

MAR 18 1916

ATTESTATION PAPER.

No. 72112

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Fleming*
- 1a. What are your Christian names?..... *James*
- 1b. What is your present address?..... *Eden Station, RR #1 Digby Ont*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Dalton Tp. Victoria Co Ont*
- 3. What is the name of your next-of-kin?..... *Margella Fleming*
- 4. What is the address of your next-of-kin?..... *RR #1 Digby Ont*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
- 5. What is the date of your birth?..... *December 25<sup>th</sup> 1879*
- 6. What is your Trade or Calling?..... *Farming*
- 7. Are you married?..... *Yes*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?.. *No*  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the } *Yes*  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *James Fleming*, 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.

Date *MAR 18 1916* 191 . *James H Fleming* (Signature of Recruit)  
*Ed Hall* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Fleming*, 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.

Date *MAR 18 1916* 191 . *James H Fleming* (Signature of Recruit)  
*Ed Hall* (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 *Stoddville Ont* this *MAR 18 1916* day of 191 .

*Ruben W Thomas* (Signature of Justice)

# Description of James Fleming Enlistment.

Apparent Age 33 years ..... 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. 5 1/2 ins.  
 Chest measurement { Girth when fully expanded ..... 40 1/2 ins.  
                                   Range of expansion ..... 4 1/2 ins.  
 Complexion ..... Dark  
 Eyes ..... Brown  
 Hair ..... Black

*Several moles on back of left shoulder*  
*Scar on front of right thigh*

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

## CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date March 18<sup>th</sup> 1916.  
 Place Woodville Unit

*W. McCulloch* ..... Capt.  
 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.

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

Date MAR 18 1916 ..... 1916.

REGIMENTAL DOCUMENTS

NAME *Fleming James*

(7c) REGT. NO. *724112*

UNIT *109th. En.*

H. Q. FILE NO.



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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

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

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

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

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

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

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

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

1 MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

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

1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

1 LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

1 PARTICULARS OF CHARACTER (A.F.W. 3226)

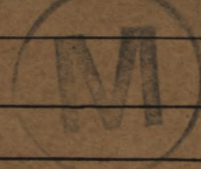
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*1 M. G. W. 192*

*1 M. G. W. 67*

*1 R. 122*

*2 cards*



*09673*

DEATH

Category

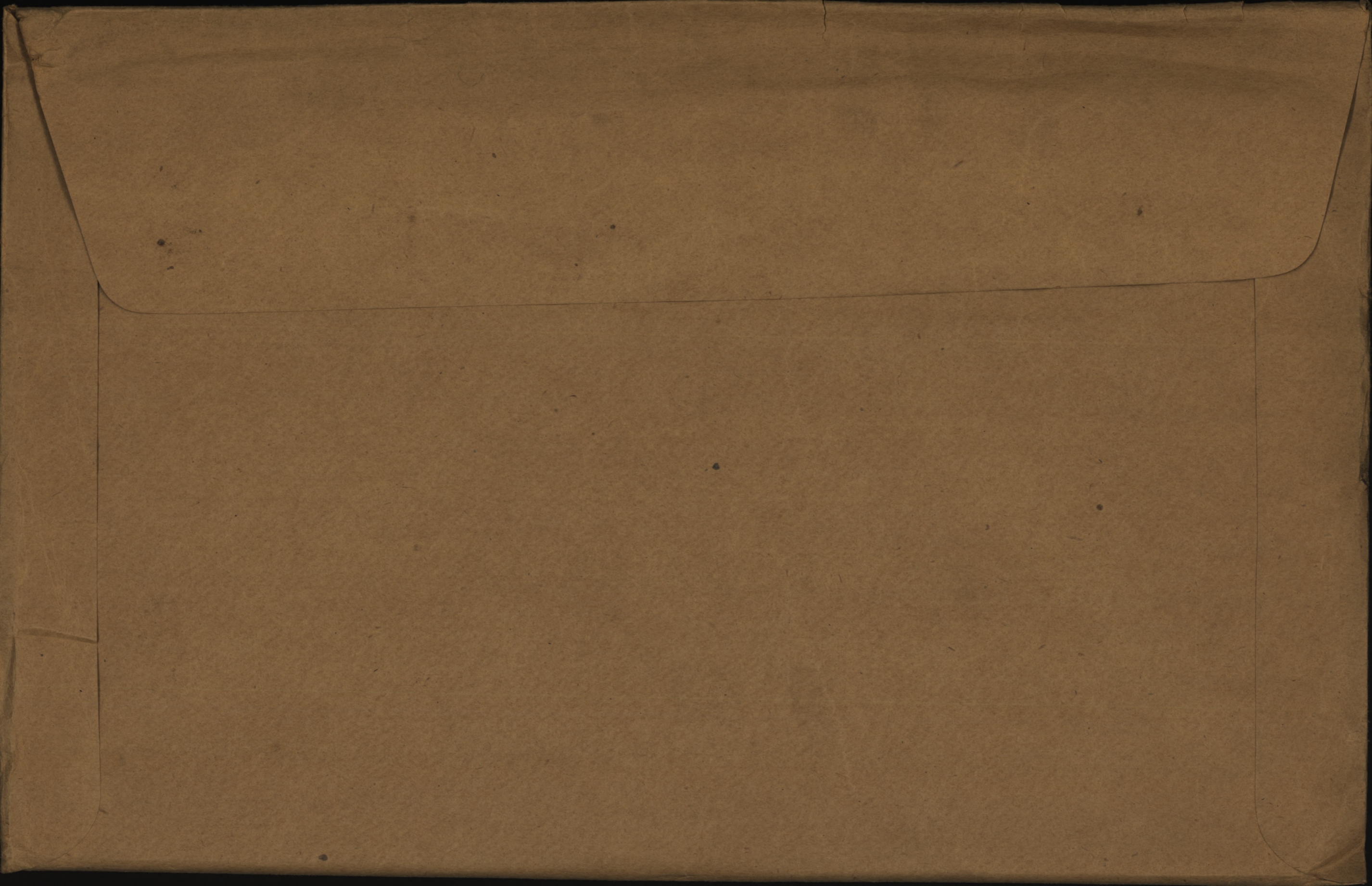
DISCHARGE

Category

*Warrant*

DESERTION

*4-25*  
*4-25*  
*12-25*



183578

JA-4

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

696.  
693

OTTAWA, CANADA.

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

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

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

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *James* ..... 2. Surname *Fleming*.....
3. Rank *Pte* ..... 4. Original Unit *109<sup>th</sup> Batta* ..... 5. Reg. No. *7264112*.....
6. Address, in full, to which future payments of gratuity are to be forwarded .....  
*Argyle No. 1. R.R. Ontario*
7. Date of enlistment in the C.E.F. .... *18. 3. 16.* ✓
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge .....  
*Ella Fleming*
9. Relationship of such dependent ..... *Wife*.....
10. Present address, in full, of such dependent ..... *Argyle, Ontario*.....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? ..... *No*.....
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—  
*109<sup>th</sup> Batta. 31. 7. 16. 5. 10. 16*
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? ..... *No*.....
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service ..... *No*.....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ..... *3 years + months*  
*109<sup>th</sup> Batta. 20<sup>th</sup> Batta*
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  
*24/7/19* ..... (b) Reason for discharge ... *Demob.* .....
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... *No.* .....
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit .....  
*20<sup>th</sup> Batta 6.10.16 - 28.11.17.* .....
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ... *No.* .....
- (b) If so, are you in receipt of full pay and allowances from that Department? ..... *No.* .....

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

Signature of Applicant: *J. Y. Leming*  
 Place of Residence: *Eldon Ontario*  
 Declared before me at: *Kingston Ont.*  
 This *24<sup>th</sup>* day of *July* 19*19*

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

*H. J. Rooney Capt.*

POST DISCHARGE PAY.			War Service Gratuity	Net amount due
Date paid	Paid Soldier	Paid Dependent		
.....	.....	.....	<i>✓</i>	
.....	.....	.....		
.....	.....	.....		

Certified Correct.

District Paymaster.

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 724112 (Rank) Private

Name (in full) FLEMING, James enlisted in  
the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Woodville, Ont. on the 18th  
day of March 19 16

HE served in Canada, England & FRANCE  
and is now discharged from the service by reason of On demobilization, B.O. 1894.

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

Age 39 years 7 months

Marks or Scars Nil

Height 5 feet 5 1/2 inches

Complexion Dark

Eyes Brown

Hair Black

*J. G. Fleming*  
Signature of Soldier

*W. C. [unclear]* Captain  
Issuing Officer  
O. C. Discharge Section  
No. 3 District Depot

Date of Discharge 24.7.19

Appointment

Signed at Kingston, Ont. this 24th day of July 19 19

in Military District No. 3

File Reference No. 3DD 3. B. 152.

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





THE FIRST BOOK

On the subject of the condition of the nation & the rights of the people  
The first part of the book is devoted to a description of the state of the  
country at the time of the Revolution & the progress of the war  
The second part contains a history of the Revolution & the establishment  
of the Constitution & the first years of the new government  
The third part is a history of the progress of the country since the  
Revolution & the present state of the nation

THE SECOND BOOK

THE THIRD BOOK

THE HISTORY OF THE UNITED STATES OF AMERICA

**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 **724112.**

(3) Full Name of Soldier **James Lorenzo Fleming.**

(4) Place of Birth **Dartmore Ontario Canada.**

(5) Are you married, or not? **Yes.**

(6) If married, state,

(a) Full name of your wife **Clara Ella Fleming.**

(b) Present Postal Address **R.R. # 1 Argyle Ontario Canada.**

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

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

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

Also their names and ages **Harval Gordon Fleming age 12 yrs.**

**James Harold Fleming age 10 yrs.**

**John Albert Fleming age 5 yrs.**

(9) Is your Father alive? Yes.

If so, state name and address John D. Fleming Dartmore Ontario Canada.

(10) Is your Mother alive? No.

If so, state name and address Nil.

(11) If your Mother is a widow Nil.

Are you her sole support, or not? Nil.

(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.

Nil.

(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.

My Wife.

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

Yes.

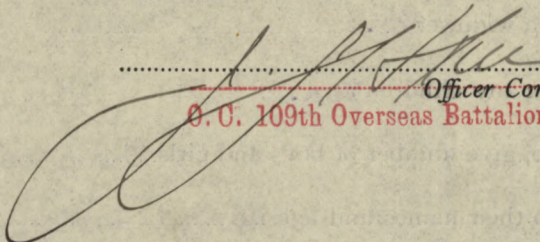
(15) Are you insured? Yes.

If so, in what Company? Manufacturers Life Assurance Co.

Have you made arrangements for payment of your Insurance premium Yes.

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

Date July 8, 1916.

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

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

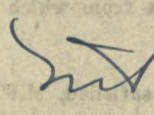
Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 724112 Rank Pvt Surname Y. Leming  
 (Give name in full)  
 Unit or Corps 2nd CC DP Birthplace Eastmore

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

1. GENERAL DESCRIPTION:

Physique good Weight 170 lbs. Height 5 ft 6 in. Colour of Eyes Brown  
 Nutrition good  
 Pulse good  
 Condition of arteries good  
 Vision Rt. 20/20 Left 20/20  
 Hearing (conversational voice) Rt. 25 ft.  
 Left 25 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)  


Opinion as to general health and physical condition Good

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

Nervous System no Genito Urinary System no Cardio-Vascular System no  
 Special Senses no Integumentary System no Respiratory System yes  
 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.

Assess 6/8/17.  
Disability. none at present

**EXAMINATIONS.**

**THIS SECTION FOR USE OVERSEAS—**

Examined at.....(Overseas)

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 Medical Board.)

**THIS SECTION FOR USE IN CANADA—**

Examined at.....(Canada)

Date *21/7/19* ..... Signed *J. F. Fleming* .....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 *J. F. Fleming* .....

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

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

**APPROVED**

*A. M. C.*  
Major ~~...~~ A. M. C.  
For D. M. S. No. 3

*21-7-19.*

[OVER]

ORIGINAL  
724/12  
MEDICAL HISTORY SHEET. ORIGINAL

Surname Fleming Christian Name James

Examined { on 18<sup>th</sup> day of March 1916  
 at Woodville Out  
 Birthplace { City or Town Dalton Tp  
 County Victoria Co Ont

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

Apparent age 33 years  
 Trade or occupation Farming  
 Height 5 Feet 3 1/2 Inches.  
 Weight 157 Lbs.  
 Chest measurement { Minimum 36 inches.  
 Maximum expansion 40 1/2 inches.  
 Physical development Good  
 Small-Pox Marks none

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

Vaccination Marks { Arm. Right None Left One  
 Number one

Date	Result	VACCINATIONS.
<u>18.3.16</u>	<u>nt</u>	<u>J McCulloch</u> M.O.
<u>17.4.16</u>	<u>ft</u>	<u>J McCulloch</u> M.O.
		M.O.

When Vaccinated last 18/3/16  
 (a) Marks indicating congenital peculiarities or previous disease none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18.3.16</u>	<u>had</u>	<u>J McCulloch</u> M.O.
<u>25.5.16</u>	<u>-</u>	<u>J McCulloch</u> M.O.
<u>4.6.16</u>	<u>-</u>	<u>J McCulloch</u> M.O.
<u>23.9.16</u>	<u>-</u>	<u>H. Boyd</u> do

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

Enlisted on 18<sup>th</sup> day of March 1916 at Woodville Out

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Bn. C.E.F.</u>	<u>724112</u>		<u>18.3.16.</u>
Transferred to.. ..	<u>21st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Barnesfield</u>	<u>21/7/19</u>	<u>nt.</u>	<u>at J Houston Capt Came.</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.





1706

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. 24112 Rank Private Name Stemming James  
C. E. F.

Enlisted (a) 18.3.16 Terms of Service (a) D of W. Service reckons from (a) 18.3.16

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

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

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

*Halifax  
Liverpool*

*24.7.16  
31.7.16*

*Capt.*  
**ADJUTANT**  
*109th Overseas Battalion, C. E. F.*  
D.O.Pt. 11 No. 279

Transferred for Overseas Service with 20<sup>th</sup> Battalion

OCT 5 1916

CERTIFIED CORRECT.  
8 OCT. 1916  
CAN. RECORDS, LONDON.

6/10/16	C B Dep	Arrd & taken on strength	20th Bn	6/10/16	NR
do	do	Left for	do	20/10/16	NR
27/10/16	20th Bn	Arrived	do	22/10/16	3213
8.5.17	4 C F A	Comptroller to hand (over)	adm	8.5.17	NR
15.5.17	3 Cdn Gen	Adm. L. 7 <sup>th</sup> Arm	4 Cdn Gen	15.5.17	NR
12.5.17	2 Cdn Gen	Adm. L. 2 <sup>nd</sup> Arm	3 Cdn Gen	10.5.17	NR
15.5.17	7 Cdn Gen	Adm. L. 7 <sup>th</sup> Arm	4 Cdn Gen	10.5.17	NR
3.6.17	2 2 <sup>nd</sup> Bn	A from Details	2 2 <sup>nd</sup> Bn	15.5.17	NR
6.6.17	—	Left for	2 2 <sup>nd</sup> Bn	3.6.17	NR
7.6.17	2 2 <sup>nd</sup> Bn	Arrived	—	6.6.17	NR
12.6.17	—	Left for	20 <sup>th</sup> Bn	4.6.17	NR
16.6.17	20 <sup>th</sup> Bn	Arrived	—	12.6.17	NR
17/7	20 <sup>th</sup> Bn	Taken on strength "A"	—	13/7	NR

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]



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. .... **724112** ... Rank **Cpl.** ..... Name **Fleming Jas.** .....  
C. E. F.

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

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

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

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

18-4-18	TOS from MHCC	posted to Leave and Furlough Section			
		16-8-18			H.Q. 124
27-9-18		posted to Cas.Co. Category "C"			H.Q. 163
15-12-18		promoted Cpl. with P.&.A. while employed at Cas.Co.			H.Q. 43
24-3-19		posted to Ad.Staff Dis. Area "H"			H.Q. 85
24-3-19		promoted to rank of Prov. Sgt. with P.&.A.			H.Q. 85
24-3-19		attached to Cas.Co. for rations and quarters			H.Q. 90
		ref. D.O. 85 promotion and attach delete and cancel			
		H.Q. 92. D.O. 85 should read <del>xxxxxx</del> to Ad. Staff			
		Details Co.			H.Q. 100
		Ref. D.O. 85 should read to be Cpl. with P.&.A.,			H.Q. 101
		Ref. D.O. 92 delete and cancel H.Q. 100			H.Q. 100

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

**T.O.S. Casualty Company No. 3 District Depot.**  
 for Disposal, Part Two D.O. ....

**LIEUT.**  
 for O.O. Casualty Co., 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, Shoehing Smith, etc., etc., also special qualifications in technical Corps duties.



TLH. Rank

Name

FLEMING, James. ✓

Reg'l No.

Unit 109th. Bn.

If in perm. Corps, }  
What Unit? }

Married or Single Married. ✓

Place and Date of Enlistment Woodville, Ont. Mar. 18th. 1916. Place of Birth Dalton Tp. Victoria Co. Ont. ✓

Name and Address, Next-of-Kin Mrs. <sup>1</sup>/<sub>2</sub> Ella Fleming, ✓

R.R. 1, Argyle, Ontario. ✓

Relationship Wife. ✓

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E R.B. No 14619

File R.L.

Category

banor

Discharge, Date and Place

Reason

Character

H. W. &amp; V., Ld.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2310 31-7-16					
5-10-16	109 <sup>1</sup> / <sub>2</sub> Bn	S.O.S. to 20 <sup>1</sup> / <sub>2</sub> Bn	Bramhall	5-10-16	Pt II. D.O. 279 ✓
11-10-16	20 <sup>1</sup> / <sub>2</sub> "	T.O.S. from 109 <sup>1</sup> / <sub>2</sub> "	Field	6-10-16	" II 55. Contusion
17.5.17	do	Adm <sup>3</sup> ban Gen Hpl	Boulogne	10.5.17	bas Rept A512 L arm W
25.5.17	do	" 4 Conval Pt	do	15.5.17	" " A519 do
8.6.17	do	dis <sup>3</sup> Large Rest camp	do	1-6-17	" " A530 do
22-11-17	125 CORP	T.O.S. on reporting from France Pt	W. Sling	21-11-17	Pt II D.O. 258 (D.O. 85 <sup>20th Dec</sup> 27-11-17)
28-11-17	✓	On Com. C.D.D. pending furlough Pt to Canada	✓	28-11-17	— 264
13-12-17	✓	Census to be att. 1st C.D.D. on furlough to Canada for 10 weeks from 7-12-17 to 15-2-18	✓	7-12-17	— 279

 A.F.B. 103 CUMMEX  
 17 OCT 1916

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.				
		Granted an extension of furlough for six months from 15-2-18 without pay			R.L. 30 <sup>d</sup> 14-2-18 Letter from A.G. Ottawa
17-2-18	1st CORD	Furlough to Canada extended for 6 months from 15-2-18	Rd. S'cliffe		D.O. 48
30-9-18	1CORD	Cease on Furlough to Canada having been retained there is			
30-9-18	"	So S —	Mc Witter	22-9-18	Pl 271

Pte Name Fleming James

M. F. W. 41  
1 OM-7-16  
1772-39 889

*E*

*Home*

✓  
L.P. C. No.  
F-1373

Regimental No. 724112

Name and address of next-of-kin

Unit 20th Battery

Argyle, Ont

Date of enlistment

Leave 7-12-17 to 15-2-18

Place of

"(See other side re al. Pa) Ext. to 15-8-18. (without pay)"

Married (yes or no)

Sa closed 31/10/18

Date and place discharged

Trans to 3rd Bn, CGR,

Amount of pay assigned monthly \$

20 closed 31/10/18

Reason for discharge

auth. HQ letter dated 6/8.

To whom payable

Character on discharge

"Own Expense" Justicia 19<sup>12</sup>/<sub>17</sub> Sailed 7<sup>12</sup>/<sub>17</sub> # 649-7-5299

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	No.	Date					
	<del>30<sup>11</sup>/<sub>17</sub></del>													<del>St of "A"</del>
	<del>6<sup>12</sup>/<sub>17</sub></del>													<del>Boston 5-12-17</del>
7 <sup>12</sup> / <sub>17</sub>	15 <sup>10</sup> / <sub>18</sub>	312	1 <sup>00</sup> / <sub></sub>	21300	312	10	2130.						9733	Eng. LPC.
													9579.	{leave without pay fr.
													19910.	16 <sup>2</sup> / <sub>18</sub> - 15 <sup>8</sup> / <sub>18</sub> @ 1 <sup>10</sup> / <sub></sub> da. "
								5680						Sub. 7 <sup>12</sup> / <sub>17</sub> - 15 <sup>2</sup> / <sub>18</sub> @ '80
								6000						ap. 13 <sup>18</sup> / <sub>18</sub> - 31 <sup>5</sup> / <sub>18</sub> chgd not pd.
														" 19 <sup>18</sup> / <sub>18</sub> - 31 <sup>10</sup> / <sub>18</sub> pd " chgd
										4000				
														br Bul. 32489 PA 28 <sup>18</sup> / <sub>18</sub>
								46110						LPC random 19 <sup>10</sup> / <sub>18</sub> v.
								46110						trans to Pms 3.

(AP charged on Eng LPC to 31-5-18)

Name .....

M. F. W. 41  
1 0M - '16  
1772-39 889.

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

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					

Particulars of ad:

\$20	fr	1/8/16	to	28/2/18	-	380.00
20	.	1/9/18	.	31/10/18	=	40.00

Total 420.00

Particulars of Sa:

\$20	fr	18/2/16	to	30/11/17	=	408.00
25	.	1/12/17	.	28/2/18	=	75.00
25	.	1/9/18	.	31/10/18	=	50.00

Total 533.00

payable to

Mrs Ella Fleming  
R.R. #1, Argyle, Ont.  
Eldon Station



MILITIA AND DEFENCE  
**ASSIGNED PAY**

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

Sheet No. 2. Mrs. Ella Fleming <sup>Wife</sup>  
 OVERSEAS CONTINGENTS  
**PAYMENTS.**

Name of Soldier Fleming, Jas  
 724112 Pte. "6 Coy" 109<sup>th</sup> Battr.

L. L. Job 310.-Req. 6374.

Month.	Year.	Cheque No.	Amt.	Remarks.
			\$ 20. <sup>00</sup>	AUG 1 1916
April	1916			
May				
June				
July				
Aug.		15892	20	
Sept.		B16270	20	
Oct.		B20692	20	
Nov.		527622	20	
Dec.		G 38314	20	
Jan.	1917	W33127	20	
Feb.		W40122	20	70P
March		X49257	20	20 Cu
April		Y 1818	20	20-Ch
May		D7944	20	
June		P 14871	20	20. S
July		W 24227	20	Pa
Aug.		E 29034	20	Lu
Sept.		E35771	20	D
Oct.		S41934	20	
Nov.		W47221	20	
Dec.		Z55485 Z 55484	20	Z 55484 Comm GR
Jan.	1918			1340
Feb.				
March				
April				
May				
June				
July				

SW3

①

300  
 30  
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MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

**PAYMENTS.**

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

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

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

To Whom *Mrs. Ella Alexing*

Address *R. R. #1*

*Argyle, Ont.*

*Eldon Station*

Rate *\$20.<sup>00</sup>*

**AUG 1 1916**

*Wife*

By Whom Assigned *Alexing, Jas.*

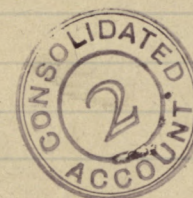
Regtl. No. *724112*

Rank *Pte.*

Corps *109<sup>th</sup> Batin. "C Coy"*

**PAYMENTS**

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



1977  
A

1978

1979

1980

1981  
A

18.2.16

MILITIA AND DEFENCE

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

## SEPARATION ALLOWANCE

Name Ella FlemingName of Soldier Fleming JamesAddress RR No 1.Regtl. No. 724172Argyle, Ont.  
(Eldon Station)Rank PteCorps 109 Bn

Relation to Soldier

To what Corps belonging

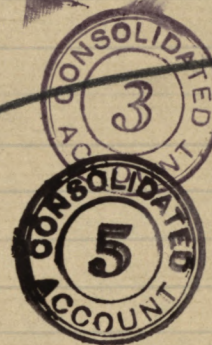
wife, child or mother

(wife)

when called out

## PAYMENTS

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



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## SEPARATION ALLOWANCE

Sheet No. 2.

Ella Fleming, (wife)  
PAYMENTS.

Name of Soldier

Fleming, James.  
*pte*

L. L. Job 95618-M. &amp; D. 6555.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	12038	28	28
May		<del>6211</del>	20	20
June		79152	20	20
July		W9555	20	20
Aug.		R12987	20	20
Sept.		S15782	20	20
Oct.		J17654	20	20
Nov.		O22533	20	20
Dec.		O35434	20	20
Jan.	1917	28484	20	20
Feb.		P31765	20	20
March		O37701	20	20
April		P767	20	20
May		P4118	20	20
June		67483	20	20
July		X10765	20	20
Aug.		X13505	20	TX 13505 remailed R.R. Aug 6 0.39.17174
Sept.		W16865	20	B
Oct.		D21681	20	hd
Nov.		X22502	20	m
Dec.		L26527	20	hd
Jan.	1918			428
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

**PAYMENTS.**

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



\*Name *Flemming James* Rank *Pvt* Regtl. No. *724112*  
 Original unit *109<sup>th</sup> Bn* Present unit *30<sup>th</sup> Bn* M. or S. Age *39* Religion *Pro* Fyle Depot *3-F-151*  
 Ref. H.Q. *85-F-62*  
 Port, ship, and date of arrival *New York, Justitia, 20 December 1918*  
 Next of kin *(Wife) R. A. Fleming, R. A. No. 1, Argyle St.*  
 Address on leave *301 Argyle St. (Leaves expired 15-11-1918)*  
 Address on discharge *(Leave Extended 20 Sept. 1918.)*  
 Transportation issued Yes No Date..... Character on discharge.....  
 Previous occupation *Farmer* Date and place of enlistment *Lindsay, Ont 18 March, 16*  
 Diagnosis *Effects of gas (France) (cat. 61.)* Date of Medical Boards *19<sup>th</sup> Aug. 1918*

Date.	Remarks	Pt. 2 Order No.
<i>11-8-18</i>	<i>T.O.S. Leave and Furlough Sect 3 D.D. 18/8/18</i>	<i><del>108</del> 108</i>
<i>27-9-18</i>	<i>S.O.S. Leave and Furlough Sect 3 D.D. 27/9/18</i>	<i>148</i>
<i>28-9-18</i>	<i>T.O.S. from <del>27-9-18</del> 27-9-18 Sect 279-18</i>	<i>cc 163</i>

Date.

Remarks.

Pt. 2 Order No.

24-7-19 POP Des on Spec. RO-1594 Kingston D.A. 206

Surname Fleming. Christian Name or Names J. Reg. No. 724112.  
Rank Pte. Unit 20th. Bn. Co. Troop Batty.  
Hospital 3 Can Gen. Boulogne. Date of Admission 10-<sup>5</sup>-17.

Transferred

7. Comd. Depot. Boulogne

Hosp. 15-5-17  
Hosp.  
Hosp.

Diagnosis

Cont. lt. arm. *jt*

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

Additional Diagnosis: if more than one state present

DISPOSITION

Date

REMARKS

C.I. 17-5-17. A.512.  
CK 25-5-14 @ 519  
7.6.17 A530. see 3 Large Rest Camp. 1.6.17

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.

SURNAME.

*Fleming*

CARD NO. ✓

CHRISTIAN NAMES

*James*

803. 21. 7. 1906  
00 206. 25. 7. 19  
300

REGL. No.

*72412*

RANK

*Pte*

UNIT

*109th*

*Batt.*

FORMER CORPS

*Nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Fleming, Mrs. Ella*

RELATIONSHIP TO SOLDIER

*Wife*

ADDRESS

*R.R. No. 1, Argyle, Ont.*

COUNTRY OF BIRTH

*Canada, Dalton Ont.*

DATE

*Dec. 25<sup>th</sup> 1879*

PLACE OF ATTESTATION

*Woodville, Ont.*

DATE

*Mar. 18<sup>th</sup> 1916*

*o/s 23. 4. 16.  $\frac{488}{13}$*

MARRIED *yes*

SINGLE

WIDOWER

TRADE OR CALLING

*farming*

RELIGION

*Presbyterian*

DESCRIPTION.

APPARENT AGE

*35* YEARS

MONTHS

HEIGHT

*5* FEET

*5 1/2* INCHES

CHEST MEASUREMENT

*40 1/2* INCHES

EXPANSION

*4 1/2* INCHES

COMPLEXION

*dark*

EYES

*brown*

HAIR

*black*

DISTINGUISHING MARKS

*Several moles on back of  
lt. shoulder. Scar on front of rt.  
thigh.*

MEDICAL EXAMINATION.

PLACE

*Stoodville, Ont.*

DATE

*Mar. 18<sup>th</sup> 1916*

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

No. 724112 RANK *Plt*

NAME *Fleming, James*

T. O. S. 18-3-16

UNIT

*109th. Battalion*

*D.O. 106.23-3-16*

M. D. *13*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG OR REC'T	PARTICULARS	AUTHORITY
<i>1916 Mar 18</i>	<i>1916 Mar. 31</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





*yes*  
*WOLF*

Number

*724 112*

Rank

*Pvt.*

Surname

*FLEMING*

Christian Name

*James*

Units

*2045 Cent Theatre of War France*

Date of Service

*6/10/16*

Remarks

Latest Address

*P.P. #1 Argyle Ont.*

Roll No.

*B Page 17464*

200m.-2-21.M.



Next of kin \_\_\_\_\_

Address on leave \_\_\_\_\_

Address on discharge \_\_\_\_\_

Transportation issued  Yes  No Date \_\_\_\_\_ Character on discharge \_\_\_\_\_

Previous occupation \_\_\_\_\_ Date and place of enlistment \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Medical Boards \_\_\_\_\_

Date	Remarks

DESP OCT 10 1922  
REGN. 1112946

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





REGT'L. No. 724112

H. Q. FILE No. 649

NAME

Fleming James

RANK AND CORPS

Pte 20<sup>th</sup> Bn <sup>four</sup> 109<sup>th</sup> Bn

FOLLOWS

No.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

M4624

17-5-17

Adm 3 Can Gen Hosp Boulogne May 10<sup>th</sup>

1917 Contusions ✓

Sailed from Liverpool for Canada per  
S.S. "Justicia" Dec 7/17. (M. D. 3)

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 512	3 Can Gen Boulogne	10-5-17	Contusion L arm W
a 519	4 <sup>th</sup> Com. Depot "	15-5-17	" " " 21-6-17
a 530	Disch. to 3 Large Rest Camps.	1-6-17	" " " 30-6-17.

MARRIED OR SINGLE *Married*

PLACE OF BIRTH *Salton Twp Ont*

NAME AND ADDRESS OF NEXT OF KIN *Ella Fleming  
Argyle, Ontario, Can*

RELATIONSHIP OF NEXT OF KIN *Wife*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, & C.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

REG'L No. *724112* RANK *Pte* NAME *Fleming James*

IF IN PERMT. CORPS | WHAT UNIT UNIT *109<sup>th</sup> Bn* TRANSFERRED TO *20<sup>th</sup> Bn* DATE *6/10/16* AUTHORITY *S.O. 279*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *1<sup>st</sup> Bn* DATE *1/1/18* AUTHORITY *80258-22 1/2*

PLACE OF ATTESTATION *Woodville Ont* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *Mar 8<sup>th</sup> 1916* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *20<sup>00</sup>* DATE EFFECTIVE *Aug. 1<sup>st</sup> 1916*

PAYABLE TO *Ella Fleming Argyle Ont* RELATIONSHIP *Wife*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ADMISSIONS TO HOSPITAL, & C.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY *Sanbough Canada 30/1/17*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *26.27.727. 12/1/17*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

*Balance 6 months without pay 5/1/18*

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							
July 31											10 10	10 10																				
Aug 31	31	1 <sup>00</sup>	31	31	10	310						3410	22	956						974		20			2974	1446						
Sept 30		30				3						33	53	31-6-16						2431	730	20			2973	1773						
Check Newton Oct 1-5	5					50						550										20			20	323X				S.O. 279 Trans 20/1/17		
Nov 30	26	1	26	26	10	260						2860													923	2460						
Dec 31	31		31	31	10	310						3300	1311	3/10/16						2621		20			2262	3298						
1917			1530			1530						3410	1572	1/1/17						1133		20			31	3335	75					
Jan 31	15		3410									3410										20			2262	4723						
Feb 28	28		3080								10 10	3080								262		20			2262	5511						
Mar 31	31		3210									3210	174	7/1/17						573		20			3045	5906						
Apr 30	30		33									33										20			20	7206						
May 31	31		3410									3410	72	3/1/17						262		20			2523	8093						
			33440								10 10	34450								3658	1252	1445	200		263	57	8093					

724112 Pte Fleming J.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	C.						\$	C.	No.	DATE	No.	DATE												
			33	40					10	10	34	50			36	58	12	54	14	45	200.		263	57	80	93.	
June 30	1 <sup>00</sup>	33.						33.					127	13	15						20.		22	68	91	25	
July 31		34.	10					34	10	275	2/6				2	68					20.		22	68	102	67	
Aug 31		34	10					34	10												20		20		116	77	
Sept 30		33						33		41	30	540	30		267	✓	267	✓			20		35	16	114	61	
Oct 31		468	60					468	60	10	10	478	70		44	61	17	89	21	59	280		364	09			
MONTH PARTICULARS		CR. 1	CR. 2	PARTICULARS				DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SERIALIZED PAY													

Sept 30 Balance	444	61									114	61															
Oct P Pay	34	10									20	128	71														
Nov. P Pay	33	00									20																
Dec. P Pay	34	10						26	77		20	129	04														
Jan		67	10								40																
Feb		34	10								20																
Mar		34	10								20																
		30	80								20																
		30	80								20																
		34	10								20																
		34	10								20																
											20																

*over credited 13 days in Feb 31 days in Mar = 44 days @ 1.25 per day furlough in Canada without pay from 16-2-18 130.00 - 14.25 = 115.75*  
 48 40  
 48 00

55 40  
 22 00  
 33 40  
 110 80  
 110 80

Jan 16 to Aug 15 / 18 pay to be for all mens other sides  
 Carried Forward to Ledger sheet

Furlough to Canada 30/11/19  
 Duly a/c 26 27 727 12/11/19 Allow  
 Bal. as pay stat. @ 30/11/19 \$104.49 Credit



ASSIGNED PAY. ~~ENGLAND~~ OR CANADA.

SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME:- FLEMING James

EFFECTIVE DATE:- 1. 8. 16

EFFECTIVE DATE:-

NUMBER:- 724112

AMOUNT:- ~~20.00~~

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

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.

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

Ella Fleming (Wife)

Pte

Argyle Out  
Stopped Jeff 16-18 fine mtdy retention of furlough in Canada dist out pay

Restore A.P. on soldier's return to unit

A 3 M. FORM REN'S Stopped... EFFER 1/8/18  
DISCHARGED TO Canada DATE 4/12/17  
PAY BOOK VERIFIED (In Canada)  
Bilt 9579 L.P.C. REN'R 23/9/18  
AUTHY Ottawa Cable 15019 14/9/18  
Checked by Purley J.C.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109 Bn

DATE ACCOUNT FIRST OPENED:- 1. 8. 16

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F'D UNIT TRANSFERRED TO

1. 10. 18 27/10/18 N.E. 10 Cor

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
7/11/16	1369	Freid	2 62				
14/12/16	1504	✓	5 23				
27/1/17	1652	✓	2 61				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY PAY F.A. P.F.A. SUBS'CE ALL'CE

1 00 10

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharge Canada 20/4/18 Ottawa Cable 15019 14/9/18 Retained

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March 31	Blec Forward								22 31		
Apr	Shes Pay	-	-	ban A.P.				20	231		
May		-	-	Brought ban A.P. to				20	17 69		
June								20			
Sept. 1918.				Pay & A. debited back to acct of Discharge 4/12/17		78 10			95 79		
Oct	Part #2513. band back of								95 79		



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

REGT. No. *424112* RANK *Cpl Fleming* NAME (IN FULL) *Fleming J*

M. OR S. \_\_\_\_\_

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS		<i>Prom. to Cpl</i>	<i>15-12-18</i>	<i>100. #3</i>	<i>109th Bn</i>	
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE					
TO WHOM PAID <i>yes.</i>	<i>1-1-19</i>					
ADDRESS	RELATIONSHIP					
<i>Mrs Ella Fleming</i>		<i>Promoted Sgt 24-3-19. 6085</i>				
<i>Argyle</i>		<i>Promotion to Sgt Canceled 50.92. 2-4-19</i>				
<i>Ont.</i>		<i>Cpl. J. Fleming</i>				
		<i>R.R.#1</i>				
		<i>Argyle</i>				
		<i>Ont.</i>				
DISCHARGED	PLACE	DATE	REASON	AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY	
	<i>Kingsston</i>	<i>24-7-19</i>				

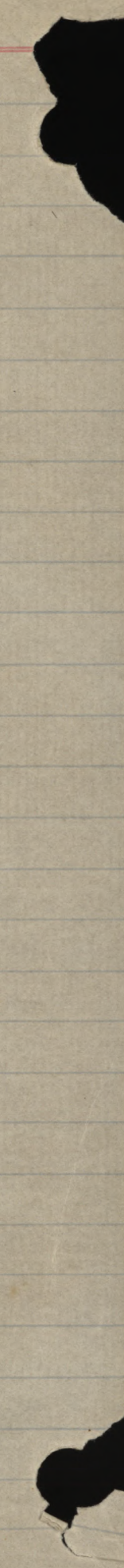
MONTH	PAY AND F.A.			OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS					ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT		\$ C.		\$ C.		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$		C.
			\$	C.	\$	C.	\$	C.	\$	C.	No.	Date	No.	Date	No.	Date	\$	C.	\$	C.	\$	C.	\$	C.	\$		C.
1919																											
<i>4/1/19</i>																											
<i>Jan</i>	<i>31</i>	<i>120</i>	<i>37.20</i>	<i>1.40</i>	<i>30</i>	<i>68.90</i>	<i>1.84</i>	<i>31.08</i>	<i>1856</i>	<i>10</i>	<i>8.90</i>	<i>50</i>									<i>68.90</i>						<i>40.3. Prom. to Cpl 15-12-18. D.O. 92 Canceled 150.85 Re Regt #58.90 Eff. 1/1/19 by Cpl. J. Fleming</i>
<i>Feb.</i>	<i>28</i>	<i>120</i>	<i>33.60</i>		<i>30</i>	<i>63.60</i>	<i>4.52</i>	<i>4.08</i>	<i>4089</i>	<i>5</i>	<i>8.60</i>	<i>50</i>									<i>63.60</i>						<i>#6610. 7528. #6773</i>
<i>1-3-19</i>	<i>31</i>	<i>"</i>	<i>37.20</i>	<i>1.80</i>	<i>30</i>	<i>69</i>				<i>8</i>	<i>11</i>	<i>50</i>									<i>69</i>						
<i>Apr</i>	<i>30</i>	<i>120</i>	<i>36</i>		<i>30</i>	<i>66</i>				<i>15</i>		<i>50</i>					<i>1.80</i>				<i>66.80</i>	<i>80</i>					<i>9613</i>
<i>May</i>	<i>31</i>	<i>"</i>	<i>37.20</i>		<i>20</i>	<i>67.20</i>				<i>10</i>	<i>6.40</i>	<i>50</i>									<i>66.40</i>						<i>9777 28130. 28240</i>
<i>June</i>	<i>30</i>	<i>"</i>	<i>36</i>		<i>20</i>	<i>66</i>				<i>10</i>	<i>6</i>	<i>50</i>									<i>66</i>						<i>23338 28624 23762 28989 275478</i>
<i>July</i>	<i>24</i>	<i>"</i>	<i>28.80</i>	<i>20</i>	<i>20</i>	<i>93.80</i>				<i>4280</i>		<i>50</i>									<i>99.80</i>	<i>6</i>	<i>SA</i>				<i>277603</i>

193 days min		Wsh Sta		Wsh Sta		Wsh Sta	
<i>470.00</i>	<i>180.00</i>	<i>600.00</i>	<i>6</i>	<i>70</i>	<i>24</i>	<i>100</i>	<i>350</i>
			<i>70</i>	<i>30</i>	<i>200</i>	<i>280</i>	<i>120</i>
			<i>70</i>	<i>30</i>	<i>300</i>	<i>210</i>	<i>90</i>
			<i>70</i>	<i>30</i>	<i>400</i>	<i>140</i>	<i>60</i>
			<i>70</i>	<i>30</i>	<i>500</i>	<i>70</i>	<i>30</i>
			<i>70</i>	<i>30</i>	<i>600</i>		

*Washburn Enlist*  
*Wsh Sta*  
*Wsh Sta*  
*Wsh Sta*  
*Wsh Sta*

*277603 277604*  
*1298222-3- Aug. 22/19.*  
*1319212-13 Sept. 20/19*  
*1327059-60 Oct 18/19.*  
*1337256-57- Nov. 24/19*  
*185149-80 DEC 1 1919*

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		NO.	DATE	CCL. NO. 1		CCL. NO. 2		CCL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3		PAY		CHARGES			DEBIT		CREDIT		
			\$	C.			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.	\$	C.	\$
							NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.	\$	C.	\$



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

18-3-16

Separation and Assigned Pay Branch

F 7025

Aug 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25		
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1-12-17  
P.C. - 3257.

RATE OF ASSIGNMENT

20			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 724112  
 Rank Pte. Promoted Reverted Discharge  
 Soldier's Name Jas. Fleming  
 Battalion 109 Battr. C. Co.  
 Beneficiary Ella Fleming  
 Relationship Wife  
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Ella Fleming Wife  
 Address R. R. #1 Argyle, Ont. Eldon Station  
 Change of Address  
 1  
 2  
 3  
 4

121278  
SK.

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31 1917	N. 68071	428	340	768	soldier returned to Canada granted furlough to 15-2-18
		<del>30</del>	<del>20</del>	<del>50</del>	P. Cancelled A/c Closed 31-12-17
		XX	XX	XX	Ret'd per Justice
Jan 21	68743	5	X	5	Date 7-12-17 F. X. 6-1-18
Mar 20	80197	50	40	90	Clerk R.S.
		483	380	863	
Oct 21	1650	50	40	90	

File 6096-J-32  
 8315 19/10/18  
 m. R. O. N. S. 15548  
 F. X. rendered 28/2/18. H. Q. 649-F-5299  
 Sata P. Acct. re-opened 1-9-18 Auth. - Cambon 17-10-18  
 To adjust Sata P. from 1-1-18 to 28-2-18 as account was closed 31-12-17 in error as soldier who returned to Canada was granted furlough to 15-2-18 as per Casualty of m. f. 7-3-18 Ja. 13-3-18  
 account now closed 28-2-18 as per to P. m. h. 26-1-18  
 Amended F. X. sent 13-3-18 Ja. acct. closed 31-10-18 m. R. O. 15549-D.



M. F. W. 128  
 4000-6-17-172-38-1141  
 L. L. 22320-M. & D. 7888.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

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
------	------------	------------	------------	-------	---------

M. F. W. 128  
4000-6-17-1772-39-141  
L. L. 2220-M. & D. 7383.

# 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 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."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. 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.
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 8, 9 and 10 be communicated to the soldier, 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, Ont. DATE 19-3-18.

1. 1 (a) Unit 20th Bn. C.F. Regimental No. 724112. (c) Rank Pte.  
 (d) Surname Fleming. (e) Christian name James.  
 2. Age last birthday 39. Date of birth 25-12-1881.  
 3. Enlisted at Woodville, Ont. on 18-3-16.

#### 4. Personal description:—

- (a) Height 5' 7". (b) Weight 135. (c) Complexion Fair.  
 (d) Colour of hair Brown. (e) Colour of eyes Brown. (f) Identification marks  
G.S.W. left arm.

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

Argyle Ont.

#### 6. Former trade or occupation Farmer.

#### 7. (a) Service

Years

Days

#### PERIODS

From

To

109th Batt. C.F.F.

20th Batt. C.F.F.

18-3-16.

Oct. 1-16.

Oct. 1-16.

Date.

- (b) Has he been overseas? France. 8. Original disease or disability Effects of gas.

- (a) Date of origin 6-8-17. (b) Place of origin Lens France.

- (c) Cause\* Gas shell.

- (d) Present disease or disability After effects of gas.

#### 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** - Man complains of decided dyspnoea on moderate exertion (if he walks quickly). Also dyspnoea and severe coughing if exposed to dust; condition is much worse in damp weather. Has a good deal of coughing with free expectoration. Man vomits every few days usually after breakfast. Man feels decidedly weaker and less able for hard work than

**M. F. B. 227.** before gassing.

9. Present condition.—(Continued.)

OBJECTIVE - On inspection chest was seen to expand poorly measurement proved that extreme range of expansion was 1 1/2". After man had been sitting still for 1/2 hour respirations were 20 per min. 10 sec. double marking time raised this to 28 per min with breathing labored and abdominal breathing marked. This was more severe dyspnoea than one would expect from man's appearance as he was muscular and appeared fairly well nourished. Auscultation showed a few crepitations over upper right lobe in front. No other objective symptoms of lung condition. Pulse rate after man had been sitting 1/2 hour was 96, 10 sec. double mark time raised it to 120. It returned to 96 in 4 1/2 min.

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

Nervous..... see below Digestive..... see above Respiratory..... see above Cardiac..... see above Genito-Urinary..... see below Skin, Middle Ear, Eye or any other part..... yes.

Man gives the impression of one who had been under prolonged strain. He seems somewhat apathetic and dull (not mentally). Urinalysis Queen's Laboratory 17-5-18 shows a trace of albumin but no other abnormal condition.

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

Man was exposed to severe gassing by gas shell at Lens France 6-8-17.

(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.

Wound left forearm 8-5-17 at Arras No disability.

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

Due to service.

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?.....

Likely permanent.

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

Was treated for gassing in field.



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? Yes.

(If not, briefly state why.)

17. Recommendations

Category C1.

Handwritten signature of medical officer

Capt. J. W. ...

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, 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...

Handwritten signature of soldier

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, (b) Service abroad, not general service, (c) Home service, (Canada only), (d) Temporarily unfit, (e) Unfit for service in Categories A, B and C, (Category A) (Yes or No), ( " B) (Yes or No), ( " C) (Yes or No), ( " D) (Yes or No), ( " E) (Yes or 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 C1. 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.

H. Meebold M.D. Lt. AMC, President.

D.A. Coon Capt. AMC. Members.

PLACE... Kingston, Ont.

DATE... 19-8-18.

APPROVED BY

M. C. ... Captain A. M. C. Assistant Director of Medical Services.

APPROVED BY

Director-General of Medical Services.

DATE AUG. 21 1918

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

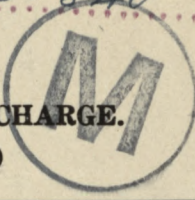
I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

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.

OPINION OF THE MEDICAL BOARD

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

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)



*13-10-44*

1. No. **724112.**

2. Rank **Private.**

3. Name **FLEMING, James.**

4. Unit **No. 3 District Depot.**

5. Date of Discharge **24.7.19.** Place **Kingston, Ont.**

6. Reason for Discharge **On Demobilization.**

7. Authority **R. O. 1894.**

8. Proposed Residence after Discharge *Argyle Ont. RR #1*

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. ? **39**

*J Fleming*

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place **Kingston, Ont.**

Date **24.7.19.**

Signature

*W. R. ...* Captain  
(O.C. Discharging Unit.)  
**O. C. Discharge Section**  
**No. 3 District Depot**

**PROCEEDINGS ON DISCHARGE**  
 (Demobilization)  
**STANDARD SHORT FORM**

1	No.	75412
2	Rank	Private
3	Name	WILLIAMS, James
4	Unit	3rd Battalion, 1st Infantry Division
5	Date of Discharge	30.7.10.
6	Reason for Discharge	OR DEMOBILIZATION
7	Authority	R. 1304
8	Proposed Residence after Discharge	Griffiths Road, Brixton, S.W. 2
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. 2 39	
	Signature of Soldier	
10	CONFIRMATION	
	The discharge of the above named man is hereby confirmed	
	Place	Brixton, S.W. 2
	Date	30.7.10.
	Signature	

M. F. W. 2 39  
 (Discharge Unit)  
 M. F. W. 2 39

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate	Military Form W. 23
or Particulars of Recruit	Military Form W. 133
Field Conduct Sheet	Military Form W. 178 or A.F.H. 122
Casualty Form	Military Form W. 54 or A.F.H. 108
Last Pay Certificate	Military Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Medical Form E. 313 or A.F.H. 178
Proceedings of Medical Board	Medical Form A.F.H. 179 or A.F.A. 45
Dental History Sheet	Medical Form D. 465
Medical Report	Medical Form W. 120 or D.M.S. 1375
Regimental Conduct Sheet	Medical Form B. 263
Company Conduct Sheet	Medical Form B. 263A

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Attestation Paper, Triplicate .....	Militia Form W. 23
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Casualty Form .....	Militia Form W. 54 or A.F.B. 103
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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