

Amb. RIC 7-12-17

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

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

MARRIED yes SINGLE WIDOWER

TRADE OR CALLING tanner RELIGION Salvation Army

DESCRIPTION.

APPARENT AGE 52 YEARS 5 MONTHS

HEIGHT 5 FEET 6 INCHES

CHEST MEASUREMENT 37½ INCHES EXPANSION 3 INCHES

COMPLEXION dark EYES blue HAIR grey

DISTINGUISHING MARKS slight wart near the left collar bone. Scar on middle finger left hand.

MEDICAL EXAMINATION. PLACE Lindsay. Ont. DATE Mar. 9th, 916

No. 124069 RANK Pte NAME Dark A. E.

T. O. S. UNIT #3 Special Service Coy

Manufd from Casualties
do 10

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Nov 13.	1918 Feb 8	✓	108 8.2.18. Rud.	00 48 of 9.2.18.
			a/c closed by payments	

No. 724069 RANK Pte NAME Park A. E.

~~T.O.S.~~ UNIT Casualties C.E.F.

Transfd. from C.D. 22-12-17
(D.O. no 528 of 28-12-17)

M. D. 1.

PAID FROM	PAID TO	SIG. OR REC'T
1917	1917	
Dec (no dates reqd)		n.
1918	1918	
Jan (no dates reqd)		n.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

No. 724069 RANK Pte NAME Dark. A. E.

T. O. S. 9-3-16 UNIT 109th Battalion
D.O.D.4. 21-3-16

M. D. 3

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

UNIT SAILED
JUL 23 1916

JHB

Number 124069 Rank Pte

Surname DARR

Christian Name Augustus Ebenezer

Units 3rd. Can Lab Bn Theatre of War France

Date of Service 9-2-17

Remarks

Latest Address ~~Lindsay, Ont.~~
~~43 Lagie St.~~
Minden, Ont.

Roll No.

200m.-2-21.M.

B Page 21288.

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 A 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 .....

Married or Single: Married

Place of Birth: Shrewton, Wiltshire, Eng.

Name and Address of Next of Kin: Mary Dark, 43 Logie St. Lindsay Ont

Relationship of Next of Kin: wife

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $: Effective (Date):

Payable to:

Relationship of Dependant:

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

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

Reg'l. No. 124069 Rank: Pte Name: Dark Augustus Ebenezer

If in Permt. Corps What Unit: Unit: 109th Bn. Transferred to: 12th Bn. Date: 21.1.17 Authority: P.D. 343/8.12.16.

Permanent Force Allowances: Transferred to: C.C.A.C. Date: 1.2.17 Authority: O.O. 18

Place of Attestation: Lindsay Transferred to: 3rd Bn Date: 14/3/17 Authority: P.D. 1 31/1/17

Date of Attestation: March 9th 1916 Transferred to: Non-effec E Date: 14/1/18 Authority:

Assigned Pay Monthly $: 15.00 Date Effective: Aug 1-1916

Payable to: Mrs Mary Dark. Lindsay Ont 43 Logie St. Relationship: Wife

18 SEP 1918

Assigned Pay Monthly $: Date Effective:

Payable to: Relationship: B

Stop-Payment Form (Assigned Pay) Rendered (Date): Stopped Effective: 1-12-17 Reason: Discharge

Discharge Date and Place: Canada 12-11-17 Reason and Authority: A.F.B. 179. 9/11/17 Disposal

Account Transferred to Non-Effective Branch (Date):

Account Transferred to Officers' Pay Branch (Date):

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	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 c	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	J.	Remarks
July 31														10 10	10 10									Bal. from Canada							10 10					
Aug 31	31	1.00	31		31	10	3 10								34 10	4	4-5-16							9 73				15		24 73	19 47					
Sept 30			30				3								33	37	31-5-16	68	15/6/16					7 30	7 30			15		29 60	22 87					
Oct 31			31				3 10								34 10	108	30/7/16	147	15/8/16					7 30	7 30			15		29 60	27 37					
Nov 30			30				3								33	176	30/9/16							9 73				15		24 73	35 64					
Dec 1916 31			31				3 10								34 10	222	31/11/16							7 30				15		27 17	42 57					
Jan 20		1.10	22 190	30											22 200	40												15 90		15 93	49 57					
21.31	11	1.10	12	10											12 10	437	15/1							4 87 437						4 87	56 80					
1.28/2/19	28		20	80											30 80					124 Bn 888	24/12				24 33 4 87			15		44 20	43 40					
Mar 1-13	13		14	30											14 30					3 Rat	40 3 11							15 00		15 00	42 70				Trans to 3rd Bn 13/3/19	
14-31	18		19	80											19 80	60	14-2							4 36												
																121	3-3	159	16-3					2 62	2 61					9 59	52 91					
Apr 30			33	00											33 00	23	3/4							2 62				15	35	14 94	67 94					
																92	3-5							2 61					03							
May 31			24	10											24 10	54	14-4							2 68				15 00	28	21 34	80 64					
			344	40										10 10	344 50									65 99	14 21	24 20		150	143	263 83	80 64					

Cheque No. 10804 for £3-2/9 c/o Estate late 59235 Pte. Pay to ate Bank 21st Bn. at credit of Cashier's Imprest a/c for above man.

Amt of £3-2-9 marked off cheque # 553/Bn. sent to O/C advances for transmission of the amount to Pte Dark's credit at Ottawa or Bn. Lindsay Ont.

A.F.W. 3069 (2) 31/3/19

A.F.W. 3069 (535) 12/4/19

" " 554 14/4/19

" " 535 12/4/19

724069. Pte Dark AE

A.P. #15.

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
			334	40										10 10	344 50								
June	30	110	33	00											33 00	128	16/5						
July	31		34	10											34 10	269 223 158	1/7 14/6 6/6						
Aug	31	'	34	10											34 10								
Sept	30	'	33	00											33 00	416 319	16/8 16/9	269	2·8				
			468	60										10 10	448 40								

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
	Balance Down	~~135 84~~							135 84		
Oct								15			
	Pay roll 1/31/10	34 10 34 10		AR 6226. 6 & B.R. Estafles 8/9/17	446 446			15	150 48		
Nov.	Ptes Pms 1-12/11	13 20						15	148 68		
				AR 3199. 6 & B.R. Estafles 7/10/17	446				74 06		
				AR 2699 " " 22/9/17	446				125 16		
1918 Jan		13 20		AP 14777 6 & B Bux. 22-11-17	14 60 23 52			15	~~13 32~~		
				" 272 MRD 29-10-17	12 17						
				" 305 " 8-11-17	4 87 17 64						
				" 14680 COD Burton 19-11-17	9 73 26 77				98 39		
Apr				194 MRD 15/10	48 67 48 67				49 72		
May				~~305 CDC 16/5/18~~	~~4 87~~						
Aug				Justice 7/12/17	49 72 49 72				nil		

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
	65 99	19 21	29 20		150	1 43	263 83	80 64				
June	26 67				15		19 67	96 00				
July	26 67 26 67				15		23 01	107 09				
Aug					15	32	15 32	125 87				A.P. 15 069 (2034) 11/9/17
Sept	26 68 26 67	26 68			15		23 03	135 84				
	82 02	19 89	29 20		210	1 75	342 86					

A3M. FORM REND. Stop. LPFO 1/2/17
DISCHARGED TO Can. DATE 12/1/17
PAYBOOK VERIFIED B.B.
Cr. BM. 74 66 L.P.C. REND 14/9/17
CITHY a/c B 179 9/1/17
Disposal

Checked
Rud

Date of Enlistment 9-3-16.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment Aug. 1916

RATE OF SEPARATION ALLOWANCE

~~20~~	25		

1-12-17
PC. 3257

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 724069

Rank Pte. Promoted Reverted Discharge

Soldier's Name A. E. Dark

Battalion 109 Battn. B. Co.

Beneficiary Mary Dark.

Relationship Wife

Address 43 Logie St Lindsay Ont.

PARTICULARS OF ASSIGNMENT

Name Mrs. Mary Dark (wife)

Address Lindsay Ont.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
1917						
Dec 31		434	255	689		
Jan	~~Q 66903~~	~~30~~	~~15~~	~~45~~	~~F~~	Mailed 11/1/18 Q 66903 Canc.
" 1918	U 68469	05	—	05		To adjust Dec 1917

A.P. & S.A. A/c Closed 31-12-17

A.P. $255.00 Ret'd per Justice

S.A. $439.00 Date 7-12-17 F. X. 6-1-18

Clerk JJ Joss

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22520—M. & D. 7633.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—172-39-1141
L. L. 22320—M. & D. 7193.

Form D.M.S. 1348 (Revised).
2075—30m—2/12/16.

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

10-1- 1917

No. 724069 Rank Pte Name Dark. A. E.

Local Unit 124 Bn ~~Overseas~~ Unit ..... Age 58

Examination held in Bramshott area.

DISABILITY. None

~~Overseas~~—Local.
(scratch one out)

PRESENT CONDITION.

Complains of palpitation of heart on active exertion. No discoverable disease of heart. Otherwise in good condition. Can walk 5 miles

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. Class B 4
5. Discharge.

Signatures:

C. E. Cooper Col Major Chm. Pres.

Members { E. A. Dickson Maj

Approved.

Bramshott 10-1- 1917 P. D. Stewart Maj

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

STANDING MEDICAL BOARD, BRAMSHOTT

BY

EXAMINATION

Form D.M.S. 1848 (revised)

101

Examination held in Bramshott Camp.

Local Unit _____ Overseas Unit _____ Age _____

No. _____ Rank _____ Name _____

PRESENT CONDITION

(Scratch one out)
~~Overseas~~—Local

DISABILITY _____

1. Fit for Permanent Base Duty.
2. Discharge.

Signature _____

Colonel _____

Bramshott

101

Approved

Chairman Troops Bramshott

for A.D.M.S. and C.O.C.

AP.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Fort Henry. DATE 22-1-18.

1. (a) Unit # 3 S.S.CO (b) Regimental No. 7 24069. (c) Rank Pte.

(d) Surname Dark. (e) Christian name Augustus E.

2. Age last birthday 54. Date of birth Sept. 25th, 1863.

3. Enlisted at Lindsay. on Mar. 9th, 1916.

4. Personal description :—

(a) Height 5' 6". (b) Weight 144. (stripped) (c) Complexion Dark.

(d) Colour of hair Grey. (e) Colour of eyes Blue. (f) Identification marks Nil.

5. Address after discharge (for the use of the Board of Pension Commissioners)

Lindsay.

6. Former trade or occupation Tannery.

7. (a) Service

	Years	Days

	Periods	
	From	To
109th, B'n.	Mar. 1916.	Dec. 1916.
124th, B'n.	Dec. 1916.	Jan. 1917.
3 Labour.	Jan. 1917.	Jan. 1918.
# 3 S.S.CO.	Jan. 1918.	Date.

(b) Has he been overseas? France 8 months.

8. Present disease or disability (use authorized nomenclature if possible) 1. Overage. 2. Arthralgia

(a) Date of origin 1. Not applicable 2. Jan. 1/17. (b) Place of origin 1. Not applicable. 2. Bramshot.

(c) Cause* 1. Not applicable. 2. Thinks sleeping on the floor.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

Subjective:-

Man complains of pain in back and left knee worse in damp weather and at nights.

Objective:-

No objective signs. Man apparently 55 years of age and in good condition for his age.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

75M.-12-17.
1772-39-117.

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Nil.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market ? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

10% for arthralgia.

12. Did the disability arise on or off duty ? On duty.

13. Was a Court of Inquiry held ? No.

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

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

Not applicable.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? No.

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

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

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

Nil.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

No

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

20. Recommendations

For discharge.

W. Lloyd Capel

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned ..... have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

A E Dark

Signature of soldier examined.

OPI

21. Does the Board concur with
number of the answer criti

Yes.

22. Is the soldier fit for
(a) General ser
(b) Service abr
(c) Home servi
(d) Temporaril
(e) Unfit for ser

23. It is certified that the soldier
(a) ~~Does require treatment.~~
(b) ~~Does not require treatm~~
(c) Should pass under his ow
(d) ~~Should not pass under h~~
(Strike out conditio

24. It is recommended that the s

STATION Fort Henry.

DATE Jan. 22/18.

APPROVED BY

DATE JAN 28 1918

APPROVED BY

DATE

and not included in answer 8.
nination.

d in the untrained labour
due to each, and that due

d on service ?

pacitated by that aggravation.

or by unreasonable refusal

usation or aggravation. In
circumstances

bling conditions, if there is

benefit ?

the case is brought forward.

description of my disability
d follow.) I complain in

ture of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

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

23. It is certified that the soldier

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

(b) ~~Does not require treatment.~~ Does not require treatment (not)

(c) Should pass under his own control.

(d) ~~Should not pass under his own control.~~

(Strike out condition not applicable).

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

W. Alexander Capt. AMC. *President*

K. O. Gibson Capt. AMC. } Members.

STATION Fort Henry.

DATE Jan. 22/18.

APPROVED BY J. H. Morley Capt. A.M.C. D/ A.D.M.S. Mil. District No. 5 *Assistant Director of Medical Services*

DATE JAN 28 1918

APPROVED BY For A.D.M.S. Mil. District No. 5

DATE *Director-General of Medical Services.*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation ; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

PART I Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 3737. 50M.

Reserved for M.H.C.

Regt. No. 724069 Rank Private Surname Dark Christian Name Augustus, Ebenezer.

Unit or Corps—(a) Overseas from United Kingdom 3rd. Lab. Batn. (b) In United Kingdom Man. Reg. Depot.

Born at—Town Shrewton County or Province Witshire Country England.

Date of Birth—Day 25 Month September Year 1863 Age 54 yrs. 1 months.

Joined at Lindsay, Ontario, Canada. Date 9th March 1916.

Former Trade or Occupation Tanner.

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

Scar on middle finger of left hand.

Height—feet 5 inches 6 Colour of eyes Blue

Signature of Soldier (*for identification purposes*) A Dark

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*) SENILE DECAY

Disabilities Group (*b*) CHRONIC ARTHRITIS. BACK AND LT. KNEE.

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.	ADVANCING AGE.	Canada	
(*ii.*) As to Group (*b*) above.	CHRONIC INFECTION.	Canada	before enlistment.
(*iii.*) As to Group (*c*) above.			

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

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

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

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

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

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

(*i.*) As to Group (*a*) above ? No.

(*ii.*) As to Group (*b*) above ? No.

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

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*). Patient joined the 109th Battalion in March 1916. Played bass drum and could do all route marches. Left Canada 20th July, 1916, Did not do much hard work or drilling in England, Employed round Orderly Room as he was complaining of pains in the back. Transferred to 1 124th Batt. 8-12-16. Classified B.ii, 10-1-17. Transferred to 3rd Lab. Batn. 28-1-17, Patient could carry on drill and marching with difficulty on account of pains in the back and left side. Went to France 9-2-17. Attached to Orderly Room of 3rd Lab.Bn. On June 1917 Lt.Knee began to give trouble, pain and stiffness and slight swelling,. Treated by M.O. In Sept found he could not carry on any more so evacuated to Base.
M.H.S. Nil.
Specialist's Report...Nil.

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

Patient looks age of 53 years...Weight 144 lbs.
L.Examination demonstrates vertebral stiffness in Lumbar region, pain experienced on bending and difficulty in coming to erect position again. Lt. knee neither swollen nor painful at present Somewhat stiff and weak. Veins of both legs slightly varicosed. Patient complains of darting pains in knee especially in damp weather.
11. Cardiac System Normal...Arteries slightly sclerosed.
111.Respiratory system Normal..Chest rather narrow and emphysematous?.
1V. Digestive system..Normal.
Nervous system...Normal. V. Genito Urinary System.... Normal.

8. OPERATION. (*i.*) Was one performed ? **No.**

(*ii.*) If so, state what.

(*iii.*). Was one advised and declined ? **No.**

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

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

(*ii.*) If so, describe.

10. DO YOU RECOMMEND :—

(*a*) Fit for duty ? **No.**

(*b*) Fit for base duty ? **No.**

(*c*) Invalid to Canada ? **No.**

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

Date of Report.....**30th October**.....191 **8.** Signed.....Officer in medical charge of case.

Station.....**St. Martins's Plains.**

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

Officer i/c S.M.O. / Hospital Brigade — Strike out one of these.

Dated at.....Station, on.....191.....

* Delete if inapplicable.

Proceedings of

Clear and decisive answers not to be employed. Disabi Authorities may deal with

11. Is the disability fully indicate
If not, indicate it.

12. Is the cause of the disability
If not, indicate it.

13. Was the disability caused or aggravated by—

14. THE ENTIRE DISABILIT present for earning a full (*Estimate at none*, 10%, 20%,

15. THE PENSIONABLE DIS *joining is to be included in* What part of the entire (*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$,

16. Permanency of the Pensional
(*i.*) Is it permanent ?
(*ii.*) If not permanent,

17. If an operation was advised consider the refusal to ha

18. Remarks. This ma
but no demon
Varicose
His dis
age, ~~and~~ accel
On ret
of health in ac

19. Recommendation :—(*a*) F
(*b*) F
(*c*) I
(*d*) D

Date of Board 2 Nov.,

Station St Martin

Approved

Dated at

(18, Westbourne Gar

applicable.

(v.) When?

ies made on the Medical History
in March 1916.
Canada 20th July,
nd, Employed round
ack. Transferred to 1
nsferred to 3rd Lab.
ning with difficulty
to France 9-2-17.
Rt. Knee began to give
eated by M.O. In Sept
Base.

isability.)

bar region, pain exper
pos ition again. 4T.
stiff and weak. Veins
darting pains in knee

sed.
d emphysematous?.

... Normal.

re is evidence to the contrary.

in medical charge of case.

er i/c Hospital / Brigade } Strike out one of these.
O.

.....191.....

PART II.

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)? Yes.
If not, indicate it.

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%.)
(50%) Fifty per cent.

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.*) (2/5) Two fifths.

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent? No.
(ii.) If not permanent, what is its probable minimum duration (*in months*)? (12) Twelve months

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

18. Remarks. This man complains of pain in left Knee and back but no demonstratable organic changes.
Varicose Veins no worse than on enlistment.
His disability is chiefly due to his advancing age, ~~and~~ accelerated by service.
On return to civil life he will return to a stat of health in accordance with his age.

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

Classification for the Military Hospitals Commission.

Date of Board 2 Nov., 1917.

Station St Martin's Plain.

Signatures of the Board. F Burton Capt. President. R J O'Dwyer Lt Colonel

Approved [signature] A.D.M.S.

Dated at ..... Station 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 6 2 6 day of 191

Members of the Board:— 16/10/18

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.

& O. 6091.
22/2/17.

CERTIFICATE re DISCHARGE DOCUMENTS.

Name in full Dark, A.E. Reg'tl. No. 724099

Rank Pte.

Reserve Unit Man R.D. Present Unit C.C.A.C.

Place of Residence in Canada Lindsay.

Military District 2

Classification of Disability 3B.

(or) Reason for Discharge Permanently Unfit.

Military District ...
DEC 24 1917
I. 1130-D-251

Commandant C.D.D. will assume responsibility by his initial in proper column that documents listed below have been completed, checked, and enclosed.

If original documents, initial in column on the left.

If original not available, initial in column on the right.

Initials of Commandant C.D.D. (Originals).	List of Documents required to complete Discharge, checked and enclosed.	Initials of Commandant (Originals not available).
P.F.H.	Proceedings on Discharge. (B. 268.) (Must be Original)	
P.F.H.	Proceedings of Medical Board. (B. 179.) (Must be Original)	
P.F.H.	Medical History Sheet. (A.F.B. 178.) (Must be Original)	
P.F.H.	Last Pay Certificate. (Must be Original)	
	Certificate of Discharge. (A.F.B. 2079.)	
P.F.H.	Casualty Form. (A.F.B. 103.)	
P.F.H.	Attestation Paper. (M.F.W. 54.)	
P.F.H.	Field Conduct Sheet. (A.F.B. 122.)	
	Company Conduct Sheet. (A.F.B. 121.)	
	Reg'tl. Conduct Sheet. (A.F.B. 120.)	
	Inventory of Kit. (W. 3068.)	
P.F.H.	Declaration from Dischargee.	

(Signature) Commanding Lieut.-Col.
COMMANDANT Canadian Discharge Depôt.

CANADIAN DISCHARGE DEPOT.

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

No. 724069 Army Rank Pte.

Name Park A/E. Augusta Ebenezer
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps MRD 109th Bn.

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

Date of discharge

Place of discharge

1. *Description at the time of discharge.*

Age 54 years months

Height 5 feet 6 inches

Chest measurement { girth when fully expanded ins. / range of expansion ins.

Complexion

Eyes

Hair

Trade Tanner

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

Descriptive marks.

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

2. The above-named man is discharged in consequence of Para. 992, Sec. 16, K. R. & O. 1912.

Being no longer physically fit for war service.

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

To be filled in on the soldier quitting the Colours.

3. Military character :—

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

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

Initials of Commanding Officer

Lieut.-Col.
Commanding Canadian Discharge Depôt.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C.
A4502 Wt. W17176 M291 500,000 2/16 Sch. 33
Forms B. 268 40

[OVER.

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

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

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

6. Campaigns, Medals and Decorations

8 mos France

Certificate of education ..... _____

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

(Place) _____

(Date) _____

CANADIAN DISCHARGE DEPOT, C.E.F. BUXTON, DERBYSHIRE NOV 20 1917 FILE

R. Pinell Lt Lieut.-Col.

Commanding Canadian Discharge Depôt.

Commanding _____ *Battn.* _____ *Regiment.*

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

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

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

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

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

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

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

_____ *(Signature of Soldier.)*

10. *Statement of service.*

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

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

Total ... _____ " _____ "

11. *Confirmation of discharge.*

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

(Place) _____

Signature _____

(Date) _____

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

(To be signed by the

Class _____

_____

_____

_____

_____

_____

o all matters brought before me

Lieut,-Col.
Canadian Discharge
Depôt.

_____ *Battn.* _____ *Regiment.*

luding clothing allowance), and all
noted on the 3rd page.

_____ (*Signature of Soldier.*)

_____ (*Signature of Witness.*)

hese proceedings to him for signature, a

at his own request.

is Majesty's Service.

_____ (*Signature of Soldier.*)

mpleted) _____ years _____ days.

... ... _____ " _____ "

Total ... _____ " _____ "

te)

_____

discharged soldier whose claim to
nsideration of the Chelsea Board,
e time transmit to the Secretary.

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

This space to be for numbers

OVERSEAS CASUALTY (FRANCE)

Proceedings on Discharge.

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

No. 724069

Rank Private

Surname Dark

Christian Name Augustus

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

Corps (Squadron, Battery or Company) No 3 Spec. Serv. Co.

Date of Discharge February 8th, 1918.

Place of Discharge Fort Henry.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 51 years 6 months.

Height 5 feet 6 inches.

Complexion Dark

Eyes Blue

Hair Grey

Trade Farmer

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

Descriptive Marks

Nil

2. The above-named man is discharged in consequence of Surplus for further service 3mo 88-1D-179 dated 16-1-18

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.

Good

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.)

Farmer

K.C.D. 30-12-19 C.D.

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

W.S.G. 11.2.19 mb.

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

Nil

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

6. Medals and Decorations.....

Nil

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) Fort Henry

(Date) 8-1-18

A E Bywater
MAJOR
O. C. No. 3 Special Service, C. E. F.
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) Fort Henry A Dark *(Signature of Soldier.)*

(Date) 8-1-18 W Hennock *(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.

A Dark *(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) Fort Henry

(Date) 8-1-18

(Signature) A E Bywater
MAJOR
O. C. No. 3 Special Service, C. E. F.

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(To be signed by the soldier. Wh

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

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MAJOR

ice, C.E.F.

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.)

(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.