FEB 27 1916

# ATTESTATION PAPER.

No. 724040

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

TRIPLICATE

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Kennedy
1a. What are your Christian names? ..... Albert
1b. What is your present address? ..... Dunsford, Ont.
2. In what Town, Township or Parish, and in what Country were you born? ..... Dunsford, Ont.
3. What is the name of your next-of kin? ..... Thomas B. Kennedy
4. What is the address of your next-of-kin? ..... Dunsford, Ont.
4a. What is the relationship of your next-of-kin? ..... Father
5. What is the date of your birth? ..... Mar. 13th 1892
6. What is your Trade or Calling? ..... Farmer
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? If so, state particulars of former Service. ..... 1 yr. 4th Hd. Vet. Regt. Lindsay
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... Yes

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Albert Kennedy, 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.

Albert Kennedy (Signature of Recruit)

Date FEB 27 1916 191 . A. W. Ashline Lieut (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Kennedy, 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.

Albert Kennedy (Signature of Recruit)

Date FEB 27 1916 191 . A. W. Ashline Lieut (Signature of Witness)

## CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Lindsay this FEB 27 1916 day of 191 .

J. G. [illegible] (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

## Description of Albert Kennedy on Enlistment.

Apparent Age 24 years — months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8 ins.

Chest measurement:
- Girth when fully expanded 40½ ins.
- Range of expansion 3½ ins.

Complexion Fair

Eyes Blue

Hair Brown

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

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).

Two scars on index finger of left hand

## 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 FEB 27 1916 191 .

Place Lindsay

J. M. Culloch Capt.
Medical Officer
109th Overseas Battalion, C.E.F.
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.

Albert Kennedy 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.

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

Date FEB 27 1916 191 .

REGIMENTAL DOCUMENTS

NAME KENNEDY ALBERT Pte REGT. NO. 724040 UNIT P.P.D. H. Q. FILE NO.

| | CONTENTS | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE | NON-EFFECTIVE BY |
|---|---|---|---|---|---|---|
| | ATTESTATION PAPER (M.F.W. 23, 133, or 51) | R.S. 1-4-19 | | | | DEATH |
| 2 | CASUALTY FORM (M.F.W. 54 or A.F.B. 103) | | | | | Category |
| | TRAINING HISTORY SHEET (M.F.W. 113) | | | | | |
| 1 | FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) | | | | | |
| | REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) | | | | | |
| | COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) | | | | | |
| 3 | MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) | | | | 04777 | DISCHARGE |
| 2 | DENTAL HISTORY SHEET (M.F.B. 465) | | | | | Category Demob. |
| 1 | MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) | | | | | |
| | MEDICAL EXAMINATION (M.F.W. 129) | | | | | |
| 1 | TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) | | | | | |
| | PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) | | | | | |
| | DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) | | | | | DESERTION |
| 1 | LAST PAY CERTIFICATE (M.F.W. 44) | | | | | |
| 2 | PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) | | | | | |
| | PARTICULARS OF CHARACTER (A.F.W. 3226) | | | | | |
| 1 | COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) | | | | | |
| 1 | M.F.W. 182 | | | | | |
| 2 | D.M.2 1348 | | | | | |
| 2 | Eng. Med. Board | | | | | (1) |
| 1 | Postcard | | | | | |
| 1 | M2W67 | | | | | 3-16 |
| 1 | R122 | | | | | 22-16 |
| 1 | Postcard | | | | | 26 16 |

W. 2589
1GOM-11-18
1772-39-1377

DVA:CEF:724040 WSR 5A/DE

DEPARTMENT OF VETERANS AFFAIRS

# RECORD OF SERVICE

IN THE

# CANADIAN ARMED FORCES



THIS REPORT IS NOT VALID WITHOUT THE IMPRINT OF THE OFFICIAL STAMP OF THE DEPARTMENT

72 Howard Ave., Toronto 9, Ont.

Service Rank and/or Number 724040 Name Albert KENNEDY

1. Branch of Service: CANADIAN EXPEDITIONARY FORCE
2. Date and Place of Birth: 13th March, 1892 Dunsford, Ont.
3. Date and Place of Appointment, Enlistment or Enrolment: 27th February, 1916 Lindsay, Ont.
4. Unit on Appointment, Enlistment, or Enrolment: 109th Battalion
5. Theatres of Service: CANADA - ENGLAND
6. Date and Place of Retirement or Discharge: 17th February, 1919 Kingston, Ont.
7. Reason for Retirement or Discharge: "Demobilization"
8. Rank on Retirement or Discharge: Private
9. Medals and Decorations: BRITISH WAR MEDAL
10. Remarks: Nil

## DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

Sex: Male Height: 5 Feet 8 Inches.

Eyes: Blue Hair: Brown Complexion: Fair

Marks or Scars: Two scars on index finger left hand.

Ottawa, Ont., Canada

8th December, 19 60

Director, War Service Records

DVA 812 (REV. 7-51)

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

**This is to Certify** that No. 724040 (Rank) Private

Name (in full) Kennedy Albert enlisted in

the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay Ont on the 27th

day of February 1916

HE served in Canada & England

and is now discharged from the service by reason of Demobilization R.O. 1343

Auth 3DD-3-K-217 D/ 14-2-19

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

Age 26 yrs 11 months

Height 5ft 8 ins

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars 2 scars on index finger left hand

A. Kennedy
Signature of Soldier

Lieut.
O. C. Discharge Section
No. 3 District Depot
Issuing Officer

Rank

Appointment

Date of Discharge 17-2-19

Signed at Kingston Ont this 17th day of February 1919

in Military District No. 3

File Reference No. 3DD-3-K-217

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

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

# 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 .....

.....

On demobilization the particulars called for on the back of this certificate will not be completed

Signed at ..... this ..... day of ..... 19

.....
Name of Officer

.....
Rank

.....
Appointment

II.

Army Form B. 103 Regimental Number 224040

## Casualty Form—Active Service.

Regiment or Corps 109th Bn

Rank Pte Surname Kennedy Christian Name A.

Religion ..... Age on Enlistment ..... years ..... months

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

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

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) .....
or Corps Trade and Rate .....

Occupation ..... Signature of Officer.

| Report | | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B.213, Army Form A.36, or other official documents |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| | | Embarked ... | | | |
| | | Disembarked... | | | |
| 11.12.18 | | O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale 7-12-18 Pt.11. D.O. 295 | | | |
| | | 10th Co Depot £3 | | | |
| | | | | | Lt. & A/Adjt. |
| | | | For O.C. Base Depot, Canadian Forestry Corps. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| T.O.S. Casualty Company No. 3 District Depot. for Disposal, Part Two D.O. # 31 | | Kingston 27-1-19 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

(6228) W. 13863/M1477 2,400,000 1/17 McA & W Ltd Forms B./103/4 (E. 886)

[P.T.O.

| Report | | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B.213, Army Form A.36, or other official documents |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| 17-2-19 | SOS | Discharged | Kingston | 7-2-19 | [illegible] |

[illegible]
C. O. [illegible]
No. 3 District Depot

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

# CANADIAN EXPEDITIONARY FORCE.

# LAST PAY CERTIFICATE

ORIGINAL

Regimental No. 224040 Rank Pte Name Kennedy A
(Surname first)

Unit 109th Bn who was* Discharged

On Feb. 17th 1919, to Calgary C I

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/2/19 to 17/2/19 191... the inclusive date of transfer or discharge.

| | Dr. | | Cr. | |
|---|---|---|---|---|
| Bal. Dr. or Cr. from prev. month | | | 24 | 61 |
| Regimental Pay 17 days at $ 1 c. 00 | | | 17 | |
| Field Allowance 17 days at $ c. 11 | | | 1 | 70 |
| Separation Allowance | | | | |
| Clothing Allowance | | | 33 | |
| Post Discharge Pay | | | | |
| *Other Credits | | | | |
| | | | | |
| Advances | | | | |
| Separation Allowance and Assigned Pay Cheque No. | | | | |
| *Other Charges | | | | |
| | | | | |
| Balance on transfer or on discharge, cheque No. 4613 | 78 | 31 | | |
| Total | 78 | 31 | 78 | 31 |

*Give particulars.

A monthly stoppage of $ 15 (†) has ... (‡) been paid on account of

Assigned Pay for the month of Jan 191 9 and Separation Allce. for month of 191 } (to) Assignee Thos B Kennedy

(Address) Dunford Ont

(†) 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 ... married or single ...

(2) Separation Allowance, entitled or not N.V. (3) Reason for discharge ...

(4) Authority for discharge or transfer 3.D.D.-3-K-217

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date Feb 17th 1919

Place Kingston Ont.

W Peters Captain,
OFFICER I/C DEMOBILIZATION PAY DIV.
MILITARY DISTRICT No. 3
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

COMPILED BY OOB
CHECKED BY HVW.

## CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

| Date | Place | Cheque No. A.R. No. or Other Particulars. | AMOUNT | | Signature of Officer Making Payment. |
|---|---|---|---|---|---|
| | | | Dr. | Cr. | |
| | | | | | |
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D.M.S. 1348 (Revised).

C 122361

# EXAMINATION
BY
# STANDING MEDICAL BOARD, BRAMSHOTT.

28-11-1916.

No. 124040 Rank Corp Name Kennedy. Albert

Local Unit 109 Overseas Unit ..... Age 24

Examination held at Bramshott, Hants.

**DISABILITY.** Enlarged Thyroid gland

~~Overseas~~—Local.
(scratch one out)

**PRESENT CONDITION.**

Reboard

Board recommends: Class C (ii)

1. Fit for Duty.
2. Fit for duty after ..... weeks physical training.
3. Fit for Base duty ..... weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures:

C. E. Cooper Cole Major Pres.

Members { D. A. Dickson Major
H. Thompson Capt.

Approved.

Bramshott Nov 28 1916. R. H. Stewart Maj

for A.D.M.S. G. H. C.
Canadian Troops, Bramshott.

D.M.S. 1348.

# EXAMINATION
BY
# STANDING MEDICAL BOARD, BRAMSHOTT.

28 AUG 1916 1916.

No. 724040 Unit 109th Battalion, Rank Cpl.

Name KENNEDY, Albert. Age 24

Examination held at Bramshott, Hants.

**DISABILITY.** Enlarged Thyroid Gland.

Overseas—Local.
(scratch one out)

Present Condition: No systemic symptoms.
Some eversion, right foot.

Board recommends:

1. Fit for Duty.
2. Fit for duty after ..... weeks physical training.
3. Fit for Base duty ..... weeks.
4. Fit for Permanent Base Duty. Yes.
5. Discharge.

Signatures:

Members { R. S. Stewart Maj. Pres.
H. Macharen Capt.
D. McKay Capt.

Approved.

Bramshott 28 AUG 1916 1916. C. H. Young Major.
D.A.D.M.S. for A.D.M.S. & G.O.C.
Canadian Troops, Bramshott.

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

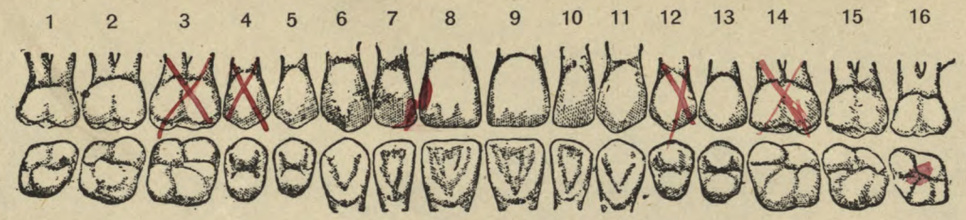
DISTRICT 3

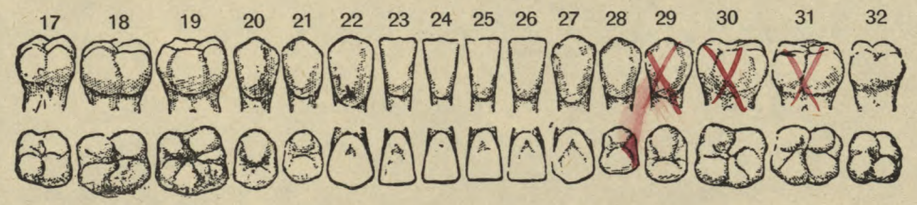
NAME OF SOLDIER Kennedy A.

RANK P/2.

REGIMENT D. D.

No. 320040




## INSTRUCTIONS

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

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

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

| | Date | Amalgam | Temporary Filling (a) G. P. (b) Cement | Cement | Treatment Putrescent Pulp | Root Filling | Pulp Cap | Devitalization | Pyrrhœa | Synthetic Porcelain | Extracting | DENTURES U | DENTURES L | DENTURES P | Gold Clasp | Gold Filling | CROWNS Gold | CROWNS Porcelain | Bridge Work | OPERATOR | Military District | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Condition on first Examination | 1919 Feb 13/28 | 1 | | 3 8/16 | | | | | | | 7 34 12 14 29 30, 31 | | | | | | | | | D O'Massey Capt 3 | | Complete |

C.A.D.C. 5009 A

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

# DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.D.3.

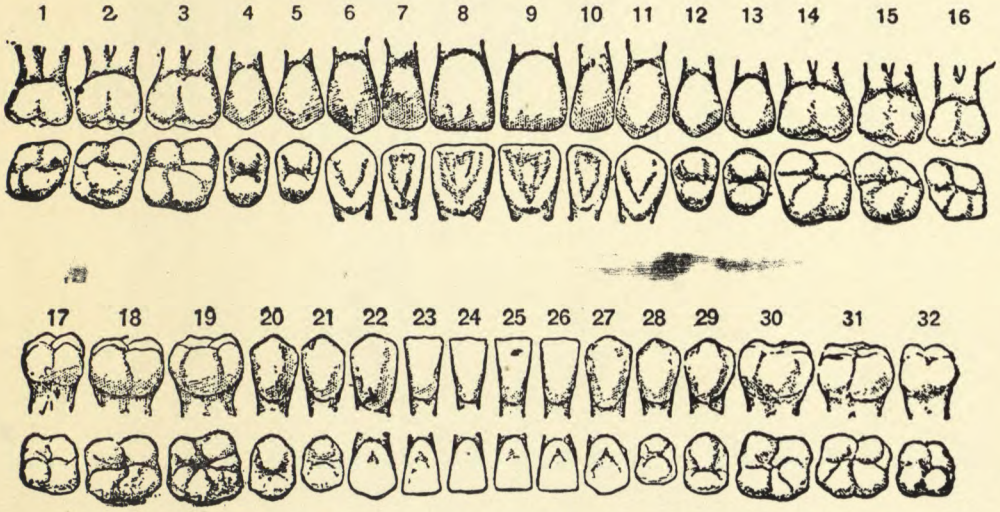
**DIRECTIONS TO DENTAL OFFICERS**

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

NAME OF SOLDIER (Block Letters) KENNEDY. A

REGIMENT C.F.C. RANK PTE No. 124040.

Date of Examination in England 11/1/19 | Date of Examination in France




## PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

*Signature of Dental Officer* H W Reid Capt.

*Name KENNEDY Albert Rank Pte Regtl. No. 724040

Fyle Depot 3-K-217

Original unit 109 Bn. Present unit M or S. Age 27 Religion ~~Baptist~~ Ref. H.Q.

Port, ship, and date of arrival Aquitania Halifax 25-1-19

Next of kin Thomas B. Kennedy Dunsford Ont

Address on leave Same

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Farmer Date and place of enlistment 27-2-16 Lindsay Ont.

Diagnosis Date of Medical Boards

| Date. | Remarks | Pt. 2 Order No. |
|---|---|---|
| 31-1-19 | T.O.S. Casualty Company No. 3 District Depot. for Disposal, Part Two D.O. 31. From O/S. Eff. 27-1-19. | |
| | Leave & Lab 28-1-19 to 10-2-19. | |
| 17-2-19 | S.O.S Discharged. Kingston | H.Q. 48 |

D/ 17-2-19 (over)

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

| Date. | Remarks. | Pt. 2 Order No. |
| --- | --- | --- |
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M.F.W. 192
150M—6-18.
1772-39-1243.

Otal

Number 724040 Rank a/L/Cpl

Surname KENNEDY

Christian Name Albert

Units 109th Bn Can Inf Theatre of War England

Date of Service 31-7-16

Remarks ~~Geo Dunford~~ Jnr.

Latest Address 1749 St Clair Ave W.
Toronto
Ontario

Roll No. A Page 3398

200m.-2-21.M.

Next of kin

Address on leave

Address on discharge

DESP. JUN 14 1923

Transportation issued Yes No Date

Character on discharge

REGN. NO. 2078

Previous occupation

Date and place of enlistment

Diagnosis

Date of Medical Boards

| Date | Remarks |
| --- | --- |
| | |
| | |
| | |
| | |

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

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

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

(2) Regimental Number 724040

(3) Full Name of Soldier Albert Kennedy

(4) Place of Birth Dunsford

(5) Are you married, or not? Single

(6) If married, state,

(a) Full name of your wife

(b) Present Postal Address Dunsford P.O. Ont.

(7) Are you a widower?

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Thomas B. Kennedy

(10) Is your Mother alive? Yes

If so, state name and address Mary Kennedy

Dunsford P.O. Ont.

(11) If your Mother is a widow No.

Are you her sole support, or not? No.

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

Thomas B. Kennedy

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

(15) Are you insured? No.

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

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

Date JUN - 6 1916

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

D.M.S. 1300.

| Surname | Christian Name or Names | Reg. No. |
|---|---|---|
| Kennedy | A. | 724040 |

| Rank | Unit | Co. | Troop | Batty |
|---|---|---|---|---|
| a. L/Cpl | Can Forestry Corps. (HQCFC). | | | |

Hospital — Date of Admission

Transferred Shorncliffe Mil Hosp. 17.3.17

Mil. Court. Farm. Warlingham Hosp. 28.3.17

Bromley Can Conv Hosp. 29-6-17

Hosp.

Diagnosis

(1) V.D.G.

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION — Date

Ch. 26. 3. 17 55

- 20. 3. 17 #60

5-7-17 120

18. 9. 19 Cr.

Dis. 4. 7. 17.

REMARKS

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. | | |

REGT'L No 724040

NAME Kennedy A.

H. Q. FILE No. 649-

RANK AND CORPS A/L/Cpl. Can. Forestry Corps

FOLLOWS No.

CABLE

| No. | Date |
|---|---|
| | |

NATURE OF CASUALTY

FOLLOWS

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

| LIST No | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---|---|---|---|
| 55 | Mil. Shorncliffe | 17-3-17 | V.D. G |
| 60 | To Mil. Court Farm Warlingham | 23-3-17 | V.D. G. |
| 120. | To Can. Conv. Bromley Kent | 29/6/17 | V.D. G |
| 612 | Discharged | 4-7-17 | |

SURNAME. Kennedy

CHRISTIAN NAMES Albert

REGL. No. 724040 RANK Pte.

UNIT 119th 3. DD.

FORMER CORPS 1yr - 45th Regt

CARD NO. 3

S08 Dis 17-2-19.
Demob FOLL.
Auth 90119 18.2.19
3 DD
PM.

NEXT OF KIN.

NAMES IN FULL Kennedy, Thomas B

RELATIONSHIP TO SOLDIER Father

ADDRESS Dunsford, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Dunsford Ont DATE Mar 13th 1892

PLACE OF ATTESTATION Lindsay Ont. DATE Feb 27th 1916

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

P/C 25-1-19. 268/78. Pte. 3

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Farmer RELIGION Baptist

DESCRIPTION.

APPARENT AGE 24. YEARS — MONTHS

HEIGHT 5. FEET 8. INCHES

CHEST MEASUREMENT 40 1/2 INCHES EXPANSION 3 1/2 INCHES

COMPLEXION Fair EYES Blue HAIR Brown

DISTINGUISHING MARKS 2 scars on index finger of L. hand.

MEDICAL EXAMINATION. PLACE Lindsay, Ont. DATE Feb. 27th, 1916

Present Address, Dunsford, Ont.

No. 724040 RANK Pte NAME Kennedy. A.

T. O. S. 27-2-16. UNIT 109th Battalion.
D.C.98. 14-3-16

M. D. C

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1916 Feb. 27 | 1916. Mar. 31 | ✓ | | |
| April. | | ✓. | | |
| May. | | ✓ | | |
| June | | ✓. | | |
| July. | | ✓. | | |

UNIT SAILED
JUL 23 1916

Form R. 149.
7106—250m—7/2/17.

Name Kennedy Rank a/LCpl. Reg. No. 724040

Unit Can. Forestry Corps.

Next of Kin Canada.

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| 1917. | | | | | | |
| 17-3 | Mil Hosp. | Shorncliffe | V.D.G. | 56 | | |
| 23-3 | Fr. Mil. Hos. Court Farm | Warlingham | " | 60 | | |
| 29-6 | Can Corps. Hosp. | Bromley | -do- | 120 | | |
| 4-7 | Discharged | | -do- | C 12 | | 134 |

| Date | | Movement | Place | Casualty | List No. | Notified N/K O. | | W.O. List |
|---|---|---|---|---|---|---|---|---|
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I

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-35-920.

# Casualty Form—Active Service.

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

Regimental No. 124040 Rank Private Name Kennedy Albert

Enlisted (a) 27.2.16. Terms of Service (a) D of W. Service reckons from (a) 27.2.16.

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 | | 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 | | | | |
| | | Embarked Canada | Halifax | 24.7.16. | |
| | | Disembarked England | Liverpool | 31.7.16. | |
| | | Appointed a/L. Cpl. | Oxney | 5.8.16 | Part II Order 216 Capt. ADJUTANT 109th Overseas Battalion, C.E.F. |
| | | Transferred to C. C. a/c | Bramshott | 15.9.16 | Part II Order 216 |
| ~~8/12/16~~ | ~~109th~~ | ~~Transferred to 124th Bn.~~ | ~~Witley~~ | ~~8/12/16~~ | ~~No. pt 2 no. 143~~ 3 ~~A W Caselton Capt. ADJUTANT 109th Overseas Battalion, C. E. F.~~ |
| 19-1-17 | ~~124th. Bn.~~ | ~~Attached to Garrison Duty Battalion.~~ | ~~Witley Camp~~ | 19-1-17 | Part II Orders No. 19 ~~A W Eastmure~~ Lieut., Asst. Adjt. 124th. Bn. C.E.F. |

D

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

[P.T.O.

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| 1-2-17. | 124th.Bn. | ~~Transferred~~ attached to Canadian Forestry Corps. | Witley Camp. | 1-2-17 | Part.II. Orders No.32. Capt Adjt. 124th.Can.Pnr.Bn. |
| 13.4.17 | D.of T.O. | Taken on strength Can; For; Corps from C.C.A.C. | London | 31.1.17 | Pt.II Orders No. 87 Lt.& Asst Adj. C.F.C. |
| 8-12-17 | DGTO. | S.O.S H.Q.S.S. on posting to Dist 53 | London | 1-12-17 | D.O. pt II no 140 LIEUTENANT For D.A.A. & Q.M.G. CANADIAN FORESTRY CORPS |
| ~~25-1-18.~~ 17-12-17 | Dist: 53. | T.O.S. at Tech: W'house on posting from H.Q., C.F.C., | Egham. | ~~1-12-17~~ | Pt II D.O. No. 143 Major... |
| 25-1-18 | Dist:53. | S.O.S. of Dist: 53. on posting to H.Q., C.F.C., | Egham., | 19-1-18. | Pt II D.O. No. 4. Major... |
| 25-1-18 | D.G.T.O. | T.O.S. HQRS. C.F.C. on posting from 53 Dist. | London. | 19-1-18 | Pt.II D.O.No.12. |
| 16-2-18 | DGTO | SOS HQ at Warehouse on transfer to ~~Base Depot~~ Dist #53 | London | 13-2-18 | Pt II D.O. #23 Lt. for D.A.A.&Q.M.G. Canadian Forestry Corps. |
| 15.2.18 | Dist. 53. | T.O.S. at co. 102 from HQ's | Egham | 14.2.18 | Pt. II D.O. # 7. |
| 22.3.18 | " " | Granted perm. to wear one good conduct stripe | | 27.2.18 | Pt II D.O. # 12 |
| 13-12-18 | " " | S.O.S. 102 Co on posting to Base Depot. | Egham | 7-12-18 | Pt II D.O. #52. Capt & Adj, Dist 53. C.F.C. |

R—122

A.C.

Rank | Name KENNEDY, Albert. | Reg'l No. 724040

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

Place and Date of Enlistment Lindsay. Feb. 27th. 1916. | Place of Birth Dunsford,

Name and Address, Next-of-Kin Thos B. Kennedy. Dunsford, Ont.,

Relationship Father.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character



H. W. & V., Ld.—7165-16.

| Report. Date. | Report. From whom received. | 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. |
|---|---|---|---|---|---|
| | | Arrived in England per H.M.T. 8810 31-7-16 | | | |
| 5.8.16 | O.C. 109th | Appt'd Prov L. Cpl | Witley | 5-8-16 | Pt II D.O. 218 & D.O. 285 |
| 22.9.16 | do | Trans to Loc. Cas. C.C.A.C. ex Brancepeth | | 28-8-16 | Pt II D.O. 266 & D.O. 293 } Pt II D.O. 400 C.C.A.C. 16-9-16 |
| 22.9.16 | do | All'd from C.C.A.C. for P.B.D. for Rat. Bis. Pay, Equip. Cls. & Quarters | do | 28-8-16 | Pt II D.O. 266 } |
| 16.9.16 | C.C.A.C | T.O.S. On Conv. 109 Bn. P.B.D. | Stone. | 28.8.16. | Pt II D.O. 400. |
| 15.12.16 | O.C. 109th Bn | Ceases to be on Command & all'd to 124th Bn. | Witley | 8.12.16 | Pt II D.O. 347 & 351 |
| 9.12.16 | O.C. 124th | Attached for all purposes | " | " | " 265. |
| 19.1.17 | " | Ceases to be all'd to P.B. Bn | " | 19.1.17 | " 19. |
| 1-2-17 | 124 Bn | Ceases to be all'd to 124 Bn and is all'd to Can. For. Corps | Witley | 1-2-17 | Pt II D.O. 32 |
| 9-2-17 | C.F.C. | All'd to C.F.C. for D.P. etc | London | 1-2-17 | " " 35. |

| Report. Date. | Report. From whom received. | 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. |
|---|---|---|---|---|---|
| | | Leave to be att. to 109th Bn. | | | |
| 2.3.17 | CCAC | S.O.S. to C.F.C | Hastings | 2.3.17 | Pt. II Do 105. 1 C.F.C. PS II Pte 0.87. d/13/4/17 |
| 21.3.17 | C.F.C | Adm. S'cliffe Mil Hosp. | London | 15.3.17 | " " 69. ✓D. |
| 26.3.17 | " | Jd. Mil. Hosp Court Farm | Wallingham | 17.3.17 | C L 56 V.D.S. |
| 30.3.17 | " | | | 23.3.17 | -"- 60. -"- |
| 12.5.17 | " Hqrs | On Strength | Pte London | 1.5.17 | |
| 5.7.17 | " | Jd. Can Convs. Hosp of Mil Hos Court Farm | Bromley | 29.6.17 | C L 120 V.D.S. |
| 17.9.17 | " | Discp. -"- | " | 4.7.17 | " " "C" 12 -"- |
| 8.12.17 | " Hqrs | S.O.S to 53 Dist. | Pte | Ldon | 1.12.17 Pt II.O. 140. T.O.S. 53 Dist. C.F.C. Pt II.O. 143 d/4.12.17 Pte |
| 28.12.17 | " 53 Dist | Revert to "Pte" on attch.mt to C.F.C London | | Egham | 1.2.17 — 145. |
| 25.1.18 | " Hqrs | T.O.S. (2w.) from 53 Dist | Pte | Ldon | 19.1.18 — 12 S.O.S. 53 Dist. C.F.C. Pt II.O. 4 d/25.1.18 Pte |
| 15.2.18 | " 53 Dist | T.O.S. on posting from W'house. Ldon. | " | Egham | 14.2.18 — 7. S.O.S. H.Qrs C.F.C (WH) Pt II.O. 23 d/18.2.18. Pte |
| 22.3.18 | " " | Entitled to wear 1.G.C Stripe | " | " | 27.2.18 — 12 |
| 11.12.18 | BDCFC | TOS from 53 Dist CFC | " | Sdale | 7.12.18 ✓ 295 Pt II 052 d/13-12-18 53 Dist-SOS |
| 8-1-19 | " | On Leave to C.E.C. Rhyl. Dist #3 | " | " | 8-1-19 — 8 |

SOS to CEF CAN. M I 3
13.1.19 on Ceasing on Com
RHYI
BDCFC DO 31, 6 31.1.19

724040

a

ORIGINAL

# MEDICAL HISTORY SHEET.

Surname: Kennedy  Christian Name: Albert

Examined: on 27th day of February 1916; at Lindsay

Birthplace: City or Town: Dunsford; County: Ontario

Apparent age: 24 years.

Trade or occupation: Farmer.

Height: 5 Feet 8 Inches.

Weight: 164 Lbs.

Chest measurement: Minimum 37 inches; Maximum expansion 40½ inches.

Physical development: Good

Small-Pox Marks: None.

Vaccination Marks: Arm Right. None Left. Two; Number Two

When Vaccinated last: March 4th 1916

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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

| Date | Fit or Unfit | Examined for Re-engagement, |
|---|---|---|
| | | Cat. C III M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Vaccinations. |
|---|---|---|
| 4.3.16 | Good | J McCullock M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| TAB | | 2/11/16 G.B. |
| 18.5.16 | Good | J McCullock M.O. |
| 25.5.16 | " | J McCullock M.O. |
| 4.6.16 | " | J McCullock M.O. |
| TAB | | Geo Begg Capt |

Enlisted on 27th day of February 1916 at Lindsay

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | 109th Bn C.E.F. | 724040 | | 27.2.16 |
| Transferred to | 124 Bn., C.E.F. | | | |
| | C.C.A.C. – 15.9.16 | | | |
| | ~~C D B – 19.1.17~~ | | | |
| | Canadian Forestry Bn | | | |

CANADIAN FORESTRY CORPS.
54 Victoria St
LONDON. S.W.1

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station. | Date. | Disease. | Result. |
|---|---|---|---|
| Bramshott | 28/8/16 | Enlarged thyroid gland | Perm Bar |
| Approved Bramshott | 28 AUG 1916 | | PRESIDENT. MEDICAL BOARD, BRAMSHOTT. |
| C.H. Spencer Major. D.A.D.M.S. for A.D.M.S. Canadian Troops, Bramshott Camp. | | | |
| Bramshott | 28/11/16 | Enlarged thyroid gland | Class C III |
| | | | PRESIDENT. MEDICAL BOARD, BRAMSHOTT. |

N. B.—This sheet to be disposed of in accordance with instructions in Medical Regulations for Army Medical Service, the date of the man becoming non-effective, the date and cause being stated on next page.

M. F. B. 313.
150M—8
H. Q. 172-30-439

28 NOV. 1916
APPROVED.

Lumsdale 16.12.16, Barnefield 13-2-19

Enlargement thyroid Gastro

Bi Pulmonary Tuberculosis CT W or Sloot Capt

Surname Kennedy Christian Name Albert

| STATION. | Date of Arrival at the Station. | Dates of Admission into Hospital. Day | Month | Year | Dates of Discharge from Hospital. Day | Month | Year | DISEASE. | Number of days in Hospital. | Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. | Signature of Medical Officer. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| MILITARY HOSPITAL, SHORNCLIFFE. | C. | 16 | 3 | 17 | 22 | 3 | 17 | Gonorrhoea | 6. | Trans. to Warlingham Hosp & continue treatment | A Walker Capt |
| ~~Wd Hos. Court Farm Warlingham~~ | | 22 | 3 | 17 | ~~[illegible]~~ | ~~6~~ | ~~17~~ | Gonorrhoea | ~~75.~~ | ~~Trans RD. by Robinson Hos keeper~~ | ~~[illegible]~~ |
| Wd Hos Court Farm Warlingham | | 22 | 3 | 17 | 29-6-17 | | | Gonorrhoea | 100 | Routine Vaccine treatment & treatment for Inflammation of bladder right testicle and left urethral stricture. | J. D. Leslie Capt. RAMC |
| CANADIAN CONVALESCENT HOSPITAL, BROMLEY, KENT. | | 29 | 6 | 17 | | | | do | | | |
| | | | | | | | | | | Class C11 to Hospital Representative | B B Lyon Lieut RAMC |

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Thos B. Kennedy.

L. L. Job 310.—Req. 6574.

PAYMENTS.

Name of Soldier Kennedy Albert.
724040 Pte. "D" Coy 109th Bn

15 00/XX

AUG 1 1916

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|---|---|---|---|---|
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | P 55513 | 15 | |
| Sept. | | 91705 | 15 | |
| Oct. | | D 21619 | 15 | |
| Nov. | | D 26689 | 15 | |
| Dec. | | C 36114 | 15 | |
| Jan. | 1917 | H 37408 | 15 | |
| Feb. | | H 44368 | 15 | |
| March | | B 51265 | 15 | 15 P. |
| April | | X 2775 | 15 | 15 Ch. |
| May | | Y 9558 | 15 | |
| June | | W 17735 | 15 | |
| July | | Y 22818 | 15 | |
| Aug. | | 30331 | 15 | |
| Sept. | | X 43388 ~~Y 37049~~ | 15 | to Y 37049 Can 3/9/17 W.J.H |
| Oct. | | 46043 | 15 | |
| Nov. | | A 42224 | 15 | |
| Dec. | | T 60684 | 15 | |
| Jan. | 1918 | | 255 | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

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. | | | | |

FF6.

L. L. J. 50—M. & D. 6574.

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Thos. B. Kennedy

Address Dunsford. Ont.

Rate 15 $\frac{00}{xx}$

AUG 1 1916

By Whom Assigned Kennedy Albert.

Regtl. No. 724040

Rank Pte.

Corps 109th Bn. "O Pay"

## 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 | | | | | |

Married or Single: Single

Place of Birth: Dunsford Ont

Name and Address of Next of Kin: Thos B Kennedy Dunsford Ont Can

Relationship of Next of Kin: Father

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 |
|---|---|---|
| From Lance Cpl | 5/8/16 | D.O.218 |
| Reverts to Pte | 1/12/17. | D.O. 1485 25/10/17. 53 dis. |
| Two years service entitled to wear one good conduct stripe | 27.2.18. | D.O. 12. 23/2/18. Ghaw |

**Admissions to Hospital, &c.**

| Date Admitted | Date Discharged | V. or A. | Name of Hospital |
|---|---|---|---|
| | | | |

Reg'l. No. 724040 Rank ~~L/Cpl~~ Pte Name Kennedy Albert 340

If in Perm. Corps What Unit: Unit 109th Bn

Permanent Force Allowances

Place of Attestation Lindsay Ont

Date of Attestation Feby 27th 1916

| Transferred to | Date | Authority |
|---|---|---|
| C.C.A.C. | 1/7/16 | D.O. 218 |
| 109. Bn | 1/1/17 | AR 311 30/11/16 109 Bn |
| 124 Bn. | 21.1.17 | 1/1347 |
| Can. Forestry Corps | 21/4/17 | D.O. 12/16 Debt Pates |

Assigned Pay Monthly $ 15.00 Date Effective Aug 1st 1916

Payable to Thos B Kennedy Dunsford Ont Relationship Father

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Effective Reason

Discharge Date and Place Reason and Authority

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

| Date | Pay No. of Days | Pay Rate | Pay Amount $ | Pay Amount c. | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount $ | Field Allowance Amount c. | Working or Special Pay No. of Days | Working or Special Pay Rate | Working or Special Pay Amount $ | Working or Special Pay Amount c. | Assigned Pay Credits | Other Credits | Total Credits | Acquittance Rolls 1 No. | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date | 4 No. | 4 Date | Cash Payments 1 | 2 | 3 | 4 | Assigned Pay | Other Charges | Total Debits | Balance Credit | Balance Debit | Pay Withheld or Deferred | Pay Available for Issue | C.J. | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| July 31 | | | | | | | | | | | | | | 19 10 | 19 10 | | | | | | | | | Bal. from Canada | | | | | | | 19 10 | | | | | |
| Aug 31 | 31 | 1.00 | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 27 | 5 | 1 | 35 | 31 | 10 | 3 | 10 | | | | | | | 35 45 | 9 | 9/8/16 | | | | | | | 974 | | | | 15 | | 24 74 | 29 81 | | | | | D.O. 218 From L. Cpl |
| Sep | 30 | 1.05 | 31 | 50 | | | 3 | | | | | | | | 34 50 | 41 | 31/8/16 | | | | | | | 973 | | | | 15 | | 24 73 | 39 58 | | | | | D.O. 266 Trans C.C.A.C. 15/9/16 |
| | | | | | | | | | | | | | | | 8 9 05 | | | | | 166 | 109th Bn 15/10 | | | | | | | | | | | | | | | |
| Oct | 1.31 | 1.05 | 32 | 55 | 31 | 10 | 3 | 10 | | | | | | | 35 65 | | | | | 70 | " " 15/9. | | | 19 47 | | 12 17 | | 15 | | 32 47 | 40 76 | | | | | |
| Nov 30 | 30 | 1.05 | 31 | 50 | 30 | 10 | 3 | 00 | | | | | | | 34 50 | | | | | 183 | 1 31/10 | | | | | 9 74 | | 15 | | 24 74 | 50 57 | | 50 57 | | Trans to 109th Bn 1/1/17 |
| Dec 31 | 31 | 1.05 | 32 | 55 | 31 | 10 | 3 | 10 | | | | | | | 35 65 | | | | | 311 | 1 30/11 | | | | | 4 87 | | 15 | | 19 87 | 66 30 | | | | | AR 109th Bn 30/11/16 |
| 1917 | | | 1 | 30 | | | | | | | | | | | 2 3 | | | | | | | | | | | 3 4 0 8 | | | | | | | | | | |
| Jan | 20 | 1.15 | 23 | | | | | | | | | | | | 23 | | | | | | | | | | | | | 15 | | 15 | 9 30 | | | | | Off 21/4/17 |
| Jan | 11 | 1.15 | 19 | 25 | | | | | | | | | | | 21 25 | 444 | 15/1 | 489 | 31/1 | | | | | 730 | 19 47 | | | | | 26 77 | 60 18 | | | | | |
| Feb | 28 | 1.05 .10 | 32 | 20 | | | | | | | | | | | 32 20 | | | | | 1049 | Can Sanitary 25/2 | | | | | 11 60 | | 15 | | 15 | 77 38 | | | | | |
| Mch | 31 | | 35 | 65 | | | | | | | | | | | 35 65 | | | | | 734 | 13/11 109th Bn | | | | | 7 30 | | 15 | | 66 10 | 46 93 | | | | | |
| | | | | | | | | | | | | | | | | | | | | 404 | 27/12 124th Bn | | | | | 29 20 | | | | | | | | | | |
| April | 20 | 1.15 | 23 | | | | | | | | | | | | 23 | | | | | M 638. | Non-Effective 1/4/17 | | | | | - 24 | | 15 | | 15 24 | 54 69 | | | | | Trans Can For Corp 21/4/17 |
| 21-30/4 | 10 | | 11 | 50 | | | | | | | | | | | 11 50 | | | | | 1107 | 15/3 | | | | | 17 03 | | | | 17 03 | 49 16 | | | | | |
| | | | 313 | 75 | | | | | | | | | | 19 10 | 332 85 | | | | | | | | | 26 77 | 19 47 | 102 45 | | 135 | | 283 69 | | | | | | |

Checked Edward

#724040 Pte ~~L/Cpl~~ Kennedy. A. Can A.P. $15.00

| DATE | PAY No. of Days | PAY Rate | PAY Amount $ | PAY Amount c. | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount $ | Field Allowance Amount c. | Working or Special Pay No. of Days | Working or Special Pay Rate | Working or Special Pay Amount $ | Working or Special Pay Amount c. | Assigned Pay Credits | Other Credits | Total Credits | Acquittance Rolls 1 No. | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date | 4 No. | 4 Date | Cash Payments 1 | 2 | 3 | 4 | Assigned Pay | Other Charges | Total Debits | Balance Credit | Balance Debit | Pay Withheld or Deferred | Pay Available for Issue | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 313 | 75 | | | | | | | | | | 19 10 | 332 | 85 | | | | | | | | 26 77 | 19 47 | 102 45 | | 135 - | | 283 69 | 49 16 | | | | |
| May | 31 | | 35 | 65 | | | | | | | | | | | 35 | 65 | | | | | | 26/3 P837 P838 Warlingham | | | | 24 24 | | 15 | | 15 48 | 69 33. | | | | |
| June | 30 | | 34 | 50 | | | | | | | | | | | 34 | 50 | | | | | | Q9169. 11/5/17. Warlingham | | | | 49 | | 15 | 16 80 | 32 29 | 71 54 | | | | 7/9. Charges 31/3/17 to 27/4/17. Warlingham |
| | | | | | | | | | | | | | | | | | | | | | | R36. June 1917. Warlingham | | | | | | | 67 20 | | | | | | 7/9. Stoppages. 112 days @ 50¢ + 112 days F. Allt. Doub. 5-7-17. |
| July | 31 | 1.5 | 35 | 65 | | | | | | | | | | | 35 | 65 | | | | | | | | | | 104 | | 15 | 16 80 | 100 04 | 7.15 | | | | 7/9. Slgs. 28-4-17 — 25-5-17. Warlingham V. No. 254 |
| Aug | | | 35 | 65 | | | | | | | | | | | 35 | 65 | | | | | | | | | | | | 15 - | | 15 - | 27 80 | | | | |
| | | | | | | | | | | | | | | | | | 3936. 17/8. | | | | | | | 9 73 | | | | | | | | | | | |
| Sept | | | 34 | 50 | | | | | | | | | | | 34 | 50 | 3936. 17/6. | | | | | | | 9 73 | | | | 15 - | | 34 46 | 27 84 | | | | |
| | | | | | | | | | | | | | | | 508 | 80 | | | | | | | | 46 23 | 19 47 | 104 46 | | 210 | 100 80 | 480 96 | | | | | |

| MONTH | PARTICULARS | CR. 1 | CR. 2 | PARTICULARS | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | DEFERRED | SER. ALLOC. PAY | ENG. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | ~~27 84~~ | | | | | | | 27 84 | | ✓ | ✓ |
| Oct. | L/Cpl. Pay | 35 65 | | C.A.P. | | | | 15 | | | | |
| | | | | A.R. A245 14/9/17. H.G. | 17 03. | | | | | | | |
| | | | | A.R. 145 12/7/17 ✓ | 4 86 | | | | 26 60 | | | |
| | | 35 65 | | | 21 89 | | | 15 | | | | |
| Nov: | Dec. L/Cpl. Pay | 70 15 | | C.A.P. | | | | 15 | | | | |
| | | | | A.R. 59 12/10/17 ✓ | 17 03. | | | | | | | |
| | | | | A.R. 3936 17/8/17 C.F.C. | 9 73. | | | | | | | |
| | | | | C.A.P. Dec. | | | | 15 | 39 99 | | | |
| | | 70 15 | | | 26 76 | | | 30 | | | | |
| 1918. Jany | L/Cpl. Promotion | 34 10 | | | | | | 15 | | | | |
| | | | | A.R. L384 4/9/17. ✓ | 9 73. | | | | | | | |
| | | | | A.R. L625. 19/12/17. ✓ | 14 60 | | | | | | | |
| | | | | A.R. L245. 13/11/17 ✓ | 17 03. | | | | | | | |
| | | | | | 41 36 | | | | | | | |
| | | | | Paid as L/Cpl. in Dec. | 41 36 | 1 55 | 1 55 | 15 | 16 18. | | | |
| | | 34 10 | | | | | | | 16 18 | | | |
| Feby. | Pte Pay | 30 80 | | C.A.P. | | | | 15 | | | | |
| | | | | A.R. L686 3/1/18. ✓ | 9 73. | | | | | | | |
| | | | | A.R. L391 23/1/18. Cancd. | 7 30 | | | | | | | |
| | | | | A.R. L956 4/12/18 ✓ | 9 73. | | | | 5 22 | | | |
| | | 30 80 | | | 26 76 | | | 15 | | | | |

| MONTH | PARTICULARS | CR. 1 | CR. 2 | PARTICULARS | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | DEFERRED | SER. ALLOC. PAY | ENG. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Feby | Balance brought forward | | | | | | | | 5 22. | | | |
| March | P.P. | 34 10 | | C.A.P. | | | | 15 | | | | |
| | | | | A.R. L1269. 25/3/15. 102 B. | 17 03. | | | | | | | |
| | | | | A.R. L1716 25/3/15. ✓ | 17 03. | | | | | | | |
| | | 34 10 | | | 34 06 | | | 15 | 9 74 | | | |

Pte

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

| ASSIGNED PAY | * ~~ENGLAND~~ OR CANADA. | SEPARATION ALLOWANCE. | * ENGLAND OR CANADA. |
|---|---|---|---|
| EFFECTIVE DATE:- 1-8-16 | | EFFECTIVE DATE:- | |
| AMOUNT:- $15. | | AMOUNT:- | |

NAME:- KENNEDY Albert

NUMBER:- 724040 230

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.

Thomas R. Kennedy
Dunsford
(Father) Ontario

Stopped
eff 1/1/19.
WW.

PARTICULARS OF RANK OR APPOINTMENT

| AUTHORITY | DATE EFFECTIVE | RANK OR APPOINTMENT |
|---|---|---|
| | | Pte |

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109 Bn.

DATE ACCOUNT FIRST OPENED.- 1-8-16

| AUTHORITY | DATE EFFECTIVE | DATE LEDGER SHEET T'SF'D | UNIT TRANSFERRED TO |
|---|---|---|---|
| | | | 676 Bn |

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 |
|---|---|---|---|---|---|---|---|
| ~~18/12~~ | ~~416~~ | ~~Q4005.~~ | ~~4 36~~ | | | | |
| 24/12 | ~~B648~~ | B.O. Cpt. | ~~9 73~~ | | | | |
| | | | ~~14 09~~ | | | | |
| | | | | | | Up agreed 31.10.18. P. 850 | |

DAILY RATES OF PAY AND ALLOWANCES

| AUTHORITY | PAY | F.A. | P.F.A. | SUBS'CE ALL'CE |
|---|---|---|---|---|
| | 1 | 10 | | |

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharged to Canada. Auth 636. MB 4994 24/12/18.

| 1918 MONTH | PARTICULARS | CR 1 | CR 2. | PARTICULARS | DR. 1 | DR 2. | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| March | Balance | | | | | | | | 9 74 | Nil | |
| Apr | P.P. | 33. | | C.A.P. | | | | 15 | | | |
| | | | | AR 223. 15/4/18. 102 Co. | 17 03. | | | | 8 77 | | |
| | | 33. | | | 17 03 | | | 15. | | | |
| May | P.P. | 34 10 | | C.A.P. | | | | 15. | | | |
| | | 34 10 | | AR. E541 15/5/18. 102 Co. | 17 03. | | | | 6 70 | | |
| June | P.P. | 33. | | | 17 03 | | | 15. | | | |
| | | | | C.A.P. | | | | 15 | | | |
| | | | | AR. E888 12/6/18. ✓ | 12 17 | | | | 87 | Nil | |
| | | 33 | | | 12 17 | | | 15. | | | |
| July | " | 34 10 | | C.A.P. | | | | 15. | | | |
| | | | | AR. E1248 17/7/18. 102 Co. | 14 60 | | | | 3 63 | | |
| | | 34 10 | | | 14 60 | | | 15 | | | |
| Aug. | " | 34 10 | | C.A.P. | | | | 15. | | | |
| | | | | AR. 1637 16/8/18. ✓ | 9 73. | | | | 13 00 | Nil | |
| | | 34 10 | | | 9 73. | | | 15. | | | |
| Sept | P.P. | 33 | | C.A.P. | | | | 15 | | | |
| | | | | " E2041 18.9.18 " | 9 73 | | | | 21 27 | | |
| | | 33 | | | 9 73 | | | 15 | | | |
| Oct | | 34 10 | | C.A.P. | | | | 15 | | | |
| | | | | " E2397 16.10.18 " | 12 17 | | | | 28 20 | | |
| | | 34 10 | | | 12 17 | | | 15 | | | |
| Nov | " | 33 | | C.A.P. | | | | 15 | | | |
| Dec. | | 34 10 | | " E2698 15.11.18 " | 17 03 | | | | | | |
| | | | | C.A.P. | | | | 15 | | | |
| | | | | B 5648 24.12.18 BO | 9 73 | | | | 38 54 | | |
| | | 64 10 | | | 26 76 | | | 30 | | 48 37 | |
| Feb | | 67 10 | | ~~AR Ext.~~ 15/12 416. Q4005 | 4 36 | | | 30 | 34 18 | | |

NUMBER RANK NAME

| MONTH | PARTICULARS | CR. 1. | CR. 2. | PARTICULARS | DR. 1 | DR. 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

A.F.M. FORM REN'D Appd EFFEC. 1/1/17
DISCHARGED TO Canada DATE 31/12/18
PAY BOOK VERIFIED 27/12.
Cr. BAL. 34 18 L.P.C. REN'D 27/12.
AUTHY. BR NB 4194 24/12/18.
COMPILED BY
CHECKED BY

SHORT FORM.

**PROCEEDINGS ON DISCHARGE.**

**(Demobilization.)**

1. No. 724040

2 Rank. Pte

3. Name. Kennedy Albert

4. Unit. No 3 District Depot

5 Date of Discharge 17-2-19 Place Kingston Ont

6 Reason for Discharge Demobilization R.O. 1343

7. Authority. 3DD-3-K-217 D/ 14-2-19

8. Proposed Residence after Discharge Dunsford Ont

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

A. Kennedy

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Kingston ont

Date 17-2-19

Medical Documents Forwarded to ~~S.C.R. or~~ B.P.C. on Date MAR 20 1919

Signature

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

ad

SHORT FORM.

# PROCEEDINGS ON DISCHARGE.

(Demobilization).

1. No. .....

2. Rank .....

3. Name .....

4. Unit .....

5. Date of Discharge ..... Place .....

6. Reason for Discharge .....

7. Authority .....

8. Proposed Residence after Discharge .....

## CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undermentioned place and date I received my discharge Certificate

No. F. W. 2 .....

.....

.....

Signature of Soldier.

## CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place .....

Date .....

.....

Signature .....

(O. C. Discharging Unit).

## LIST OF DISCHARGE DOCUMENTS.

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

B13

PART I. A.F.B. 179 Canada (Revised 1918). 4182 100m. 16/11/18 D.495

Reserved for M.H.C.

Regt. No. 724040 Rank PTE. Surname KENNEDY Christian Name ALBERT

Unit or Corps—(a) Overseas from United Kingdom ..... (b) in United Kingdom CFC

Born at—Town DUNSFORD County or Province ONTARIO Country CANADA

Date of Birth—Day 13 Month MARCH Year 1892 Age 26 yrs. 9 months.

Joined at LINDSAY ONT. CANADA Date 27-2-1916

Former trade or occupation FARMER

Permanent Marks or any peculiarity that will serve for future identification :—

VACCN MARKS I L. ARM.
SCAR. 1ST FINGER L. HAND

Height—feet 5 inches 8 Colour of eyes BLUE

Signature of Soldier (*for identification purposes*) A. Kennedy

## Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

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

Disabilities Group (a) GOITRE

Disabilities Group (b)

Disabilities Group (c)

2. CAUSE OF DISABILITY

| | | Place of origin. | Date of origin. |
|---|---|---|---|
| (i.) As to Group (a) above. | Conditions of civil life | Canada | Prior to enlistment |
| (ii.) As to Group (b) above. | | | |
| (iii.) As to Group (c) above. | | | |

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

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

(ii.) As to Group (b) above ? no If yes, has Active Service aggravated it ? no

(iii.) As to Group (c) above ? no If yes, has Active Service aggravated it ? no

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

(i.) As to Group (a) above ? no

(ii.) As to Group (b) above ? no

(iii.) As to Group (c) above ? no

PART I. (*continued*).

5. MEDICAL HISTORY. Illnesses before Enlistment: measles mumps. complains that 7 years ago had heart trouble & got weak if he exerted himself

M. H. S. Military Hospital Shorncliffe 16.3.17: 22.3.17. V.D.G. Convl. Farm Warlington V.D.G. Cynovitis soft Stricture.

Boards. Brampton - Enlarged Thyroid Gland - Eczema right foot - P.B.: C II

Enlisted 7.4.24.1916. England July 16. - not to France - Carried on in Infantry Was unable to take Route marches - Transferred to F.C. Jan 31. 1917. Carried on warehouse & Stoking Duties. ~~can walk five miles~~.

6. PRESENT CONDITION.

Subjective - complains of shortness of breath on Exertion. Varicocele on left side. Feet do not give any serious trouble

Objective - Well set up man - anaemic - Gastric which appears to Effect. Eyelids rather thin lokes, Heart - slow. no murmur found - other systems - no evidence of disease found - varicocele offers no disability.

7. OPERATION. (*i.*) Was one performed? no (*ii.*) If so, state what. no

(*iii.*) Was one advised and declined? ✓

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

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

(*ii.*) If so, describe. 3 extractions

9. DO YOU RECOMMEND:—

(*a*) Fit for duty? (*state category*) B1.

(*b*) Invalid to Canada?

(*c*) Discharge from the Service as permanently unfit?

Date of Report 16. 12 1918

Station Summerdale

Signed [illegible]
*Officer in medical charge of case.*
Capt C A M C

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Not in hospital

{Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at ..... Station, on ..... 191.....

*Delete if inapplicable.

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

10. Is the disability fully described in Part I. (1)? If not, describe it.

Yes

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it.

Yes

12. From the medical information now adduced, 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

13. 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, 5%, 10%, 15%, 20%, etc.*)

Ten percent

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*) What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (*Estimate at none, 1/10, 2/10, 3/10, etc., or all.*)

none

15. Permanency of the Disability due to Service estimated next above in (14).

(*i.*) Is it permanent?

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

n a

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

n a

17. Can the former trade or occupation be resumed?

Yes

18. REMARKS :—

Condition as described – unaffected by service

Ann ag lte 9083 11-11-18.

19. RECOMMENDATION :—

(a) Fit for duty? (*state category*) B ii

(b) Invalid to Canada? no

(c) Discharge from Service as permanently unfit? } no

Date of Board 16-12-18

Station Summydale

Signatures of the Board { Frederick Robertson President. / J Rowebuge Capt-Cant.

Approved [signature] Captain, C.A.M.C. for A.D.M.S., Canadians, London Area.

Dated at

A.D.M.S.

Station

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS. LONDON AREA. DEC 31 1918 13. BERNERS ST. LONDON, W.1.

## Statement of the Soldier

*(This is to be completed only in the case of the Soldier taking his Discharge in ~~England.~~)*
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned A Kennedy 724040 have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

A. Kennedy
*Signature of Soldier examined.*

## Instructions to Medical Officers

**Question 1.**—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

**Question 2.**—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

**Questions 3 and 4.**—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

**Question 5.**—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

**Question 6.**—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

### ENTRIES OF RECATEGORIZATION

| Date | Station | Category | Signature of M. O. | Date | Station | Category | Signature of M. O. |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

GCC

THIS FORM WILL BE USED FOR ALL RANKS

# MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Kingston. DATE 12/2/19.

1. 1 (a) Unit 3rd. C.C.D.D. (b) Regimental No. 724040 (c) Rank Pte.

(d) Surname Kennedy (e) Christian name Albert.

(f) Home address Dunsford R.R. No.1.

(g) Next of Kin T.B. Kennedy. (h) Relationship Father.

(i) Address of Next of Kin Dunsford R.R. No.1.

2. Age last birthday 26 Date of birth 13/3/1892.

3. Enlistment, or Appointment (if an Officer) (a) Place ~~xxxxx~~ Lindsay. (b) Date 27/2/16.

4. Personal description:

(a) Height 5' 8" (b) Weight 175 (stripped) (c) Complexion Fair.

(d) Colour of hair Fair. (e) Colour of eyes blue (f) Identification marks, Scars, etc.

5. Former trade or occupation Farmer.

| 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 |
|---|---|---|
| | 2 yrs. 11 mos. | 16 |

| | Periods From | Periods To |
|---|---|---|
| Canada | 27/2/16 | 20/7/16 |
| England Eng. | 20/7/16 | nil |
| France or other theatres of War | nil | |
| Can. | 19/1/19 | To date. |

7. Original disease, or injury

Simple Goitre.

(a) Date of origin 1904 (b) Place of origin Dunsford, Ont.

(c) Cause Heredity.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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.)

Simple Goitre.

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.)

There is a general enlargement of the Thyroid gland, particularly over the Isthmus. Gland moves with deglutition. There is no exophthalmos. There are some fine tremors of fingers of both hands. There is no tachycardia present. Pulse 72. ~~xxxxx~~Heart & lungs normal.

Subjective. Complains of slight dyspnoea on excessive exertion. Says if he runs upstairs etc. his heart palpitates. Has no other complaints.

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

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

Special Senses: no — Respiratory System: no — Integumentary System: no

Disturbances of Mentality: no — Digestive System: no — Muscular System: no

Osseous and Joint Systems: no — Any other general condition: yes, Small goitre as above.

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

Has had a goitre as long as he can remember. His mother, sister & one brother have goitres. Had goitre treated in Civil Life by family physician before enlistment.

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

Had V.D.G. 16-3-17 to 29-6-17.

Apparently cured. No evidence of disease present.

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

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

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

Man says not.

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

The regimental documents will be referred to.

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

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

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

nil.

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

Thyroidectomy might be successful.

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

17. Recommendations. That he be placed in Cat. C I With no disability due to service.

W. Sergt. Capt.
*Medical Officer by whom the case is brought forward.*

---

## STATEMENT OF THE INVALID

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

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

I complain in addition of.....

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

20. It is certified that the invalid

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

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

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

Fit for C I. No disability due to 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.

E Burwell [illegible] President.

PLACE Barriefield.

DATE 13-2-19.

Members

## TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....President.

PLACE.....

DATE.....

Members

APPROVED BY

[illegible] Assistant Director of Medical Services.

DATE 13-2-19

APPROVED BY

Director-General of Medical Services.

DATE.....

Date of Enlistment

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

K 1333

Date of Assignment Aug 1/16

RATE OF SEPARATION ALLOWANCE

| | | | |
|---|---|---|---|
| | | | |

RATE OF ASSIGNMENT

| | | | |
|---|---|---|---|
| 15. | | | |

528K3 24

## PARTICULARS OF SEPARATION ALLOWANCE

No. 124040

Rank Pte. Promoted Reverted Discharge

Soldier's Name Albert Kennedy

Battalion 109 Battn "A" Co

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name Thos. B. Kennedy

Address Dunsford Ont. 8

Change of Address

1

2

3

4

9931-a-14

| Date 1917 | Cheque No. | Amount S/A | Amount A/P | Total | REMARKS |
|---|---|---|---|---|---|
| Dec 31 | — | | 255 | 255 | ✓ |
| 1918 Jany | P 69799 | | 15 | 15. | M |
| Feb | H 71647 | | 15 | 15 | " |
| Mar | K 91971 | | 15 | 15 | " |
| Apr | R 9470 | | 15 | 15 | " |
| May | S 17376 | | 15 | 15 | " |
| June | F 15379 | | 15 | 15 | ✓ |
| July | R 32996 | | 15 | 15 | " |
| Aug | H 38283 | | 15 | 15 | — |
| Sept | S 47579. | | 15 | 15 | " |
| Oct | N 51855 | | 15 | 15 | ✓ |
| Nov | E 56459 | | 15 | 15 | ✓ |
| Dec | K 68220 | | 15 | 15 | — |
| Jan | K 72268 | | 15 | 15 | ✓ |
| | | | 450 | 450 | |

A/c Closed 31-1-19

Ret'd per Aquitania

Date 25/1/19 M.F.W.187 Mtl #3

Clerk C A Mills 30/1/19

Nesting LH 61841 - 20/1/19 C.A.M.

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 222320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

| | | | |
|---|---|---|---|
| | | | |

RATE OF ASSIGNMENT

| | | | |
|---|---|---|---|
| | | | |

## PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

| Date | Cheque No. | Amount S/A | Amount A/P | Total | | REMARKS |
|---|---|---|---|---|---|---|
| | | | | | | |

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22520—M. & D. 7993.

P.878. Extract D.O. No. 4 Unit:- CFC. Date.-

| Reg. No. | Rank | Name | |
|---|---|---|---|
| 724040 | PTE | Canada KENNEDY. A 2nd C.+C. | Struck off Strength of O.M.F. of C. on transfer to C.E.F. Canada. MD 3<br>18/1/19 — Acted on Ledger Ck. |

PASSED TO W.S.G.
FEB 15 1919

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 724,040 RANK Pte NAME (IN FULL) Kennedy A (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| Pte. Kennedy, Albert. R.R. No 1, Dunsford, Ont. | | |

ORIGINAL UNIT C.E.F. 109th Bn | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION Feb. 27th, 1916 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ 15.00 | DATE EFFECTIVE 1-2-19

PAYABLE TO Thos. B. Kennedy | RELATIONSHIP

ADDRESS Dunsford Ont

ANY CHANGE IN ASSIGNEE OR ADDRESS K-218

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Kingston | DATE FEB 17 1919 | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

| MONTH | PAY AND F.A. NO. OF DAYS | RATE | AMOUNT $ | AMOUNT C. | OTHER CREDITS $ | OTHER CREDITS C. | $ | C. | TOTAL CREDITS $ | TOTAL CREDITS C. | ACQUITTANCE ROLLS COL. NO. 1 NO. | DATE | COL. NO. 2 NO. | DATE | COL. NO. 3 NO. | DATE | CASH PAYMENTS COL. NO. 1 $ | C. | COL. NO. 2 $ | C. | COL. NO. 3 $ | C. | ASSIGNED PAY $ | C. | REGIMENTAL CHARGES $ | C. | OTHER CHARGES $ | C. | $ | C. | TOTAL DEBITS $ | C. | BALANCE DEBIT $ | C. | CREDIT $ | C. | PARTICULARS OR REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Balance from previous account | | | | | | | 34 | 18 | 34 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | 34 | 18 | |
| Dec | | | | | | | ~~14 20~~ | | | | | | | | | | | | 39 | 87 | | | | | | | | | | | 39 | 87 | 4 | 69 | | | 10.0.30 - Subs 14 days |
| Jan | 31 | 1.00 | 34 | 10 | | | 11 | 20 | 45 | 30 | | | | | | | | | | | | | 15 | — | | | | | | | 15 | — | | | 24 | 61 | |
| Feb. | 17 | | 18 | 70 | | | 35 | — | 53 | 70 | | | 4683 | | | | | | 78 | 31 | | | | | | | | | | | 78 | 31 | | | | | |

War Service Gratuity.

| | W.S.G. S.A. | | | W.S.G. S.A. | | | |
|---|---|---|---|---|---|---|---|
| 153 days @ minimum | 35 00 — | — | 35 00 | 70 00 — | — | 70 00 | 28 00 — — |
| | | | | 70 — | | 140 — | 210 — |
| apl 9/19 | | G.317377 | | 70 | | 210 | 140 |
| May 9/19 | | G.322853 | | 70 | | 280 | 70 |
| June 9/19 | | G.925347 | | 70 | | 350 | — |

O.K.

M.N.N. 2595 Received
a6460 Feb. 17/19
G.239683 Mch. 17/19

60m.-11-18 L. L. 51777. M. & D. 9585.

| MONTH | PAY AND F. A. | | | | OTHER CREDITS | | | | TOTAL CREDITS | | ACQUITTANCE ROLLS | | | | | | CASH PAYMENTS | | | | | | ASSIGNED PAY | | REGI-MENTAL CHARGES | | OTHER CHARGES | | | | TOTAL DEBITS | | BALANCE | | | | PARTICULARS OR REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | NO. OF DAYS | RATE | AMOUNT | | | | | | | | COL. NO. 1 | | COL. NO. 2 | | COL. NO. 3 | | COL. NO. 1 | | COL. NO. 2 | | COL. NO. 3 | | | | | | | | | | | | DEBIT | | CREDIT | | |
| | | | $ | C. | $ | C. | $ | C. | $ | C. | NO. | DATE | NO. | DATE | NO. | DATE | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | $ | | |