

ATTESTATION PAPER.

No. 725517

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

DUPLICATE

- 1. What is your name?..... Alfred Kelley
- 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 Evelyn Kelley
- 4. What is the address of your next-of-kin?..... Fenelon Falls Ont.
- 5. What is the date of your birth?..... 1st May 1895
- 6. What is your Trade or Calling?..... Carpenter
- 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

Alfred Kelley (Signature of Man.)
 W. Bissonnette (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Alfred Kelley, 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.

Alfred Kelley (Signature of Recruit)
 W. Bissonnette (Signature of Witness)
 Date November 15th 1915

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alfred Kelley, 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.

Alfred Kelley (Signature of Recruit)
 W. 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 Arthur (Signature of Justice)

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

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

Description of Alfred Kelley on Enlistment.

Apparent Age 20 years 6 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.

None

Chest measurement { Girth when fully expanded 36 3/4 ins.
 Range of expansion 3 3/4 ins.

Complexion Dark

Eyes Grey

Hair Dark Brown

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

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 15 1915

Place Fenelon Falls

J. M. Culloch 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.

Alfred Kelley 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. E. 109th Overseas Battalion, C. E. F.

Date JAN 12 1916 1916

ATTESTATION PAPER.

No. 725517

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	Kelley,	(ANSWERS.)
1. What is your surname?.....	Alfred.	
1a. What are your Christian names?.....	515 Albert St, Kingston, Ont.	
1b. What is your present address?.....	Fenelon Falls (Victoria & Haliburton)	
2. In what Town, Township or Parish, and in what Country were you born?.....	Nellie Kelley	
3. What is the name of your next-of-kin?.....	515 Albert St, Kingston, Ont.	
4. What is the address of your next-of-kin?.....	Wife	
4a. What is the relationship of your next-of-kin?.....	May last, 1894	
5. What is the date of your birth?.....	Chaffeur	
6. What is your Trade or Calling?.....	Yes	
7. Are you married?.....	Yes	
8. Are you willing to be vaccinated or re-vaccinated and inoculated?.....	No	
9. Do you now belong to the Active Militia?.....	109 Battalion (2 yrs 8 months)	
10. Have you ever served in any Military Force?..... <small>If so, state particulars of former Service.</small>	Yes	
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	
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? ..	Pleurisy	
14. If so, what was the nature of the disability? ..	No	
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	Nil.	
16. If so, what was the reason?.....		

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

Alfred Kelley

I,, 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.

June 23rd 1919. *Alfred Kelley* (Signature of Recruit)
Date.....1919. *John V.* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

Alfred Kelley

I,, 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.

June 23rd 1919. *Alfred Kelley* (Signature of Recruit)
Date.....1919. *John V.* (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

Kingston, Ont. 23rd June 1919.
before me, at.....this.....day of.....1919.

Chas. G. Smith (Signature of Justice)

Description of Alfred Kelley on Enlistment.

Apparent Age 1 25 years 2 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 ins.

Chest measure - mens. { Girth when fully expanded ins.
 { Range of expansion ins.

Complexion Medium

Eyes Hazel

Hair Dark

Religious denominations. { Church of England C. of E.
 { 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 June 23rd, 191 9. Haugm Capt.

Place Kingston, Ont. A.M.C. Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Alfred Kelley 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.

Chas Gaskett (Signature of Officer)

Date June 23rd, 191 9. Lieut. Officer Commanding,
No. 3 C.A.S.C. Service Co., M. D. 3.

2nd Ind.

1st Ind.

H. O. No. 649, N. 2913
H. O. No.

DISCHARGE DOCUMENTS

M

Name ~~KELLEY~~ ~~Kelly~~ Alfred
Regt. No. 72557 Rank Pte
Corps 109th Pan

(1) med unfit
(2) Med. Unfit

20

02811

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

1 27B 122

paye
+ Card

1 M 4 71

M. F. W. 62.
100m.-6-17.
H. O. 1772-39-935.

2791207-1

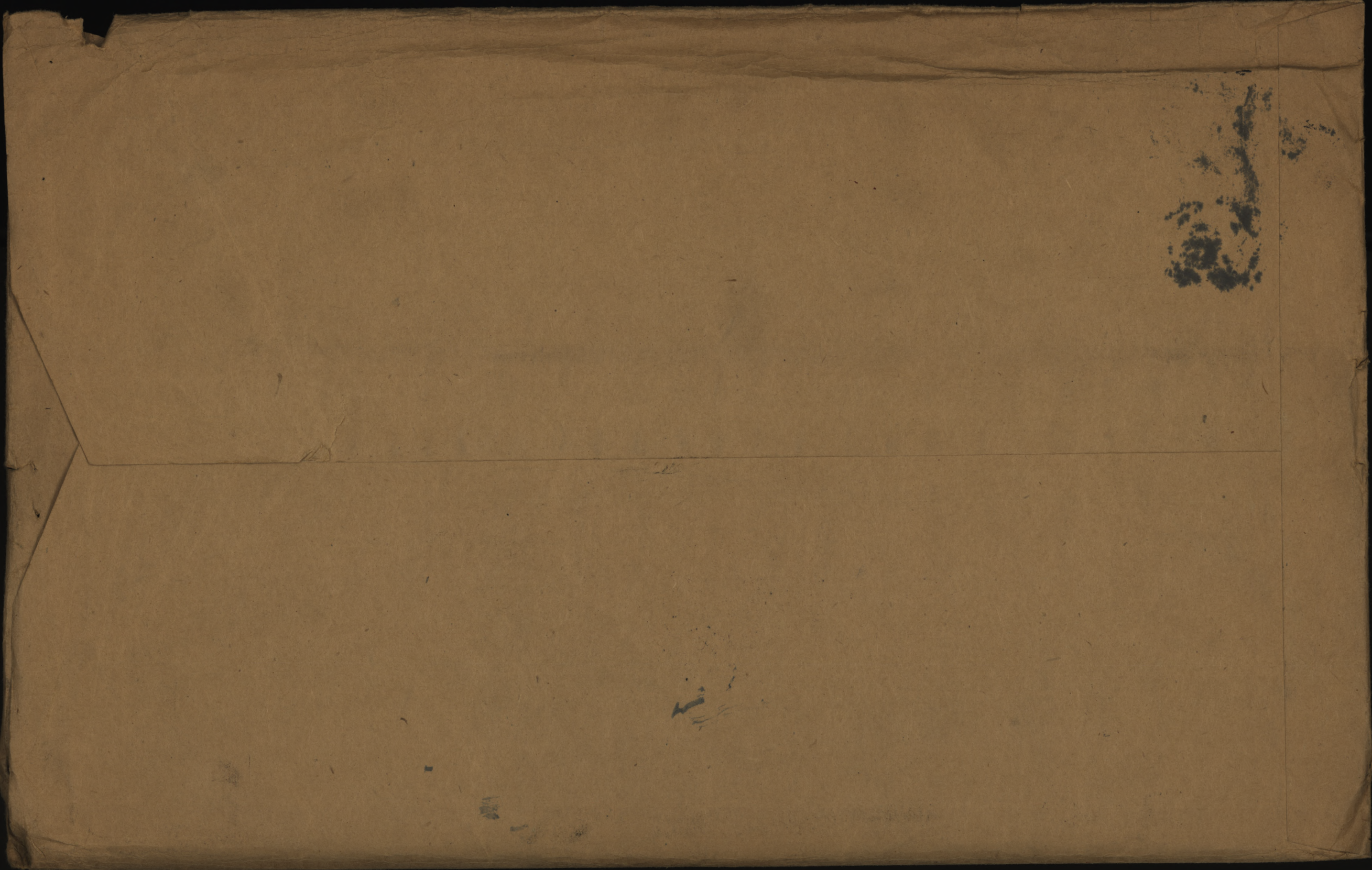
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406975

14 14
21 14
33-14
2

2

28



Surname *Kelley* Christian Name or Names *A.* Reg. No. *725517.*
 Rank *Pte.* Unit *109th* Co. *Battⁿ* Troop *124* Batty. *Coast.*
 Hospital *Military Hosp. Bramshott.* Date of Admission *10-9-16*
 Transferred *do* Hosp. *30.12.16.*
to prison Lonsdale Hosp. *30.1.17*
 Hosp.
 Hosp.

Diagnosis ~~*Myalgia*~~
 (1) *Myalgia*
 Later Diagnosis (if changed) *Bronchitis*
 (2)
 (3)

Additional Diagnosis: if more than one state present

A.M.D. 2 DEPT.

Bch. of D.G.H. & M.F.C. London

Dis. 31.10.16.
 Date
 " *11.4.17*

DISPOSITION

REMARKS

CL 20.9.16 #13.
 " *3-11-16 #28*
6.1.17. 33.
6.2.17 #41
18.5.17 1382.

To Canada per
H.S. Letitia from
Liverpool 11-4-17

OK
Rw.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

CA
RS
Number 7255-17 Rank Pte
Surname KEHNEY
Christian Name Alfred
Units 109th Bn Canadian Theatre of War England
Date of Service 31-7-16
Remarks 35 Elm St.
Latest Address ~~515 Albert St~~
Kington Out
Roll No. A Page 3256

200m.-2-21.M.

DESP.

NOV 30 1922

REGN. NO.

74860

NAME *Kelley; A.*
RANK AND CORPS *pte.*

H. Q. FILE No. 649-

REG'TL. No. *725517.*

109th. Batt.

CABLE

NO.

DATE

NATURE OF CASUALTY

T. 336

15-4-17

*Sailed from Liverpool for
Canada per the Hosp. ship
"Letitia" April 11th 1917. Bronchitis*

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
13	Mil. Bramshott.	10-9-16	n. y. d. Q.
28	Discharged	31-10-16	Myalgia.
33	Mil. Bramshott	30-12-16	M. y. W.
41.	Can. Conv. Woodcote Park Epsom	30-1-17	Bronchitis "2"
B. 86.	" " " " "	11-4-17.	"
124	Out-Patient M. H. C. P. Kingston	3/5/17	
189	M. H. C. P. Kingston	4. 4-17.	Outpatient Sherrick of list Elmhurst b. B.

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Name *Kelly Alfred* Rank *Pte*

Reg. No. *725517*

Unit *109th Bn.*

Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10.9.16	Mtd	Bramshott	A. Y. D.	13		
31-10-16	He is		Malgia	28		

Name **Kelley.** **Alfred.** Rank

Pte.

Reg. No. **725517.**

Unit **124th. Battalion.**

Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
30-12-16.	Mil Hsp. Bramshott.		N.Y.D.	33		
30.1-17	Can. Con 10mp. W/Plak Epsom		Bronchitis	41		
Apr. 11.	Discharged		do	B.86		

No. 725517. RANK S^{te}

NAME Kelly Alfred

T. O. S.

UNIT

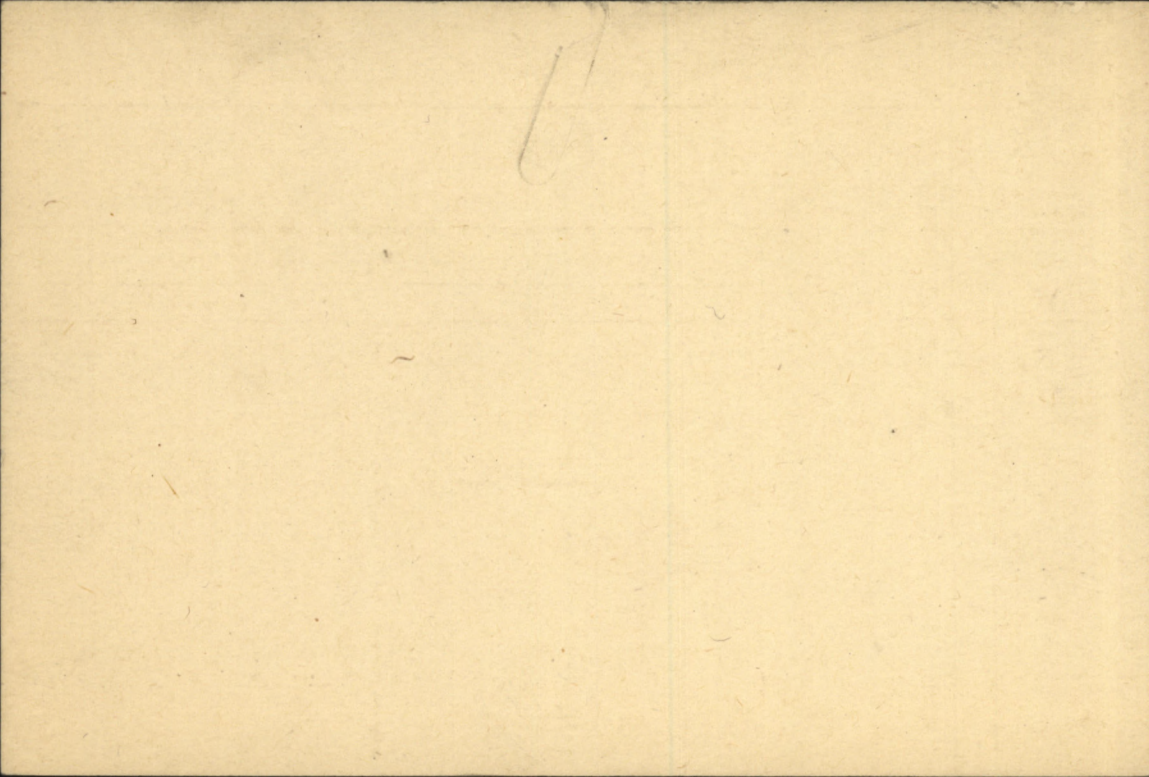
Transferred from 93rd Bn.
25-11-15. D. O. N. 25-11-15.

109th Battalion.

M. D. 3

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG OR REC'T	PARTICULARS	AUTHORITY
1915 Nov 25	1915 Nov. 21	✓		
	Dec.	✓		
1916 Jan.	1916 Feb.	✓		
	Mar.	✓		
	April	✓		
	May	✓		
	June	✓		
	July	✓		

UNIT SAILED
JUL 23 1916



(649-X-2913)

CARD NO.

SURNAME.

Kelley

CHRISTIAN NAMES

Alfred.

S.O.S. *Disc. 25-1-18*
FOLL. *3*

REGL. No. *725517*

RANK *Pte.*

UNIT *109th.*

Re T.O.S. No 3 Service Co. 23/6/19 (Re-emplid) Batt.
S.O.A. Demob. 31/12/19
DD. 365 D. 31/12/19
83 Batt. Am. Co.

FORMER CORPS *Nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Kelley, Mrs. Evelyn.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Fenelon Falls, Ont.

COUNTRY OF BIRTH

Canada, Fenelon Falls, Ont.

DATE

May 1st, 1895.

PLACE OF ATTESTATION

Fenelon Falls, Ont.

DATE

Nov. 15th, 1915.

D/S 23-7-16. 488/19

R/C. 11-4-17. 3.

ailed from Halifax 23-1-16 per SS "Olympic"

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Carpenter

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

- 20

YEARS

6, MONTHS

HEIGHT

5

FEET

5 1/2 INCHES

CHEST MEASUREMENT

36 3/4.

INCHES

EXPANSION

3 3/4

INCHES

COMPLEXION

Dark.

EYES

Grey.

HAIR

Dk. Brown.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Fenelon Falls, Ont.

DATE

Nov. 15th. 1915.

Returned to Canada per S.S. "Letitia" 11-4-17 T 330

NAME *Kelley Alfred*

REGIMENTAL NO. *725517* RANK *Private*

ENLISTED AT *Kingston* PROMOTIONS, &c.
AND DATE

DATE *June 23rd 1919*

IF SERVED PREVIOUSLY, STATE UNIT, &c. *109 Battalion*

MARRIED, WIDOWER, OR SINGLE *Married*

NEXT OF KIN *Nellie Kelley* RELATIONSHIP *Wife*

ADDRESS OF *515 Albert St. Kingston Ont.*

ASSIGNMENT OF PAY \$*1500* C. TO *Nellie Kelley*

ADDRESS *515 Albert St.*

SEPARATION ALLOWANCE, ENTITLED OR NOT *yes.*

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER *June 23rd 1919*

IN WHOSE FAVOUR *Nellie Kelley*

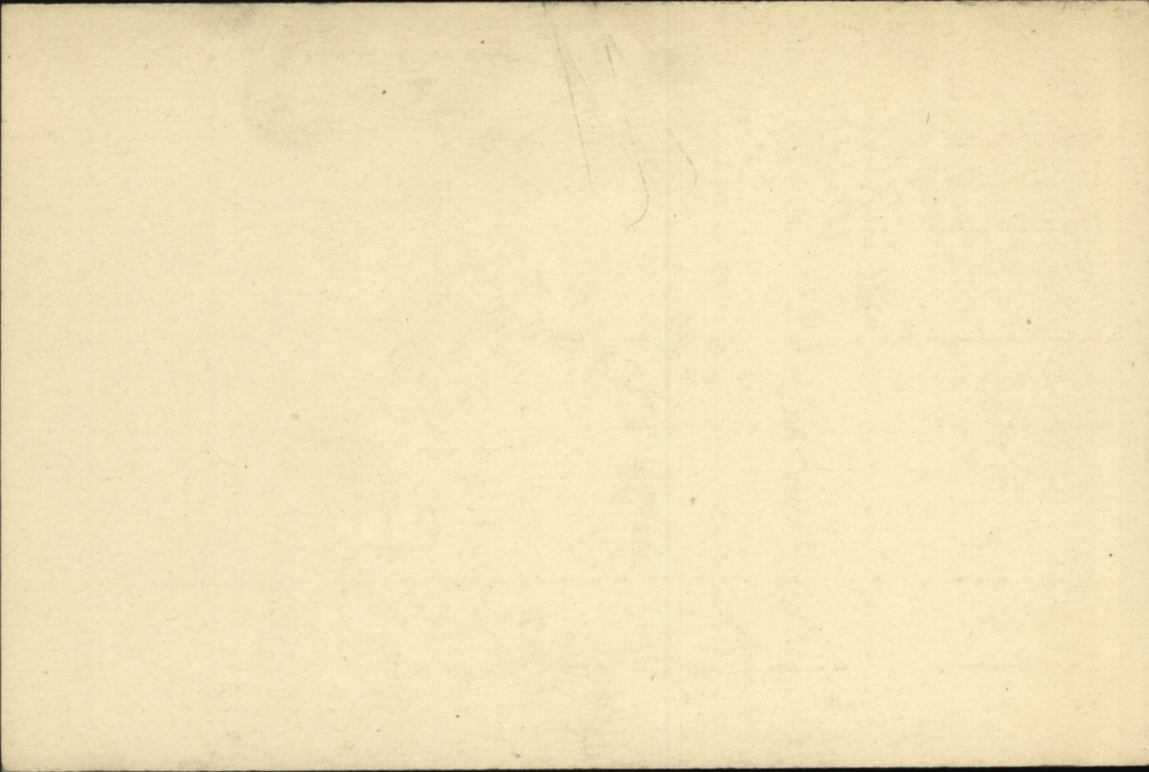
CASUALTIES, &C.

NATURE <small>E.G. ABSENCE, PROMOTION, &C.</small>	PART II, D. O.		REMARKS <small>IF IN HOSPITAL, NOTE NAME &C.</small>
	NO	DATE	
<p>discharged or benevolently R.O. 1528-1430 struck off strength 21-12-19 medically unfit for general service</p>	<p>1</p>	<p>1-1-20</p>	<p>Intended Place of Residence 515 Albert St. Kingston</p>
			<p>..... Ga M Parker Capt. Officer Commanding, No. 8 C. A. S. C. Service Co., M. D. 8</p>

Surname *Kelley*
Christian names *Alfred*
Regtl. No. *725517* Rank *Pte*
Unit *#3 b. a. s. b (Ser. Co.)*
H. Q.
M. D. No. *3*
T. O. S. 19
D. O. Pt. II. of
S. O. S. 19
Reason
Auth.

Next of kin *Kelley, Mrs. Nellie* Relationship *Wife*
Address *515 Albert St.*
Kingston Ont.
Also notify:

BORN—Place *Canada, Fenelon Falls Ont.* Date *May 1st 1894*
ATTESTED—Place *Kingston Ont.* Date *June 23rd 1919*
O/S R/C



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 725517 (Rank) Private

Name (in full) Alfred J. Kelley enlisted in
the No. 3. C.A.S.C. Service Co.,

CANADIAN EXPEDITIONARY FORCE at KINGSTON, ONT. on the 23rd
day of June 19 19.

HE served in No. 3. C.A.S.C. Service Co. M.D. No. 3.

and is now discharged from the service by reason of Demobilization, R.O.
1328, 1420. for general service. *medically unfit*

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

Age 25 yrs 6 mths

Height 5 ft 5 in.

Complexion Fair

Eyes Blue

Hair Dark

Marks or Scars

-----NIL-----

Alfred J. Kelley
Signature of Soldier

Geo M. Parker
Issuing Officer

..... Capt.

Date of Discharge 31st-12-19.

.....
Officer Commanding, Rank
No. 3 C. A. S. C. Service Co., M. D. 3

Appointment

Signed at Kingston, Ont. this 31st day of December 19 19

in Military District No. 3.

File Reference No. A.S. 1-K-1.

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

INSTRUCTIONS

On receipt of this order the contractor shall be required to be bonded on

the amount of the order within the time specified in the order.

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the amount of the order within the time specified in the order.

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the amount of the order within the time specified in the order.

THE CONTRACTOR SHALL BE REQUIRED TO BE BONDED ON THE AMOUNT OF THE ORDER WITHIN THE TIME SPECIFIED IN THE ORDER.

X

THE CONTRACTOR SHALL BE REQUIRED TO BE BONDED ON THE AMOUNT OF THE ORDER WITHIN THE TIME SPECIFIED IN THE ORDER.

1877

1877

1877

1877

DEPARTMENT OF THE ARMY

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

23/6/19 Unit, Regiment or Corps *No. 3. C. A. S. C. Service Co.*
 Regimental No. *725577* Rank *Private* Name *Kelley Alfred*
C. E. F.
 Enlisted (a) *Kingston* Terms of Service (a) *23-6-19* Service reckons from (a) *23-6-19*
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }
 Extended Re-engaged Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		<p><i>Struck off strength. No. 3. C. A. S. C. Service Co. 31. 12. 19.</i></p> <p><i>Discharged on beneficial certificate R.O. - 1228. 14. 20. Medically unfit for general service.</i></p> <p style="text-align: right;"><i>Geo M Parker</i> Capt. Officer Commanding, No. 3 C. A. S. C. Service Co., M. D. 3</p>			

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

A.C Rank Name KELLEY, Alfred. ✓ Reg'l No. 725517 ✓

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

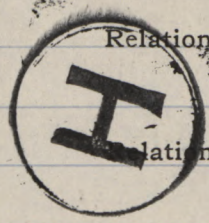
Place and Date of Enlistment Fenelon Falls, Nov. 15th. 1915. ✓ Place of Birth Fenelon Falls, Ont., ✓

Name and Address, Next-of-Kin Evelyn Kelley. -
Fenelon Falls, Ont., ✓ Relationship Mother.

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character



R139
50/34

N/E. R.B. No. 5641
 File R.L.
 Category Can M U

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
10. 9. 16	D.C. 109 th	Admitted to Hoopl	Bramshott.	9. 9. 16	P.I. 80 254 1 C.L. 13
3. 11. 16	do.	Disch from Mil Hospital	Bramshott	31-10-16	myalgia Influenza P.I. 50.306 C.L. 28
8. 12. 16	do.	SOS on telf. to 124 th Bn.	Witley	8-12-16	— 343.
9. 12. 16	D.C. 124 th	SOS. - for 109 th	-	-	- 265.
29. 12. 16.	"	Adm. to M. Hoop.	"	29. 12. 16	285. C.L. 33 Bronchitis
20. 1. 17	"	SOS on telf. to 124 th Bn	"	20. 1. 17	20 P.I. D.O. 26
6-2-17	124 th Bn	Tfa to C.C.H. Epsom.	Witley	20-1-17	DE L. 41
3 4 17	"	SOS to 12 th Res Bn	"	29 3 17.	P.O. 70 85 (Do. 100 d 20/4/17 of 12 th Res)
18 5 17	"	Dis from cft	Epsom.	11 4 17	ans 86. Bronchitis

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.				
16.4.14	12 th Res	SOS on being Invalided to Canada	E. Sandling	11.4.14	P.T. O. 145
	Dis. Dept.	To Conv. Home	M. D. Dr. 3 Kingston	21.4.17	N.R. 253

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

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

Regimental No. 25514 Rank Private Name Kelly Alfred
C. E. F.

Enlisted (a) 25.11.15 Terms of Service (ā) D 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) Carpenter

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>Halifax</u>	<u>24.7.16</u>	
			<u>Liverpool</u>	<u>31.7.16</u>	
<u>8/12/16</u>	<u>O. C. 109th Bn</u>	<u>Transferred to 124th Bn</u>	<u>Witley</u>	<u>8/12/16</u>	<u>Capt. ADJUTANT 109th Overseas Battalion, C. E. F. D.O P.II, # 643.</u>
<u>9-12-16</u>	<u>124th. Bn.</u>	<u>Taken on strength of 124th. Bn., C.E.F.</u>	<u>Witley Camp</u>	<u>8-12-16</u>	<u>Part II Orders 265</u> <u>MAJOR ADJUTANT, 124th BATTALION C.E.F.</u>

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

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

Proceedings of Medical Board at Discharge Depot.

Number Rank Name and Corps of disabled soldier.

725517 Pte. Kelly, Alfred - 109th

MILITIA & DEFENCE

MAY -4 1917

649-K-2913

CANADA

Previous Civilian Occupation.

Painter.

Cause of disability

① Chronic Bronchitis - J.B. suspect
② Myalgia.

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

Severe productive cough, pain in legs & joints. Aug. 1916 subacute Rheumatic fever - pain swelling of ankle & knee Left. Pneumonia in Canada June 1916 and on recovery since has had severe cough & bloody sputum. Pr. Cond. Coughs a good deal - no blood in sputum for 3 mos. Night sweats at times. Has lost strength & 15 lbs wt. Pain in left knee, ankle & hip - no swelling. Respsys. Y. F. increased on rt. Mucous rales throughout both lungs & bronchovesicular breathing left lung bluffed. W. R. increased both apices. One exam. Sputum neg. Recommended for observation, X-ray & sputum exam. Opinion of the Board. Heart very rapid - 150 - no lesions.

Degree of incapacity (Please state in fractions.)

50% decreasing

Probable duration of incapacity:-

3 mos. probably more if T.B

Does it render him permanently unfit for Military Service?

Yes.

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

Convalescent home.

Signature.

R.L. Miller Capt President.

J.A. Bejar Capt Members.

J. Houghton Lt

Station Quebec

Date 29-4-17

Approved.

Date April 29/17

Wm. Carver Major Assistant Director Medical Service.

Date 9/5/17

C. J. Foster Maj Director General Medical Service.

FALSE DOCKET

Proceedings of Medical Board at Discharge Depot.

Number Rank Name and Corps of disabled soldier.

Previous Civilian Occupation.

Cause of disability

Condition in detail which prevents the soldier earning a living:--

Degree of incapacity (Please state in fractions.)

Probable duration of incapacity:--

Does it render him permanently unfit for Military Service?

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

Signature. President.

Members.

Station.

Date

Approved.

Date

Assistant Director Medical Service.

Date

Director General Medical Service.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
3029. Year 1916.	725517	Pte.	Kelley	A.
		Unit.	Age.	Service.
	124	Canadians	22	1 year
Station and Date.	Disease <u>Bronchitis</u>			
B. M. D.	Family History			
	<p>Father dead age 62. Pneumonia Mother alive suffers from heart trouble Brothers two in good health Sisters two in good health - Previous Illness.</p>			
	<p>The usual disease of childhood In 1911. was troubled with his heart Was attended by doctors for two years - fully recovered - In January 1916 had pneumonia - was sick for six weeks, & went back to drill and suffered a relapse and was laid up for two months -</p>			
	<p>Present Condition In July 1916 was Admitted to Bronchot. M. Hosp suffering with Rheumatic Fever - was in hospital eleven weeks - fully recovered -</p>			
	<p>Present Condition Admitted to hospital, Dec 29th 1916, with cough, shortness of breath, pain in chest and right side - Temp 103° Pulse 86. Resp 24</p>			

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

Chest examination:

Percussion -

Dullness over right
lung - particularly in the apical
region -

auscultation.

Bronchial breathing over
right lung and large wheezing
rales.

Laboratory report on sputum
Negative

May 29th
1917

Condition much improved, not
fit for duty, discharged to Sperry
Wrens
Capt

Kingston, Ont.

31
May 22/17

URINE ANALYSIS.

DEPT.
MILITIA & DEFENCE
FEB -9 1918
H.Q.
CANADA

FOR DR. Elmhurst
Patient's Name Pte Kelly
Amount voided 24 hours _____
Amount examined VI 3
Color amber
Odor normal

Reaction acid
Specific gravity 1.020
Clearness clear
Character of sediment (if any) _____

CHEMICAL EXAMINATION

Albumin none
Sugar none
Acetone none
Diacetic Acid none

Bile none
Indican no increase
Urea not estimated

MICROSCOPICAL EXAMINATION

Epithelium few flat cells
Pus none
Blood none
Casts none

Chemical sediments none found

Bacteria present

Remarks normal urine

B. P. C. FOLIO
FALSE DOCKET
5

W. T. Connell
per Tom
Examiner.

421-20-2-18

226 / 18
2 /

816/96
5/16/96

NOV



649-K-2913

CANADIAN CONTINGENT EXPEDITIONARY FORCE

TRIPLICATE

LAST PAY CERTIFICATE

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

Regimental No. 725514 Rank Pte. Name A. Kelly

Corps. 109th Bn. who was* Discharged

On Jan. 25th 1918, to Class 3, medically unfit

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan. 1st 1918, to Jan. 25th 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Reg'l Pay..... <u>25</u> days at \$ <u>1</u> c.....	<u>25</u>	
by } No.....			Field Allow. <u>25</u> days at \$..... c <u>10</u>		<u>2 50</u>
Cheques } No.....			Separation Allowances* (Monthly) <u>\$25</u>	<u>21</u>	
Assigned Pay and Sep'n Allice. No. <u>6180</u>	<u>36</u>		Other Allowances* <u>Clothing</u>		<u>13</u>
Other charges.....			Other Credits*..... <u>D.O. 345</u>	<u>20</u>	
Payment on transfer or discharge No. <u>6181</u>	<u>45</u>	<u>50</u>	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....			Total.....	<u>81</u>	<u>50</u>
Total.....	<u>31</u>	<u>50</u>	Total.....	<u>81</u>	<u>50</u>

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of Assigned Pay for the month of Jan. 1918 } (to) Assignee Mrs. E. Kelly,
 and Sep'n Allice. for month of Jan. 1918 }
 (Address) POST DISCHARGE PAY Fenelon Falls, Ont.
MILITARY DISTRICT No. 3

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment.....
 (2) if married and if a Separation Allowance Card has been submitted..... pd. assignee to date
 (3) cause of discharge..... authority..... 3MD 88-K-31 discharge
 (4) authority for transfer.....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date January 16th, 1918

Place Kingston, Ont.

W. E. Kelly Captain
 Paymaster, "C" Unit M. E. C. O.
 Paymaster.

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

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

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

cheque #6181 attached.

Handwritten notes:
 P. W. C. O.
 12-27-18
 W. E. Kelly

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

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.....

100th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number.....

725517

(3) Full Name of Soldier.....

Alfred Kelly

(4) Place of Birth.....

*Finslow 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? *No*

If so, state name and address

(10) Is your Mother alive? *Yes*

If so, state name and address *Mrs. Celine Wellington Kelly,*

Fremont Falls, Ont.

(11) If your Mother is a widow *Yes*

Are you her sole support, or not? *Yes*

(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.

Owner of property where she is living and is only support

(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. Celine Wellington Kelly,
Fremont 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.

Yes

(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 10th 1916*

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

MEDICAL CASE/HISTORY SHEET.

HOSPITAL...Elmhurst Conv.Home...STATION.....Kingston..Ontario.....
 NO....725517...RANK..Private.....NAME..KELLY, Alfred.....AGE..25...
 UNIT...109th. Battalion..C.E.F....SERVICE...England.....
 DATE OF ADMISSION..May 3rd. 1917...DATE OF DISCHARGE.....
 DIAGNOSIS.....Chronic Bronchitis T.B. suspect (2). Myalgia.....
 DATE OF ORIGIN.....September 2-16 PLACE OF ORIGIN....Borden Camp. Bramshott
 CAUSE OF ILLNESS OR INJURY.

(1).Chr. Bronchitis T.B. suspect (2). Myalgia.

HISTORY OF PRESENT ILLNESS OR INJURY:

He reported at Osney Farm, August 10-16. and went to Bramshott Military Hospital, left there Jan-16-17 and went to Epsom Conv. Home, left there April 10th. Sailed from Liverpool on S.S. Letitia, April 11th. Arrived Halifax, April 20th. Left Quebec May 2nd. Arrived Kingston, May 3rd. 1917.

CONDITION ON ADMISSION:

Man complains of cough and pains in legs and joints. Left foot swells and becomes tender. Had pneumonia before going overseas. Man has sweats at night at times, had blood on sputum 3 months ago. On examination: Rales throughout both lungs, V.R. increased. Left lung behind. V.R. increased in both apices. For sputum exam. and X-ray.

QUEBEC BOARD:/-

Severe productive cough, pain in legs and joints. Aug. 1916 subacute rheumatic fever with pain and swelling of ankle and knee left. Pneumonia in Canada, June 1916 and on recovery and since has had severe cough and bloody sputum.

Pr. condition: Coughs a good deal no blood in sputum for 3 mos. Night sweats at times. Has lost strength and 15 lbs. weight. Pain in left knee ankle and hip no swelling. Resp. sys. T.B. increased on right mucus. rales throughout both lungs with broncho vesicular breathing left lung behind. V.R. increased both apices. One exam. sputum neg. Recommended for observation X-ray and sputum exam. Heart very rapid 150 no lesions.

Incapacity: Eng. Board: 80%.

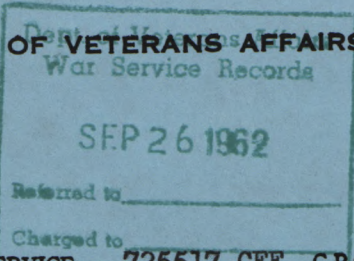
Can. Board: 50% decreasing.

Duration: 3 mos. probably more if T.B.

B. P. C. FOLIO
FALSE DOCKET
6

DEPARTMENT OF VETERANS AFFAIRS

War Service Records



Ottawa Ont

Date..... Sept 25/62.....

To ● Copy for H.O. FILE

Attention of

NAME KELLY, Alfred Ephram.
KELLEY, A.E.

SERVICE 725517 GEF C.P.C. No. 27461
NUMBER W.V.A. No. 208979

NAVY
ARMY x
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. TEL MEMO. Kingston, Ont. Sept 24/62

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death..... Sept 23/62.....
Cause of Death.....
Place of Death..... Kingston General Veterans Pavilion.

Name and Address of next of kin (if known).....

Copies to: W.S.R.
V. I.
~~PAY~~
~~DO~~
H.O.

} Destroy form if advice of death already received.

G. M. Meehan
for
Chief, Central Registry

DEPARTMENT OF VETERANS AFFAIRS

Form for I.O. #118

Department

Date sent 2/26/62

NAVY
ARMY
N.C.A.P.

W.F.A. no. 20890
STATE
ADDRESS

NAME (Last, First, Middle)
KELLY, J. J.

The Department has received information from

... J. J. KELLY, Arlington, Va. Dept SA 62

that during the course of his service of duty

... during the course of his service as a volunteer

... as follows:

ADVANCED IN DEPT SA 62

... in the General Veterans Division

Copies to: W.S.A.

... in view of which already received

W.S.A.
J.C.C.

for
Chief, Control Section

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

33702/673
K 742
9901-A-4

Name Kelly, A.
Surname

Christian Name

Regimental Number 725514

Rank Pte.

Address (in full)

Penelon Falls, Ont.

Unit 109th Bn.

Original Unit

District where paid M.D.3.

Date of Discharge 25-1-18.

P. D. P. Filing Number 8-54-3.

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

L. I. 22573—M. & D. 3069.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	1079	25-1-18	58 00	1059	25-2-18	58 00	1056	22-3-18	59 10		175 10

M. F. W. 127.
50M -6 17.
1773 39-1140.

Remarks:

Not eligible for wages due not serve in actual theatre of war service 9901-a-43

K 742

9901 A 13

Dec'n No. WVSGG File No.

Award 153 days at \$ 1.00 per day \$ \$ 500.00

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

Less P.P.D.P.P. Credited \$ \$ 175.10

Less further debit balance \$ \$

Net due paid as below 324.90

TO SOLDIER TO DEPENDENT

0	Ag. No.	Ch. No.	Amount	Ag. No.	Ch. No.	Amount
1	12168	502301	174.90	12169	502300	900.00
2						
3						
4				22537	50002	30.00
5				799		30.00
			Total			

30-8-1900

30-8-19

R.H. Mc Gillivray. Sur.

Quirk's. Com.

McLaurin Clerk.

16.9.19

Mrs. Nellie Kelly.
same address

A
10x02
5/11/19

Alfred Kelley
352 University Ave
Kingston
Ont

GEN'L AUDITOR
Posting checked by
Date: 7/6/19

Ew

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Mrs Evelyn Kelly*
Address *Fenelon Falls*
Ont.

By Whom Assigned *Kelly Alf.*
Regtl. No. *725517*
Rank *Pte.*
Corps *109th Bin.*

Rate *15⁰⁰/_{xx}*

AUG 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p style="color: red; font-style: italic;">Stop. Payment April '15 3m 31/3/17. 26/2/17. March to Canada</p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center; margin: 0;">COPIED FOR I CASUALTIES.</p> </div> <p style="color: red; font-style: italic; font-size: 1.5em; margin-top: 20px;"><u>Not closed</u></p>
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

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MILITIA AND DEFENCE
ASSIGNED PAY

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

168
 109th Bin.

Sheet No. 2. Mrs Evelyn Kelly.

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier Kelly Alf
 725517 Pte.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
			15. $\frac{00}{x}$	AUG 1 1916
April	1916			
May				
June				
July				
Aug.		7 15496	15	
Sept.		7 17086	15	
Oct.		8 21703	15	
Nov.		7 25775	15	
Dec.		3 36299	15	
Jan.	1917	8 38528	15	
Feb.		8 45099	15	
March		7 51448	15	
April		X 2814	15	
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

15.00 overpayt for April 17 recovered by
 Cas. P. M. - N. O. 649-K-2913 - 6 1/2 17/21/17

\$135 of closed
 held by letters 11 1/2
 7 X at 20 1/2

15.00
 15.00

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				
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Nov.				
Dec.				
Jan.	1920			
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March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

176 ³

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-313.

SEPARATION ALLOWANCE

Name *Evelyn W. Kelly* | Name of Soldier *Kelly Alfred*
 Address *Penelam Falls* | Regtl. No. *725517*
Ont. | Rank *Pte.*
 | Corps *109th C.S. Battr.*
 Relation to Soldier } *Mother* | To what Corps belonging }
 wife, child or mother } | 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				

COPIED
 FOR
 3
 CASUALTIES.

ACCOUNT CLOSED
 DATE..... PER *W*

Handwritten text, possibly a signature or date, located in the center of the page. The text is faint and difficult to decipher, but appears to consist of several lines of cursive or semi-cursive writing.

Mrs. SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Evelyn W. Kelly

PAYMENTS.

Name of Soldier

Kelly Alfred

725517

Pte.

109 Batta.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		L 8184	60	60
June		T 6857	20	20
July		D 7372	20	20
Aug.		B 12026	20	20
Sept.		D 16037	20	20
Oct.		D 18819	20	20
Nov.		L 21717	20	20
Dec.		L 25290	20	20
Jan.	1917	D 28901	20	20
Feb.		N 32657	20	20
March		N 35805	20	20
April		P 1524	20	20
May		O 4665	40	20
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Discharged 25/1/18
M 8#3 19/1/18O 4665 Cancelled
Acct Closed
Ret'd Letitia 11/4/17 F.X.
S/M 26/1/17✓
280

ACCOUNT CLOSED

DATE..... PER.....

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			
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Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

8-7-35

This space to be for numbers.

Proceedings on Discharge.

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

No. **725517**

Rank **Private**

Surname **Kelley**

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

Corps (Squadron, Battery or Company) **No. 3. C.A.S.C. Service Co.**

Date of discharge **December 31st-19.**

Place of discharge **Kingston, Ont.**

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive marks
Age.....	25 years.....	NIL
	6 months.	
Height.....	5 feet.....	
	5 inches.	
Complexion	Fair	
Eyes	Blue	
Hair	Dark	
Trade	Onbuffleur	
Intended place of residence (To be given as fully as practicable.)	515 Albert St., Kingston, Ont.	

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

R.O.1328, 1420.

medically unfit for general service

Authority for discharge.....**A.S. 1-K-1.**.....

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

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

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

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

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

Nil

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

6. Medals and Decorations.....

Nil

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

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

(Place) Kingston, Ont.

Geo. M. Parker Capt.

(Date) December 31st-19.

Commanding, Commanding,
No. 8 C. A. S. C. Service Co., M. D. 3

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Kingston, Ont.

J. A. Kelly (Signature of Soldier.)

(Date) December 31st-19.

Henry Beed (Signature of Witness.)

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

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

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

.....(Signature of Soldier.)

10. Statement of Service.

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

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) Kingston, Ont.

(Signature)

Geo M Parker Capt.

(Date) December 31st-19.

Officer Commanding,
No. 8 C. A. S. C. Service Co., M. D. 3

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

Reg. Conduct Sheet	Medical Form B 207	Attestation Paper	Medical Form W 20
Spadation		Particulars of Record	W 142
Battery		Proceedings on Discharge	B 212
Company			
Field Conduct Sheet	W 178		
Copies of Conviction by C. P.	in MS		
Med. Hist. Sheet	Medical Form H 314		
Casualty Form	W 21		
Medical Report for Invalids	B 327		
Dental History Sheet	B 405		
Last Pay Certificate	W 44		
Duplicate Discharge Certificate	W 104		
Form of Will	W 82		

Handwritten initials

John A. Kelly

I hereby certify that the following documents are unobtainable:

Officer Commanding

V.B. - In the case of a man discharged by purchase, the date and number of deposit receipt with amount of same is to be noted hereon.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

Sydenham Mil. Hospital

STATION..... **Kingston, Ont.**..... DATE..... **Dec. 31/19.**

1. 1 (a) Unit..... **CASC**..... (b) Regimental No..... **725517**..... (c) Rank..... **Pte.**.....
 (d) Surname..... **KELLEY**..... (e) Christian name..... **ALFRED**.....
 (f) Home address..... **352 University Ave. Kingston, Ont.**.....
 (g) Next of Kin..... **Mrs. A. Kelly**..... (h) Relationship..... **Wife**.....
 (i) Address of Next of Kin..... **Same address**.....

2. Age last birthday..... **25**..... Date of birth..... **May 1, 1894.**

3. Enlistment, or Appointment (if an Officer) (a) Place..... **Kingston, Ont.**..... (b) Date..... **23 June 1919**

4. Personal description:

(a) Height..... **5'5"**..... (b) Weight..... **122**..... (c) Complexion..... **Dark**.....
(stripped)

(d) Colour of hair..... **Dark Brown**..... (e) Colour of eyes..... **Brown**..... (f) Identification marks, Scars, etc.

Tattoo right forearm - girl's head and naval flag.

5. Former trade or occupation..... **Chauffeur.**

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
Canada..... CASC		

	PERIODS	
	From	To
Canada..... CASC	June 23/19.	to date.
England.....		
France or other theatres of War.....		

7. Original disease, or injury..... **1. Myalgia. 2. Bronchitis.**

(a) Date of origin..... **1&2 Previous to enlistment.**..... (b) Place of origin..... **1&2 England.**

(c) Cause..... **1&2 Exposure to dampness and cold. (Man's statement).**

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

1. Painful muscles of left foot and left shoulder - Myalgia.

2. Constant cough - result of Bronchitis.

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

1. Man complains of pain and swelling in toes and instep of left foot.

This is most marked in damp weather. Causes him to limp but he can always move about.

Examination:- There is nothing to be made out on examination except slight tenderness over the 1st. metatarsal bone.

2. Man complains of constant cough - worse in the morning - raising large quantities of phlegm.

Examination of the chest reveals nothing abnormal except slight suppression of breath sounds right base. posteriorly.

Other systems normal.

X-Ray Report:- " 1. Heart & Aorta: Normal. 2. Bases of Lungs: Irregular shadows in either base. 3. Roots of Lungs: Somewhat enlarged on either side. 4. Apices & Upper Lobes: The Apices are clear. The Upper Lobes show irregular shadows. Findings:- No Tubercular Lesions visible."

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

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

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

Man claims that he was 11 months in hospital in England with Myalgia and Pleurisy. States that condition has improved considerably and that he is about the same as when he enlisted in the CASC.

2. Man contracted Bronchitis overseas following convalescence from pneumonia while in Canada. This condition has also improved and is about the same as when enlisted in the CASC.

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

Nil.

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

Nil.

11.—(a) Did the disabling condition have its origin before enlistment? **1&2 Yes (Previous to 2nd. enlistment).**

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

1&2 No.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? **1&2 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? **1&2 Impossible to say.**

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

1&2 Nil since enlisting in CASC.

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)

1&2 No.

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

17. Recommendations **Discharged on demobilization - medically unfit for General Service.**

W. S. ...
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned *C. Kelly* 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

C. Kelly Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

.....

.....

.....

.....

.....

.....

19. Is the invalid fit for

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

20. It is certified that the invalid

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

.....

(b) Does not require treatment.

(c) Should pass under his own control.

(d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

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

On demobilization medically unfit for general service.

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

[Signature] President.

[Signature] Members

PLACE Kingston, Ont.

DATE Dec. 31, 1919.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....President

PLACE.....

DATE.....

.....Members

APPROVED BY *[Signature]*
 Assistant Director of Medical Services.
 District No. 3.
 DATE JAN 2 1920

APPROVED BY
 Director-General of Medical Services.
 DATE.....

8-7-35

DEPT. MILITIA & DEFENCE
FEB 19 1918
CANADA
649-2913

This space to be for numbers.

Proceedings on Discharge.

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

No.	7255-17	
Rank	Pte	
Name	Alfred Kelly	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	109 th Bu.	
Date of Discharge	25. 1. 18	
Place of Discharge	Kingston Ontario	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	23 years.....	8 months.
Height.....	6 feet.....	6 inches.
Complexion	Medium Dark	
Eyes	Brown	
Hair	D Brown	
Trade	Carpenter	
Intended place of residence	56 Chatham St Kingston Ont	
(To be given as fully as practicable.)		
Descriptive Marks		
Tattoo. Naval Flag (British)		
Girls head right forearm		
2. The above-named man is discharged in consequence of being medically unfit for further service		
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.		
3. Conduct and character while in the service have been, according to the records, etc.		
Very good.		
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		

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

M. F. B. 218.

25m.—11-15.
H. Q. 1772-39-113.

W. S. G. Comp.
1-5-19 E. On.

(OVER)

27728
12-2-15
Hog Sec

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

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

6. Medals and Decorations.....

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

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

(Place) *Krugston Co.*

A. Budsall Major

(Date) *25.1.18.*

Commanding *"C" Unit M.F.C.*

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) *Krugston Co.* *A. Jolly* (Signature of Soldier.)

(Date) *25.1.18* *H. Sandley* (Signature of Witness.)

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

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

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

..... (Signature of Soldier.)

10. Statement of Service.

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

Total *2* years *79* days.

11. Confirmation of Discharge.

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

(Place) *Krugston Co.*

(Signature) *A. Budsall Major*

(Date) *25.1.17.*

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None. A. Kelly

8126
1914
D.C.
1111
1199-218

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
---	--

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

1199-218
a-b

2

MEDICAL HISTORY OF AN INVALID.

B.P.C. MILITIA & DEFENCE
FEB 20 1918
CANADA

DEPT. MILITIA & DEFENCE
FEB - 9 1918
H.S. 649 R
CANADA

1. Station. Kingston, Ontario.

8. General remarks on his:—

2. Regiment or Corps. 109th Battalion.

(a) Conduct.

3. Regimental No. and Rank. #725514.
725517
Pte.

(b) Habits.

4. Name. Alfred Kelly.

(c) Temperance.

5. Age last Birthday. 23.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on November 23rd, 1915.

at Fenlon Falls.

7. Former trade or occupation.

Date. November 14th, 1917.

Carpenter and Painter.

9. Service.	Years.	Days.	
		FROM	To
		PERIODS	
<u>109th Battalion. C.E.F.</u>	<u>Nov. 3rd, 15.</u>		<u>Dec. 1916.</u>
<u>124 Missessauga Horse.</u>	<u>Dec. 1916.</u>		<u>Date.</u>

10. (a) Disease or disability. (1) Chronic Bronchitis.

(b) Date of origin. August 10th, 1916.

(c) Place of origin. England.

(d) Cause. History of Pneumonia and Pleurisy from Dec. 1915 to Feb. 13th/16. Did not entirely recover before going (overseas).

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Subjective. Man says coughs when going to bed and in the morning and raises mucus. This is worse when he catches a cold. Short of breath on ^{moderate} exertion. No pain in chest.

Objective. Coughs when exercising. Few Bronchial rales over both lungs posteriorly. Upper lobes. Heart rapid 110. No murmurs. Other organs and system normal.

12. (a) Is the disability the result of service or climate? Service.

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

B. P. C. FOLIO
FALSE DOCKET
8

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

Naval Flag with Canada and A.K.
tattooed on right arm.

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

Not applicable.

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

Not applicable.

14. Treatment.

English Hospitals, At Elmhurst
Convalescent Home from May 3rd, 1917,
to date.

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

~~Aggravated on service.~~

not applicable

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

6 months.
C.T.W.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

20% for 6 months.
C.T.W.

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

No.

Chas. F. Williams

Capt. A.M.C.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18. Is he unfit for Military Service.

Recommendations :

On account of chronic Bronchitis which developed in England the Board recommends that this man be placed in Category C1. *His treatment indicated*

Signatures :-

J.S. Woodman
Capt. A.M.C. President.

J. H. ...
Members.

Station. Kingston, Ontario.

Date. November 17/17.

Date. NOV 22 1917

Approved.

Date.

J. L. ... Major, A.M.C.
D/ A.D.M.S. Ass. Director of Medical Services.
For A.D.M.S. Mil, District No. 3

B. P. C. FOLIO
FALSE DOCKET
4

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date _____

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

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

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

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
200m. 8-16.
H. Q. 1772-89-117.

Station		Regimental No.		Rank	
Corps		Name		Disability	
Date		Hospital or Station transferred to for final disposal.		Date of final disposal	
How finally disposed of		The original Report is invariably to accompany the discharge documents of Invalids.			

Reserved for M.H.C.

Regt: *125517* Rank *Plt* Surname *Kelly* Christian Name *Afred*
 Unit or Corps—(a) Overseas from United Kingdom..... (b) In United Kingdom.....
 Born at—Town *Levelon Falls* County or Province *Ontario* Country *Canada*
 Date of Birth—Day *10th* Month *May* Year *1894* Age *22* yrs. *10* months.
 Joined at *Levelon Falls* Date *Nov 3rd 1915*
 Former Trade or Occupation *Painter*
 Permanent marks or peculiarities that will serve for future identification:— *Tattoo marks on right forearm.*

Height—feet..... *5* inches..... *6*Colour of eyes..... *Green*Signature of Soldier (for identification purposes)..... *Afred Kelly*Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. **DISABILITY** (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).
 (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a).

Chronic Bronchitis & Laryngitis

Disabilities Group (b).

Disabilities Group (c).

2. **CAUSE OF DISABILITY.** (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<i>Exposure to cold, wet + impellions</i>	<i>Borden camp Bramshot.</i>	<i>2/8/16</i>
(ii.) As to Group (b) above.			
(iii.) As to Group (c) above.			

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

3. Is the disability due to disease contracted or injuries received prior to Active Service? *no*

(i.) As to Group (a) above? *no*If yes, has Active Service aggravated it? *✓*

(ii.) As to Group (b) above?

If yes, has Active Service aggravated it?

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

If yes, has Active Service aggravated it?

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

(i.) As to Group (a) above? *yes*

(ii.) As to Group (b) above?

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

B. P. C. FOLIO
FALSE DOCKET

3

5. If a cause of disability was an injury received on Active Service, was it received—

(i.) While on duty?

(ii.) While off duty?

(iii.) Was a Court of Inquiry held?

(iv.) Where?

(v.) When?

(vi.) Opinion of the Court?

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

Had pneumonia in Canada about two months after enlistment & was off duty for three months & one month after landing in England was taken sick with myalgia & complaining being to Bramshott Hospital for 53 days & then returned to lines and in 6 weeks was taken sick with Bronchitis & sent to Bramshott 29-12-16 until 29-1-17 where condition improved but still was unfit for duty & sent to C.C.H. Epsom, where there is no improvement. Treatment has been rest, hygiene, palliative measures.

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

Uneasiness all over lungs. Bronchial breathing, cough & expectoration. Sputum negative for G.O.B. Hoarse nearly all the time. Rapid pulse in cardiac or circulatory disease. Nervous system normal. Vision normal. Otherwise normal. Recommended to Canada by Col Finlay

8. OPERATION. (i.) Was one performed? no

(ii.) If so, state what.

(iii.) Was one advised and declined? no

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

9. (i.) Is there loss or decay of teeth attributable to Active Service?

(ii.) If so, describe.

Negative

10. DO YOU RECOMMEND:—

(a) Fit for duty?

(b) Fit for base duty?

(c) Invalid to Canada? yes

(d) Discharge from the Service as permanently unfit?

Date of Report week 9 1917

Signed J. M. Brin Capt Case

Officer in medical charge of case.

Station Epsom

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

J. M. Brin Capt Case
Officer in charge of Hospital S.M.O. Brigade

Strike out one of these.

Dated at Epsom

Station, on 13th 1917

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?

If not, indicate it.

yes

12. Is the cause of the disability, fully indicated in Part I. (2)?

If not, indicate it.

yes

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier

Caused? no
Aggravated? no

(b) Misconduct of the Soldier

Caused? no
Aggravated? no

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

80%

15. THE PENSIONABLE DISABILITY—(see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/5, 2/5, 3/5, or all.)

4/5

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

no

(ii.) If not permanent, what is its probable minimum duration (in months)?

6 mos.

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

not applicable

18. Remarks.

at present cannot carry on with any but lighter duty on account of weakness
convalescence very slow. Should improve markedly in Canada on account of his age

19. Recommendation:—(a) Fit for duty?

(b) Fit for base duty?

(c) Invalid to Canada?

yes

(d) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board

15. 3. 17

Station

Epsom

Approved

Dated for A.D.M.S., Canadians, London Area.

Signatures of the Board

A. W. Hayward capt canic. President.
C. H. Dowson Capt Colme.

A.D.M.S. CANADIANS, LONDON AREA,

A.D.M.S.

B. P. 76, STRAND, LONDON, W.C.

FALSE DOCK 20 MAR 1917

Station

MEDICAL HISTORY OF AN INVALID.

1. Station. Kingston, Ont. 8. General remarks on his:—
 2. Regiment or Corps. 109th B'n, (a) Conduct.
 3. Regimental No. and Rank. 725517. (b) Habits.
 Pte.
 4. Name. Alfred Kelly. (c) Temperance.
 5. Age last Birthday. 23 (For this purpose the Company defaulter sheets will be
 obtained from the man's Commanding Officer.)
 6. Enlisted on Nov. 23rd, 1915.
 at Fenlon Falls,
 7. Former trade or occupation. Date. Nov. 12th, 1917.
 Carpenter and Painter.

9. Service.	Years.	Days.	PERIODS	
			FROM	To
109th B'n, C.E.F.	Nov. 3, 1915.	Dec. 1916.		
124 Missassagna Horse.	Dec. 1916.	Date.		

10. (a) Disease or disability. Chronic Bronchitis.
 (b) Date of origin. August 10th, 1916.
 (c) Place of origin. England.
 (d) Cause. History of Pneumonia and Pleurisy from Dec. 1915.
 to Feb 13th/16, Did not entirely recover before going
 overseas.

11. Present condition. (Most Important.) Subjective. Man says coughs when going to
 bed and in the morning and raises mucus. This
 is worse when he catches a cold. Short of
 breath on moderate exertion. No pain in
 chest.
 Objective Coughs when exercising. Few Bron-
 chial rales over both lungs posteriorly. Upper lobes. Heart rapid 110.
 No murmurs. Other organs and system normal.

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

MEDICAL HISTORY OF AN INVALID.

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

1. Station, Windsor, Ont.
2. Regiment, Naval flag with Canada and A.K.
3. Regimental No. and Rank, tattooed on right arm.

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

Not applicable.

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

Not applicable.

14. Treatment.

English Hospitals at Elmhurst
Convalescent Home from May 3rd, 1917.
to date.

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

Not applicable.

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

6 months. C.F.W.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

20% for 6 months.

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

No.

Sgt. Chas. Williams, Capt. AMC
Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

FILE NO.
MILITARY HOSPITALS COMM'D
HEAD OFFICE OTTAWA

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

JAN 18 2 14 PM '18

10. Yes.

REFERRED TO
ANS'D
REFERRED TO
NOTED

11. Yes.

Arrived
from

12. Yes.

15. Yes.

16. Yes.

17. Yes.

Summary of Cases of Invaliding, or remarks as to removal to Regiment, Station or Depot.

18. Is he unfit for Military Service.

Recommendations : On account of chronic Bronchitis which developed in England, the Board recommends that this man be placed in Category C1. No treatment indicated.

Signatures :—

Sgd. F.S.⁵ Vrooman, Capt. AMC. President.

Sgd. W.F. Ryan, Capt. AMC.

Station. Kingston, Ont.

Members.

Date. Nov. 17th, 1917.

Date. Nov. 22nd, 1917.

Sgd. E.E. Latta.
Assc. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

FILE NO.
 MILITARY HOSPITALS COMM'N
 HEAD OFFICE OTTAWA
 RECEIVED

JAN 16 2 14 PM '18

REFERRED TO NOTED
 REFERRED TO ANS'D

(At Station or Hospital where finally disposed of.)

Station and Hospital) Arrived from }

Date

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

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

.....

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

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
 200m, 8-16.
 H. Q. 1772-39-117.

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

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

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

M. OR S. *Married*

REGT. NO. *725517*

RANK *Pte*

NAME (IN FULL) *KELLY, Alfred*

RELATIONSHIP *wife*

ADDRESS *515 Albert St KINGSTON, Ont*

IS SEPARATION ALLOWANCE PAID? *Yes* DATE EFFECTIVE *23.6.19*

TO WHOM PAID *Yes* RELATIONSHIP *wife*

ADDRESS *AS Above.*

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>\$1.10</i>	<i>23.6.19</i>	<i>J.P.A.</i>
<i>.80 Sub</i>	<i>23.6.19</i>	<i>Do. 179.</i>
<i>.50^c day</i>	<i>12-2-19</i>	<i>80.242</i>

ORIGINAL UNIT C.E.F.

PLACE OF ATTESTATION *KINGSTON* TRANSFERRED TO *C.A.S.C.* DATE *23.6.19* AUTHORITY *Do. 175*

DATE OF ATTESTATION *23-6-19* TRANSFERRED TO

ASSIGNED PAY \$ *15⁰⁰/₁₀₀* DATE EFFECTIVE

PAYABLE TO *Mrs. Nellie Kelly* RELATIONSHIP *wife*

ADDRESS *515 Albert St KINGSTON, Ont.*

STOP PAYMENT FORM RENDERED, DATE

DISCHARGED *Kingston* PLACE DATE *Dec 31, 1919* 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	
<i>23.6.19</i>	<i>8</i>	<i>1¹⁰</i>	<i>8 80</i>	<i>8 80</i>	<i>5</i>			<i>8 80</i>					<i>8 80</i>			<i>2.7w. 2595 Reid (27)</i>	
<i>July</i>	<i>31</i>	<i>✓</i>	<i>34 10</i>	<i>24 80</i>	<i>3</i>	<i>430037</i>	<i>431078</i>	<i>20 00</i>	<i>30 30</i>		<i>53 00</i>		<i>103 30</i>			<i>Sub. 340.99-K-204</i>	
<i>Aug.</i>	<i>31</i>	<i>✓</i>	<i>34 10</i>	<i>24 80</i>	<i>3</i>	<i>431442</i>	<i>434177</i>	<i>20 00</i>	<i>23 90</i>		<i>45 00</i>		<i>88 90</i>			<i>5430 337</i>	
<i>Sept.</i>	<i>30</i>	<i>✓</i>	<i>33 00</i>	<i>24 00</i>	<i>3</i>	<i>435531</i>	<i>437215</i>	<i>20 00</i>	<i>22 00</i>		<i>45 00</i>		<i>87 00</i>			<i>5268466</i>	
<i>Oct.</i>	<i>31</i>	<i>✓</i>	<i>34 10</i>	<i>24 80</i>	<i>3</i>	<i>437471</i>	<i>438048</i>	<i>25 00</i>	<i>20 00</i>	<i>39 40</i>	<i>45 00</i>		<i>129 40</i>			<i>5035737</i>	
<i>Nov.</i>	<i>30</i>	<i>✓</i>	<i>33 00</i>	<i>24 00</i>	<i>3</i>	<i>441711</i>	<i>441633</i>	<i>25 00</i>	<i>37 00</i>		<i>45 00</i>		<i>107 00</i>			<i>5438300</i>	
<i>Dec.</i>	<i>31</i>	<i>✓</i>	<i>34 10</i>	<i>24 80</i>	<i>3</i>	<i>442949</i>	<i>445117</i>	<i>25 00</i>	<i>34 40</i>		<i>45 00</i>		<i>104 40</i>			<i>5441935</i>	
<i>Jan.</i>				<i>25</i>		<i>445202</i>	<i>445305</i>	<i>25</i>	<i>35 00</i>				<i>35 25</i>			<i>5442791</i>	
			<i>211 70</i>	<i>209 35</i>		<i>238 50</i>	<i>659 05</i>	<i>144 05</i>	<i>197 60</i>	<i>39 40</i>	<i>278 00</i>		<i>659 05</i>			<i>544935</i>	

Certified that all Payments of War Service Gratuity due on this Account have been paid.

J. Mitchell Lieut. Paymaster, Misc. Units, M. D. 3

