

Lead
4/13

ATTESTATION PAPER.
109th OVERSEAS-BATTALION, C. E. F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 724 227

Folio.

DUPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

1. What is your surname?..... *Ede*
- 1a. What are your Christian names?..... *Leonard Ernest*
- 1b. What is your present address?..... *72 Queen St. Lindsay, Ont.*
2. In what Town, Township or Parish, and in what Country were you born?..... *Ripley, Surrey, England*
3. What is the name of your next-of-kin?..... *Mrs. J. Blackmore*
4. What is the address of your next-of-kin?..... *West Blandon, Guildford, Surrey, Eng.*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
5. What is the date of your birth?..... *July 2nd. 1897* *West Blandon Guildford Surrey Eng.*
6. What is your Trade or Calling?..... *Shoe maker*
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, *Leonard Ernest Ede*, 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.

L. E. Ede (Signature of Recruit)

Date *APR 1 2 1916* 191 . *A. R. Fairbairn* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Leonard Ernest Ede*, 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.

Leonard Ede (Signature of Recruit)

Date *APR 1 2 1916* 191 . *A. R. Fairbairn* (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 *APR 1 2 1916* day of 191 .

A. R. Fairbairn (Signature of Justice)

Description of Leonard Ernest Ede on Enlistment.

Apparent Age.....18 years8 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 1 1/2 ins.

Chest measurement { Girth when fully expanded.....32 ins.
 Range of expansion.....4 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Black

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

scar over inner end of the left clavicle

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 Enlistment* for the Canadian Over-Seas Expeditionary Force.

Date.....APR 12 1916.....191

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

Place.....Lindsay

*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.

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

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

Date.....APR 12 1916.....191

ATTESTATION PAPER

No.
Folio

“ ” of

QUESTIONS TO BE PUT BEFORE ATTESTATION.

1. What is your name? Ede, Leonard Ernest.
 2. In what Township or parish, and in or near what Town and in what County or Country were you born? Ripley, Surrey, Eng. In or near the Town of in the County of
 3. *What is the name of your next of kin? Mrs. M. Blackmore, (Mother).
 4. *What is the address of your next of kin? Monkton Hook, Baynards, Sussex, England.
 5. What is the date of your birth? July 22, 1897.
 6. What is your trade or calling? Shoemaker.
 7. Are you an apprentice? No.
 8. Are you married? Yes
 9. Are you willing to be vaccinated or re-vaccinated? Yes.
 10. Do you now belong to the Active Militia? No.
 11. Have you ever served in His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police? Yes.
- †† If so, state particulars of former Service, and produce Certificate of Discharge, or transfer to Army Reserve.
12. Do you understand that enlistment into the Permanent Force does not involve your discharge from the Army Reserve, but that if required for duty as an Army Reservist you will be discharged from the Permanent Force? Yes.
 13. Have you ever been rejected as unfit for His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police? No.
 14. Do you understand the nature and terms of your engagement? Yes.
 15. Are you willing to be attested to serve in the C.E.F. Canada or for General Service for the term of..... Yes.
- (Signature of Man) Leonard E Ede
(Witness) W. Traut

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Leonard Ernest Ede, do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; and that I am willing to be attested for the term of Duration of War, provided His Majesty should so long require my services, or until legally discharged.

Leonard E Ede { Signature of Man } W. Traut { Signature of Witness }

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Leonard Ernest Ede, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to his Majesty.

Witness my hand.

(Signature of Man) Leonard E Ede

(Witness Present) W. Traut

The above questions were asked of the said Leonard Ernest Ede and answered by him in my presence, as herein recorded; and the said Leonard Ernest Ede made the above Declaration and Oath before me at Kingston this 1st day of June One Thousand Nine Hundred & eighteen at 10 o'clock A. M.

† Signature of Commanding Officer of Squadron, Battery or Company, or Justice of the Peace. } W. Burdall Lt.-Col.

* To be verified in the month of January in each year.
† But only at the Headquarters of the Corps for Permanent Units, and in cases where the Commanding Officer has taken the same oath before a Justice of the Peace. (See K. R. & O. for the C. M., and the Militia Act.)

Description of #724227, Leonard Ernest Ede. on Enlistment.

Apparent Age...20.....years11.....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.)

Height5'8".....ft.....ins.

Weight.....126.....lbs.

Chest-measure-ment { Girth when fully expanded.....31-34.....ins.
 Range of expansion.....ins.

ComplexionDark.....

EyesGrey.....

HairBlack.....

Religious denomination. { Church of England.....X.....
 Presbyterian.....
 Methodist.....
 Baptist and Congregationalist.....
 Roman Catholic.....
 Jewish.....
 Other Protestants.....
 (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*.....for the Permanent Force,

Date.....191 .

Place.....

Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING OR ADMINISTERING THE CORPS

.....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. B. Budsall Lt.-Col. (Signature of Officer)
 O. C. District Depot No. 3.

Date.....*June 24th*.....1918.

MILITARY HISTORY SHEET.

1. Service at Home and Abroad (including former service of re-enlisted men, when allowed to reckon towards Deferred Pay or Pension).

COUNTRY	FROM	TO	YEARS	DAYS	N. B.—The country only to be shown—it is not necessary to show separately the services in the different stations of the same country.

<p>2. Passed classes of Instruction {</p> <p>3. Campaigns..... {</p> <p>4. Wounded {</p> <p>5. Effects of wounds {</p> <p>6. Special instances of gallant conduct..... {</p> <p>7. Medals, Decorations and Annuities {</p>	<p>Initials of Officers.</p> <hr/>
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<p>(a) Christian and surname of woman to whom married and whether spinster or widow; (b) Place and date of marriage; (c) Name of officiating Minister or Registrar, and (d) Name of two Witnesses.</p>	Date of being placed on Married Roll	Initials of Officers.				
<p>9. Particulars as to Marriage..... {</p>						
	(a)	(b)	(c)	(d)		

	Christian Name	Date and Place of Birth	Date and Place of Baptism, and Name of Officiating Minister
<p>10. Particulars as to Children..... {</p>			

NOTE.—These entries are to be made from time to time as they occur, and initialled by the officer making the entry.

C.E.F.

EDE, LEONARD E.

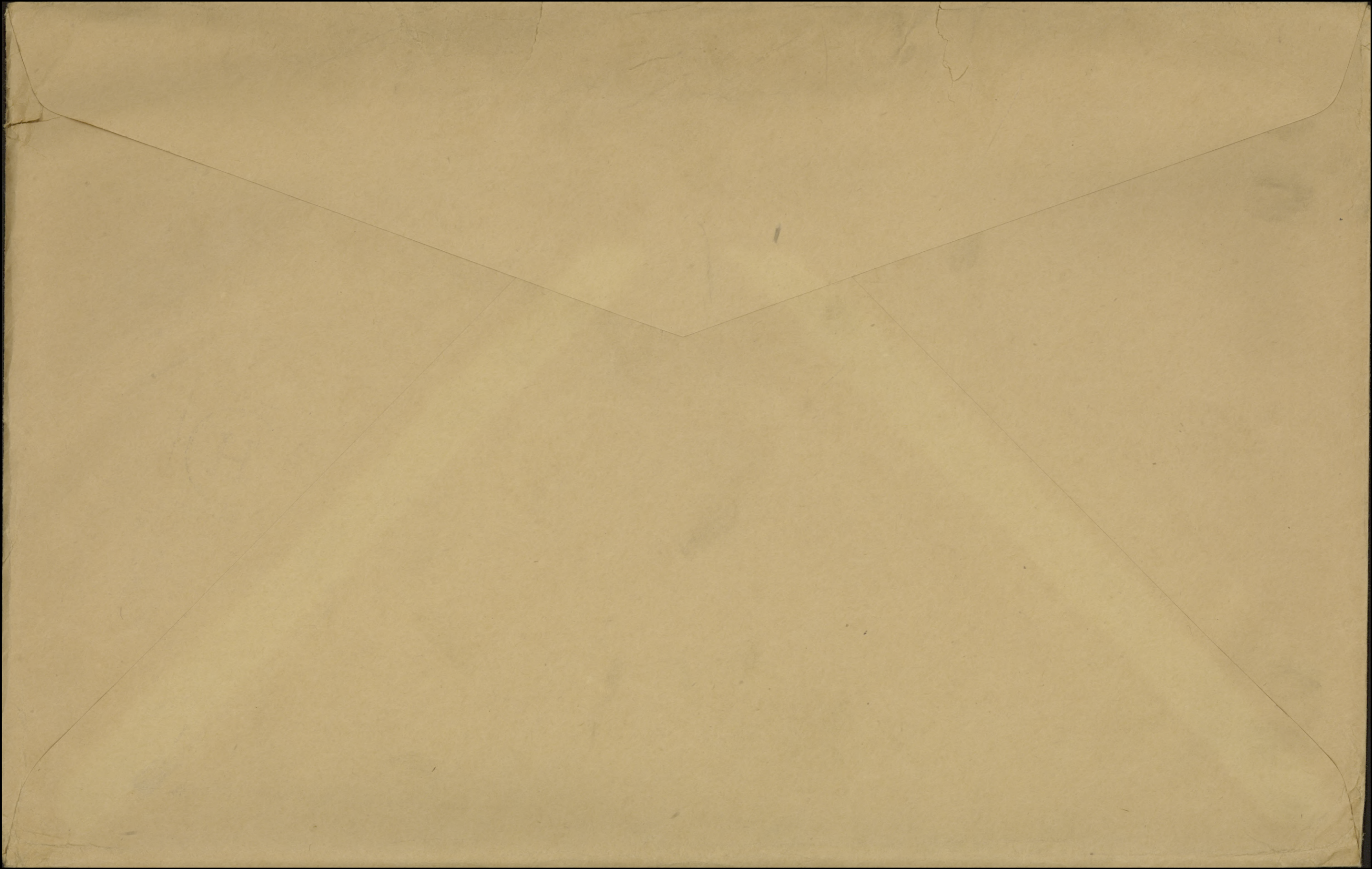
724227

109 BN

01497

M.U.DEMOB





To be made out in duplicate.

H.Q. 51-21-22-53

DUPLICATE

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

INSTRUCTIONS.

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

- (1) Name of Overseas Unit which Soldier joins..... **109th OVERSEAS BATTALION, C. E. F.**
-
- (2) Regimental Number **724227**
- (3) Full Name of Soldier..... **Leonard Earnest Ede**
-
- (4) Place of Birth..... **Ripley 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.....
-
-
-
-

(9) Is your Father alive?..... No.....

If so, state name and address

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

If so, state name and address..... Mrs. M. Blackmore.....

..... Highcoteh Hudge West Clendon Eng.....

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

Are you her sole support, or not?..... No.....

(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.

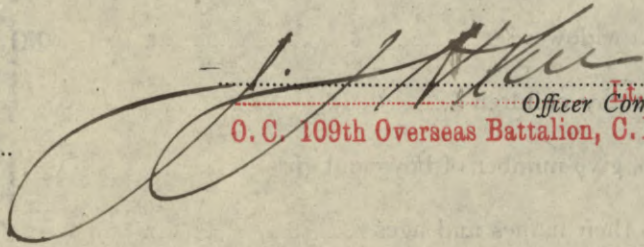
(15) Are you insured?..... No.....

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..... July 7th 1916.....


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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724227 (Rank) Corporal

Name (in full) HEE, Leonard enlisted in

the No. 3 District Depot

at Kingston, Ontario on the 1st

day of June 18, 19

HE served in Canada

and is now discharged from the service by reason of On demobilisation, medically unfit for general service, RO 1394

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

Age 22 yrs 3 mos

Height 5 ft 10 ins

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars NIL

L. E. Edle
Signature of Soldier

J. J. [unclear]
Issuing Officer Lieutenant
For O. C. No. 3 District Depot.
Rank

Date of Discharge 31-10-19

Signed at Kingston, Ontario this 31st day of October 19

in Military District No. 3

File Reference No. PD3-3-E-13

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

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

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-30-920.

Casualty Form—Active Service.

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

Regimental No. 424227 Rank Private Name Pde Leonard Ernest
C. E. F.

Enlisted (a) 12.4.16 Terms of Service (a) D of W. Service reckons from (a) 12.4.16.

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) Shoe maker.

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				
	<u>Embarked Canada</u>		<u>Halifax</u>	<u>24.7.16</u>	
	<u>Disembarked England</u>		<u>Liverpool</u>	<u>31.7.16</u>	
	<u>Taken on strength - C.D.D.</u>		<u>Buxton</u>	<u>18/12/16</u>	
		<p>DISCHARGED. under Para 392, Sec. 16, K.R. & O. 1912.</p> <p>Being no longer physically fit for war service.</p> <p><u>Rm. Havelton</u> for Commandant Canadian Casualty Discharge Depôt,</p>			<p>ADJUTANT 109th Overseas Battalion Part II-264</p>

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

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

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

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

350M.—5-16

H. Q. 1772-89-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. No. 3 District Depot.

Regimental No. 724.227 Rank L/Cpl. Name EDE, Leonard E.

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				
1-6-18	Re-enlisted authority	3M ^U 88-E-16, dated 1-6-18, to received subsistence while employed O.C. No. 3 D.D. Promoted to L/Cpl. while employed in S. Department.			
1-6-18					H.Q. 49
1-12-18					H.Q. 69
					H.Q. 234
26-9-19		Promoted Prov. Corporal, with Pay and Allow. vice Patterson,	Kingston	26-9-19	H.Q. 269.
30-10-19		Posted to Cas Coy from Ad. S. Coy for Richard			
		Richard			

[Signature] Lieutenant
For O. C. No. 3 District Depot.

[Signature] Captain
For O. C. No. 3 District Depot.

(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.

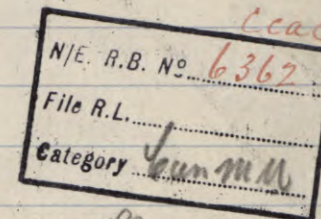
[P.T.O.]

Casualty Form - Active Service

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				
31-10-19		<i>Soc. # 31011 discharged med unfit for Gen Service NO 1894 M.B. 30-10-19</i>		31-10-19	H 304

~~Capt.~~
O. C. Casualty Company
No. 3 District Depot

TLH. Rank EDE, Leonard Ernest. ✓ Reg'l No. 724227. ✓
 Unit 109th. Bn. If in perm. Corps, }
 What Unit? } Married or Single Single. ✓
 Place and Date of Enlistment Lindsay, Apr. 12th. 1916. ✓ Place of Birth Ripley, Surrey, ✓
(Auth. A.S.P. 64910) England.
 Name and Address, Next-of-Kin Mrs. M. Blackmore, ✓
HIGHCOTT LODGE West Clandon, Guildford, Surrey, England. ✓ Relationship Mother. ✓
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place Reason Character
 H. W. & V., Ltd. - 7165-16.



Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. F. 2310 31-7-16					
8-12-16	06109 th Bn	S.O.S. trans. to 124 th Bn	Witley	8-12-16	P.F. D.O. 343
9-12-16	06124 th	208 - " - fr 109 th	"	"	" 265
24-1-17	"	S.O.S. " " to Dis. Depot.	"	17-12-16	" 29
15-1-17	06106	T.O.S. of Bom 109 th	Hastings	26-11-16	" 74
28-2-17	124 th Bn	P. 20 265 amended to read "attached to 124 th reason to be attached to 109 th	Witley	"	" 59
26-1-17	06106	S.O.S. to Can M.U.	Buxton	26-1-17	" 70
15-2-17	06106	S.O.S. proceeding to Canada M.U. reason to be attached to 6 I.D.	Hastings	26-1-17	" 78
	10th Bn	To Can Home	Mb #3 Kingston	5 ² / ₁₇	NR 192

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 724227 Rank Bglr Name Ede L.E.

Corps 109th Battalion who was* discharged

On May 31st 1917, to Class 3, Pension.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from May 1st 1917, to May 31st 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No			Reg'tl Pay <u>31</u> days at \$ <u>1</u> c	<u>31</u>	<u>00</u>
by } No			Field Allow. <u>31</u> days at \$ <u>c10</u>	<u>3</u>	<u>10</u>
Cheques } No			Other Allowances* <u>Clothing</u>	<u>8</u>	<u>00</u>
Assigned Pay No.			Other Credits* <u>subs. 15 days</u>	<u>9</u>	<u>00</u>
Other Charges*			Bal. Dr. (to be deducted by new unit)		
Payment on transfer or discharge No. <u>5431</u>	<u>51</u>	<u>10</u>			
Balance Cr. (to be paid by the new unit)					
Total	<u>51</u>	<u>10</u>	Total	<u>51</u>	<u>10</u>

*Give Particulars.

A monthly stoppage of \$ cancelled(†) has (†) been paid on account of Assigned Pay for the month of 1917 to (Assignee)

(Address)

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

On Transfer of an Officer.

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

REMARKS:—

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted No.
- (3) cause of discharge and authority M.D.3 88-E-16, H.Q. 649-E-1636.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

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

Date May 21st. 1917.

Place Kingston, Ont.

[Signature]
 Captain
 Officer Paying Returned Soldiers
 Military District No. Paymaster

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

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

M. F. W. 44.

Cheque # 5431, attached.

1917
17 M A N

REGIMENTAL ORDER

ORDER NO. 100

ORDER NO. 100

ORDER NO. 100

ORDER NO. 100

ORDER NO. 100

ORDER NO. 100

ORDER NO. 100

ORDER NO. 100

ORDER NO. 100

ORDER NO. 100

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ORDER NO. 100

RECEIVED
1917
17 M A N

REGIMENTAL ORDER

REGIMENTAL ORDER

2nd
with

number *724 227*

Rank *Plt*

B

Surname *E D E*

Christian Name *Leonard Ernest*

Units *109th Bⁿ C. Inf.* Theatre of War *Eng*

Date of Service *31/7/16*

Remarks *142 Pine St*

Latest Address ~~*512 Sherbrooke St*~~
~~*Peterboro*~~

Roll No. *On page 3449* *Kingston Ont.*

200m.-2-21.M.

REGT. NO. RANK NAME

UNIT AGE SERIAL NO. IN A. AND D

TOTAL SERVICE WHERE DATE AND PLACE OF OR
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.....

DISCHARGE
REG 30 1928
1165104

No. 724227. RANK *Pte.*NAME *Ede, L. E.*T. O. S. *12-4-16.* UNIT *109th Battalion.*
(B.O. 125 of 14-4-16)M. D. *3.*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

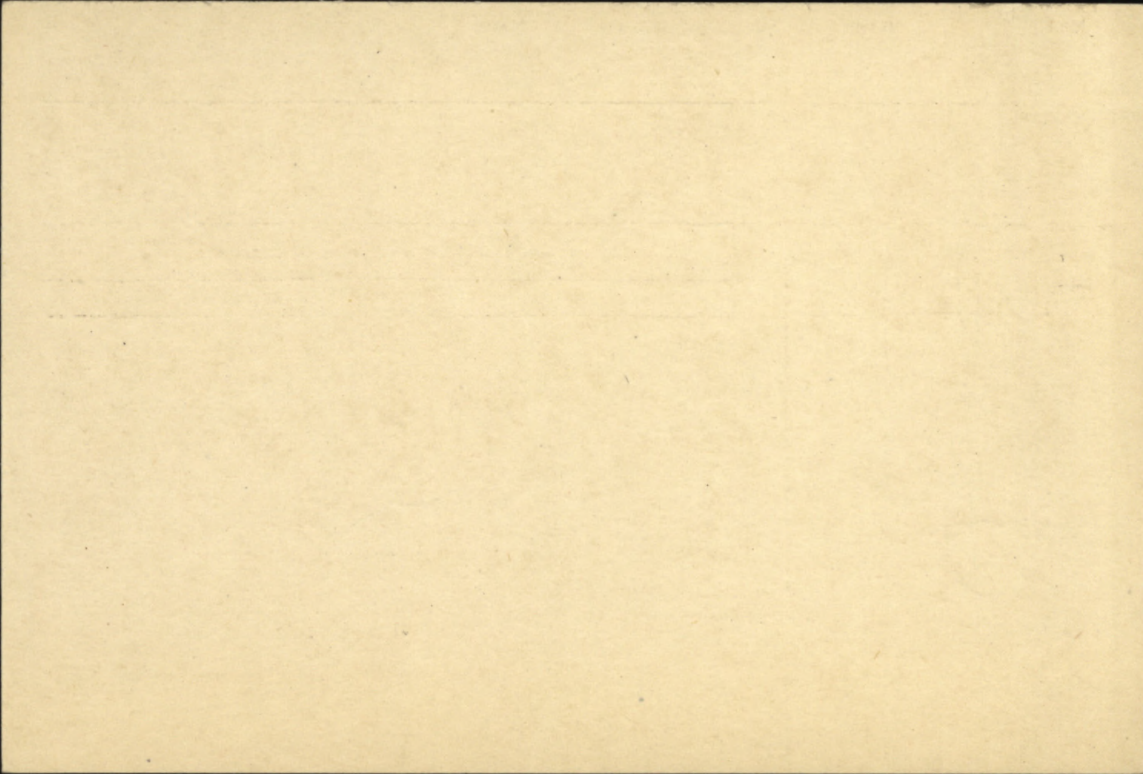
PAID FROM

PAID TO

SIG. OR REC'T

PAID FROM	PAID TO	SIG. OR REC'T
<i>1916. April 12.</i>	<i>1916. April 30.</i>	<i>✓</i>
<i>May</i>		<i>✓</i>
<i>June</i>		<i>✓</i>
<i>July</i>		<i>✓</i>

UNIT SAILED
JUL 23 1916



REGT'L NO 724227

H. Q. FILE NO. 649-

NAME Cde Ernest L

RANK AND CORPS

Bgl 14th Bn

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

7312

Sailed for Canada per S.I. Scotian
 Jan 26th/14 Asthma

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
43	Mab Kingdon	11-2-17	I.O.S. "b" unit Elmhurst ^{C. H. H.}
57	" " "	12-2-17	Outp. I.O.L. Elmhurst
57	" " " "	26-2-17	Outp. S.O.L. Elmhurst
58	" " " "	26-2-17	Outp. S.O.L. Elmhurst ^{C.H.}
102	" " " " "	11-4-17	Outpat. S.O.L. Elmhurst ^{C.H.}
80 2	" " " " "	19-3-17	" " I.O.L. " " "
150	" " " " "	31-6-17	Disc from Elmhurst bl 3 Cond Very ^{good}
136.	" " " " "	16-5-17	Trans. Elmhurst to Fettercairn
152	" " " " "	31-5-17	Disc from Elmhurst bl 3 ^{Conduct} _{V.G.}

LEDGER No. 259

SERIAL No. _____

REG. No. 724227 NAME Ede L. E

RANK Bugler CORPS 1096 BT AGE 17 SERVICE 6¹⁰/12 & 1¹⁰/12

HOSPITALS

DATE OF ADMISSION

1 Elmhurst Mill. Hosp Kingston

11-2-17

2 _____

3 _____

DIAGNOSIS ^{os} Asthma (under age)

TRANSFERRED TO _____

DISPOSITION 31-5-17

CATEGORY _____

M.F.W. 2553.

1126-D.P.-50M-12-18.

1772-39-1332.

P.T.O.

649-2-1636

CARD NO.

SURNAME. *Ede*

CHRISTIAN NAMES *Leonard Ernest*

REGL. NO. *724227* RANK *Pte.*

UNIT ~~*109th*~~ *D. W. M. W 3*

FORMER CORPS *nil*

Los m 21-10-1916
20304 21-10-1913
S.O.S. list 5-17-32
Cancelled
T.O.S. 1-6-18
auth 88-8-16
ca. Coy. md. 3 Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Blackmore, Mrs. M.*

RELATIONSHIP TO SOLDIER *Mother*

ADD *Highcote Lodge, W. Clanden,
Surrey, Eng.*

L. 10/10/16-54-21-38-1


COUNTRY OF BIRTH *England. Ripley, Surrey.*

DATE *July 27th 1897*

PLACE OF ATTESTATION *Lindsay, Ont.*

DATE *Apr. 17th 1916*

018 23-7-16
488
12

Sailed From Halifax  *Rev S.S. Olympic 23/7/16*

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Shoemaker

RELIGION

DESCRIPTION.

APPARENT AGE

18 YEARS

8 MONTHS

HEIGHT

5- FEET

1 1/2 INCHES

CHEST MEASUREMENT

32 INCHES

EXPANSION

4 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Black

DISTINGUISHING MARKS

Scar over inner end of left

elaville

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont

DATE

Apr. 17th 1916

Present Address 32 Queen St. Lindsay Ont.

No. 724227 RANK *Pte.*
109th B'n.

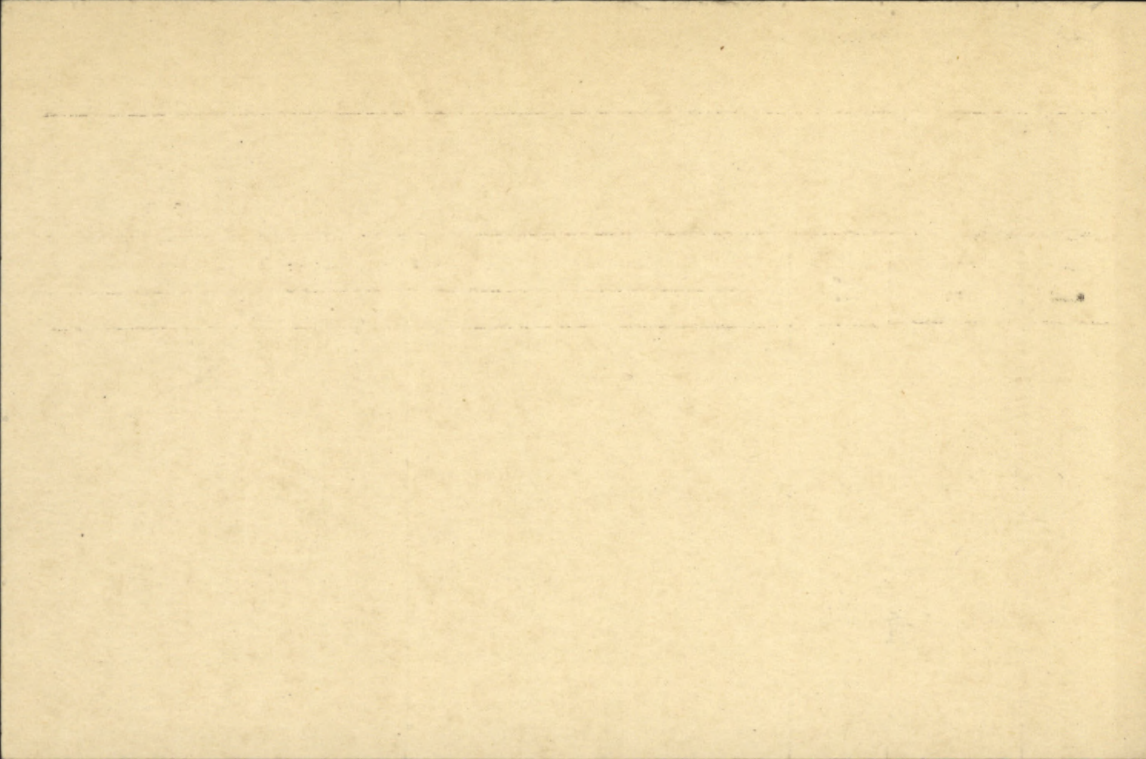
NAME *Ede L. C.*

T. O. S.

UNIT *Casualties C. E. A.*

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917</i> <i>Feb 1</i> <i>Mar.</i>	<i>1917</i> <i>Feb 28</i>	<i>m.</i> <i>m.</i>		



*Name Eole Leonard Rank Cpl Regtl. No. 724227
 Original unit #3WW Present unit #3WW M. or F. M Age 22 Religion Cof B Fyle Depot _____
 Ref. H.Q. _____

Port, ship, and date of arrival _____

Next of kin (wife) Mrs Eole

Address on leave _____

Address on discharge 124 Montreal St Thungtun Out

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation Shoemaker Date and place of enlistment 1-6-18 Thungtun Out

Diagnosis _____ Date of Medical Boards _____

Date.	Remarks.	Pt. 2 Order No.
1-6-18	To d. #3WW Re-enlisted with 3ND 88-E-16 dated - 1-6-18	
		#Q49
1-6-18	To received subsistence while employed C.G. #3WW	
		#Q69

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

Date

Remarks.

Pt. 2 Order No.

1-12-18

Promoted to Lt. Col. while employed
in S. W. Department

HQ 234

16-9-19

Promoted from Capt. with pay &
allow. vice Patterson - 26-9-19

HQ 269

30-10-19

Parted to Car Coy from Ad. St.
Car Coy for disposal 30-10-19

HQ 303

31-10-19

Doc. # 101. Discharged, Med. unit
for Gen. Service 31-10-19

M.B. 30-10-19

HQ 304

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number Rank Name and Corps of disabled soldier.

#724227. Pte. Ede, Leonard. Ernest. 109th Batt

Previous Civilian Occupation.

Shoe repairs.

DEPT. MILITIA & DEFENCE
FEB 13 1917
Hoxg-e-1636
CANADA

Cause of disability -

Underage (16.) Asthma on service

Condition in detail which prevent the soldier earning a Full livelihood:-

(Patient complains of choking spells at night.)

Exam: Lungs: Some crepitations & wheezing all over both lungs. Heart: Typical asthmatic attacks.

Patient is immature. Requires some further convalescence.

Other systems normal

Opinion of the Board.

Degree of incapacity (Please state in fractions.)

Probable duration of incapacity:-

2, 2 weeks

Does it render him permanently unfit for Military Service? *Yes*

Would operation, special treatment or the use of appliances, etc., lessen incapacity? *Convalescent Home*

Signature.

E.A. Robertson Capt President.

W. H. Cooper Capt Members.

W. H. ...

Station. *Quebec*

Date

(Feb. 7, 1917)

BOARD OF PENSION COMMISSIONERS FOR CANADA.
MAY 15 1917
CONSIDERED FOR PENSION.

Approved.

Date

Feb 7/17

W. H. ...
Assistant Director Medical Service.

Date

25/17

Don ...
Director General Medical Service.

noted 8/5/17

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number Rank Name and Corps of disabled soldier.

Previous Civilian Occupation.

Cause of disability -

Condition in detail which prevent the soldier earning a full livelihood:-

Review Board
Examination

Opinion of the Board.

Degree of incapacity (Please state in fractions.)

Probable duration of incapacity:-

Does it render him permanently unfit for Military Service?

Would operation, special treatment or the use of appliances, etc., lessen incapacity?

Signature. _____ President.

Members. _____

Station. _____

Date. _____

Approved. _____

Date. _____ Assistant Director Medical Service.

Date. _____ Director General Medical Service.

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

3 — 11 — 1916.

No. 724227 Rank Pte Name Ede, L. E.

Local Unit 109^B Overseas Unit _____ Age 17 ⁴/₂

Examination held at Bramshott, Hants.

DISABILITY.

Overseas—Local.
(scratch one out)

Immature.

PRESENT CONDITION.

He is under age, under developed for that age and suffers from asthmatic attacks

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.~~
5. Discharge. *Discharge, yes c.e.c.c.*

A. C.E.C.C.
B. 179 Regd.

Signatures:

Members

C. E. Cooper ^{Major} *Comd.* Pres.
H. MacLaren Capt.
H. MacLaren Capt.

Approved.

Bramshott 3-11- 1916.

A. Stewart ^{Major} *Comd.*
for A.D.M.S. *Assoc.*
Canadian Troops, Bramshott.

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

1916

Name: Private J. E. ...
Local Unit: 104th

Examination held at Bramshott, Hants.

DISABILITY

[Handwritten signature]

(Scratch and out)

PRESENT CONDITION

[Faint handwritten text, possibly describing medical condition]

[Handwritten signature]

Board members

1. _____
2. _____
3. _____
4. _____
5. _____

Members

[Faint handwritten text, possibly names of members]

Approved

Bramshott 1916

Canadian Troops, Bramshott

[Handwritten mark]

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

(1) no (2) yes as far as
exposure.
exposure.

(b) If due to one of these causes, to what specific condition do the Board attribute it?

21. Has the disability been aggravated by

- (a) Intemperance?
- (b) Misconduct?

no
 no

22. Is the disability permanent?

no, periodic

23. If not permanent, what is its probable minimum duration?

Impossible to say.

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

none compared to capacity
 on enlistment.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

not suggested as he is
 under age.

26. Do the Board recommend

- (a) Fit for duty?
- (b) Fit for light duty?
- (c) Invalided to Canada?
- (d) Discharge as permanently unfit?

BOARD OF PENSION COMMISSIONERS
 FOR CANADA.
 MAY 15 1917
 CONSIDERED FOR PENSION.

yes *not classified.*

Signatures:—

C. Cooper ^{Major} C.M.G. President.

Station Bramshott.

J. A. Dickson ^{Major} Members.

Date 26 NOV 1916

H. MacLennan ^{Capt} Members.

Approved.

Station Bramshott.

[Signature]
 For G.O.C. & Administrative Medical Officer.
 Canadian Troops, Bramshott Camp

Date 26 NOV 1916

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at
Folkestone, Kent, England, on the 27th day of December 1916
86, Strand, London, W.C.

Members of Board.

LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.* Major R. Raikes, C.A.M.C.
LIEUT.-COL. W. GRANT MORDEN. ~~Major JOHN L. TODD, C.A.M.C.~~
Lieut. Col. D. McLean. ~~MAJOR MAURICE ALEXANDER,~~
Major Hume Blake, *Legal Adviser.*

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

No. 724227,
Pte. L. E. Ede,
109th/124th Bns.

Recommendation :-

That this man be not granted a Pension.

Signed at 86, Strand, London, W.C. this 27th December, 1916.

D. McLean
Lt.-Col. *President.*

R. Raikes
Major.
C.A.M.C.

T. H. Macdonald
Major.
MAJOR. C.A.M.C.

B.
724227

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Edle Christian Name Lionard Ernest

Examined { on 12 day of April 1916
at Sundray
Birthplace { City or Town Ripley
County Surrey England

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

Apparent age 18 years
Trade or occupation Shot Maker
Height 5 Feet 1 1/2 Inches.
Weight 90 Lbs.
Chest measurement { Minimum 28 inches.
Maximum expansion 32 inches.

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

Physical development Fair
Small-Pox Marks None
Vaccination Marks { Arm Right None Left Fair
Number Fair

Date.	Result.	VACCINATIONS.
<u>13-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last April 13th 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.
<u>18/4/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25/4/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2/5/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

Enlisted on 12 day of April 1916 at Sundray

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>724227</u>		<u>12-4-16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE.	DISEASE.	RESULT.
<u>3 NOV 1916</u> APPROVED.	<u>3-11-16.</u>	<u>Immature + asthmatic</u>	<u>Discharged.</u> <u>C.E. Copple</u> PRESIDENT.
<u>26 NOV 1916</u> APPROVED.	<u>26-11-16.</u>	<u>Immature + asthmatic</u>	<u>Discharge. Class E.</u> <u>C. E. Copple</u> PRESIDENT.

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.

Surname *Edl* Christian Name *Edward Ernest*

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				
									DISCHARGED. under Para 392, Sec. 16, K. R. & O. 1912. Being no longer physically fit for war service. <i>R. M. Hamilton</i> for Commandant. Canadian Casualty Discharge Depot,		

APPROVED
Signature
of Medical Officer.

MEDICAL BOARD SERVICE
OFFICE

DUPLICATE. B. 724227.

DUPLICATE

MEDICAL HISTORY SHEET.

Surname Ede Christian Name Leonard Ernest

Examined { on 12 day of April 1916
at Sunday

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

Birthplace { City or Town Repton
County Surrey England

Apparent age 18 years

Trade or occupation Shoe Maker

Height 5 Feet 1 1/2 Inches

Weight 90 Lbs.

Chest measurement { Minimum 28 inches.
Maximum expansion 32 inches.

Physical development Fair

Small-Pox Marks None

Vaccination Marks { A r m Right None Left Fair
Number Fair

When Vaccinated last April 13th 1916

(a) Marks indicating congenital peculiarities or previous disease None

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

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

Date.	Result.	VACCINATIONS.
13/4/16	Good	J McCulloch M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
14/1/16	Good	J McCulloch M.O.
25/4/16	Good	J McCulloch M.O.
2/5/16	Good	J McCulloch M.O.

Enlisted on 12 day of April 1916 at Sunday

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Overseas Battalion C.F.F.</u>	<u>724227</u>		<u>12. 4. 16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

5287-L-1.

Name **Ede, Leonard Ernest**
Surname Christian Name

Regimental Number **724227** Rank **Pte.**

Address (in full) **512 Sherbrooke St.**

Unit **109th Bn.**

Peterboro, Ont.

Original Unit

District where paid **M. D. 3**

Date of Discharge **31-5-17**

P. D. P. Filing Number **15-10-3**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ _____ per month.

L. L. 22573—M. & D. 8008.

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		
100 10	199	23-8-17	33 00	196	1-10-17	33 00	196	30-10-17	34 10		100 10

M. F. W. 127.
60M - 6 17.
1772 89-1140.

Remarks:

File No.

WAR SERVICE GRATUITY.

Register No.

Reg. No. Dependent

Name Address

Address Award days at \$ per day \$

Dec'n No. W. S. G. File No.

S: A. months at \$ per mo. \$ \$

Less P. D. P. Credited \$

Less further debit balance \$

Net due paid as below

Pay Soldier \$ Pay Dependent \$

D	Ag	D	Ag

Days Rate Due

Less P.D.P. credited

Less further Dr. Bal. or overpayment.

Net

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
 Posting checked by

 Date.....

Name *Eade Ste L E.*
Ede

(211)

G. abs.
159 Bm

Regimental No. *727227*
Unit *109th Btn*
Date of enlistment *12th / 16*
Place of " "
Married (yes or no) *No.*
Amount of pay assigned monthly \$ *31¹⁷ / 17*
To whom payable *Scottish 5²⁷ / 17*

Name and address of next of kin
512 Sherbrooke St. Peterboro, Ont.
Med. Bd. see Com. Home.
Date and place discharged
Reason for discharge *Grant II*
Character on discharge
649-E-1636

Form 5351 - M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
	<i>8¹⁷ / 17</i>													
<i>9¹⁷ / 17</i>	<i>31¹⁷ / 17</i>	<i>23</i>	<i>10</i>	<i>23</i>	<i>23</i>	<i>10</i>	<i>230</i>							<i>L. Plé</i>
														<i>A.R. 8399</i>
														<i>A.R. 232</i>
														<i>A.R. 9498</i>
														<i>Imstones</i>
														<i>Boat</i>
														<i>Quebec.</i>
														<i>Up to "B" Unit 1¹⁷ / 17</i>
														<i>7549</i>
														Pensioned
														<i>1-6-17</i>

D. Bal.

548

7549

7549

MARRIED OR SINGLE

Single

PLACE OF BIRTH

Ripley Surrey Eng.

NAME AND ADDRESS OF NEXT OF KIN

*Mrs M Blackmore
Highcote Lodge West Elandon Surrey
West Elandon Guildford Surrey*

RELATIONSHIP OF NEXT OF KIN

Mother Eng.

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 724227 RANK

Pte Ede Leonard Ernest

IF IN PERMT. CORPS WHAT UNIT

UNIT

TRANSFERRED TO

DATE

AUTHORITY

Disch to Can P.M.C.C. List

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

Lyndsay Ont

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

April 12/1916

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

~~24 88~~

DATE EFFECTIVE

Aug 1/1916

PAYABLE TO

Mrs M Blackmore: Highcote Lodge West Elandon Surrey Eng. Relationship Mother

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

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

8-1-17

EFFECTIVE

1-2-17

REASON

Discharge to Can

DISCHARGE DATE AND PLACE

8-1-17 Canada

REASON AND AUTHORITY

P.M.C.C. List 601

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

17-2-17

Entered on N.E. Card Index, East

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked by [Signature]



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				CREDIT	DEBIT												
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE													No.	DATE	No.	DATE					
<i>July 31</i>															<i>2086</i>																									
<i>Aug 31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>								<i>3410</i>	<i>12</i>	<i>1/6</i>					<i>973</i>	<i>15</i>	<i>2473</i>	<i>3023</i>															
<i>Sept 30</i>	<i>30</i>	<i>30</i>				<i>3</i>									<i>33</i>	<i>47</i>	<i>3/18</i>	<i>79</i>	<i>15/16</i>				<i>730</i>	<i>730</i>	<i>15</i>	<i>2960</i>	<i>3363</i>													
<i>Oct 31</i>	<i>31</i>	<i>31</i>				<i>310</i>									<i>3410</i>	<i>104</i>	<i>30/16</i>	<i>158</i>	<i>19/16</i>				<i>973</i>	<i>730</i>	<i>15</i>	<i>3203</i>	<i>3570</i>													
<i>Nov 30</i>	<i>30</i>	<i>30</i>				<i>3</i>									<i>33</i>	<i>18</i>	<i>10/16</i>					<i>973</i>	<i>1460</i>	<i>15</i>	<i>8636</i>	<i>4997</i>														
<i>Dec 31</i>	<i>31</i>	<i>31</i>				<i>310</i>									<i>3410</i>	<i>238</i>	<i>11/16</i>					<i>730</i>	<i>15</i>	<i>2473</i>	<i>4997</i>															
<i>1917</i>															<i>880</i>							<i>730</i>	<i>15</i>	<i>2716</i>	<i>5091</i>															
<i>Jan 8</i>	<i>1.10</i>	<i>880</i>				<i>80</i>									<i>19796</i>							<i>1460</i>	<i>15</i>	<i>15</i>	<i>4471</i>															
															<i>8399</i>							<i>2895</i>	<i>17</i>	<i>4471</i>	<i>-</i>															

*Discharge to Can
8-1-17
auth P.M.C.C. List 601
S.P.F. rend 8-1-17
eff 1-2-17
L.P.C. Rend 8-1-17
Ca. Bal. \$4471.
£3.00 Adv. by P.M. Boston
8-1-17. by Adv. No. 283. Indorsed
on sailing list 28. 26-1-17.
62. Bal. 828.90.*

Checked [Signature]

N.E. Mch: 17.

PP

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.																

See

9-7-31

This space to be for numbers.

Proceedings on Discharge.



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

No.	724227
Rank	Buglar
Name	Ede, Leonard, Ernest
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	109th Battalion
Date of Discharge	May 31st, 1917.
Place of Discharge	Kingston, Ontario.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....19.....years.....10.....months.
 Height.....5.....feet.....1½.....inches.
 Complexion Fair
 Eyes Blue
 Hair Black
 Trade Shoemaker

Descriptive Marks

Intended place of residence } ~~52 Queen St.,~~
 } ~~Lindsay, Ont.~~
 (To be given as fully as } 572 Sherbrook st.
 practicable.) } ~~Petersburg, Ont.~~

2. The above-named man is discharged in consequence of

Being Medically Unfit for further service.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

Very Good

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

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

Shoemaker

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

M. F. B. 218.

25m.—11-15.
H. Q. 1772-39-113.

(OVER)

1024

*Noted
11-6-17
E.O.*

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

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

6. Medals and Decorations.....

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

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

(Place).....Kingston, Ontario.....

A. Bidsall

Major.....

(Date).....May 31st, 1917.....

Commanding "C" Unit, M.H.C.C.

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).....Kingston, Ontario.....

Leonard E. Ede

(Signature of Soldier.)

(Date).....May 31st, 1917.....

J. Atkins cpl

(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.

Leonard E. Ede

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total 1 years 10 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place).....Kingston, Ontario.....

A. Bidsall

(Signature)

Major.....

(Date).....May 31st, 1917.....

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.)

Leonard L. Ede

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. 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 Cer- tificate, " D. 877. *Only if discharged "Medically unfit."	<p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <ul style="list-style-type: none"> (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.

OK yes
183 days

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

414

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

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

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

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 724227 2. Rank Cpl 3. Original C.E.F. Unit 109th
 4. Christian Names Leonard Ernest 5. Surname Ede
 6. Address, in full, to which future payments of gratuity are to be forwarded
121 Montreal St. Kingston Ontario

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
CANADIAN SERVICE.			
1st Enl.	724227	Private	109 th Bn C.E.F.
2nd Enl.	724227	Private	M.H.C.C. C.E.F.
3rd Enl.			
4th Enl.			
IMPERIAL SERVICE.			
Imp. Enl.			

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
CANADIAN SERVICE.						
1st Enl.	12. 4. 16	31. 5. 17	Private	M.H.C.C.	Kingston	Med. Disch.
2nd Enl.	1. 6. 17		Cpl			
3rd Enl.						
4th Enl.						
IMPERIAL SERVICE.						
Imp. Enl.						

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? No. (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency Not Applicable
9. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit: yes
109th Bn C.E.F. 23-7-16 - 5 11-2-17
Not applicable
10. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? No.
11. Have you been issued with a War Service Badge? If so, give number and class "B"
NR 6 7650
12. Are you at present a member of and in receipt of pay and allowances from any Canadian Naval or Land Forces? If so, give unit No 3 Dist Dist formerly M. H. 6. 6
13. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received, from where paid, and on what dates 3 months Post Discharge Pay as Private
1917 ~~100~~ 100, 10
14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled No.
15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service No.
16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? No.
(b) If so, are you in receipt of full pay and allowances from that Department? No.
17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs L. G. Ede
18. Relationship of such dependent Wife
19. Present address, in full, of such dependent 121 Montreal St Kingston Ont.
20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name No

REMARKS _____

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Signature of applicant: S.E. Edr

Place of Residence: 121 Montreal St Kingston Ont

Declared before me at: Barriefield Ont

This 30th day of Sept 19 19

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

J.P. Rudrall
T.P. 4-10-11
Dept. No. 3.

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.

REMARKS 183 dys. Inc. wslq. 600.

Certified correct.....

Assistant Director Pay Services, Mil. Dist. No.....

Date.....

And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Signature of applicant: *[Signature]*

Place of Residence: *[Address]*

Declared before me at *[Location]* on this *[Date]* day of *[Month]* 19*[Year]*.

This *[Date]* day of *[Month]* 19*[Year]*.

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

NOTICE—If the decedent has not been a British Subject or a British Citizen at the date of his death, it will be necessary to forward the will and application to the Assistant Director Pay Services, M.V. 141, and to the Registrar of the Probate Court, M.V. 141, and to the Registrar of the Probate Court, M.V. 141, and to the Registrar of the Probate Court, M.V. 141.

Space below this line to be used only by the Assistant Director Pay Services.

POST DISBURSE PAY

Amount paid soldier: *[Amount]* Amount paid dependent: *[Amount]* Dates paid: *[Dates]*

[Additional information]

[Additional information]

[Additional information]

[Additional information]

[Additional information]

[Additional information]

[Additional information]

[Additional information]

[Additional information]

[Additional information]

[Additional information]

[Additional information]

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[Additional information]

[Additional information]

[Additional information]

[Additional information]

[Additional information]

[Additional information]

[Additional information]

[Additional information]

War Service Badge Class... *B*...

SHORT FORM. No. *2650* Issued
PROCEEDINGS ON DISCHARGE. *at Amherst*
(Demobilization.)

1. No. *724227*

2. Rank *Corporal*

3. Name *EDE. Leonard*

4. Unit *No. 3 District Depot.*

5. Date of Discharge *31-10-19* Place *Kingston, Ontario.*

6. Reason for Discharge *On demobilization, medically unfit for general service.*

7. Authority *R.O. 1894.*

8. Proposed Residence after Discharge
121 Montreal St., Kingston, Ontario.

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. ?

E. E. Edde
Signature of Soldier.

10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.

Place *Kingston, Ontario.*

Date *31-10-19*

Medical Documents Forwarded to
~~C. S. R.~~ *E. P. C.*
on
Date *DEC 2 1919*

J. Campbell
Signature
(O.C. Discharging Unit.)
For O. C. No. 3 District Depot.

THE UNIVERSITY OF CHICAGO
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DOCUMENTI PRESANZITTI 81

ANNI 1870-1880

Conto di Rendiconto	1870
Conto di Rendiconto	1871
Conto di Rendiconto	1872
Conto di Rendiconto	1873
Conto di Rendiconto	1874
Conto di Rendiconto	1875
Conto di Rendiconto	1876
Conto di Rendiconto	1877
Conto di Rendiconto	1878
Conto di Rendiconto	1879
Conto di Rendiconto	1880

STAMPATO

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

Medical Report on an Invalid.

Station Witley Camp
Date Nov 8. 1916.

- 1. Unit. 109th
- 2. Regimental No. 724227
- 3. Rank Pvt
- 4. Name Ede. L. E.
- 5. Age last birthday 17
- 6. Enlisted { on 12. April
at Loudsaw
- 7. Former Trade or Occupation { Shoemaker

8. Disability.

Immature.
Asthma 

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. May 1916
- 10. Place of origin of disability. Barnfield Camp

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

No entries on Medical History Sheet. That attacks were noticed in Barnfield Camp about May 1916. Attacks continued and got worse on landing in England on July 31st since then they have been worse more or less continuous.

12. (a) Give your opinion as to the causation of the disability.

Natural Causes

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

1. No. 2 Yes
His boy enlisted in April and complained in May as soon as he went to camp.

13. What is his present condition? *Weights 92 lbs. has lost a few pounds.*
All systems working normal. He is in his usual health today. Feels well and free from asthma attacks. Only disability noticed shortness of breath on exertion.

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was caused *not applicable*

(a) In action?
 (b) On field service?
 (c) On duty?
 (d) Off duty?

15. Was a Court of Inquiry held on the injury? *not applicable*

If so—(a) When?
 (b) Where?
 (c) Opinion?

16. Was an operation performed? If so, what? *no*

17. If not, was an operation advised and declined? *no*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? *not applicable*

19. Do you recommend

(a) ~~Fit for duty?~~
 (b) ~~Fit for light duty?~~
 (c) Invalided to Canada?
 (d) Discharge as permanently unfit? *yes*

H. D. Boyd Cosh
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, ~~except†~~

Station Branshett

P. D. Stewart May
 Officer in charge of Hospital.
C. A. M. S.

Date Nov 10th 1916

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

(1) no. (2) yes
So far as concerns Asthma.
Empower

(b) If due to one of these causes, to what specific condition do the Board attribute it?

21. Has the disability been aggravated by

(a) Intemperance?

no

(b) Misconduct?

no

22. Is the disability permanent?

no - periodic

23. If not permanent, what is its probable minimum duration?

impossible to say

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

none compared to capacity on enlistment.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

not suggested as he is under age.

26. Do the Board recommend

(a) Fit for duty?

(b) Fit for light duty?

(c) Invalided to Canada?

(d) Discharge as permanently unfit?

yes. not classified

Signatures:—

C.E. Cooper ^{Major} ~~Chie~~ President.

Station Bramshott.

S.A. Dixon ^{Major} }
H. Macharen ^{Capt.} } Members.

Date 26 NOV 1916

Approved.

Station Bramshott.

[Signature]
For G.O.C. & Administrative Medical Officer.

Date 26 NOV 1916

Canadian Troops, Bramshott Camp

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at
Folkestone, Kent, England, on the 27th day of December 1916
86, Strand, London, W.C.

Members of Board. Major R. Raikes, C.A.M.C.

LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.* ~~MAJOR JOHN L. TODD, C.A.M.C.~~

LIEUT.-COL. W. GRANT MORDEN. ~~MAJOR MAURICE ALEXANDER,~~

Lieut. Col. D. McLean. Major Hume Blake, *Legal Adviser.*

Proceedings. Major T.H. Macdonald, CAMC

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

No. 724227,
Pte. L. E. Ede,
109th/124th Bns.

Recommendation :-

That this man be not granted a Pension.

Signed at 86, Strand, London, W.C. this 27th December, 1916.

H. MONTAGU ALLAN. *President.*

R. RAIKES.

D. MC LEAN. Lt.-Col.

HUME BLAKE. Major. C.A.M.C.

Lt.-Col.

T. H. MACDONALD. Major.

Address : 512 Sherbrooke, St.,
Peterboro, Ont.

MEDICAL HISTORY OF AN INVALID.

88-16-16

DEPT
MILITIA & DEFENCE
APR 26 1917
619-E-1636
CANADA
MILITARY DISTRICT
No. 8

1. Station. Kingston, Ontario.
2. Regiment or Corps. 109th. Battalion.
3. Regimental No. and Rank. 724227
Bugler.
4. Name. Leonard E. Ede.
5. Age last Birthday. 18
6. Enlisted on April 12th. 1916.
at Lindsay, Ontario.
7. Former trade or occupation. Printer

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. April 14th. 1917.

9. Service. Years. Days.

PERIODS

FROM

To

109th. Battalion, transferred to 124th. Battalion, C.E.F.

BOARD OF PENSION COMMISSIONERS
FOR CANADA.

MAY 15 1917

CONSIDERED FOR PENSION.

10. (a) Disease or disability. (1). Bronchial Asthma. (2). Underage.
(b) Date of origin. (1). May 1916.
(c) Place of origin. (1). Barrielfield Camp, the 1st got bed at Eamshott.
(d) Cause. (1). Slept on wet ground, water came into tent the first night in Barrielfield Camp.

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.)

A boy 5 feet 5 inches, 111 lbs. weight. immature, appears about 16 years. Complains of slight cough smothering at night, difficult breathing.

On examination: There are Bronchial rales and wheezing sounds over both lungs indicating Bronchial Asthma. He has the general appearance of an Asthmatic.

Man is able to be up and about and subject to spasmodic attacks only.

12. (a) Is the disability the result of service or climate? Climate.
(b) Has it been aggravated by intemperance, vice or misconduct? No.

noted 1/10/17

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

There is a scar from a scald over the inner extremity of clavicle.

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

Not applicable.

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

Not exceptional. He was sleeping in tent during heavy rain and water came in.

14. Treatment.

II

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

Not applicable.

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

Permanent.

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.

30%.

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

Yes.

W. L. Humphreys
Medical Officer by whom the case is brought forward.
Capt. Price

OPINION OF THE MEDICAL BOARD.

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

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18. Is he unfit for Military Service. Yes.

Recommendations :

On account of Bronchial Asthma which developed in service, the Board recommends that this man be discharged as Medically Unfit with a disability of 30%.

Signatures :—

Edw Kidd Lt-Col. AMC President.

A. Rosselquin Major AMC.

Station. Kingston, Ontario.

Date. April 17th. 1917.

M. L. Thompson Capt. AMC Members.

George ... Captain, A.M.C.

Date. April 17th. 1917.

Approved.

Date. 7-5-17

D/ A.D.M. Asst. Director of Medical Services.
For A.D. S. Mil. District No. 3

James Wood Capt. Director-General of Medical Services.

26.11.17
1964

OPINION OF THE MEDICAL BOARD

26/11/17

NOT CHARGED APR 28 1977

294-26-4-17

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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

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

.....
.....
.....
.....
.....
.....
.....
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.....

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

200111, S. 6.
H. Q. 1772-89-117.

Station	Corps	Regimental No.	Rank	Name	Disability	Date	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

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

Supplementary

MEDICAL HISTORY SHEET.

Surname Ede Christian Name Leonard

Examined	on _____ day of _____ 191_____	Approved by _____		
	at _____	_____		
Birthplace	City or Town _____	Rank _____ M.O.		
	County _____	_____		
Apparent age _____		Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
Trade or occupation _____				M.O.
Height _____ Feet _____ Inches _____				M.O.
Weight _____ Lbs. _____				M.O.
Chest measurement	Minimum _____ inches _____			M.O.
	Maximum expansion _____ inches _____			M.O.
Physical development _____				M.O.
Small-Pox Marks _____				M.O.
Vaccination Marks	Arm Right Left _____	Date.	Result.	VACCINATIONS.
	Number _____			
When Vaccinated last _____				M.O.
(a) Marks indicating congenital peculiarities or previous disease _____				M.O.
				M.O.
(b) Slight defects but not sufficient to cause rejection _____		Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
				M.O.
				M.O.
				M.O.

Enlisted on _____ day of _____ 191_____ at _____

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Kington</u>	<u>Oct 30 / 19</u>	<u>Asbestos C III</u>	<u>W. Pageant</u> <u>[Signature]</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.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning 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 statements are obtained from the soldier concerned, from witnesses, or from documents.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Kingston DATE June 6th, 1918.

1. 1 (a) Unit #3 D.D. (b) Regimental No. 724237 (c) Rank Drummer
 (d) Surname Ede (e) Christian name Leonard Ernest.

2. Age last birthday 20 Date of birth July 22nd., 1897.

3. Enlisted at Lindsay, Ont. on April 12th., 1916.

4. Personal description:—

(a) Height 5' 8" (b) Weight 120 (c) Complexion medium
 (d) Colour of hair black (e) Colour of eyes grey (f) Identification marks scar of
old scald below inner end left clavicle.

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

512 Sherbrooke St., Peterboro, Ont.

6. Former trade or occupation Shoemaker.

7. (a) Service	Years		Days	
	PERIODS			
	From	To		
<u>109th. Battn., C.E.F.</u>	<u>April 12th., 1916.</u>	<u>Dec. 3, 1916.</u>		
<u>124th. Battn., C.E.F.</u>	<u>Dec. 3rd., 1916.</u>	<u>April 30, 1917.</u>		

(b) Has he been overseas? yes. 8. Original disease or disability Bronchial Asthma.

(a) Date of origin May 1916 (b) Place of origin Barriefield Camp.

(c) Cause* Slept on wet ground, water came into tent the first night at Barriefield Camp.
 (d) Present disease or disability Bronchial Asthma.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

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

Subjective Has a slight shortness of breath on exertion- occasionally a slight cough with expectoration in the morning. Has an occasional pain across the thorax. Appetite is not very good.

9. Present condition.—(Continued.)

Objective- Right side of thorax slightly flatter than left with impaired expansion on that side. Minimum expansion 32" maximum expansion 33½. Resonance is impaired in right chest posteriorly. Wheezy breathing & dry, sonorous rales in both lungs generally distributed. On double marking time for 30 seconds moderate dyspnoea.

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

Nervous... Yes Digestive... Yes Respiratory... no Cardiac... yes
Genito-Urinary... slight varicocele Skin, Middle Ear, Eye or any other part... yes.

Bronchial Asthma.

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

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

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

n/a

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or 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?..... at least 1 yr.

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

Convalescent Hospital, diet.

OPINION OF THE MEDICAL BOARD

14. ~~Continued~~).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration.)

No.

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

17. Recommendations: Category C 3.
Disability due to service.

Wm. J. Connors Capt. Canine
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned L. E. Eade 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.....

L. E. Eade
Signature of soldier examinee.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. 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)~~. yes
(d) Temporarily unfit. (" D) ~~(Yes or No)~~. no
(e) Unfit for service in Categories A, B and C, (" E) ~~(Yes or No)~~. no.

20. It is certified that the soldier
(a) ~~Does require treatment~~ (Give the nature of the condition and of the treatment required and its probable duration).

(b) Does not require treatment.
(c) ~~Should pass under his own control~~
(d) Should not pass under his own control.
(Strike out condition not applicable).

OPINION OF THE MEDICAL BOARD—(Continued).

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

Category C 3.

Disability due to service.

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

[Signature] Capt. A.M.C. President.

PLACE Kingston, Ont.

[Signature] Capt. A.M.C. Members.

DATE June 6th., 1918.

Capt. A.M.C. Members.

APPROVED BY

[Signature] Captain A. M. C.
For A. Assistant Director of Medical Services.

APPROVED BY

Director-General of Medical Services.

DATE JUN 7 - 1918

DATE

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.

President.

PLACE

Members.

DATE

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.

STATION.....Kingston.....DATE.....Oct. 30th, 1919.

1. 1 (a) Unit.....#3. D. D..... (b) Regimental No.....724227..... (c) Rank.....Cpl.....
 (d) Surname.....Ede..... (e) Christian name.....Leonard E.....
 (f) Home address.....121 Montreal Street.....
 (g) Next of Kin.....Mrs. Emily Ede..... (h) Relationship.....Wife.....
 (i) Address of Next of Kin.....121 Montreal Street.....
2. Age last birthday.....22..... Date of birth.....July 22, 1897.....
3. Enlistment, or Appointment (if an Officer) (a) Place.....Kingston..... (b) Date June 1, 1918.....
4. Personal description:
 (a) Height.....5' 10 $\frac{1}{4}$ "..... (b) Weight.....130..... (c) Complexion.....Dark.....
(stripped)
 (d) Colour of hair.....Black..... (e) Colour of eyes.....Black..... (f) Identification marks, Scars, etc.Scar.....
 of scald over left clavicle.....
5. Former trade or occupation.....Shoe maker apprentice.....

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 1	Days 151
---	----------------	-----------------

	PERIODS	
	From	To
Canada.....#3 D. D. (2nd enlistment).....	June 1 - 1918.....	Date.....
England.....		
France or other theatres of War.....		

7. Original disease, or injury.....Bronchial Asthma.....
 (a) Date of origin.....May - 1916..... (b) Place of origin.....Barrie Field Camp.....
 (c) Cause.....Sleeping in leaky tent, on ground, with no tent bottoms;

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.)

Dyspnoea in cold, damp weather.

Dyspnoea 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.)

SUBJECTIVE - Man complains of shortness of breath and difficulty in breathing when weather is cold and damp ~~after~~ and after much exertion.

OBJECTIVE - Man's chest is moderately barrel shaped with prominent sternum and depressed at each side below nipple, more so on left than right. Measurement of chest 34" and 36" on expansion. In both apices the breath sounds are blowing and whistling in character but at both bases the sounds are normal over the depressed areas at each side of sternum the sounds are slightly diminished. On exertion pulse increased 72-96 and respirations 18-36 with whistling sounds more pronounced at apices.

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

Nervous System..... NO Cardio-Vascular System..... NO Genito-Urinary System..... YES
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
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

Man has slight varicocele left side.

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

Man was in Barriefield Camp sleeping on ground in a leaky tent. Contracted bronchitis condition aggravated by climate of England and admitted to hospital. Later evacuated to Canada.

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

Nil.

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

See Section #9.

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

yes (mc)

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

Not aggravated by present service (mc)

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? Probably permanent.

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

Hospital at Bramshott, England, Sept., 1916.

Elmhurst Convalescent Hospital, Kingston, February, 1917.

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? No. (If not, briefly state why)

17. Recommendations.

On demobilization - Medically unfit for general service. Disability not due to present service.

W C Taylor Case
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, 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.

W. C. Taylor Gpl Rank
Signature of invalid examined.

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.

.....
.....
.....
.....
.....

Yes.

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, (" B) (Yes or No.)
- (c) Home service (Canada only), (" C) (Yes or No.)
- (d) 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.)

On demobilization - Medically unfit for general service.

Disability not due to nor aggravated by present service.

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 Kingston, Ont.

DATE 30-10-19.

John L. ... President.
W. S. ... Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

APPROVED BY *A. C. ...*
Assistant Director of Medical Services.

APPROVED BY
Director-General of Medical Services.

DATE NOV 3 1919

DATE.....

DENTAL HISTORY SHEET

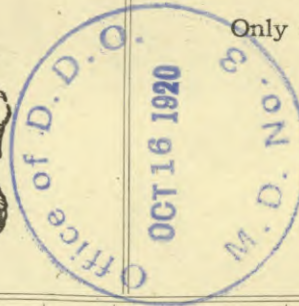
CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER L. EDE,

REGIMENT NO. 3 DISTRICT DEPT. RANK CPL.

No. 724227



INSTRUCTIONS

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

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

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

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

I hereby acknowledge having received the above treatment.
(SIGNATURE).... *L. Ede*

Completed Oct. 1920
H. Stewart
CAPTAIN
DISTRICT DENTAL OFFICER, M.D. NO. 3

Dr. A. Miller

	Examination	2 00 .
	Prophylaxis	1 50
	3 Amalgams S	4 50
	1 Amalgam C	2 00
	3 Silicates	6 00 .
Bridge	2 abutments	20 00
	1 Dummy	8 00
		<hr/>
		44 00

142 Pine St.

Saturday afternoon & Sunday

G. L. Ede

MILITIA AND DEFENCE
ASSIGNED PAY.

33668

[Handwritten signature]

To whom Mrs M. Blackmore

By whom assigned Ede L.E.

Address Highcott Lodge,
West Clarendon ~~West Guildford,~~
Surrey. *23/9/16*

Regtl. No. 724227
Rank Pte
Corps, &c. 109th Btn.

Rate \$15.00
Date to Commence 1st August, 1916.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				<p><i>File 6/9/10</i></p> <p><i>Discharged to Canada 26/17.</i></p> <p><i>Pt II 022. no date given 11/9/17.</i></p> <p>FILE</p> <p><i>Refwd 23/9/16</i></p> <p><i>Stopped</i></p> <p><i>Discharged Canada. 26-1-17. 9/1/17</i></p>
Feb.					
March					
April					
May					
June					
July					
Aug.		149928	15 -	X	
Sept.		158653	15	X	
Oct.		195682	15	X	
Nov.		235599	15	X	
Dec.		272240	15	X	
Jan.	1917	315240	15	X	
Feb.			\$ 90 -		
March					
April					
May					
June					
July					
Aug.					

ASSIGNED PAY.

By whom assigned *Ede L. E.*

Regtl. No. *724-224 - Plk - 109th Regt. Ball:*

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					

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

M. OR S. _____ REGT. No. *724224* RANK *Cpl.* NAME (IN FULL) *Ede. L. E.*

IF IN P. F. WHAT UNIT? _____ (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN <i>M^{rs} L. E. Ede.</i>	RELATIONSHIP <i>Wife</i>	PARTICULARS <i>Class 5-1</i>	EFFECTIVE DATE <i>12/5/17</i>	AUTHORITY <i>1/4/19</i>	ORIGINAL UNIT C. E. F.	PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
ADDRESS <i>121 Montreal St Kingston</i>									
IS SEPARATION ALLOWANCE PAID? <i>Yes</i>	DATE EFFECTIVE				DATE OF ATTESTATION <i>12-4-16</i>	ASSIGNED PAY, \$ <i>15.00</i>	DATE EFFECTIVE		
TO WHOM PAID <i>as above</i>	RELATIONSHIP	<i>Cpl. L. E. Ede.</i>			PAYABLE TO <i>M^{rs} L. E. Ede.</i>	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS		
ADDRESS		<i>121 Montreal St Kingston out.</i>			ADDRESS <i>121 Montreal St Kingston</i>				
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	PLACE	DATE	REASON	AUTHORITY
							<i>31-10-19</i>	<i>3-6-313</i>	IF ENTITLED TO POST DISCHARGE PAY

MONTH	NO. OF DAYS	PAY AND F. A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
		AMOUNT	RATE	C.	C.	C.	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	S.	C.	S.	C.	S.	C.	S.	C.	S.	C.		S.	C.
Balance from previous account																									<i>414</i>	
<i>Dec. 31/18</i>						<i>25 70</i>	<i>25 70</i>																<i>25 70</i>	<i>from Dec pay list</i>		
<i>Jan 1/19</i>	<i>31</i>	<i>1.15</i>	<i>35 65</i>	<i>24 80</i>	<i>30</i>	<i>60 45</i>	<i>30</i>	<i>350</i>		<i>25 70</i>	<i>45 45</i>		<i>45</i>								<i>116 15</i>		<i>Subs a.p. & sa</i>			
<i>Feb 1/19</i>	<i>28</i>	<i>1.15</i>	<i>32 20</i>	<i>22 40</i>	<i>30</i>	<i>84 60</i>				<i>39 60</i>			<i>45</i>								<i>84 60</i>		<i>#5014 #5920-6236</i>			
<i>1-3-19</i>	<i>31</i>		<i>35 65</i>	<i>24 80</i>	<i>30</i>	<i>90 45</i>				<i>45 45</i>			<i>45</i>								<i>90 45</i>		<i>Subs 7520</i>			
<i>1-4-19</i>	<i>30</i>		<i>34 50</i>	<i>24 30</i>		<i>88 50</i>				<i>15 28 50</i>			<i>45</i>								<i>88 50</i>		<i>8357 8440 8627</i>			
<i>1-5-19</i>	<i>31</i>		<i>35 65</i>	<i>24 80</i>	<i>30</i>	<i>90 45</i>				<i>15 30 45 45</i>			<i>45</i>								<i>90 45</i>		<i>8887 8861</i>			
<i>1-6-19</i>	<i>30</i>		<i>34 50</i>	<i>24 30</i>		<i>88 50</i>				<i>43 50</i>			<i>45</i>								<i>88 50</i>		<i>Subs 272565 272946</i>			
<i>1-7-19</i>	<i>31</i>	<i>1.17</i>	<i>52 70</i>	<i>18 20</i>	<i>30</i>	<i>157 55</i>				<i>31 85 5 75 70 45</i>			<i>45</i>								<i>157 55</i>		<i>274811</i>			
<i>1-8-19</i>	<i>31</i>		<i>52 70</i>	<i>24 80</i>	<i>30</i>	<i>107 50</i>				<i>62 50</i>			<i>45</i>								<i>107 50</i>		<i>Subs Paid 1/4/19-30/1/19</i>			
<i>1-9-19</i>	<i>30</i>		<i>51 24</i>	<i>30</i>		<i>105</i>				<i>60</i>			<i>45</i>								<i>105</i>		<i>276112 277062 276360</i>			
<i>1-10-19</i>	<i>31</i>		<i>52 70</i>	<i>24 80</i>	<i>30</i>	<i>142 50</i>				<i>97 50</i>			<i>45</i>								<i>142 50</i>		<i>277302</i>			
			<i>35</i>			<i>107 120</i>															<i>107 120</i>		<i>417063 416676</i>			
						<i>usg s/a</i>																		<i>417063 416676</i>		
						<i>420 180 600</i>																		<i>418667 417352</i>		
																								<i>417876 419612</i>		
																								<i>418781 418782</i>		
																								<i>419876 419877</i>		
																								<i>1337230-31- Nov. 24/19</i>		
																								<i>1851 425-6 DEC 20 1919</i>		
																								<i>1841 675-6 JAN 22 1920</i>		

183 days

War Service Gratuity

usg s/a

