

Dec 21/18

A. B. Coy.

ATTESTATION PAPER.

No. 725060

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Dundy*
- 1a. What are your Christian names?..... *Charles*
- 1b. What is your present address?..... *42 Boulbee Ave Toronto*
2. In what Town, Township or Parish, and in what Country were you born?..... *Wickfield Sussex England.*
3. What is the name of your next-of-kin?..... *Elizabeth Dundy*
4. What is the address of your next-of-kin?..... *Osborne Cottage Wickfield Sussex Eng*
- 4a. What is the relationship of your next-of-kin?..... *Sister*
5. What is the date of your birth?..... *24th June 1843.*
6. What is your Trade or Calling?..... *Builder*
7. Are you married?..... *no*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes.*
9. Do you now belong to the Active Militia?..... *no*
10. Have you ever served in any Military Force?..... *no*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes.*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... *Yes.*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Charles Dundy (Signature of Recruit)

Date *22nd Dec* 1915. *Wm Sampbell* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Charles Dundy (Signature of Recruit)

Date *22nd Dec* 1915. *Wm Sampbell* (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 *4th* day of *January* 191*6*.

[Signature] (Signature of Justice)

b
[initials]

Description of Charles Dendy on Enlistment.

Apparent Age 42 years 5 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 4 ins.

*Scar on nose
 , right side of head*

Chest measurement: Girth when fully expanded 36 ins.
 Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Dark Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Dec 22 1915

Place Sindsay

J. M. Cullock Capt.
H. H. Boyd Medical Officer
 109th Overseas Battalion, C. E. F.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

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

Date JAN 10 1916 191

REGIMENTAL DOCUMENTS

NAME DENDY CHARLES PTE REGT. NO. 725060 UNIT 109 Bn. H. Q. FILE NO. 10970

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

10970

DISCHARGE

Category

DE MOB.

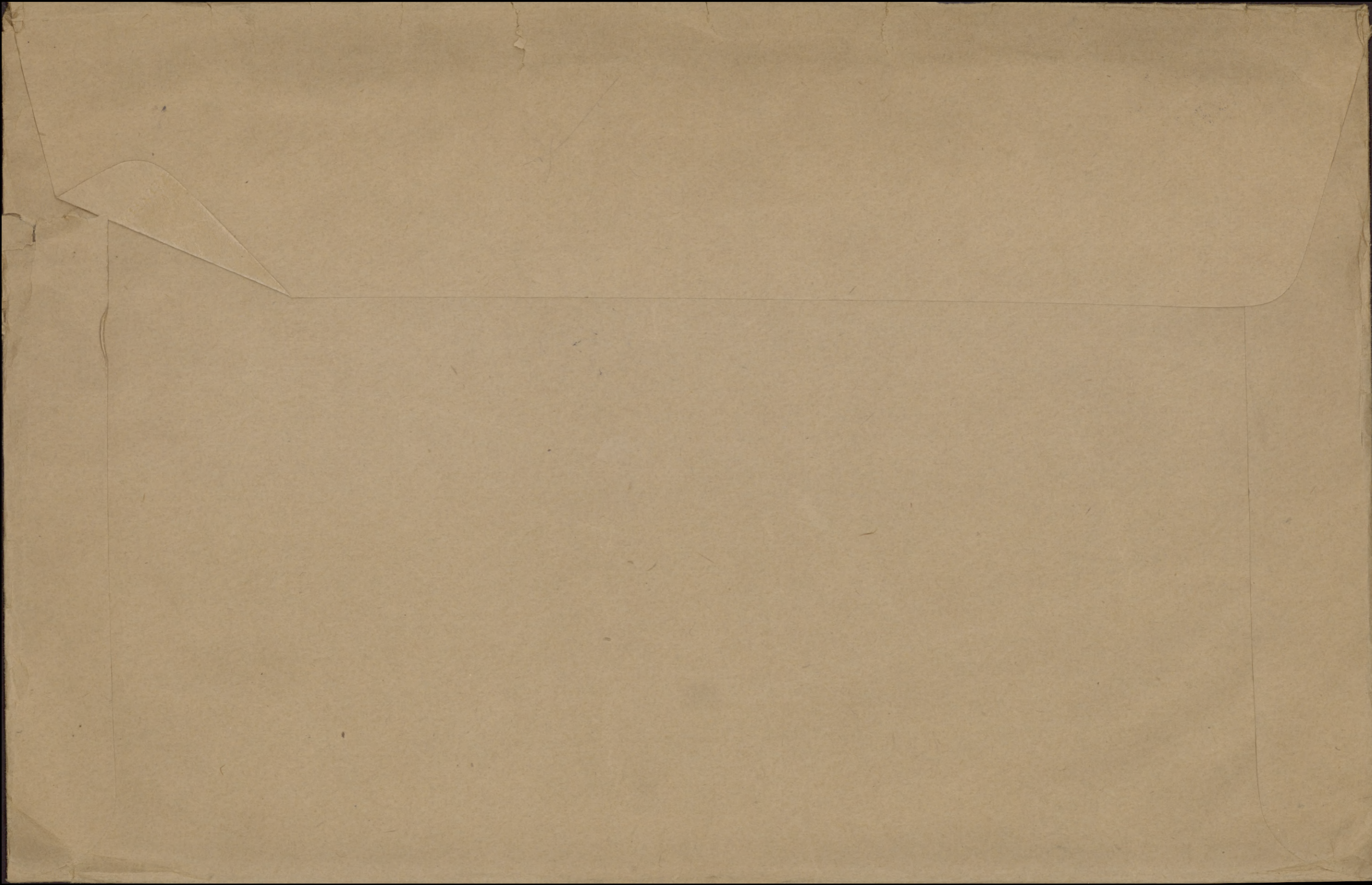
DESERTION

H

M

- 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- 1 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)
- MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAST PAY CERTIFICATE (M.F.W. 44)
- 1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)
- 32 Disp. cert
- 1 misc
- 1 GADG 5009A
- 1 M.F.W. 6045
- 1 M.F.W. 1094
- 2 cas. cards
- 1 M.F.W. 67
- 1 R. 122
- 1 pay slip
- 1 alt. card

16-18
24-18
30-19
?



Original

~~DUPLICATE~~

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins..... *109th O.S. Bn C. E. F.*

(2) Regimental Number..... *425060*

(3) Full Name of Soldier..... *Charles Dundy*

(4) Place of Birth..... *Cuckfield Sussex England.*

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

(6) If married, state,
 (a) Full name of your wife.....
 (b) Present Postal Address.....

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

(8) Have you any children?.....
 If so, give number of boys and girls.....
 Also their names and ages.....

DUPLICATE

(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.

(15) Are you insured? *no*

If so, in what Company?

Have you made arrangements for payment of your Insurance premium?

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

Date *19th July 1916*

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

Surname Dandy Christian Name Charles

Examined on 22nd day of December 1915
 at Lindsay
 Birthplace { City or Town Lindsay
 County England

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

Apparent age 42 years
 Trade or occupation Butcher
 Height 5 Feet 4 Inches.
 Weight 130 Lbs.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
24/8/17	G 2.	<u>Fit</u> M.O.
24/8/17	G 2.	<u>Fit</u> M.O.
3/4/19	Has had dental treatment	M.O.
	of Dental Clinic, Glasgow	M.O.
		M.O.
		M.O.

Chest measurement { Minimum 34 inches.
 Maximum expansion 36 inches.

Physical development Good
 Small-Pox Marks None

Vaccination Marks { Arm. Right None Left Two
 Number Two

Date	Result	VACCINATIONS.
25-1-16	Good	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last January 25th 1916
 (a) Marks indicating congenital peculiarities or previous disease None

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
2-5-16	Good	<u>J. McCulloch</u> M.O.
2-5-16	Good	<u>J. McCulloch</u> M.O.
10-5-16	Good	<u>J. McCulloch</u> M.O.
6/4/18		

Enlisted on 21st day of December 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batta</u> <u>C.E.F.</u>	<u>725060.</u>		<u>21.12.15.</u>
Transferred to.. ..	<u>124th BATTALION, C.E.F.</u> <u>C.P.A.C. - 19.12.16</u> <u>G.D.B. - 19.1.17</u> <u>Canadian Forestry Corps</u> <u>CANADIAN FORESTRY CORPS.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.


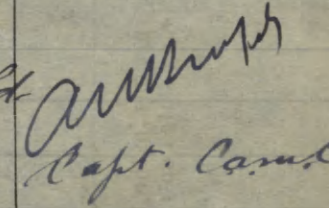
STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u> <u>6 DEC 1918</u> APPROVED.	<u>6.12.16</u> <u>St. Stewart Maj</u> <u>Tradm.</u> <u>2 JUN 1919</u>	<u>Myalgia</u> <u>Debility</u>	<u>Charles Cooper</u> <u>President</u> <u>Medical Board, Bramshott.</u> <u>B. J. Mansfield</u>

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.

Christian Name *Charles*

M.C.H. Epsom

Surname *Rendy*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.	
		Admission into Hospital.			Discharge from Hospital.							
		Day	Month	Year	Day	Month	Year					
		21	3	19	9	5	19	452	<i>Suppuration of Punn's blood 3rd Phlebitis Vein Rt leg.</i>	48	<i>Admitted with pus with indigestion the result of typhoid - Treated at dental clinic with success On 4/4/19 when convalescent from above symptoms developed phlebitis vein right leg - Treated by rest & bandaging - 4/5/19 had much better - Fit for transfer to Canadian Convalescent Hospital 9.5.19. Transferred to Can. Conv. James Earl Hosp. Woodcote Park Epsom.</i>	
		11	5	19	23	JUN	1919		<i>Cellulitis Rt. leg. 46</i>		<i>No swelling now. No wounds Feels very well. Is. 56 yrs old Board for age. Boarded B1</i>	 <i>Capt. Canada</i>

B. Bay

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) DENDY C
 REGIMENT le Fc RANK Pte No. 725060
 Date of Examination in England 4-7-14 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

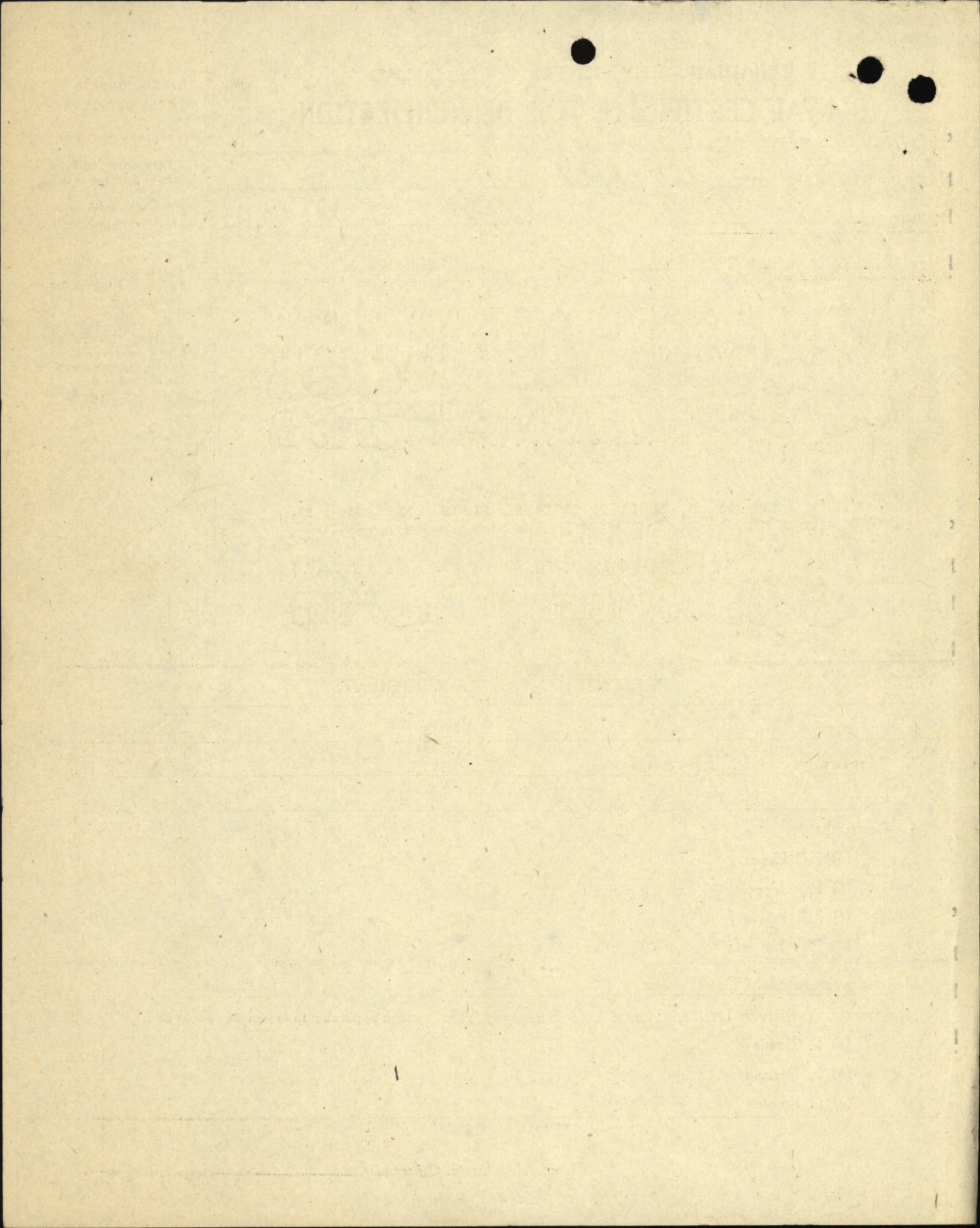
1. FILLINGS None
2. EXTRACTIONS None
3. CROWNS None
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part LowerNone

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

Signature of Dental Officer R. Jamieson
Major



OPINION OF THE MEDICAL BOARD

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

We concur and agree with the opinion of the medical officer.

19. Is the invalid fit for

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

20. It is certified that the invalid

- (a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)
- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

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

*Boarded for return to Canada - authority
A.S. Telegram 9083 11.11.18*

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

PLACE *Epsom* *H. M. Wooddy Capt.* President.
 DATE *12 JUN 1919* } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE..... } President
 DATE..... } Members

APPROVED BY *[Signature]*
 Assistant Director of Medical Services.
 DATE *Captain, C.A.M.C.*
 for A.D.M.S., Canadians, London Area

APPROVED BY.....
 DATE *JUN 14 1919*
 ASSISTANT DIRECTOR OF MEDICAL SERVICES
 Director-General of Medical Services.
 CANADA - I.S. LONDON AREA.
 13, BERNERS ST. LONDON, W.1

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Pt. states no other illness.

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

Nil

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

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

Yes. Slightly. Pt. was taken on as butcher - Was in a normal state of health for a man of fifty two years at time of enlistment

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

The regimental documents will be referred to.

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

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

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

Nil

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

(If the answer is "yes" state nature of treatment required and probable duration)

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

(If not, briefly state why)

17. Recommendations

Archie MacLellan
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, *C Dendy* have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

725060 C Dendy

Rank.

Signature of invalid examined.

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

10 JUN 1919

STATION M.C.H. EPSOM DATE

1. 1 (a) Unit C.F.C. F.R.D. (b) Regimental No. 775060 (c) Rank PTE
 (d) Surname DENDY (e) Christian name CHAS.
 (f) Home address 127 BOWTREE AVE TORONTO
 (g) Next of Kin MISS F. DENDY (h) Relationship SISTER
 (i) Address of Next of Kin HIGH ST. WICKFIELD SUSSEX
2. Age last birthday 56 Date of birth 24-6-1862
3. Enlistment, or Appointment (if an Officer) (a) Place LINDSAY ONT (b) Date 21-12-15
4. Personal description:
 (a) Height 5' 11" (b) Weight UNESTIMATED (c) Complexion MEDIUM
(stripped)
 (d) Colour of hair BROWN (e) Colour of eyes BLUE (f) Identification marks, Scars, etc.
NIL
5. Former trade or occupation BUTCHER

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years <u>THREE</u>	Days <u>180</u>
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PATIENT STATEMENT	PERIODS	
	From	To
Canada	<u>21-12-15</u>	<u>July 1916</u>
England	<u>31-7-16</u>	<u>TO DATE</u>
France or other theatres of War		

7. Original disease, or injury DEBILITY
 (a) Date of origin PRIOR TO ENLISTMENT (b) Place of origin CANADA
 (c) Cause AGE

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

DEBILITY: moderately general weakness - moderate
dyspnea on exertion

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Obj. Well nourished, well developed - apparent age fifty six years. Teeth in good condition, heart and vessels all in very good condition for a man of his years S.B.P. 130 ~~130~~
D.B.P. 90. Obese somewhat emphysematous - but clear. Expansion equal but very limited. Urine shows no albumen.

Subj. Moderate general weakness.
Moderate dyspnea on exertion.

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

Nervous System.....	no	Cardio-Vascular System..... (If pulse rate is abnormal, B. P. will be taken.)	no	Genito-Urinary System..... (Albumen and Sugar will be excluded.)	no
Special Senses.....	no	Respiratory System.....	no	Integumentary System.....	no
Disturbances of Mentality.....	no	Digestive System.....	no	Muscular System.....	no
Osseous and Joint Systems.....	no	Any other general condition.....	no		

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

Pt. enlisted in Dec. 1915 in very good condition. was taken on as fit - Carried on as Battalion butcher. In Dec. 1916 on the breaking up of his unit he was loaned C.I.T. - has carried on as a butcher ever since until March 1919 when he was admitted with pyorrhœa alveolaris and phlebitis in right leg, and indigestion. He has quite recovered now.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 725060 (Rank) Private

Name (in full) Dendy, Charles enlisted in

the 109th Battalion,

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 22nd

day of December 19 15

HE served in 124th Battalion, and C.F.C., England.

and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

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

Age 46 yrs

Height 5-4

Complexion Fair

Eyes Blue

Hair Dk. Brown.

Marks or Scars _____

Scar on nose and one on rt
side of head

Signature of Soldier

CD endy
Issuing Officer
For
O.C. No. 2 District Depot.

Rank

JUL 30 1919

Date of Discharge

No. 2 DISTRICT DEPOT

JUL 30 1919

TORONTO

Date _____ 19 _____

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 137 500 (Rank) Private enlisted in the 1st Canadian Expeditionary Force at London Ontario Canada on the 15th day of February 1915.

He was discharged from the service by reason of Medical Unfitness Demobilization on the 15th day of February 1915 at London Ontario Canada.

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

Name <u>John</u> Surname <u>Smith</u> Height <u>5</u> <u>ft</u> Weight <u>140</u> <u>lb</u> Eyes <u>Blue</u> Hair <u>Brown</u> Complexion <u>Fair</u> Marks or Scars <u>None</u>	Signature of Soldier <u>John Smith</u> Date of Discharge <u>15 Feb 1915</u> Rank <u>Private</u> Date <u>15 Feb 1915</u>
---	--

If the name of the Certificate will be issued, any person finding same, is requested to forward it to an appropriate authority to the Secretary, Militia Council, Ottawa, Canada.

Printed and Published by the Queen's Printer, Ottawa, Canada.

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps C. I. C.

Regimental No. 425060 Rank PTE Name DENDY Charles

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				
22.7.19	C. I. C.	Ceases to be shown "On Command" from C. I. C. Depart on Trans. to C. I. C. in Canada w/e. 18.7.19	Witley	18.7.19	QO. 202

W. R. R. -
for Staff.

(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.

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

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

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

Regimental No. 725060 Rank Private Name Gendy Charles

Enlisted (a) 22.12.15 Terms of Service (a) D of W. Service reckons from (a) 22.12.15.

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

Extended _____ Re-engaged _____ Qualification (b) Butcher

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form R 213, Army Form A 486, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	Embarked Canada		Halifax	24.7.16	
	Disembarked England		Liverpool	31.7.16	
9.12.16	06.109 transferred 124th Bn		Witley	9.12.16	109th Overseas Battalion, C. E. F. DORSET 43 3 Adjutant 109th Overseas Battalion, C. E. F.
19.12.16	124th Bn. Transferred to C.C.C.		Witley	6.12.16	Part II Orders 276 Reberkinham MAJOR ADJUTANT, 124th BATTALION C.E.F.
19-1-17	124th Bn. Attached to Garrison Duty Battalion.		Witley Camp	19-1-17	Part II Orders No. 19 Lieut., Asst. 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, Smbing Smith, etc., etc.; also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				
-2-17	124th. Bn.	<i>attached</i> Transferred to Canadian Forestry Corps.	Vitley Camp.	1-2-17	Part. II. Orders No. 32. <i>Le. N. K. H. H. H.</i> Capt Adj. 124th. Can. Pnr. Bn.
13.4.17	D. of T.O.	Taken on the strength C.F.C. from C.C.A.C.	London	1.2.17	Pt. II Orders No. 87 Lt. & Asst Adj. C.F.C. <i>W. J. Wilson</i>
17-11-17	<i>51 Dist C.F.C.</i>	<i>51 Dist C.F.C. to 55 Dist C.F.C. 110 Coy</i>	<i>Napier</i>	19-11-17	<i>D.O. Pt II 139.</i> <i>W. J. Wilson</i> Captain & Adj., for O. C. No. 57 District, Canadian Forestry Corps.
19-11-17	O.C. 51 Dist. C.F.C.	J.O.S. 55. District. C.F.C. on posting to 110. Coy.	Stirling.	19-11-17	D.O. Pt II #2 d/28-11-17 <i>W. J. Wilson</i> Capt. & Adj. #55. District
22-12-17	O.C. 55 DIST C.F.C.	Granted permission to wear One good bonded stripe.	Stirling.	22-12-17	D.O. Pt. II. No 2 d/9-1-18 <i>W. J. Wilson</i> Capt. & Adj.
22-3-19	O.C. 55 Dist. C.F.C.	S. O. S. 55 District, C.F.C. at 110 Company to Base Depot, C.F.C.	C. Stirling	21-3-19	Pt. II D.O. No. 74 d/26-3-19 <i>W. J. Wilson</i> CAPT. & ADJUTANT, FOR S.O. DISTRICT 55 C.F.C.
		<i>1/4/19. O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale from 110 Coy. Dist. 55</i>		<i>21/3/19</i>	<i>Pt. II. D.O. 91</i>

Casualty Form - Active Service.

Regiment or Corps.....

Rank..... Surname..... Christian Name.....

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 ...			
		O.C. C.F.C. 18/7/19	S'DALE	18/7/19	II D.O. 149
		SOS Base Depot C.F.C.			
		on Transfer to			
		CANADIAN CAMP,			
		<i>Embarked from Canada</i>			<i>Lt. for O.C.</i>
		H.M.T.S. WINIFRED			
		EMBAKED 18-7-19			

(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.

LTR

Rank Name DENDY, Charles / Reg'l No. 725060 /
 Unit 109th, Bn. If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Lindsay, 22nd, December, 1915. / Place of Birth Uckfield, Sussex, Eng. /
 Name and Address, Next-of-Kin Elizabeth Dendy /
Osborne Cottage, Uckfield, Sussex, England. / Relationship Sister. /

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ltd. = 7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
C.		Arrived in England per H. M. T. 2810 31-7-16			
8-12-16	109th Bn	S.O.S. on transfer to 124th Bn	Witley	8-12-16	Pt II DO 343
9-12-16	124th Bn	109th Bn			265
2-1-17		leaves to be att'd to 124th Bn his att'd to learn. For. corps		1-2-17	32
19-12-16		S.O.S. to CCAC + att'd to 124th Bn		6-12-16	276
16-1-17	CCA C	T.O.S. on com. to 109th Bn for C3	Hastings	27-11-16	268
9-2-17	C7C	att'd to C7C for P. D etc	London	1-2-17	35
20-2-17	CCAC	leaves to be att'd to 109th; S.O.S. to C7C	Hastings	1-2-17	87. C7C Pt. II 0 87 a/13-4-17
10.5.17	C7C Dist. 1.	on strength, Coy 9.	Edinburgh	1.5.17	9. 2 Pt. II 2. 4/28.11.17
22.11.17.	Dist 51.	S. O.S. to 55: Dist (110 Coy)	PK Kairn	19.11.17	139. Dist 55 T.O.S.
9.1.18.	Dist 55.	Granted permission to wear 1. S.C. Badge.	Slings	22.12.17.	2.

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.				
26-3-19	SSNikC3C 000 to B19C3C		Pte. N'thing	21-3-19	V PPA 091 B19C3C d/1-4-19 PK II 014
18-7-19	Det ✓ Census & S.O.S to Can ✓		Scale	18-7-19-199	
			98- I	18.7.19	

2. area J.
CARD NO.

SURNAME.

Dendy.

CHRISTIAN NAMES

Charles.

S.O.S. Demob. 30/7/19
D.O. 2/11/19 FOLL. 2/8/19
200.

REGL. NO. 725060.

RANK Pte

UNIT 109th.

Bn

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

D, Dendy, Elizabeth.

RELATIONSHIP TO SOLDIER

Sister.

ADDRESS

Osborne Cottage, Luckfield, Sussex
Eng

COUNTRY OF BIRTH

England, Luckfield Sussex.

DATE

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Jan 4th 1916.

O/S, 23/7/16 Halifax, 485
11.

R/c 28-7-19, 3/9/48.

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

NAME

Dendy, C

REGT. No.

725060

RANK AND UNIT

Pte.

C. F. C.

NEXT OF KIN

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C 476 ₂	3rd Scott. Gen. Glasgow	22-5-19	Enteritis & Stomatitis
C 517 ₁	Mil. Govt. Widcot. & Epson	11-5-19	Enteritis & cellulitis R. leg.
C 559-	Dunelm	25-6-19	" " " "

Charles

Name DENDY Rank Pte

Reg. No. 725060.

Unit C 7 C. 55 Dist

Osborne Cottage

Next of Kin Elizabeth Dendy

Uckfield, Sussex
England.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
22-3-19	3 Scot Men H	Glasgow	Enteritis Stomatiti		C 476	9005
11-5-19	Mal Con Epsom		Enteritis + Cellulitis		C 517	10538
	Ref C 476 correct name					
	Should be "DENDY" not "Dendy"					
25-6-19	Death of idea	Mc Dendy	ditto		C 559	89ms
					C 559	4485
		2 entries				

Convalescent Hospital,

Wobletz Park, Epsom.

HOSPITAL.

A. & D.
CARD

IV

AT _____

A. & D. No. 14450 Pl. of ACTION _____

RANK Pvt. REG. No. 425060 UNIT 6. F. 6 SICK OR WOUNDED _____

NAME Dundy, C. AGE 56 RELIGION Ch.

PLACE IN HOSPITAL _____

DIAGNOSIS cellulitis rt. leg.

ADMITTED 10. 5. 19 FROM 3. Sect. Gun. Glasgow

DISCHARGED 11. 25. 19 TO Per. Sunningdale

TRANSFERRED _____

SERVICE AT HOME 26/12. Eng. 29/12. IN FIELD _____

RESULTS _____

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.

11.5.19. No swelling now. No was.
Feels very well. Is 5.6 years old.
Board for age. B1.

A.M. Blaker
' ' Capt

No. 725060 RANK *Pte*

NAME *Steady. C.*

T. O. S. 21-12-15. UNIT *109th. Battalion.*
 d. O. 28. 22-12-15.

M. D. 3

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1915</i> <i>Dec 21</i>	<i>1915</i> <i>Dec 31</i>	<i>✓</i>		
<i>1916.</i>	<i>Jan. 1916</i>	<i>✓</i>		
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar.</i>	<i>✓</i>		
	<i>April.</i>	<i>✓</i>		
	<i>May.</i>	<i>✓</i>		
	<i>June.</i>	<i>✓</i>		
	<i>July.</i>	<i>✓</i>		
			<p>UNIT SAILED JUL 23 1916</p>	



a
Number

725-060

Rank

Pvt.

B

Surname

DENDY

Christian Name

Charles

Units

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

Date of Service

31-7-16

Remarks

Latest Address

42 Baltham Ave.
Toronto, Ont.

Roll No.

A Page H048

200m.-2-21.m.

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.....

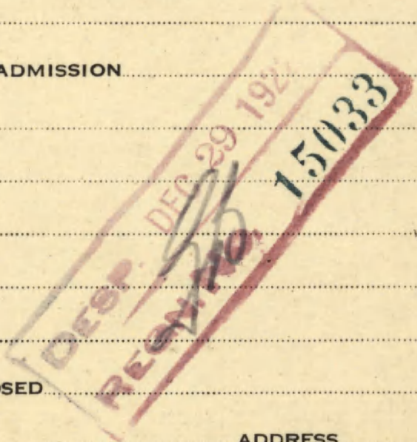
DATE OF DEATH.....

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

OTHER INDEPENDENT CONDITIONS DIAGNOSED.....

NEXT OF KIN..... ADDRESS.....

..... HOSPITAL.....



M. F. W. 142.

1772-39-1171.

50m.-2-19.

* CROSS O

Surname

Christian Name or Names

Reg. No.

DENNY

Rank

1.
2.
3.
4.

(Denny) nit

1. C.
2. CFC 55D
3.
4.

R223

725060

Cas List.

Hospital and Diagnosis.

Date

Cas List.	Hospital and Diagnosis.	Date
26-3-19 C476-2	3 Scot. Gen Glasgow Enteritis & Stomatitis	22 -3-19
15.5.19. C5172	Mil bon. Epsom (Enteritis & Cellulitis R. Leg)	11.5.19
8.7.19 8559	Dis Ref 6476 Please correct name to read Denny, B.	25.6.19

A.M.D. 2 DEPT.
Bch. of D.G.M.S. U.M.F.C. London.

MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *Uckfield, Sussex Eng*
 NAME AND ADDRESS OF NEXT OF KIN *Elizabeth Dendy*
Osborne Cottage, Uckfield Sussex Eng.
 RELATIONSHIP OF NEXT OF KIN *Sister*
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &C.			
PARTICULARS	EFFECTIVE DATE	AUTHORITY	
<i>And was Good Conduct</i>	<i>22.12.17</i>	<i>302. 9.1.11</i>	
ADMISSIONS TO HOSPITAL, &C.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. *725060* RANK *Pte* NAME *Dendy Charles*
 IF IN PERM. CORPS WHAT UNIT UNIT *109 Bn* TRANSFERRED TO *124 Bn* DATE *21.1.17* AUTHORITY *M 343*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *ceac* DATE *1 Feb 1917* AUTHORITY *212.16*
 PLACE OF ATTESTATION *Lindsay* TRANSFERRED TO *Brit Hosp* DATE *3/5/17* AUTHORITY *etc*
 DATE OF ATTESTATION *Dec. 22 1915* TRANSFERRED TO *C. F. England* DATE *11.8.17* AUTHORITY
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS						
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT									
			\$	c.			\$	c.			\$	c.																				No.	DATE	No.	DATE	No.	DATE
<i>July 31</i>																																					
<i>Aug 31</i>	<i>31</i>	<i>1⁰⁰</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>									<i>1910</i>	<i>1910</i>																				
<i>Sep 30</i>	<i>30</i>	<i>30</i>					<i>3</i>									<i>3410</i>	<i>798.16</i>																				
<i>Oct 31</i>	<i>31</i>	<i>31</i>					<i>310</i>									<i>3410</i>	<i>112</i>	<i>31.8.16</i>	<i>72</i>	<i>15/16</i>																	
<i>Nov 30</i>	<i>30</i>	<i>30</i>					<i>3</i>									<i>12030</i>	<i>112</i>	<i>31/16</i>	<i>151</i>	<i>15/16</i>																	
<i>Dec 31</i>	<i>31</i>	<i>31</i>					<i>310</i>									<i>33</i>	<i>180</i>	<i>30/16</i>																			
<i>Jan 20</i>	<i>20</i>	<i>1⁰⁰</i>	<i>22</i>													<i>3710</i>	<i>228</i>	<i>30.11.16</i>	<i>116</i>																		
<i>Feb 28</i>	<i>28</i>	<i>1⁰⁰</i>	<i>28</i>													<i>22</i>																					
<i>Mar 31</i>	<i>31</i>	<i>1⁰⁰</i>	<i>31</i>													<i>1210</i>	<i>48</i>	<i>191</i>	<i>490</i>	<i>27/1</i>																	
<i>Apr 28</i>	<i>28</i>	<i>1⁰⁰</i>	<i>28</i>													<i>3010</i>																					
<i>May 31</i>	<i>31</i>	<i>1⁰⁰</i>	<i>31</i>													<i>3410</i>																					
<i>Jun 30</i>	<i>30</i>	<i>1⁰⁰</i>	<i>33</i>													<i>33</i>																					
<i>Jul 31</i>	<i>31</i>	<i>1⁰⁰</i>	<i>33</i>													<i>33</i>																					
<i>Aug 31</i>	<i>31</i>	<i>1⁰⁰</i>	<i>33</i>													<i>110</i>																					
			<i>33440</i>													<i>1910</i>	<i>35350</i>																				

Bal from Canada

1004 2-8-12-16 24 124 Bn
1917

725060- Pte Dundy Co. Mrs Pay Roll

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS			
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT						
			\$	C.			\$	C.																				NO.	DATE	NO.
			33	40						19 10	353 50								53 53	34 07	65 70			153 30	200 20					
30/6	30	1 ¹⁰	33								33																			
July 30	30		34	10							34 10																180	89 30		
Aug 10	10		11								11																			
Aug	21		23	10						19 10	23 10	27 216							17 04											
Sept	30		33	00							33 00	180 249							17 03											
			468	60						19 10	454 70								84 60	34 07	65 70			184 34	300 33					

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEP. ALLG. ENG.
Sept	to the Bal	300 33							300 33	209	
Oct	3 days P's Pay	34 10		AR 459 21 8/17	17 03					224	
				AR 17 1/2 1/2 1/2	17 03				300 34		
		34 10			34 06					239	
Nov	P. Pay	33 00		AR 108 22-10-14 110 bay	14 03						
Dec	"	34 10		" 11 24-9-14 110 bay	14 03					254	
1918		64 10		AR 350 24-7-14 10 bay	14 03				316 28		
Jan	P. Pay	34 10		AR 426 19-11-14 110 bay	29 20						
		24 10		AR 566 13-12-14 110 bay	29 20				292 08	269	
Feb	P. Pay	30 80		AR 84 17-1-18 bay 110	14 03				305 85		
		30 80		" 230 26 2/18	12 17						
March	"	34 10		" 508 21 3/18	17 03				310 78	299 00	
		34 10			20 20						
		34 10			29 20						

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									540.92		
JUNE		33		2643 13.6.19 G.P.	973						
JULY		34 10		2681 16.6.19 "	1947						
	Int. on Def. Pay	41.62		6320 30.6.19 B.D.	1460				605.84		
		108.72			4380				605.84		

540.92
 108.72
 609.64
 973
 620.91
 34.07
 695.80

20 D 18 79 MD 2 A R 88

540.92
 108.72
 609.64
 973
 620.91
 34.07
 695.80

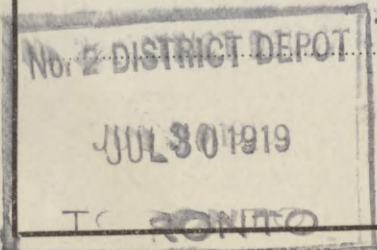
Dispersal Area "I".

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 725060.	
2. Rank. Pte.	
3. Name. DENDY, Charles.	
4. Unit. C.F.C. Orig.Unit:- 109th O.S. Btn.	
5. Date of Discharge	JUL 30 1919 Place Toronto
6. Reason for Discharge. Demob. Category "B1"	
Occ.Grp. 4.	
Sister.	
C. of E.	
7. Authority. T.O.S. No.2 District Depot, Part I, D.O. No. 214	
8. Proposed Residence after Discharge. 42 Boltby Ave. Toronto, Ont.	
H.M.T.S. WINIFRED V I EMBAKED 18-19	
9. CERTIFICATE TO BE SIGNED BY SOLDIER.	
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate	
M. F. W.?	
Signature of Soldier. <i>CDendy</i>	
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place.....	
Date.....	
Signature..... (O. C. Discharging Unit.) <i>[Signature]</i>	







LIST OF DISCHARGE DOCUMENTS.

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



1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
 2. Casualty Form (A.F.B. 103).
 3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
 4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
 5. Dental Certificate (C.A.D.C. 5002).
 6. Field Conduct Sheet (A.F.B. 122).
 7. Proceedings on Discharge (M.F.B. 218a).
 8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
 9. Copy of Discharge Certificate (M.F.W. 39a).
 10. Discharge Certificate (C.D.S.).
 11. Statement Q.M.G. Form (D.O.S. 2).
 12. Last Pay Certificate (P. 851).
 13. Pay Book (A.F.B.).
 14. War Service Certificate (Form M.F.W. 385).
- Documents.

23471

DISPERSAL "I"

AUDITOR PAYMASTER

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

Form header with fields: M. OR S., REGT. No. 725060, RANK Pte, NAME (IN FULL) D E N D Y, C., ORIGINAL UNIT C.E.F. 6.7.6, PLACE OF ATTESTATION, DATE OF ATTESTATION 23.12.15, ASSIGNED PAY \$, TO WHOM PAID, DISCHARGED Tor n to 30.7.19, PLACE, DATE, REASON Dem ob, AUTHORITY D.O.214, IF ENTITLED TO POST DISCHARGE PAGES.

BALANCE FROM PREVIOUS ACCOUNT

Main table with columns: MONTH, PAY AND F.A., OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS (COL. NO. 1-3), CASH PAYMENTS (COL. NO. 1-3), ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE (DEBIT, CREDIT), PARTICULARS OR REMARKS. Includes handwritten entries for dates, amounts, and notes like 'W.S.G.', '183 days', and '1st W.S.G. Paid by #2 O.D. etc'.



1

2

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