

ATTESTATION PAPER.

"C" Coy.

No. 925512

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION (ANSWERS.)

ORIGINAL

- 1. What is your name?..... Cecil Ellery ✓
- 2. In what Town, Township or Parish, and in what Country were you born?..... Fenelon Falls Ont.
- 3. What is the name of your next-of-kin? Mother Mrs Ann Ellery
- 4. What is the address of your next-of-kin? PO Fenelon Falls Ont. Canada
- 5. What is the date of your birth?..... December 19th 1896
- 6. What is your Trade or Calling?..... Farmer
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated? & 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

Cecil Ellery (Signature of Man.)
 J. Bissonnette (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Cecil Ellery, do solemnly declare that the above answers made by me to the above questions 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.

Cecil Ellery (Signature of Recruit)
 J. Bissonnette (Signature of Witness)
 Date November 15th 1915

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Cecil Ellery, 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.

Cecil Ellery (Signature of Recruit)
 J. Bissonnette (Signature of Witness)
 Date November 15th 1915

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 Fenelon Falls this 15th day of November 1915.

Wm McArthur (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

J. A. McArthur Lt. Col (Approving Officer)
 C. E. F.
 109th Overseas Battalion, C. E. F.

Description of Cecil Ellery on Enlistment.

Apparent Age 18 years 11 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 10 ³/₄ ins.

None

Chest measurement: { Girth when fully expanded 39 ins.
 Range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Black

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date November 15th 1915.

Place Fenelon Falls

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

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Cecil Ellery 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.

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

Date JAN 12 1916 191

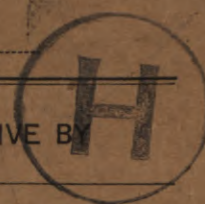
REGIMENTAL DOCUMENTS

NAME *E. Mery Cecil*

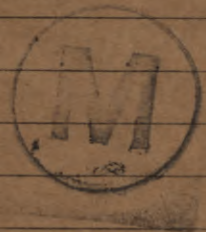
(Pte) REGT. NO. *725512*

UNIT *109th Bn.*

H. Q. FILE NO.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY		
ATTESTATION PAPER (M.F.W. 23, 133, or 51)	<i>28</i>				DEATH Category		
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)							
TRAINING HISTORY SHEET (M.F.W. 113)							
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						03964	
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)							
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)							
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)							DISCHARGE Category <i>Memob.</i>
DENTAL HISTORY SHEET (M.F.B. 465)							
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)							
MEDICAL EXAMINATION (M.F.W. 129)							
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)							
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)							
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)							
LAST PAY CERTIFICATE (M.F.W. 44)							
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)							
PARTICULARS OF CHARACTER (A.F.W. 3226)							
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)							
<i>1 c-10'10'</i>							
<i>1 merit cert</i>							
<i>1 resp cert</i>							
<i>1 M. F. W. 67</i>							
<i>1 pass card</i>							
<i>2 R. 149</i>							
<i>1 C.D. 3</i>							
<i>1 One Pay Card</i>							
					DESERTION <i>1</i> <i>20-10</i> <i>20-10</i> <i>11-11</i>		



but 2864



404792



725512

I.D. number
No. d'identification

ELLERY

Surname
Nom de famille

CECIL

Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location

Lieu

2864

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»

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P. 880.

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DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

WAR SERVICE BADGE.

CLASS "A" No. _____

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

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

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *Cecil* 2. Surname *Ellery*
3. Rank *pte* 4. Original Unit *109th* 5. Reg. No. *725512*
6. Address, in full, to which future payments of gratuity are to be forwarded *Mrs. John Ellery Fenelon Falls Ont*
7. Date of enlistment in the C.E.F. *Nov 15th 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Mrs Ann Ellery*
9. Relationship of such dependent *Mother*
10. Address, in full, of such dependent *Fenelon Falls Ontario Can*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *yes*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit, and dates of service overseas with such unit:—
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.
15. Give total length of time which you served on active service; whether in Canada or Overseas, setting out particulars of units on whose strength you served. *Canada 254 days + 1093m days in England 132 days in France 88 days with H.C.M. & C. in France 2 years 158 days TOTAL 3 years 178 days*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. *no*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *no*

20. Have you been issued with a War Service Badge? If so what class? *A*

21. Have you, during the present war, served in the Imperial Forces? *no*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*

(b) If so, was such reversion in consequence of misconduct or inefficiency?

24. Are you now serving in the C.E.F.? *no* If not, give:—(a) Date of discharge

16-6-19 (b) Reason for discharge *Spent*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit. *no*

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit. *yes*

At the front C.M.G. 19-2-18 to 9-5-19

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

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

Signature of Applicant: *Cecil Ellery*

Place of Residence: *Fenelon Falls, Ontario Can.*

Declared before me at: *Whitley, camp.*

This *11th* day of *May* 19*18*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918. *C. Ellery*
to Mrs. John Ellery
Fenelon Falls, Ontario

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>183 days</i>	<i>#605.420</i>

Certified Correct.

District Paymaster.

C 24

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

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

No. 725512 Rank Pte. Surname Ellery
(Given name in full)
Cecil

Unit or Corps Att 10th Bn CE Birthplace Fenelon Falls, Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 140 lbs. Height 5 ft. 11 in. Colour of Eyes Brown
Nutrition Good
Pulse 72 regular
Condition of arteries norm
Vision Rt. 7/12 Left 6/12
Hearing (conversational voice) Rt. 27 ft.
Left 21 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
Scar. l. hip after enlistment
Scar R. shoulder after enlistment
Dactyl. 4th. toe am. after enlistment
Vasc. l. am. after enlistment

Opinion as to general health and physical condition Good

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

Nervous System no Genito Urinary System Yes Cardio-Vascular System no
Special Senses no Integumentary System yes Respiratory System no
Disturbance of Mentality no Muscular System no Digestive System no
Osseous and Joint System no Any other general condition no

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

1. 9. 17. U. W. G.
Wump in childhood
15. 11. 17. Abscess hip left
2. 1. 18. Dehiscence

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Wetley (Overseas)

Date 25-5-19 Signed W. J. ... M.O.
Captn

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

Signature C. E. ...

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date Signed M.O.

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

Signature

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

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

2.6.19

Group 24

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ELLERY *Lucil*
 REGIMENT 4th BATT. Machine Gun RANK Pte No. 725512

Date of Examination in England 26/5/19 Date of Examination in France _____

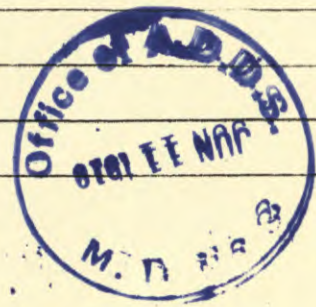


DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

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



HAS HE EVER REFUSED DENTAL TREATMENT ?

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

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

Signature of Dental Officer *H. A. Simmons Capt*

STANDARD DENTAL CO. INC.

ELERY, J. J.
1401 N. 1st St.
Milwaukee, Wis.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

STANDARD DENTAL CO. INC.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30



STANDARD DENTAL CO. INC.
MILWAUKEE, WIS.

STANDARD DENTAL CO. INC.
MILWAUKEE, WIS.

725512.

ORIGINAL MEDICAL HISTORY SHEET ORIGINAL

Surname Ellery Christian Name Cecil

Examined { on 15th day of November 1915
 at Fenelon Falls
 Birthplace { City or Town Fenelon Falls
 County Ontario

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

Apparent age 18 years
 Trade or occupation Farmer
 Height 5 Feet 10 ³/₄ Inches.
 Weight 153 ¹/₂ Lbs.
 Chest measurement { Minimum 36 inches.
 Maximum expansion 39 inches.
 Physical development Good
 Small-Pox Marks None
 Vaccination Marks { Arm Right None Left One
 Number One
 When Vaccinated last November 15th 1915
 (a) Marks indicating congenital peculiarities or previous disease None

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

(b) Slight defects but not sufficient to cause rejection
Slightly flatfooted

Date	Result	VACCINATIONS.
<u>15-11-15</u>	<u>Nil</u>	<u>J. McCulloch</u> M.O.
<u>29-3-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.

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 15th day of November 1915 at Fenelon Falls

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>93rd Battalion</u> <u>C 87</u>	<u>725512.</u>		<u>15-11-15</u>
Transferred to.....	<u>38th Bn.</u>			

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.

TLH. Rank **Name** **ELLERY, Cecil.** ✓ **Reg'l No.** **725512.** ✓
Unit **109th. Bn.** **If in perm. Corps, What Unit?** } **Married or Single** **Single.** ✓
Place and Date of Enlistment **Fenelon Falls, Novr. 15th. 1915** ✓ **Place of Birth** **Fenelon Falls, Ont.** ✓
Name and Address, Next-of-Kin **Mrs. Ann Ellery,** ✓
P.O. Fenelon Falls, Ont. Canada. ✓ **Relationship** **Mother.** ✓
Assigned Pay Monthly \$ **Payable to** **Relationship**
Separation Allowance \$ **Payable to** **Relationship** *H*
Discharge, Date and Place **Reason** *Plc* **Character**

N/E. R.B. No. *12973*
 File R.L. **ORGAN**
 Category

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.				
<i>C.</i>		Arrived in England per H. M. T. 2810		31-7-16	<i>ASLom.</i>
4.12.16	061094 Bn	SoS on tfr to 384 Bn	Orisley Field	4.12.16	Pt I DO 339
13.12.16		38th Bn T-O-S on tfr from 109th Bn	Enslht	6.12.16	Pt I DO 242.
6.4.17		S.O.S. to 16 th Can. Inf. Coy.	Field	4.1.17	— H1874103146.417
12.9.17	16 th MGC	Adm. No 51 Gen Hosp	Plc Etaples	2.9.17	sch A 9 V.D.G.
23.11.17	✓	Yfd. No 6 Gen's Depot	✓	13.11.17	— 71 Debility
24.11.17	✓	Yfd. No 14	Thornville	14.11.17	— 72
15-3-18	40 th Coy M.C. Coy	Transfere to M.G. Corps On strength 4 th Bn. C M G Corps 19-3-1918	" Field	1.3.18	— 27.
12-5-19	4 C M G C	Proc to Eng	✓	1-5-19	— 39

A.F.B. 105 CHECKED
 9 DEC 1918

of 16 26 MS

725512 Ellery G

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.				
12-5-19	CC Camp	Sol from 4cmec	Ple Willey	10-5-19	— 27
					83 - H - 100 - date 6-6-19
6-6-19	priving CC	Sol to Can	Ple Willey	6-6-19	— 44

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE.

CLASS "A" No. 278989

THIS IS TO CERTIFY that No. 725512 (Rank) Pte.

Name (in full) Cecil Elery enlisted in the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Fernelau Falls on the 15th day of November 1915

HE served in France with 16th C. I. G. P. & 4th Stu. Coy

Demobilization.

and is now discharged from the service by reason of

Medical Unfitness.

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

Age 23 years

Height 57 1/4 In.

Complexion Dark

Eyes Brown

Hair Black

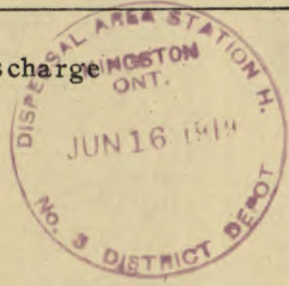
C. Elery Signature of Soldier.

Marks or Scars Scar left hip (CE7) Scar right shoulder (CE7) Tattoo left forearm (CE7) Scar left arm (CE7)

J. J. Hickey Captain

for O. C. Issuing Officer

Date of Discharge



Rank

Date 19...

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL OTTAWA, CANADA. M.F.B. 39A.

WAR SERVICE BADGE

CLASS "A" No

CANADIAN EXPEDITIONARY FORCE
INSIGNIA CERTIFICATE

DUPLICATE

H.Q. 51-21-20-53

24

To be made out in 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 **725512**.....

(3) Full Name of Soldier **Cecil Ellery.**.....

(4) Place of Birth **Fenelon Falls, Ontario.**.....

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

(6) If married, state,

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

(b) Present Postal Address.....

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

(8) Have you any children? **No.**.....

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

Also their names and ages.....

(9) Is your Father alive? **Yes.**

If so, state name and address **John, Fenelon Falls, Ontario.**

(10) Is your Mother alive? ~~Yes-No.~~ **Yes.**

If so, state name and address **Ann, Ellery, Fenelon Falls,**

(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.

Mrs. Ann Ellery,

Fenelon Falls,

Ontario.

(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.

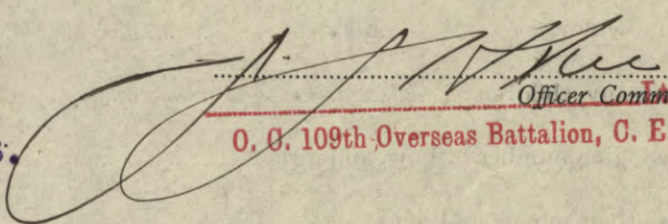
(15) Are you insured? **No.**

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 19th.** 1916.


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

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-316

To Whom *Mrs. John C. Ellery*
 Address *Ferndon Falls*
Ont.

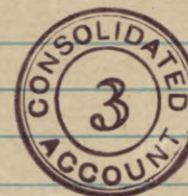
By Whom Assigned *Ellery, C.*
 Regtl. No. *725512.*
 Rank *Pte.*
 Corps *109th Btm.*

Rate *15.00 Oct 1st 16*

L.M. 5⁹/₁₆ W.B. 2⁴/₁₆

PAYMENTS

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



1 2000 2

2000

2000

1 2000 2

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

L. L. Job 4503. - Req. 6832.

Mrs. John Ellery

PAYMENTS.

Pte. *Ellery, G.*
 Name of Soldier *725512.*
109th Btn

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15⁰⁰ Oct 1st</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
<i>60</i> Nov.		<i>P 27288</i>	<i>30</i>	} <i>looly</i>
Dec.		<i>V 35314</i>	<i>15</i>	
Jan. <i>Ch</i>	1917	<i>J 38930</i>	<i>15</i>	
Feb.		<i>J 44243</i>	<i>15</i>	
March		<i>K 50105</i>	<i>15</i>	<i>15</i> <i>(W)</i>
April		<i>M 1752</i>	<i>15</i>	<i>15</i> <i>(Ch)</i>
May		<i>F 8000</i>	<i>15</i>	} <i>1915</i>
June		<i>D 14387</i>	<i>15</i>	
July		<i>K 21662</i>	<i>15</i>	<i>B.</i>
Aug.		<i>R 28490</i>	<i>15</i>	<i>L</i>
<i>35</i> Sept.		<i>Q 35110</i>	<i>15</i>	<i>B</i>
Oct.		<i>F 41315</i>	<i>15</i>	
Nov.		<i>W 46524</i>	<i>15</i>	
Dec.		<i>L 57344</i>	<i>15</i>	<i>225⁰⁰ H.S.</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

ELLERY.

6.

725512.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

16 M.G.C.

HOSPITAL

DATE OF ADMISSION

51. Gen. Etaples.

2-9-17.

6 Camp Depot

HOSP.

13. 11. 17.

14 " " " Trowille.

HOSP.

14-11-17.

2.

3.

HOSP.

4.

HOSP.

DIAGNOSIS V.D.G.

1.

Rebilitatio / no ass

2.

3.

DISPOSITION

Dis to Base Detach Etaples

2-1-18

C.L. 13-9-17. A9(3).

REMARKS

DATE

*24. 11. 17. A71. (3)
26-11-17- 272 (2)
12-1-18 AM*

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

No.

RANK

pte

NAME

Ellery Cecil

T. O. S. 15-11-15-

UNIT 93rd Battalion C. I. F.

D.O. #17-17-11-15-

M. D. 3

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1915-

1915-

m.

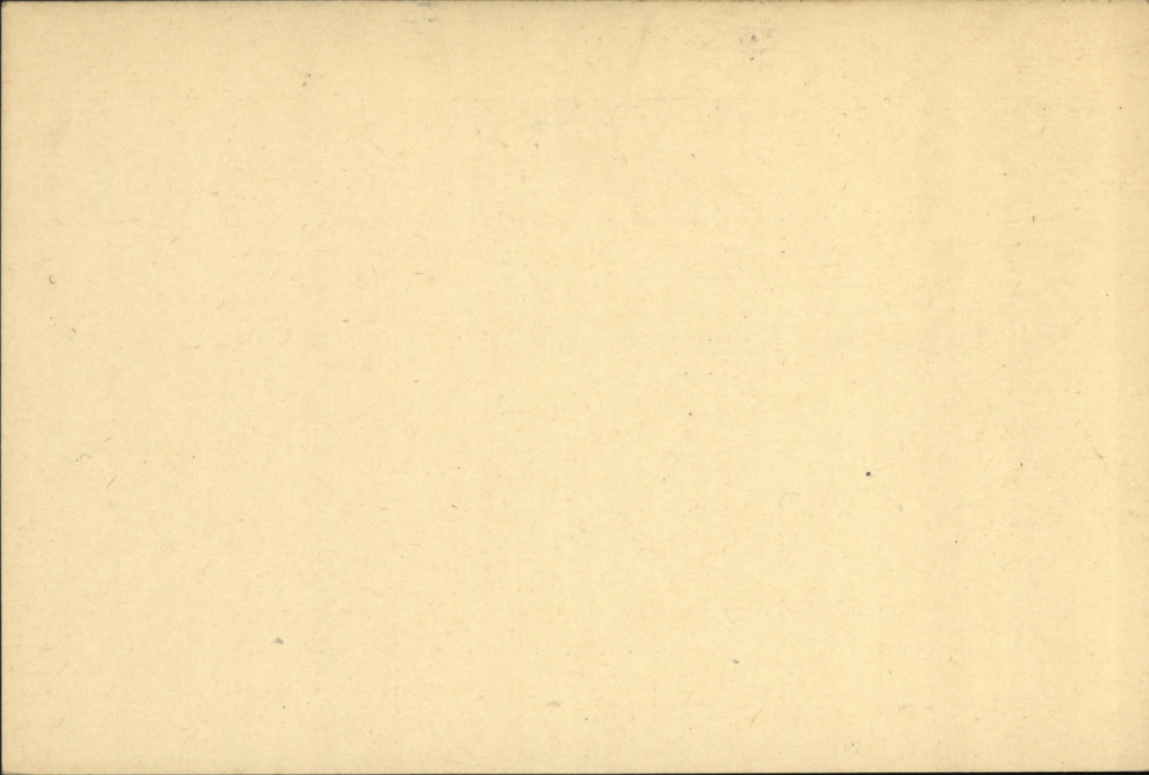
Late of 45th Regt

D.O. #17-17-11-15-

Nov. 15-

Nov. 24

UNIT SAILED
JUL 15 1916



LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 9 ²	51 Gen Etaples	2-9-17	V.D.G. (Machine Gun Corps)
A 71 ³	No 6 Long Depot Etaples	13-11-17	Debility " " "
A 72-2	No. 14 Comm. Depot Trouville	14-11-17	" "
A 111	Dis. to Base Details Etaples	21-18	" "

NAME

Ellery C

RANK AND CORPS

PL

REG'T'L No.

725512

H. Q. FILE No. 649.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

Qu

Number

725512

Rank

Ote

Ham

Surname

ELLERY

Christian Name

Cecil

Unit

38th BUCAN 2nd

Theatre of War

France

Date of Service

4-12-16

*35 Elm St
Roxbury
Oud*

Remarks

Latest Address

~~*G. P.O.
Genevieve Falls
Oud*~~

Roll No.

B. Page 16339.

200m.-2-21.M.

DATE

HISTORY

CASUALTY BRANCH

NAME _____ H. Q. _____

NO. _____ RANK _____ M. D. _____

UNIT (C.E.F.) _____ UNIT _____

ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____

DATE _____ HISTORY _____

B+V

RETIRED

14-9-22

RANK *SGT*

35345

5 1922

4266

SEP 26 1922

No. *725 F/2* RANK *W Pte*

NAME *Elmer. Cat.*

T. O. S.

UNIT *109th. Battalion.*

*Transferred from 93rd Bn.
25-11-15 D.O.S. 25-11-15.*

M. D. *23*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915.</i>			
<i>Nov 25</i>	<i>Nov. 30</i>	<i>✓</i>		
	<i>Dec.</i>	<i>✓</i>		
<i>1916</i>	<i>Jan. 1916</i>	<i>✓</i>	<i>Cpl. Feb. Reduced for neglect of duty.</i>	<i>Feb. paylista. D.O. 108-25-3-16.</i>
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar.</i>	<i>✓</i>		
	<i>April.</i>	<i>✓</i>		
	<i>May.</i>	<i>✓</i>		
	<i>June.</i>	<i>✓</i>		
	<i>July.</i>	<i>✓</i>		

**UNIT SAILED
JUL 23 1916**



SURNAME.

Ellery

CHRISTIAN NAMES

Cecil

REGL. No.

725512

RANK

~~*bpl*~~ *pte*

UNIT

109th

FORMER CORPS

mil

CARD NO.

A. 3/

S.O.S. No. 16.6-19.
FOLL.

Auth: D.O. 1690/17.6-19

Batt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Ellery, Mrs. Ann.

RELATIONSHIP TO SOLDIER

mother

ADDRESS

Fenelon Falls Ont.

COUNTRY OF BIRTH

Canada, Fenelon Falls Ont.

DATE

Dec 19th 1896

PLACE OF ATTESTATION

Fenelon Falls, Ont.

DATE

Nov. 15th 1915

o/s 23-7-16 $\frac{488}{12}$

PIC 1-3-19 $\frac{276}{61}$ Spr.

PIC 13-6-19 $\frac{347}{70}$ pte.
M. F. W. 22. 100m. -1-16. H. Q. 1772-39 839.

Sailed from Halifax ● Per S.S. Olympic 23/7/16

MARRIED SINGLE *Yes,* WIDOWER
TRADE OR CALLING *Farmer* RELIGION *Salvation Army*

DESCRIPTION.

APPARENT AGE *18* YEARS *11* MONTHS
HEIGHT *5* FEET *10 $\frac{3}{4}$* INCHES
CHEST MEASUREMENT *39* INCHES EXPANSION *3* INCHES
COMPLEXION *dark* EYES *brown* HAIR *black*
DISTINGUISHING MARKS *nil.*

MEDICAL EXAMINATION. PLACE *Penelon Falls, Ont.* DATE *Nov. 15th 1915*

ELLERY. C *pecil*
Name Rank

~~Pte.~~

Reg. No. 725512

Unit 16th. C. M. G. CO.

Next of Kin Canada.

Date	1917. Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
2-9	No. 51. Gen. Hosp. Etaples.					
	HA. 13644/2	V.D.G. Mild.		a.g.		
13-11	No. 6. Gen. Dep. Etaples					
	HA 16401-3	Debility		A 71		
14-11	No. 14. G. D. Trouville					
1918	HA 16431-4		so.	A 72		
2-1	Base Details Etaples					
	18158-2			A 111		

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:- 1. 10. 16		EFFECTIVE DATE:-	
AMOUNT:- 15 ⁰⁰		AMOUNT:-	

NAME:- *ELLERY Cecil*
NUMBER:- *725512*

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

*Mrs John Ellery (mother)
Lenelon Falls Ont.*

Stopped 1/6/19.

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Pte</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- *109th Bn*

DATE ACCOUNT FIRST OPENED:- *Aug 1st 1916*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S' D	UNIT TRANSFERRED TO
<i>nk</i>	<i>1/8/18</i>	<i>20/8/18</i>	<i>12 Res Bn 16000 + M.G. Bn (K)</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>27.4.19</i>	<i>263</i>	<i>10 C.C.</i>	<i>6.98</i>				
<i>12.5.19</i>	<i>3260</i>	<i>P. Wing</i>	<i>73.00</i>				
			<i>79.98</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
	<i>1.00</i>	<i>10</i>		
	<i>Ledger Bal 84.52</i>			
	<i>L.P.C. C.M. Bal 4.54</i>			

PARTICULARS OF RENDERING NON-EFFECTIVE: *1/6/19 Ref 9000 Bramket 15/19 M.S.2.*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>Mar 3rd</i>	<i>Bal. Inv.</i>								<i>128.53</i>	<i>30.</i>	
<i>Apr</i>	<i>P Pay</i>	<i>33.00</i>		<i>ban ar</i>				<i>15.00</i>			
				<i>ar 441 24/3 + 2 M.G.B.</i>	<i>3.57</i>						
				<i>" 8 9/18 "</i>	<i>11.46</i>						
				<i>" 91 4 "</i>	<i>3.57</i>				<i>134.93</i>	<i>30</i>	
		<i>33.00</i>			<i>11.60</i>			<i>15.00</i>			
<i>May</i>	<i>" "</i>	<i>34.10</i>		<i>ban ar</i>				<i>15.00</i>			
				<i>ar 179 10/18 4th Bn</i>	<i>8.92</i>						
				<i>" 257 11/18 "</i>	<i>3.57</i>				<i>141.54</i>	<i>30.</i>	
		<i>34.10</i>			<i>12.49</i>			<i>15.</i>			
<i>June</i>	<i>P. Pay</i>	<i>33.</i>		<i>ar Can</i>				<i>15.</i>			
				<i>ar 343 30/5 4th Bn</i>	<i>4.46</i>						
				<i>" 450 10/6 "</i>	<i>3.57</i>				<i>151.51</i>	<i>30.</i>	
		<i>33.</i>			<i>8.03</i>			<i>15.</i>			
<i>July</i>	<i>P Pay</i>	<i>34.10</i>		<i>Can ar</i>				<i>15.</i>			
				<i>ar 544 31/8 M.G.B.</i>	<i>4.46</i>						
				<i>" 671 1/9 "</i>	<i>3.57</i>				<i>162.58</i>		
		<i>34.10</i>			<i>8.03</i>			<i>15.</i>		<i>30.</i>	
<i>Aug</i>	<i>"</i>	<i>34.10</i>		<i>ban ar</i>				<i>15.</i>			
				<i>AR 743 4th Bn 18/18</i>	<i>4.46</i>				<i>177.71</i>	<i>30</i>	
		<i>34.10</i>			<i>4.46</i>			<i>15.</i>			
<i>Sept</i>	<i>"</i>	<i>33</i>		<i>6 A Pay</i>				<i>15.</i>			
				<i>" 403 4th Bn 30/18</i>	<i>7.14</i>						
				<i>" 1064 " 15/9/18</i>	<i>3.57</i>				<i>184.51</i>	<i>1/2 agreed</i>	
		<i>33</i>			<i>10.71</i>			<i>15.</i>			
<i>Oct</i>	<i>"</i>	<i>34.10</i>		<i>6 ar</i>				<i>15.</i>			
				<i>1234 1 M.G.B 5/18</i>	<i>3.73</i>						
				<i>1154 - 31. 10/18</i>	<i>3.73</i>				<i>196.15</i>		
		<i>34.10</i>			<i>7.46</i>			<i>15.</i>			

COMPILED BY *H. Thorne*
CHECKED BY *Wahikovich*

NUMBER

425512

RANK

Private

NAME

Gallery, Cecil

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918				Balance Brod Ford					196 15	30	Accepted
Nov	PP&A	37		Cap				15	297 35		
Dec	-	34	10	1604 HM 913 7-11-18	3 73				215 28		
Jan	-	34	10	LC 119 - 23-1-19	97 33						
				1811 - 30-1-18	7 16						
				1734 - 21-1-18	13 06						
				CPM 76126 London 4-17-18	48 67						
				Cap				15			
				Cap				15			
		101	20		750 25			45	82 10		
					140				147 -		
				2138 HM 913 6-1-19	3 73						
Feb		30	80	2219 ✓ 18-1-19	18 66						
Mar		34	10	2258 - 18-1-19	3 73						
				2398 - 5-1-19	3 78						
				2504 ✓ 17-2	3 73						
				2604 ✓ 5-3-19	18 25						
				Cap				30			
				2603 ✓ 5-1-19	3 65						
		64	90		55 48			30	61 52		
				2711 HM 913 27-3-19	5 48				132 62		
Apr		38	-	2671 - 21-3-19	9 13				128 08		
May		34	10		2 55						
				17 - 7-4-19	3 49						
				Apr & May Cap				30			
	Int on def. pay to 31/7/19.	4	-	267 10 CE 27-1-19	6 98				84 52		
				3761 lbb 12-1-19	73 00						
		71	10		98 08			30	454		
				3838 26-5-19 End. lcc	9 73	✓					
				5050 1-6-19 " "	14 60						
				and forfeiture 6 days pay 25-5-19 amt. 3-6-19			9 90				
				23-5-19 21-5-19-24-5-19 9 days 88 42 3/4							
				75 advised							
					24 33	9 90			29 69		
	505 6-6-19 Sist 83										

MARRIED OR SINGLE *Single*

PLACE OF BIRTH *Fenelon Falls Ont*

NAME AND ADDRESS OF NEXT OF KIN *Mrs Ann Ellery
Fenelon Falls Ont*

RELATIONSHIP OF NEXT OF KIN *Mother*

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	NAME OF HOSPITAL	
<i>3/9/17</i>	<i>15/11/17</i>	<i>80-158</i>	<i>24/1/17</i>	

REG'L. No *725512* RANK *Pte* NAME *Ellery Cecil*

IF IN PERM. CORPS | UNIT *109th Bn* | TRANSFERRED TO *38th Bn* DATE *16-1-17* AUTHORITY *50339 4-12-16*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *16th M&B* DATE *21/4/17* AUTHORITY *20.41. 04th*

PLACE OF ATTESTATION *Fenelon Falls Ont* TRANSFERRED TO *12th Res 13th* DATE *14-12-18* AUTHORITY *309. 17th*

DATE OF ATTESTATION *Nov 15th 1915* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *15⁰⁰/100* DATE EFFECTIVE *Oct 1st 1916*

PAYABLE TO *Mrs John Ellery Fenelon Falls Ont* RELATIONSHIP *Mother*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS									
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT												
			\$	c.			\$	c.			\$	c.																				No.	DATE	No.	DATE	No.	DATE	No.	DATE	
<i>July 31</i>															<i>8 85</i>	<i>8 85</i>																								
<i>Aug 31</i>	<i>31</i>	<i>100</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3 10</i>								<i>34 10</i>	<i>348 16</i>																								
<i>Sept 30</i>	<i>30</i>		<i>30</i>				<i>3</i>								<i>33</i>	<i>36 31/8 16</i>	<i>67</i>	<i>15/9/16</i>																						
<i>Oct 31</i>	<i>31</i>		<i>31</i>				<i>3 10</i>								<i>34 10</i>	<i>107</i>	<i>30/9/16</i>	<i>146</i>	<i>15/10/16</i>																					
<i>Nov 30</i>	<i>30</i>		<i>30</i>				<i>3</i>								<i>33</i>	<i>175</i>	<i>30/10/16</i>																							
<i>Dec 31</i>	<i>31</i>		<i>31</i>				<i>3 10</i>								<i>34 10</i>	<i>217</i>	<i>30/11/16</i>	<i>221</i>	<i>15/12/16</i>																					
<i>1917</i>			<i>15 50</i>												<i>16 50</i>																									
<i>Jan 15</i>	<i>15</i>	<i>10</i>	<i>16 50</i>												<i>17 60</i>	<i>623</i>	<i>15/1/16</i>																							
<i>Jan 31</i>	<i>16</i>		<i>17 60</i>												<i>20 80</i>	<i>665</i>	<i>10/1/17</i>																							
<i>Feb 28</i>	<i>28</i>		<i>30 80</i>												<i>34 10</i>																									
<i>Mar 31</i>	<i>31</i>		<i>34 10</i>												<i>22 00</i>																									
<i>Apr 1/20</i>	<i>20</i>		<i>22 00</i>												<i>11 00</i>																									
<i>" 10</i>	<i>10</i>		<i>11 00</i>												<i>34 10</i>																									
<i>May 31</i>	<i>31</i>		<i>34 10</i>												<i>34 10</i>																									
			<i>334 40</i>												<i>8 85</i>	<i>343 28</i>																								

6

50339-4-12-16 2/4
to 38th Bn eff 16-1-17

Don R. 24005 24/1/16

Trans. 576 M&B 4/21/17. 20.41. 15/17

Casualty Form—Active Service.

Regiment or Corps 16th Can M. G. Coy.

Rank Pvt Surname Kilery Christian Name C

Religion Age on Enlistment years months

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

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

Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate

Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
		<i>Forfeits Field allowance and is placed under stoppage of pay at rate of 50 cents per diem whilst in Hosp.</i>			0.1643
		<i>from (3-9-17 to 13-11-17)</i>			P.50158
					af
13-11-17	OC 51 Genl	(72 days)	51 Genl	13-11-17	
13-11-17	6 Can Dep	Debility	6 C Depot	13-11-17	P.3034
16-11-17	14 C Depot	do	14 C Depot	16-11-17	P.3034-13915
15-11-17	6 C Depot	do	14 C Depot	15-11-17	do + B9383

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

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

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
25-12-17	146 Depot	Still a patient	146 Depot	25/12/17	L-KC4-17-73.
2-1-18	146 Depot	Disability to Staples		2-1-18	M3034-C6507
16-1-18	M. G Base	Arrived M. G Base barracks		27-12-17	B213.
12-1-18	M. G Base	Left to join Unit	Field	12-1-18	R.R.R. 178
19-1-18	OC Unit	Rejoined Unit	"	14-1-18	B213
16/3/18	OC Unit	Att'd to Engd	Field	14-3-18	B213
30-3-18	do	Returned to duty	"	29-3-18	B213
19-3-18	A.A.G.	Absorbed into 4th Batt'n Can Mach Gun Corps	"	19-3-18	(S) 290-286 Pg 043 d/13-18
30-11-18	OC Unit	Granted 14 days leave to U.K.		28-11-18	B213. P.T.O. 145. 20-12-18.
21/12/18		Returned from leave Proceeded to England		19/12/18 9/5/19	B213
		<i>J. Skelton</i>			
		Lieut. for Lt Col. A. A. G.			
		Section, G. H. Q. - 3rd, Ech.			
		<i>per A. J. Stainley</i>			
		OFFICER i/o RECORDS, "P" WING G. C. C. WITLEY.			
		S.O.S. O.M.F. TO G.A.F. PT. I. ORDER No. 6/4/19 DATED 6/4/19			
		H-M-T Olympic ARR'D HALIFAX JUNE 1918 S.O.S. O.M.F. TO G.A.F. PT. I. ORDER No. 6/4/19 DATED 6/4/19			
		Discharged..... Kingston, Pt. 2-Order/68			
		Major			
		O. C. Dispersal Area Station			

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

Casualty Form—Active Service.

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

250M.—1-16.

H. Q. 1772-39-920.

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

Regimental No. 25512 Rank Private Name Ellery Cecil

Enlisted (a) 25.11.15 Terms of Service (a) of W. Service reckons from (a) 25.11.15

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	<u>Embarked Canada</u>		<u>Halifax</u>	<u>24.7.16</u>	<u>Adjutant</u> ADJUTANT 109th Overseas Battalion, C. E. F.
	<u>Disembarked England.</u>		<u>Liverpool.</u>	<u>31.7.16.</u>	
<u>4-12-16</u>	<u>O.C. 109th.</u>	<u>Proceeded overseas for service with 38th.Btn.</u>	<u>Witley</u>	<u>4-12-16</u>	<u>D.O.Pt.11 339</u>

CERTIFIED CORRECT.
12 DEC. 1916
CAN. RECORDS, LONDON.

Adjutant
ADJUTANT
109th Overseas Battalion, C. E. F.

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

725512 Pte Ellery C.

512
24

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 A. 36, or other official documents.
Date	From whom received				
6 12 16	C.B.D.	TAKEN on STRENGHT 38 th Havre		6 12 16	N. R. P.I.O. 242 - 13-12-16
7 12 16	"	Left for Unit	FIELD	7 12 16	N. R.
16 12 16	Unit	Joined Unit	FIELD	9 12 16	B. 213. DCS. 69 - 31 12 31-12-16
19. 1. 17.	A.G. G.H.Q. File. OB-181-A-6884	S.O.S. on transfer to 16 th CAN. Machine Coy. 4 th Can. Div.	Field	1. 1. 17.	P.I.O. 412 - 6. 4. 17. A39-53 & 4. 1. 17. Com. Sec. KA-111-2806A.
19. 1. 17	A.G. 4 H Q	T on S. 16 th M Gun Coy.	Field	2. 1. 17	Ref file O.B/181-A-6884/ 4 Can. Divn. A39-53 of 4/1/17 Com. Sec. KA111/2806A P.I.O. 31 of 6/4/17
31-5-17	O.C. 16th C.M.G.Co.	Forfeits 2 days Pay for when on A.S. negligently, losing articles of Kit.	Field.	29-5-17	B.2069 P.II.O.d/II-6-17.
25-8-17	Oclimit	granted Leave of Absence		19-8-17 to 29-8-17	B213-150113 of 4/9/17
1-9-17	do	Returned from Leave	Field	30-8-17	B213-150117 of 10/9/17
1-9-17	11674	Gonorrhoea adm Trans	11674 23663	21-8-17 31-8-17	a36-4593
1-9-17	Oclimit	V.D.G to Hosp	Not Stated	31-8-17	B213 DCS 124 of 10/9/17
2-9-17	51 Gene	V.D.G adm	51 Gene	2-9-17	A3034-4803
1-9-17	23663	Gonorrhoea adm Trans	23663 17A Trans	31-8-17 1-9-17	a36-7687

Group 24

73-7-31

SHORT FORM.


D. A. #
O. G. #

WAR SERVICE BADGE.

PROCEEDINGS ON DISCHARGE.

CLASS "A" No. _____

(Demobilization.)

1. No. 725512	
2. Rank. pte.	War Service Badge Class. <u>A</u>
3. Name. ELLERY CECIL	No. 728988 Issued
4. Unit. 10th C.I.E.	
5. Date of Discharge 16-6-19	Place KINGSTON Ont
6. Reason for Discharge Demobilization	
<p>H-M-T Olympic SAILED S'EM'TON 6/6-19 ARR'D HALIF'X June 12 1919</p>	
7. Authority. R.O. 1420	
8. Proposed Residence after Discharge. FRELON FALLS G.P.O. ONT.	
<p>9. CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ? <u>B39</u></p> <p style="text-align: right;"><u>C. Ellery</u> Signature of Soldier.</p>	
<p>10. CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place.....</p> <p>Date.....</p> <p style="text-align: center;">  </p> <p style="text-align: right;"> <u>J. F. Hickey Lt.</u> Signature for O. C. Discharge (O. C. Discharging Unit.) </p>	

66

PROCEEDINGS ON DISCHARGE
Mobilization

1	Name	ELMER C. ...
2	Rank	Private
3	Company	1st ...
4	Regiment	...
5	Date of Discharge	...
6	Reason for Discharge	...
7	Remarks	...
8	Signature of Soldier	...
9	Signature of Officer	...
10	Confirmation	...

W.M.T. OUTLET
CALLED 5:15 PM FOR 010-10
W.D. HALL & JONES 10/11

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the underwritten time and date I received my discharge certificate.

CONFIRMATION

The discharge of the above named man is hereby confirmed.

LIST OF DISCHARGE DOCUMENTS

Medical Form W. 21	Discharge Certificate
Medical Form W. 22	Statement of Service
Medical Form W. 23 or A.R. 1. 122	Final Discharge Report
Medical Form W. 24 or A.R. 1. 123	Discharge Summary
Medical Form W. 25	Final Discharge Report
Medical Form W. 26	Statement of Service
Medical Form W. 27 or A.R. 1. 124	Final Discharge Report
Medical Form W. 28 or A.R. 1. 125	Statement of Service
Medical Form W. 29	Discharge Summary
Medical Form W. 30	Final Discharge Report
Medical Form W. 31	Statement of Service
Medical Form W. 32	Final Discharge Report

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

Group 13
 Unit No. *[Handwritten Signature]*
 Date 3/6/19

1. Triplicate Attestation Paper (M.F.W. 23),
Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 227).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.W. 39)
8. Discharge Certificate (M.F.W. 39a).
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (D.C. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2)
and Clothing | *Dup.*
12. Last Pay Certificate (P. 857).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

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

M. OR S.

REGT. No. *7255*

RANK *Pte.*

NAME (IN FULL)

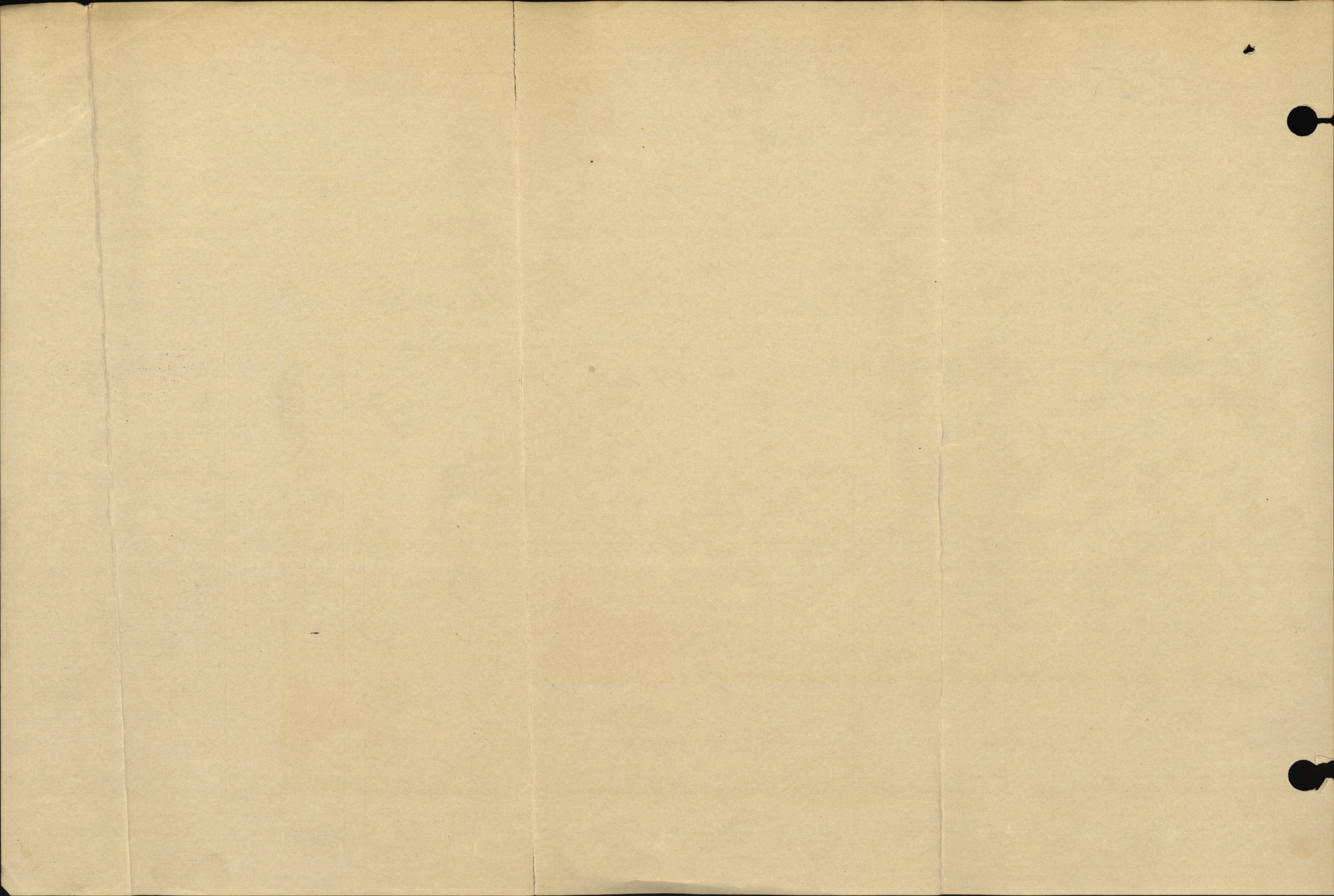
ELLERY, Cecil

NEXT OF KIN: _____
 RELATIONSHIP: _____
 ADDRESS: _____
 IS SEPARATION ALLOWANCE PAID? *- Nil -* DATE EFFECTIVE: _____
 TO WHOM PAID: _____
 RELATIONSHIP: _____
 ADDRESS: _____
 PARTICULARS: *Pte. Cecil Ellery, 9, John Ellery, Fenelon Falls, Ont.*
 EFFECTIVE DATE: _____
 AUTHORITY: _____

ORIGINAL UNIT C.E.F.: *109 & Co.*
 PLACE OF ATTESTATION: _____
 DATE OF ATTESTATION: *15-11-15*
 ASSIGNED PAY \$: *15.70*
 DATE EFFECTIVE: *1-10-16*
 PAYABLE TO: *Mrs. John Ellery, Fenelon Falls, Ont.*
 ADDRESS: _____
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE: _____
 EFFECTIVE: _____
 DISCHARGED: *16-6-19*
 PLACE: *Kingston*
 DATE: _____
 REASON: *Demob.*
 AUTHORITY: _____
 IF ENTITLED TO POST DISCHARGE PAY: _____

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT
<i>June</i>	<i>Y1</i>	<i>1.10</i>	<i>73.10</i>	<i>35.00</i> <i>70.00</i>	<i>454</i>	<i>454</i>		<i>2433</i>	<i>987</i>	<i>8344</i>	<i>1500</i>		<i>550</i>	<i>13264</i>	<i>550</i>	<i>550</i>	<i>454</i>	<i>Returned - Olympic</i> <i>Bul. per Eng. L. P. C.,</i> <i>Clothing Allow. and Ist. Payment W. S. G.</i> <i>Pay to Estimate dated at Kingston</i> <i>Overpaid 5 weeks on discharge.</i>
<i>War Service Gratuity</i>																		
			<i>183 days in line</i>	<i>420.00</i>	<i>420.00</i>						<i>70.00</i>		<i>550</i>	<i>70 - 350 -</i>			<i>105 days pay at 2.50 per day</i> <i>AR</i>	
											<i>64.50</i>			<i>140 - 280 -</i>			<i>942236 - July 10/19</i>	
											<i>70</i>			<i>210 - 210 -</i>			<i>960976 - Aug. 12/19</i>	
											<i>70</i>			<i>280 - 140 -</i>			<i>1311090 - Sept. 13/19</i>	
											<i>70</i>			<i>350 - 70 -</i>			<i>1322245 - Oct 10/19</i>	
											<i>70</i>			<i>420 -</i>			<i>1333267 - Nov. 13/19</i>	



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

E 1177

Oct 1, 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *7253-12*
 Rank *Pte* . Promoted Reverted Discharge
 Soldier's Name *C. Ellery*
 Battalion *109 Bn*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs John Ellery*
 Address *Fendon Falls Ont*
 Change of Address
 1
 2
 3
 4

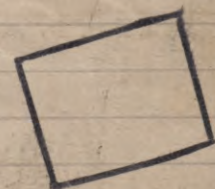
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec. 31</i>			<i>225</i>	<i>225</i> ✓	
<i>Jan 1918</i>	<i>66919 0</i>		<i>15</i>	<i>15</i> K	
<i>Feb</i>	<i>90193 7</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>130101 a</i>		<i>15</i>	<i>15</i>	
<i>Apr</i>	<i>9065 a</i>		<i>15</i>	<i>15</i> M	
<i>May</i>	<i>13794 R</i>		<i>15</i>	<i>15</i> M	
<i>June</i>	<i>24650 K</i>		<i>15</i>	<i>15</i> M	
<i>July</i>	<i>30600 D</i>		<i>15</i>	<i>15</i> M	
<i>Aug</i>	<i>39343 K</i>		<i>15</i>	<i>15</i> R	
<i>Sept</i>	<i>43268 R</i>		<i>15</i>	<i>15</i> R	
<i>Oct</i>	<i>53530 L</i>		<i>15</i>	<i>15</i> R	
<i>Nov</i>	<i>61682 K</i>		<i>15</i>	<i>15</i> R	
<i>Dec</i>	<i>62370 V</i>		<i>15</i>	<i>15</i>	
<i>1919</i>					
<i>Jan</i>	<i>64408 2</i>		<i>15</i>	<i>15</i> R	
<i>Feb</i>	<i>77084 u</i>		<i>15</i>	<i>15</i> R	
<i>Mar</i>	<i>90172 g</i>		<i>15</i>	<i>15</i> R	
APR	<i>1061 0</i>		<i>15</i>	<i>15</i>	
MAY	<i>6658</i>		<i>15</i>	<i>15</i> ✓	
III	<i>10629 R</i>		<i>15</i>	<i>15</i> ✓	
			<i>495</i>	<i>495</i>	

5432 621

M. F. W. 128
 400M-6-17-1772-33-141
 L. L. 22320-M. & D. 1933.

A/c Closed *30-6-19*
 Ret'd per... *Olympic*
 Date *12/19* M.F.W. 187 *20/19*
2nd 3 *128941*

AUDITED



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 400M-6-17-1772-89-1141
 L. L. 22320 -M. & D. 7593.