

"A" Coy

# ATTESTATION PAPER.

No. 724612

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS) ORIGINAL

1. What is your surname? *King*
- 1a. What are your Christian names? *Albert Thomas*
- 1b. What is your present address? *No 2 in rear of 7 Portland St. Toronto, W.*
2. In what Town, Township or Parish, and in what Country were you born? *Battersea, London, Eng.*
3. What is the name of your next-of-kin? *Mrs. Annie C. Waterfall*
4. What is the address of your next-of-kin? *100 Munn St. Walsworth Rd. London S.E. Charlotte*
- 4a. What is the relationship of your next-of-kin? *Sister*
5. What is the date of your birth? *27th Nov. 1874*
6. What is your Trade or Calling? *Painter*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force? *No*
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 Thomas King*, 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 King* (Signature of Recruit)

Date *29th Nov* 1915 *F. H. Godson* Capt. (Signature of Witness)

ADJUTANT

109th Overseas Battalion, C.E.F.

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Albert Thomas King*, 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 King* (Signature of Recruit)

Date *29th Nov* 1915 *F. H. Godson* Capt. (Signature of Witness)

ADJUTANT

109th Overseas Battalion, C.E.F.

### 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 *22nd* day of *December* 1915

*[Signature]* (Signature of Justice)

34  
2/10  
37



# Description of Albert Thomas King on Enlistment.

Apparent Age. 41 years ..... months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height ..... 5 ft. 8½ ins.

Scar on small of back  
loss

Chest measurement. { Girth when fully expanded ..... 35 ins.  
 Range of expansion ..... 3 ins.

Complexion ..... Fair

Eyes ..... Hazel

Hair ..... Brown

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 declares that he is not subject to fits of any description.

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

Date. 29th Nov ..... 1915

Place. Lindsay, Ont.

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

\* Insert here "fit" or "unfit."

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

## CERTIFICATE OF OFFICER COMMANDING UNIT.

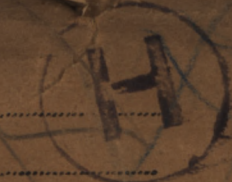
Albert Thomas King ..... having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

..... Lt. Col. (Signature of Officer)

Date. DEC 29 1915 ..... O. C. 109th Overseas Battalion, C. E. F.  
 191 .



66 MAR 11-18



DISCHARGE DOCUMENTS

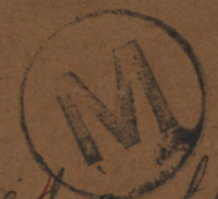
R. O. No. ....  
H. Q. No. ....



- 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..... 3
- Proceedings on discharge..... 2
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Discharge  
Parchment Certificate..... 1
- Medical Report for Invalids..... 2
- Medical History Sheet..... 1
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 1

*20*

Name **KING ALBERT THOMAS**  
 Regt. No. 724612 Rank Pte.  
 Corps 109<sup>th</sup> Bu. Co. #2. D.D. **08699**



*Medically Unfit.*

*Released 11-1-15*



*407085*

*6.27.  
19-27  
32-27*

*At B-122-2.  
M A W-192-1  
M F W 144-1  
M A W 67-2*







KING

A.T.

Rank PTE. Regtl. No. 724612

Fyle Depot

Original unit

Present unit

#2 D.D.

M. ~~38~~

Age 48

Religion CE

Ref. H.Q.

Port, ship and date of arrival

Montreal "Hlandoverly Castle" 8-10-18

Next of kin

Wife, Mrs. Jane King, 62 Beverley St. Toronto

Address on leave

same

Address on discharge

same

Transportation issued No. ~~YES~~ Date

Character on discharge

good

Previous occupation

Printer,

Date and place of enlistment

Lindsay 22 Dec. 1915

Diagnosis

Debility

Date of Medical Boards

28-10-18

Date.	Remarks.	Pt. 2 Order No.
8-10-18	T.O.S. #2 D. D. & posted to Cas. Co. Leave	
	from 8-10-18 to 25-10-18.	182
	Subs. " " " "	182
	<i>Oves</i>	

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

(over)



Date

Remarks

Pt. 2 Order

12-11-18 S.O.S. DISCHARGED "HAVING BEEN FOUND MED. UNFIT FOR SERVICE

(91 days PDP. & cloth' all'ce) Found med. unfit for service 25

*Wk 8-11-18. Wk cancelled 12-11-18 (Wk.)*



NAME

*King, A. J.*

REG'T'L. No.

*724612*

RANK AND CORPS

*(Pte.)*

H. Q. FILE NO 649

*(20)*

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY



LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

a112-2	No 51 Gen. Hospital	6-1-18	U. N. G.	(I.C.O.R.)
a142(2)	Drach to Duty	10-2-18.	U. N. G.	(" " " " )











No. 7246121 RANK 357

Pte

NAME King, A

J.

T. O. S. 29-11-15. UNIT

109th Battalion

D. O. 9. 30-11-15.

M. D. 3

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1915 Nov 29	1915 Nov. 30	✓		
	Dec.	✓		
1916. Jan.	1916	✓		
	Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED  
JUL 23 1916







NAME

King, Albert Thomas

S.O.S. Dis 12-11-18.2

mil. auth DO 205-8-11-18

#2. 58

RANK & No.

Plte.

724612.

CORPS

~~109th~~ 2. S.D.

Batt.

ENLISTMENT, PLACE

Lindsay, Ont.

DATE

Dec. 22<sup>nd</sup>, 1915.

FORMER CORPS

Nil.

COUNTRY OF BIRTH

England Battersea, London

NEXT OF KIN

Waterfall, Mrs. Annie (sister)

ADDRESS OF NEXT OF KIN

100 Mann St. Walworth Rd,  
London S.E. Eng. H.O. 54-21-38-1 22/2/17.4.

DISCHARGE, PLACE

DATE

also notify Prof. E. King (R.N.S.) Gen. Del. P.O. Toronto, Ont.  
(auth. head P. 23-9-18.)

Sailed from Halifax 23-7-16 per S & Oly m.p.c.

M.C. 7-10-18 <sup>208</sup>/<sub>4</sub> M. F. W. 22. 100 m. -9-15 <sup>485</sup>/<sub>20</sub>



REMARKS:



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

King,

A. T.

724612

RANK

UNIT

Co.

TROOP

BATTY.

Pte  
HOSPITAL

1st Cont. Out. (20)

DATE OF ADMISSION

1. No 51 Gen. Staples

HOSP. 6-1-18

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

V. D. G.

1

2

3

DISPOSITION

Dis. to Army 10.2.18  
DATE

C.L. 14-1-18 @ 112 (2)  
18.2.18 @ 142-2

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.



Number 724612

Rank

Atte

*Jim  
Ham  
P*

Surname KING

Christian Name Albert Thomas

Units 20<sup>th</sup> BUNYON Theatre of War France

Date of Service 28-11-16

Remarks 54 Ryerson

Latest Address ~~62 Beverly St~~

Roll No *Page 16903* Toronto Ont

200m.-2-21.M.



DESP SEP 6 1922

REGN. NO. 35522



3<sup>rd</sup> *Sheet*

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

M. F. W. 54. (A. F. B. 1)

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. *724612*

Rank *1<sup>st</sup> Lt*

Name *King, A. J.*

C. E. F.

Enlisted (a) *79-11-15*

Terms of Service (a) .....

Service reckons from (a) .....

Date of promotion to present rank } .....

Date of appointment to lance rank } .....

Numerical position on roll of N. C. Os. } .....

Extended .....

Re-engaged .....

Qualification (b) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>8-10-18</i>		T.O.S. No.2 District Depot, Part II, D.O. No. ....			<i>772 King Capt 10000325</i>
		Dis. #2 D.D. 12th November 1918 Pt.11.....#205			

*AP King Capt*  
For Lieut.-Colonel  
O.C. No. 2 District Depot

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



Casualty Form - Active Service

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

\*\*\*\*\*

\* \* \*



*Shut*  
**Casualty Form - Active Service.**

Regiment or Corps *1st. Gen. Serv. Emp. Coy. 1st. Div.*  
 Rank *Plt.* Surname *KING* Christian Name *A. Thomas*  
 Religion ..... Age on Enlistment ..... years ..... months  
 Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and rate .....  
 Occupation ..... Signature of Officer .....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
<i>10<sup>4</sup>/<sub>78</sub></i>	<i>CCRC</i>	<i>Arrived CCRC. Bt.</i>		<i>10<sup>4</sup>/<sub>78</sub></i>	<i>NR. 8.</i>
<i>2.5.18</i>	<i>a.a.g.</i>	<i>2fd to 1st. C. &amp; G. Coy. 1st. Div.</i>		<i>1.5.18</i>	<i>KR 19480 Pl. 2 63 9.5.18</i>
<i>"</i>	<i>"</i>	<i>D.O.S. do</i>		<i>2.5.18</i>	<i>KR 19480 Pl. 2 35 9.5.18</i>
<i>23.5.18</i>	<i>1st. C. &amp; G. Coy.</i>	<i>21 days F.P. No. 1, 20.5.18 for "L.O.A.S." Drunkenness</i>		<i>17.5.18</i>	<i>B2069 Pl. 2 nd. 39 3/5.18</i>
<i>7.6.18</i>	<i>C. &amp; G. Coy.</i>	<i>D.O.S. C. &amp; G. Coy. (disposal)</i>		<i>8.6.18</i>	<i>N.R. 855</i>

(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.  
 W. 5527—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B./103 E/1555. [P.T.O.]







# DUPLICATE

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

### INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins.....

**109th OVERSEAS BATTALION, C. E. F.**

(2) Regimental Number *724612*.....

(3) Full Name of Soldier..... *Albert Thomas King*.....

(4) Place of Birth..... *London, Eng.*.....

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

(6) If married, state,  
(a) Full name of your wife..... *nil*.....

(b) Present Postal Address..... *nil*.....

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

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

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

Also their names and ages..... *nil*.....



(9) Is your Father alive?..... *no* .....

If so, state name and address ..... *nil* .....

(10) Is your Mother alive?..... *no* .....

If so, state name and address ..... *nil* .....

(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.

*nil*

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

*Mrs Annis Waterfall  
London England*

(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.

*nil*

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

If so, in what Company?..... *nil* .....

Have you made arrangements for payment of your Insurance premium..... *nil* .....

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 11/16* .....

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



724612 pte King A.T. 109th Batt. C.E.F.  
Will removed by Regt. paymaster.

62 Beveridge St  
Leitch.

*J. Williams* CAPT.  
Paymaster, 109th Overseas Battalion, C.E.F.

76626

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 724612

Name Albert Thomas King

Unit 109<sup>th</sup> Batt., C.E.F.

Military Will.

In the event of my death  
I give the whole of my property  
and effects to my sister,

Mrs. Annie Waterfall,  
100 Mann Street,  
Westmoreland Rd.,  
Walsworth,  
London,  
S.E.

Witness

*W. H. ...*

O. O. "A" Coy. 109th. Bn. C.E.F.

Signature Albert Thomas King

Rank and Regt. Private 109<sup>th</sup> Batt.

Date October 11<sup>th</sup>, 1916.







# CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 2

AMF

## LAST PAY CERTIFICATE

No. 56

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

Regimental No. **724612** Rank **Pte.** Name **KING, A.T.** **1st D.E. Co. 109th**  
 Corps **#2 District Depot** who was\* **Discharged**  
 On **Nov. 12th** 191**8**, to.....  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from **August 1st/18** 191.....  
 to **Nov. 12th** 191**8**, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month		5.60	Balance Cr. from prev. month		
" " " <b>L.P.C.</b>	118.	89.	Reg'tl. Pay .. <b>104</b> days at \$... <b>1c.</b>	104.	00 ✓
Advances } No. <b>41311</b> <b>Sold. Aid.</b>	10.	00	Field Allow. .. <b>104</b> days at \$..... <b>c.10</b>	10.	40 ✓
by } No. <b>41310</b> <b>Clothing</b>	35.	00	Separation Allowances* (Monthly)		
Cheques }			Other Allowances* <b>Clothing</b>	35.	00 ✓
Assigned Pay and Sep'n Allee. No.....			Other Credits*		
Other charges .....			Bal. Dr. (to be deducted by new unit)	19.	29 ✓
Payment on transfer or discharge No.....					
Balance Cr. (to be paid by the new unit).....			<b>Total</b>	<b>168.</b>	<b>69</b>
<b>Total</b>	<b>168.</b>	<b>69</b>	<b>Total</b>	<b>168.</b>	<b>69</b>

\*Give particulars.

A monthly stoppage of \$ **15.00** (†) has..... (‡) been ~~paid~~ **chgd** on account of Assigned  
 { Pay for the month of **Nov.** 191**8**. }  
 { and Sep'n Allee. for month of **Paid. by Ottawa**. } (to) Assignee **Manager, Bank of Montreal,**  
 (Address) **Toronto, 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.

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

REMARKS:— **ARRIVAL 6/10/18 S.A. LLANSTEPHEN CASTLE.**

- State (1) date of enlistment .....
- (2) if married and if a Separation Allowance Card has been submitted **YES PAID BY OTTAWA.**
- (3) cause of discharge ..... authority **D. O. 205**
- (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 **9-11-18**

Place **Toronto, Ont.**

*Maureen* **Captain,**  
**Paymaster, No. 2 District Depot.**

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.







# CANADIAN EXPEDITIONARY FORCE

V.B.C.

## Discharge Certificate

This is to Certify that No. 724312 (Rank) Pte.

Name (in full) KING, Albert Thomas enlisted in

the 109th Ptn. Coy

CANADIAN EXPEDITIONARY FORCE at Lindsay on the 29th

day of November 19 15

HE served in ENGLAND & FRANCE

and is now discharged from the service by reason of

Having been found Medically Unfit for Service.

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

Age 46 yrs

Height 5' 8 1/2"

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars

3 Vacc. marks on left arm;

Scar on nose.

*A. J. King*  
Signature of Soldier

*W. P. Baker*  
Issuing Officer

Captain,

For Lieut.-Colonel,

O.C. No. 2 District Depot,  
Rank

Appointment

Date of Discharge 12th November 1918

Signed at Toronto, Ont. this 12th day of November 19 18

in Military District No. 2

File Reference No. \_\_\_\_\_

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. 724612 (Rank) Pte Name KING, Albert Thomas

Unit 109th Bn. CEF

Address on Discharge 52 Beverly St. Toronto, Ont.

Character and Conduct

*Good*

Former Occupation Printer

Special Qualifications of Value in Civil Life

Medals and Decorations NIL:.....

.....

Remarks NIL:.....

Signed at Toronto, Ont. this 12th day of November 1918

*W.P. Robinson Lieut*

Name of Officer Captain,

For Lieut.-Colonel,

O.C. No. 2 District Depot,

Rank

Appointment



A.C. Rank \_\_\_\_\_ Name **KING, Albert Thomas.** ✓ Reg'l No. **724612** ✓  
 Unit **109th. Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Single.** ✓  
 Place and Date of Enlistment **Lindsay. 29th. Nov. 1915.** ✓ Place of Birth **Battersea,** ✓  
**London, Eng.,**  
 Name and Address, Next-of-Kin **Mrs. Annie C. <sup>Charlotte</sup> Waterfall,**  
**100 Mann St., Walsworth Rd.,**  
**London, S.E. England.** Relationship **Sister.** ✓  
 Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
<b>A.F.B. 103 CHECKED</b>					
<b>11 DEC. 1916</b>					
<b>PT II D.O. 333</b>					
		Arrived in England per H. M. T. 2310		31-7-16	
28. 11. 16	O.C. 109 <sup>th</sup>	S.O.S. on Trans to 20 <sup>th</sup> Bn	Witley	28. 11. 16	75
11. 12. 16	20 <sup>th</sup> Bn	Taken on strength.	Field	29. 11. 16	" 75
26-12-16	"	Attch for duty C. C. Comp. Coy	"	10-12-16	" 78.
2-1-17	C.A.C.H. Co.	Class P. D. & att. C. C. Comp. Co	"	10.12.16	" 1.
10. 11. 17	Cece H. P.	Cease to be attch on attachment to Gen Corps Sch. School.	"	16. 8. 17	90. 9 20 <sup>th</sup> Bn D.O. 80.
26. 1. 18	20 <sup>th</sup> Bn	Trans to C. C. Infantry School	Pte "	14. 8. 17	80 8. 14. 11. 17.
24. 1. 18	C. C. Inf School	T. O. S from 20 <sup>th</sup> Bn	Pte Field	15. 8. 17	PT II O. 1.
28. 2. 18	Gen Cps Inf Sch	S.O.S on transferred to Gen H. Pool	"	19. 2. 18	PT 1420 6 Lab Pool 7 2-3-18
<b>P.T.O.</b>					

*Handwritten notes:*  
 20  
 15<sup>th</sup> CO  
 90  
 10

*Handwritten notes:*  
 14<sup>th</sup> Bn  
 20  
 15<sup>th</sup> CO

*Handwritten notes:*  
 obs N/K  
 6-9-18

*Stamp:*  
 N/E. R. D. No. 2294  
 File R.L.  
 Category OR Can

*Handwritten note:*  
 Lab



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.					
9/5-18.	1 <sup>st</sup> Lt E. Goy.	T.P.S. ex Bandol Pool	Field	Pte 2-5-18	Pte 2-5-18	32P. P. 2 P. 63 29-5-18.
17/6/18	Gen Dept	TOS. having reported from 1 <sup>st</sup> Lt E. Goy	Schiff	Pte 14-6-18	- 143	1 <sup>st</sup> Lt E. Goy. P. 044 2/17-6-18 over dgl
22-7-18	Gen Dept	Marriage Approved	✓	Pte 2-7-18	- 172	
29-7-18	Gen Dept	On com to 1 <sup>st</sup> Lt E. Goy	✓	Pte 29-7-18	- 178	
7-10-18	Gen Dept	Leaves com 1 <sup>st</sup> Lt E. Goy to Canada (no suit ent)	✓	Pte 22-9-18	- 838	



# MEDICAL CASE SHEET (OPHTHALMOLOGY)

Toronto General Hospital.  
MILITARY HOSPITAL

DATE Nov. 1st. 1918.

NAME King. A. T. RANK Pte. NUMBER 724612 UNIT Park School. AGE 48

HISTORY \_\_\_\_\_

SYMPTOMS \_\_\_\_\_

GLASSES WORN \_\_\_\_\_

## OBJECTIVE EXAMINATION

### EXTERNAL APPEARANCE

OD  20/20

OS  20/20

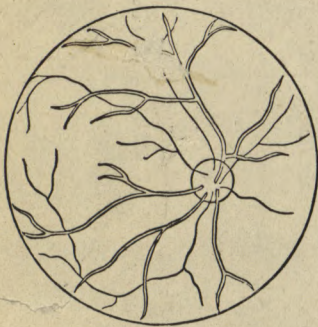
### RETINOSCOPY AND OPHTHALMOMETER

OD Plus .50 20/20

OS 20/20

### OPHTHALMOMOSCOPE

FUNDUS	LENS	CORNEA
Normal.	Normal.	Normal.



FIELDS **Diagnosis. Presbyopia.**  
**Duration. 5 years.**  
**Disability. Nil.**  
**Due to service.. Nil.**  
**Aggravated by service. Nil.**

MUSCLE BALANCE

TENSION

## SUBJECTIVE EXAMINATION

### TRIAL CASE

OD	BEFORE			V	AFTER
	SPH.	CYL.	AX.		
OS					

P.P.                      P.R.                      A. ACC.                      PRESBYOPIA

### GLASSES PRESCRIBED

OD **Read plus 1.50**  
 OS **plus 1.25**

TREATMENT:—

M. F. W. 144.

10M.—6-18.  
1772-39-1173.

Mortimer Lyon, Opth. T.G.H



OPHTHALMOLOGICAL CASE SHEET (OPHTHALMOLOGY)

MILITARY HOSPITAL

DATE

History of Present Illness: The patient complains of blurred vision in the right eye for several days. The vision is worse in the morning and improves slightly throughout the day. There is no pain, redness, or discharge from the eye. The patient has no history of trauma, surgery, or systemic disease. The patient is a 35-year-old male, active duty, with no significant past medical history.

Physical Examination: Visual Acuity: Right eye, 20/40; Left eye, 20/20. Color Vision: Normal. Pupils: Normal size and reaction. Extraocular Muscles: Full range of motion. Visual Fields: Normal. Ocular Fundus: Normal. Intraocular Pressure: Normal.

Diagnosis: Refractive Error



Subjective Examination

Objective Examination



Toronto, Oct. 29th. 1918.

From Capt..F..W.Barbour;

.OI/C.C.A..C..Base.Hospital.

To.M.C..A&D..Office.Base.Hospital.

Sir:-

The marginally noted man having reported at this clinic at your request, for examination and report, the following has been decided upon.

There is a chronic condition of pyorrhoea alveolaris accompanied by Vincents Angina. The treatment of this has been begun and will be continued with the expectation that it will take between two and three weeks to secure the desired results.

(SGD) F. W. Barbour, Capt.

oi/c C.A.D.C.

Pte. King.  
No. 724612

Noted O.A.A.  
Oct. 29/18.







CHEST REPORT.

724612 Pte. A. T. King.

Present Complaints.

1. Feeling of tightness under sternum worse in damp weather.
2. Cough mostly in night with two or three ounces mucu-purulent sputum daily.
3. Dyspnoea on climbing one flight of stairs but can walk two or three miles at ordinary pace on level ground.

No history of haemoptysis. Mother died of heart disease and bronchitis at age of 60. States that above symptoms date from a sudden "cold" May 1918.

States he is 48 years of age but looks 10 years older. Shorncliffe Board diagnosis Chronic Bronchitis and Senile Debility and reports the presence of fugitive coarse rales over both lungs, disappearing on coughing and harsh breath sounds.

Overseas History of V.D.G. and 3.3% sugar in the urine. Base Hospital Toronto reports Pyorrhea Alveolaris and Vincents Angina 29/10/18.

Objective Findings. Man is rather emaciated. Chest normal. Supraclavicular and infraclavicular fossal amtked on both sides. Expansion good. Breath sounds normal. No adventitious sounds. Heart normal.

Respirations. 20 sitting, 22 standing, 24 after ascending 24 steps.

Pulse Rate. 92 sitting, 96 standing, 112 after ascending 24 steps.

Conclusion. Heart and lungs are normal and no disability is attributable to them.

J. D. Loudon, Capt.

31/10/18.



ST. LOUIS, MO., FEBRUARY 18, 1892.

My dear Mr. Brewster:

I have just received your letter of the 17th inst. and am glad to hear from you. I am well and hope these few lines will find you the same. I have not much news to write at present.

I am, as usual, very busy with my work, but I will try to find time to write you more fully.

I have just received a copy of the new edition of the "Field and Game Laws of Missouri" and will send you one if you wish. It is a very good book and contains a great deal of information.

I am, dear Mr. Brewster, very truly yours,

W. A. Rorer

Enclosed find a copy of the "Field and Game Laws of Missouri" as mentioned above.

I am, dear Mr. Brewster, very truly yours,  
W. A. Rorer



B.P.C. 33821  
Original

# ORIGINAL MEDICAL HISTORY SHEET.

Surname King Christian Name Albert Thomas

Examined { on 30<sup>th</sup> day of November 1915  
at Lindsay  
Birthplace { City or Town Battersea  
County London England

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

Apparent age 41 years  
Trade or occupation Printer  
Height 5 Feet 8 1/2 Inches.  
Weight 130 Lbs.  
Chest measurement { Minimum 32 inches.  
Maximum expansion 35 inches.  
Physical development Good  
Small-Pox Marks None  
Vaccination Marks { Arm Right None Left Four  
Number Four

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>20 JUN. 1918</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

When Vaccinated last January 24<sup>th</sup> 1916  
(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	VACCINATIONS
<u>24.1.16</u>	<u>Good</u>	<u>J. McCulloch</u>
		M.O.
		M.O.
		M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18.4.16</u>	<u>Good</u>	<u>J. McCulloch</u>
<u>26.4.16</u>	<u>Good</u>	<u>J. McCulloch</u>
<u>2.5.16</u>	<u>Good</u>	<u>J. McCulloch</u>
		M.O.
		M.O.

Enlisted on 30<sup>th</sup> day of November 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Bn C.E.F.</u>	<u>724612</u>		<u>30.11.15</u>
Transferred to.....	<u>20th. Bn</u>			

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Shorncliffe</u>	<u>15.7.15</u>	<u>Chronic enteritis Debilis</u>	<u>Discontinued Admitted to H.P.</u>
	<u>17 JUL 1918</u>	<u>APPROVED</u>	
<u>Park School Bks, Toronto</u>	<u>Nov. 6/18</u>	<u>General debility. E. W. McLean</u>	<u>Major.</u>
		<u>President, S.M.B.</u>	<u>FOR A.D.M.S. CANADIANS, SHORNCLIFF</u>

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

CANADIAN







# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

*[Handwritten signature]*

Name **KING** Surname Christian Name **A. T.**

Regimental Number **724612** Rank **Pte**

Address (in full) **512 Bathurst St.  
Toronto, Ont.**

Unit **#2. D.D.**

Original Unit

District where paid **M.D. 2.**

Date of Discharge

P. D. P. Filing Number **6-857-2 1-873-2.**

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

L. L. 46088—M. & D. 9215.

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		
64.10	13762	11/11/8	17.00	12832	11/12/8	16.50				17.31	
	Pd by Ottawa									6.00	
126.00	13763	"	50.00	3	"	27.50				13.29	
										27.50	
										15.00	111.00
50 00	14026	16-11-18	50 00								50.00

M. F. W. 127.  
25M-8-18.  
1772-39-110.

Remarks: **Mrs. J. King, 512 Bathurst St., Toronto, Ont. (Send to Sold.Aid.)**  
 Hold for better address. Debit 600 on L.P.C. Debit L.P.C.19-20- 13.29 Recovered  
 from Soldier-6.00 from dependent.  
 Pd on B.L. 857. 18 dys.O'P'D SA. for Nov. Transf. to Ledger A13763 held  
 for Deposit, Made out to Mgr. Bk. of Montreal in Mistake  
 Cheque issued on P.L. 873. See P.L. 857 for payments,  
*Mrs. J. King, 62 Beverley St., Toronto, Ontario.*



# WAR SERVICE GRATUITY.

File No. ....

Register No. ....

Reg. No. .... Dependent .....

Name ..... Address .....

Address .....

Date No. ....		<b>W. S. G.</b>		File No. ....	
Award. .... days at \$ .... per day \$					
S. A. .... months at \$ .... per mo. \$				\$ .....	
Less P. D. P. Credited				\$ .....	
Less further debit balance				\$ .....	
Net due paid as below				\$ .....	
Pay Soldier \$				Pay Dependent \$ .....	
<b>TO SOLDIER TO DEPENDENT</b>					
0	Ag. No	Ch No	Amount	Ch No	Amount
1					
2					
3					
4					
5					
6					
			Total		

Pay Soldier \$ ..... Pay Dependent \$ .....

Clerk .....

Days ..... Rate ..... Due .....

Less P.D.P. credited .....

Less further Dr. Bal. or overpayment. ....

Net .....

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

GEN'L AUDITOR

Posting checked by

.....

Date.....











Name

*Pte King A T*

M. F. W. 41  
100M-1-18.  
1772-39-389.

*62 Beverley Street Hanoverton Ontario*

Name and address of next-of-kin

Regimental No. *724612*

Unit *1st D. E. Coy 109th Bn*

Date of enlistment

Place of

Married (yes or no) *Yes*

Amount of pay assigned monthly \$ *15*

To whom payable *Managers, Bank of Montreal Toronto*

PAYMASTER M. D. No. 2  
NOTIFIED *9.11.18*  
SA *10th* STOP PAYMENTS OF  
S.A. AND A. PAY  
*W.D.S.* CAPT.  
SEPARATION ALLOWANCE AND  
ASSIGNED PAY OF \$ *15.00*  
CHARGED TO *30.11.18*  
BEING CONTINUED BY  
DIRECTOR OF S.A.A.P. OTTAWA

Date and place discharged

Reason for discharge

Character on discharge

*From 1-12-18 charge  
S/atal cont'd by Ottawa  
effective 1-12-18  
(Amended 1918)*

*Mrs J E King  
c/o Genl Pdy Toronto*

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
<i>Oct</i>							<i>1440</i>	<i>1440</i>	<i>39892</i>	<i>20</i>			<i>20</i>	<i>TD started to bas 8/10 Leave 8/10 - 25/10 DO 182</i>
							<i>D Bal</i>	<i>560</i>						
							<i>20</i>							
<i>Nov</i>									<i>41311</i>	<i>10</i>	<i>SA</i>	<i>560</i>	<i>D Bal</i>	
<i>Aug</i>	<i>Nov 12</i>	<i>104</i>	<i>1</i>	<i>104</i>	<i>104</i>	<i>10</i>	<i>1040</i>		<i>41310</i>	<i>35</i>		<i>118 09</i>	<i>D Bal</i>	<i>LP 6 charges \$ 118.09</i>
							<i>35 - 14940</i>							<i>Disch 12/11 DO 205</i>
							<i>D Bal</i>	<i>1929</i>						<i>1686991 days PDP + CB/adv</i>
							<i>16869</i>							
												<i>1929</i>	<i>D</i>	

*10th SA Nov 14  
PDP advised*







ASSIGNED PAY.

PAID IN CANADA.

To whom *Mrs. J. C. King,*  
 Address ~~*97 Inville Rd,*~~  
*8 Byron St* ~~*Walworth, S. C. 14.*~~  
*Higher Buxton*  
 Rate *Derbyshire: 15<sup>00</sup>* *25<sup>00</sup>*  
 Date to Commence *1/9/18* *2. 7. 18.*

By whom assigned *King A.T.*  
 Regtl. No. *424612.*  
 Rank *Pte.*  
 Corps, &c. *69 D.*

ASSIGNED PAY AND SEPARATION ALLOWANCE  
 BEING PAID IN ENGLAND UNTIL ADVISED  
 FROM OTTAWA OF DISCHARGE OF SOLDIER  
 NAMED HEREIN. *Auth 11/8/18*

Month.	Cheque No.	ASSIGNED PAY Amt.	SEPARATION ALLOWANCE Amt. Debited.	REMARKS.
1914. Oct.				<p><b>DISCHARGED TO CANADA</b></p> <p>1. 8. 18. Gen Dep NR. 24. 4. 18.</p> <p>A 2. M form mailed to Ottawa 13/8/18.</p> <p>Buxton written to endorse L.P.C. 8. 8. 18</p> <p>You can pay from Sep 1<sup>st</sup> 1918</p> <p>Auth Ottawa cable 12855.</p> <p>Separate:</p>
Nov.				
Dec.				
1915 Jan.				
Feb.				
March				
April				
May				
June				
July	<i>Supp. C13044</i>		<i>24 19</i>	
Aug.	<i>C19584</i>	<i>15</i>	<i>25</i>	
Sept.	<i>canad. C73590</i>	<i>15</i>	<i>25</i>	
Oct.	<i>C74074</i>			
Nov.	<i>Sept Supp. D3625</i>	<i>30</i>	<i>50</i>	
Dec.				
1916 Jan.				
Feb.				
March				

*24. 19. 5. 2/7/18 to 31/7/18.*

*Oct. Held. L.P.C. in order to adjust in favour of Col. Hanson. CDD Buxton*

*£16.8.9 claim to Lt. Col. J. Obed-Smith.*

*going to Canada*



# ASSIGNED PAY.

Month	Cheque No.	Amt.	Amt. Debited.	REMARKS.
1916.				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
1917.				
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
1918.				
Jan.				
Feb.				
March				
April				
May				
June				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS  
*For Credit.*

To Whom Man. Bank of Montreal By Whom Assigned King A.J.  
 Address Toronto Regtl. No. 724612  
Ont. Rank Pte.  
 Corps 109<sup>th</sup> B'n.  
 Rate 15<sup>00</sup>/<sub>XX</sub> **AUG 1 1916**

**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				



3



21  
1  
2  
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1  
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9  
10





MILITIA AND DEFENCE  
**ASSIGNED PAY**

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

Sheet No. 2. Man. The Bank of Montreal. for credit  
 OVERSEAS CONTINGENTS  
**PAYMENTS.**

Name of Soldier King A.J.  
724612. Pte. "A Coy" 109<sup>th</sup> Bin

L. L. Job 310.-Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
				15 <sup>00</sup> / <sub>xx</sub>
April	1916			
May				
June				
July				
Aug.		P15539	15	
Sept.		L16943	15	
Oct.		L21707	15	
Nov.		J28556	15	
Dec.		7 33069	15	
Jan.	1917	L40141	15	
Feb.		L45218	15	
March		F50138	15	
April		D2552	15	15.81
May		D9210	15	
June		B 16659	15	Mc.
July		D 22909	15	Pa
Aug.		EN 29918	15	
Sept.		G 36823	15	CB
Oct.		N 42590	15	
Nov.		P49889	15	
Dec.		H54709	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

AUG 1 1916

15.81

Mc.  
Pa

CB

255 - 52506

CANADIAN  
 ASSIGNED PAY AUDITED  
*Jewhills*  
 AUDIT CLERK  
 DATE 10/5/19



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.				











\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- KING. Albert Thomas.			
EFFECTIVE DATE:- 1-8-16		EFFECTIVE DATE:-		NUMBER:- 724612			
AMOUNT:- 15 <sup>00</sup>		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT			
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.		AUTHORITY			
Mgt. Bank of Montreal Toronto Ont.				DATE EFFECTIVE			
				RANK OR APPOINTMENT			
				Pte.			
UNIT AND TRANSFERS							
ORIGINAL UNIT:- 109 Pm.							
DATE ACCOUNT FIRST OPENED:- 1-8-16							
AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO			
				P.R. by School			
				Later local			
				1st Div Emp Co			
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
12.7.18	1853	Relief 1-10	230	3 days Rem. of Int on No. 39	31/18	30	30
24.7.18	2419	7 wks. 4 days pay	1997	with Letter Calc. Can be 849.39	31/18		
10.7.18	Dolby	" " 2 "	660				
			2363				
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY		PAY	F.A.	P.F.A.	SUBS'CE ALL'CE		
		1 00	10				

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis. to Can. eff. 1.3.18 Inc. Dep. N. R. 24/18 Ledger C. Bal. 4.27 P.R. DR Bal. 11.36												
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION	
Mar 31	Bal Forward								16 68			
Apr	P.P.	32		a.p.				15	34 68			
				AR 395 55 CCHQ 17.4.18	5 57				31 11			
				277 P.D. Sig C. 22.4.18	H 46				26 65			
May	P.P.	33		to a.p.	8 03			15	45 75			
				AR 1217 SS. CCHQ 7/5/18	3 57				42 18			
				H 68 1st Div Sig Camp 16/5/18	H 46				38 72			
				DR. AR 226 4th Lab Bn 31/5/18	4 46				34 26			
		34			12 49			15				
Jun	P.P.	33		728 7.6 1st Sig	4 46							
				C.A.P.				15				
				817 14.6 9.D	4 87							
				Branch 21 days 57 P.P. Dec 31/5		23 10						
				C.P. 12553 25/6	19 47							
				4401 15/6 C.P. P.D.	4 46							
				2174 25/6 1st C.C.D.	9 73							
JUL 1918	P.P.	33			42 99	23 10		15	1483			
				C.A.P.				15				
				1853 12/7 CCHQ	7 30							
				Forfeits 4 wks pay 9-7-18 100162		6 60						
				2 days pay by NW. 20/7/18.								
				2419 24/7 CCHQ	9 73				1936			
					17 03	6 60		15				
Aug				AR 5994 5/8/18 P.N.O. End.	2 43							
				8029 2/8/18 " "	2 43							
				8148 22/8/18 " "	2 43							
					7 29							
				3 days pay Int. No. 39 31/8							3 30	
				Sup P.C. 5/9/18 25							16 06	
									26 65			

**CANADIAN  
ASSIGNED PAY AUDITED**  
 AUDIT CLERK  
 DATE 10/5/19

D.L.



NUMBER	RANK	NAME					BALANCE	DEFERRED	SEPARATION		
MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				<i>Bussell</i>					26 65		
Sept	344 Rem. on acct. of 21 days #1 Do. 39 3/5/18 with O.D. H.A. 12/11 31-1-5/12 - 6/6/18 Do. 60	230		6730 18 Aug/18 Laxat 19560 9/9/18 Butler-End Rem 344	487				28 22		
Oct	cn, 3251	330	28 22	vech # 16360. adj. of acct	02				02		
					02						



Ex. Card Des. 26-11-18a-k

19-5-32

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. #724612	
Rank Pte.	
Surname KING	
Christian Name Albert Thomas	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) #109t Btn. CEF ( #2 D.D.	
Date of Discharge NOV 12 1918	
Place of Discharge TORONTO, ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 43 years months. Height 5 feet 8½ inches. Complexion Fair Eyes Hazel Hair Brown Trade Printer Intended place of residence } 62 Beverly St., (To be given as fully as } Toronto, Ont.	Descriptive Marks 3 Vacc. marks on left arm Scar on nose
2. The above-named man is discharged in consequence of	
HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.	
<small>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.</small>	
3. Conduct and character while in the service have been, according to the records, etc.	
good	
<small>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.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
Printer	

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.

100M.-1-17.  
H. Q. 1772-39-113.

lt-a  
13 4-50

(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)..... TORONTO, ONT

(Date)..... NOV 19 1918

*[Signature]* Captain,  
For Lieut.-Colonel,  
Commanding O.C. No. 2 District Depot.

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)..... TORONTO, ONT *Albert Thomas King* (Signature of Soldier.)

(Date)..... NOV 12 1918 *[Signature]* (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) <sup>333</sup> 2 years..... days.

Total <sup>333</sup> 2 years..... days.

11. Confirmation of Discharge.

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

(Place)..... TORONTO, ONT

(Date)..... NOV 12 1918

*[Signature]* Captain,  
(Signature)..... Lieut.-Colonel,  
O.C. No. 2 District Depot.







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.

<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 Certificate, " 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> <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>
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*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.

STATION. Park School Bks. DATE. Oct. 28-1918.

1. 1 (a) Unit. #2 D.D. (b) Regimental No. 724612 (c) Rank. Pte.  
 (d) Surname. KING (e) Christian name. Albert, Thomas,  
 (f) Home address. 62 Beverly St., Toronto.  
 (g) Next of Kin. Jane King. (h) Relationship. Wife.  
 (i) Address of Next of Kin. 62 Beverly St., Toronto.

2. Age last birthday. 48 Date of birth. Nov. 27-1870

3. Enlistment, or Appointment (if an Officer) (a) Place. Toronto, Ont. (b) Date. Nov. 28-

4. Personal description: 1915.

(a) Height. 5 ft 8½ in. (b) Weight. 130 (c) Complexion. Fair  
(stamped)

(d) Colour of hair. Brown (e) Colour of eyes. Hazel (f) Identification marks, Scars, etc. 3 vac.

marks on left arm. Scar on nose.

5. Former trade or occupation. Printer.

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).

	2 Years	233 Days
--	---------	----------

				PERIODS	
			From	To	
Canada	109th Btn.		Nov. 1915.	Oct. 1916.	
England	20th Btn.		Oct. 1918.	Date.	
France or other theatres of War	France.				

7. Original disease, or injury. Debility

(a) Date of origin. Feb. 1917. (b) Place of origin. France.

(c) Cause. Exposure.



8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—light, 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.)

General debility.

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) Subj. Man has general weakness; Unable to sleep well. Can't eat in the morning. Dizzy at times. Could walk two miles at his own pace, without pack. Obj. Man looks 7 yrs. older than age stated. He is emaciated in appearance. Apex beat is in 5th interspace inside nipple line. Heart sound are normal. Pulse -see spec. report. BP. 110-78. There is moderate arterial sclerosis. Lungs and respiration. See special report. Patellar reflexes normal. Mouth and teeth are not healthy. Has pyorrhoea and Vincent Angina. See special report. Incapacity due to general weakness.

(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 Yes. Cardio-Vascular System Yes. (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System Yes. (Albumen and Sugar will be excluded.)

Special Senses Yes. Respiratory System Yes. Integumentary System

Disturbances of Mentality Digestive System See 9-a Muscular System

Osseous and Joint Systems Any other general condition

Urine-- See special report. Eyes-- see special report.

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

In Winter of 1917, started to feel weak and unable to carry on heavy work. Had a cough, but it has disappeared lately.

Index finger of right hand amputated, 20 yrs. ago. No disability? 4 vac. marks left arm. Scar across bridge of nose.



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).)

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

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

Not applicable.

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.)

In Staples 51 General Hospital- 35 days.. Gonorrhoea. No disability.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ? No

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed ? Yes.

(If not, briefly state why)

17. Recommendations Discharge.

R. J. Kee 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 A. T. King 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. T. King 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.

We concur.

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) Does not 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.)

That he be placed in Category "E" and be discharged as medically unfit for further military 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.

W.T. McLean, Major. President.

PLACE Park School Bks. Toronto.

T.C. Routley, Capt.

Members

DATE Nov. 6th, 1918.

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

Members

DATE

APPROVED BY

APPROVED BY

J.R. Christian, Capt.

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 7-11-18.

DATE



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

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

250M.—1-16.  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

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

Regimental No. 424612 Rank Private Name King Albert Thomas

Enlisted (a) 29-11-15 Terms of Service (a) D of W. Service reckons from (a) 29-11-15.

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) Printer

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.	
--	--	---------------------	-----------	----------	--

Proceeded overseas for service with 20th Btn.

A. W. Aseltine Capt.  
ADJUTANT  
109th Overseas Battalion, C. E. F.

28-11-16	Witley	<del>Transf'd to 20th Bn,</del>	<del>Overseas</del>	<del>28-11-16-D.O.333-28-11-16.</del>	
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CERTIFIED CORRECT.  
14 DEC. 1916  
CAN. RECORDS, LONDON.

A. W. Aseltine CAPTAIN,  
ADJUTANT,  
109th BATTALION CAN. INFANTRY.

29/11/16	C B Dep	Arrd & taken on strength	20th Bn	29/11/16	NR Pt 2 O'rs 75d11/12/16
17/12/16	GOC Can	Cps HQ Attached for duty	Can Cps Composite Coy B213	10/12/16	Pt 2 O'rs 78d26/12/16

Case to be attached to  
Can Corps Comd Co and attached  
to Canadian Corps Infantry  
School.

16-8-17.  
G.O. Can Corps 27B 213 d/11/17  
Anty to A. 50-48-B 9/18-9-17. ref  
file KA 13480. adg. Can Est.  
File KA 12771/2. Pl. E 020 80 d/11/17

4-1-18. 23 C. V. D. G. Adm 2/1/18 Jm A 36 AT 4-1-18 C 6849.

(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.



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				
6-1-18	51 Gen	V. D. G. Adm 51 Gen		6-1-18	C 6625.
10-1-18	OS, Cdn Corps School	Trans to Cdn Corps School } off at 20 pm accordingly }		14-8-17	Letter 24 B. File K1. 16-24-62. Pt II No 8 d/26-1-18.
doq.	doq	U.S. Cdn Corps Infantry School for Engineers duties		15-8-17	doq. Par 27s. 1 d. 24-1-18
11-2-18	C. 2nd C. I. B. D.	Arrived No 2. C. I. Base Depot. "T.B"		11-2-18	N. Roll.
10-2-18	C 51 Gen Hpx.	V. D. G. disc. to Duty.		10-2-18	W 3034. (2260)
10-2-18	C. No 51 General Hospital.	Doye's Died allowance and is placed under stoppage of pay at the rate of 50¢ per diem whilst in hospital. (36 days). 6.1.18 do		4-1-18	O. 1643. Par 27s. 4 d. 22-2-18
19-2-18	C. B. B. B.	Classified "B 2" (overage demand) by Medical Board held at 2nd Cdn Inf Base Depot. 4th Bde.		19-2-18	A 3 W 3339. Par 27s. Par 27s. 6-28/2118.
21-2-18		Arrived G. S. B. Depot. "B2"		29-2-18	N. Roll (733)
21-2-18	aaq. C. C. B. D.	S.O.S. Cdn Corps Infantry School on transfer to Cdn Labor Pool.		19-2-18	KR. 16276. Par 27s. 6 d. 28/2118. N. Roll (733)
	aaq	J. O. S. of Cdn. Pool.		20-2-18	Pto. 27. 2/3/18.
2/3/18	l. G. B. D.	2 forfeits all pay for 1 day 28.2.18 for W.O.A.S. Failing to comply with instructions on pass form. (1st) not turning his pass into guard Room 27.2.18.		28/2/18	B 2069. Pto. 30. 7.3.18.
9 1/8	blf B D	left for C C K		9 1/8	wh 1129



\*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

**CONFIDENTIAL INFORMATION.**

No Card

Report No. 19675 CATEGORY E 3  
 Unit \_\_\_\_\_ Surname King Christian Name Albert J  
 Permanent Address 67 Kenilworth St Toronto  
 M.D. No. 2

No. of M.H.C. File \_\_\_\_\_ No. of Local File \_\_\_\_\_ No. of H.Q. File \_\_\_\_\_

No. 724617 Rank Pte Original Unit 189 Service Unit 20  
 Age 48 Height 5 ft. 8 1/2 ins. Complexion W Eyes Bl Hair Bl Conduct \_\_\_\_\_  
 Date of enlistment Mar 21/15 Where enlisted Toronto Where seen service France  
 Ship returned by St. Stephen Date of arrival 8-10-11 Port of arrival Halifax  
 Birthplace Eng Religion C of E

Cause of disability (1). General debility.  
 (1). Exposure.

Condition in detail which prevents the soldier from earning a full livelihood Subj. (1). Man has general weakness. Unable to sleep well. Cannot eat in the morning. Dizzy at times. Could walk two miles at his own pace, without pack. Obj. (1). Man looks 7 years older than age stated. He is emaciated in appearance. Apex beat is in 5th interspace inside nipple line. Heart sounds are normal. Pulse See Spec. report. B.P. 110-78. There is moderate arterial Sclerosis. Lungs and Respiration - See Spec report. Patellar reflexes normal. Mouth and teeth are not healthy. Has Pyorrhoea and Vincent Angina. See Spec. report. Incapacity is due to general weakness.

Degree of incapacity—Eng. Board Not est. Canadian Board Deg. not stated.

Is disability due to or aggravated by Service? Yes.

Probable duration of incapacity Permanent.

Does it render him permanently unfit for Military Service?

Is further treatment or use of appliances recommended, if so which? No. Discharged.

Destination to which transportation issued Toronto.

Members of Board W. T. McLean, Maj. Pres., T. C. Routley, Capt. Park School Bks.

INFORMATION TO BE FURNISHED BY SOLDIER 6-11-18.

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	<u>Miss J. King</u>	<u>32</u>			<u>W</u>
Children 1	<u>John</u>	<u>10</u>			<u>W</u>
2					
3					
4					
5					

Name and address next of kin Miss J. King Toronto  
 Notification of return to be sent to Self  
 Occupation prior to enlistment Employer And for how long followed Self  
 Regular trade or occupation Driver  
 Average earnings previous to enlistment \_\_\_\_\_ Any other income? \_\_\_\_\_  
 Name and address of last employer Godwin The Works Co. Ltd. Brampton  
 Rent per month 2.00 If owner of or purchasing property amount due and annual payment, \$ \_\_\_\_\_  
 Taxes \_\_\_\_\_ If Homestead, or Farm, where located \_\_\_\_\_  
 If carrying life or accident insurance, annual premium \$ \_\_\_\_\_ Name of Society \_\_\_\_\_  
 If unable to follow previous occupation, name preference \_\_\_\_\_  
 References Last emp. I declare that the above statement is correct.  
 Witness W. T. McLean  
 Date 7/25/18 Place Toronto Signature A. J. King

Remarks by Interviewer:

Last Pay Cert. Cr., \$ \_\_\_\_\_ Dr., \$ \_\_\_\_\_ Amount paid at Depot H.Q., \$ \_\_\_\_\_ L.P.C. leaving Depot, \$ \_\_\_\_\_  
 Amount forwarded to H.Q. Unit, \$ \_\_\_\_\_ Credit Clothing allowances, \$ \_\_\_\_\_

PENSION—Class \_\_\_\_\_ Amount per year, \$ \_\_\_\_\_ Period granted for \_\_\_\_\_ Dating from \_\_\_\_\_

First payment date \_\_\_\_\_

Reports on men returned for discharge under Sp. Auth. on White (Black printed) Forms.  
 E. 1. Discharge, no pensionable disability. (Yellow copies).  
 E. 2. Waiting Reclassification. (Pink copies).  
 E. 3. Discharge with claim for pension. (Blue copies).

Reports on men returned for duty to be typed on White (Red printed) Forms).  
 A. General Service.  
 B. Service abroad, not general.  
 C. Service in Canada. (White red printed forms).  
 D. Treatment. (Pink copies).



CONFIDENTIAL INFORMATION

Report No. \_\_\_\_\_ CATEGORY \_\_\_\_\_

Unit \_\_\_\_\_

Rank \_\_\_\_\_

Service Unit \_\_\_\_\_

Condition in detail which prevents the soldier from carrying out his duties. (This condition is described in the report.)

When seen, soldier was \_\_\_\_\_

Where enlisted \_\_\_\_\_

Date of arrival \_\_\_\_\_

Registration \_\_\_\_\_

Case of disability \_\_\_\_\_

Disability \_\_\_\_\_

Probable duration of incapacity \_\_\_\_\_

Is disability due to or aggravated by \_\_\_\_\_

Is further treatment or use of appliances recommended, if so, what \_\_\_\_\_

Description of which organ system is affected \_\_\_\_\_

Members of Board \_\_\_\_\_

Remarks \_\_\_\_\_

INFORMATION TO BE FURNISHED BY SOLDIER

Name of soldier \_\_\_\_\_

Address \_\_\_\_\_

Home and address \_\_\_\_\_

Occupation prior to enlistment \_\_\_\_\_

Business trade or occupation \_\_\_\_\_

Previous earnings previous to enlistment \_\_\_\_\_

Name and address of last employer \_\_\_\_\_

Amount of or purchase of property amount due the annual payment \_\_\_\_\_

Name of society \_\_\_\_\_

Is carrier his or another's insurance, annual premium \_\_\_\_\_

Is unable to follow previous occupation, name of previous \_\_\_\_\_

Is able to follow previous occupation, name of previous \_\_\_\_\_

Signature \_\_\_\_\_

Place \_\_\_\_\_

Remarks by interviewer \_\_\_\_\_

First payment \_\_\_\_\_

Amount due year \_\_\_\_\_

Period granted for \_\_\_\_\_

Balance from \_\_\_\_\_

Amount forwarded to H.Q. \_\_\_\_\_

Ordnance clothing allowances \_\_\_\_\_

Amount paid at Dept H.Q. \_\_\_\_\_

L.P.O. leaving report \_\_\_\_\_

Signature \_\_\_\_\_

Place \_\_\_\_\_

Remarks by interviewer \_\_\_\_\_

Is carrier his or another's insurance, annual premium \_\_\_\_\_

Is unable to follow previous occupation, name of previous \_\_\_\_\_

Is able to follow previous occupation, name of previous \_\_\_\_\_

Signature \_\_\_\_\_

Place \_\_\_\_\_

Remarks by interviewer \_\_\_\_\_

Form No. 10  
 (Rev. 1-15-18)  
 This form is to be filled out by the soldier or by a person acting for him. It should be filled out as soon as the soldier is notified of his disability. It should be filled out as soon as the soldier is notified of his disability. It should be filled out as soon as the soldier is notified of his disability.



# MEDICAL HISTORY OF AN INVALID

NOK- Wife. Jane. King. -62 Beverly St. Toronto.

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

Ex. by Capt. McCulloch. 29. Nov. 1915. Lindsay, Ont.

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Park School Bks. DATE Oct. 28, 1918.

1. 1 (a) Unit No 2. D.D. (b) Regimental No. 724612 (c) Rank Pta.  
 (d) Surname KING (e) Christian name Albert Thomas.

2. Age last birthday 48 Date of birth Nov. 27, 1870.

3. Enlisted at Toronto. on Nov. 28, 1915.

4. Personal description:—

(a) Height 5' 8 1/2" (b) Weight 130 (c) Complexion Fair.  
 (d) Colour of hair Brown (e) Colour of eyes Hazel. (f) Identification marks.....  
(stripped)

3. Vacc marks on left arm. Scar on Nose.

5. Address after discharge (for the use of the Board of Pension Commissioners).....  
(82) Beverly St. Toronto. Ont.  
Printer.

6. Former trade or occupation.....

7. (a) Service	Years <u>2</u>	Days <u>233.</u>
----------------	-------------------	---------------------

	PERIODS	
	From	To
109th Battn.	Nov. 28/15.	Oct. 15/16.
20th Battn.	Oct. 8/18.	Date.
Cas.		

(b) Has he been overseas? France. 8. Original disease or disability.....  
1. Debility.

(a) Date of origin 1. Feb. 1917. Exposure. (b) Place of origin 1. France.  
 (c) Cause\* 1. Exposure.  
 (d) Present disease or disability 1. General debility.

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

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

1. SUBJ- Man has general weakness. Unable to sleep well. Can't eat in the morning Dizzy at times. Could walk two miles at his own pace, without pack. SEE PAGE. 2.



## 9. Present condition.—(Continued.)

OBJ: Man looks 7 years older than age stated. He is emaciated in appearance. Apex beat is in 5th ~~inter~~ interspace inside nipple line. Heart sounds are normal. Pulse See spec. report. BP. 110-78. There is moderate arterial sclerosis. Lungs and respiration. See special report. Patellar reflexes normal. Mouth and teeth are not healthy. Has Pyorrhoea and Vincent Angina. See special report.

Incapacity due to general weakness.

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

Nervous..... **yes**..... Digestive..... **see 9a**..... Respiratory..... **yes**..... Cardiac..... **yes.**

Genito-Urinary..... **yes**..... Skin, Middle Ear, Eye or any other part..... **yes.**

Urine. See special report.

Eyes see special report.

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

In Winter of 1917, started to feel weak and unable to carry on heavy work. Had a cough, but it has dissappeared lately.

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

Index finger of right hand amputated 20 years ago. No disability.

Four vaccination marks left arm. Scar across bridge of nose.

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

1. Not applicable.

## 12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

no

The regimental documents will be referred to.

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

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

Permanent.

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

In Staples 51 General Hospital 36 days Gonorrhoea. No disability.



OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?

(If the answer is "yes" state nature of treatment required and probable duration.)

no

16. Can the former trade or occupation be resumed ?

(If not, briefly state why.)

yes.

17. Recommendations

DISCHARGE.

R. J. Duart  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned A. T. King have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of W. J. King

A. T. King  
Signature of soldier 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 criticized.

Concur.

19. Is the soldier fit for

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

20. It is certified that the soldier

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

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



OPINION OF THE MEDICAL BOARD—(Continued).

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

That he be placed in category B, and be discharged as medically unfit for further military service .

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

PLACE Park School Bks, Toronto.

DATE Nov. 6th, 1918.

W. J. McKeon Major, President.
K. Routley Capt.
Members.

APPROVED BY

[Signature]
Assistant Director of Medical Services.
DATE 7/11/18

APPROVED BY

Director-General of Medical Services.

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE DATE
President.
Members.



Reserved for M.H.C.

Regt. No. 9246x Rank ptc. Surname KING Christian Name ALBERT T.  
 Unit or Corps—(a) Overseas from United Kingdom 20th Bn (b) In United Kingdom Sh Dept Imp  
 Born at—Town London County or Province Surrey Country England  
 Date of Birth—Day 27 Month November Year 1868 Age 49 yrs. 0 months.  
 Joined at Windsor Ont. Date 30 November 1910  
 Former Trade or Occupation Printer

Permanent marks or peculiarities that will serve for future identification

Index finger Right hand amputated. Scar on  
palm Right hand. Scar extending from base index finger  
right hand to lower index finger

Height—feet 5 inches 8 1/2 Colour of eyes Hazel

Signature of Soldier (for identification purposes) A. T. King

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

Disabilities Group (b)

DEBILITY, SENILE.

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.	<u>Infection Exposure</u>	<u>England and France.</u>	<u>1916</u> <u>1917.</u>
(ii.) As to Group (b) above.	<u>Advancing years.</u>		
(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?

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



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?

*Used application*

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).

*No evidence can be elicited of symptoms from  
DIP Birmingham England in 1916 with Canadian troops.  
In France while in England before going to France state he had  
cough, no evidence on M.S. Hospital admission in  
April 1918, and entering in France made it worse.  
Cat. by state. Category B. 18.2.18. Vaccinated June 1918  
because of jaw aches. Symptoms he states. No documentary  
evidence to support the submitted to Board.*

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

*Subject's  
Symptoms - cough a good deal at night and during damp  
weather - do not raise much sputum. Interferes with sleep.  
Seems to be breaking up he states. Other symptoms -  
Dairy nourished only. Head Bad - Approx 55 years of age - there  
are 2 small cystic growths in skin one on left scapula and one in left  
Buttock - Heart sounds normal. Breath sounds harsh. No rales  
Chest tubes, disappear on coughing, heard over both lungs. All  
Other systems apparently normal.*

8. OPERATION. (i.) Was one performed?

(ii.) If so, state what.

(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.

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

(ii.) If so, describe.

*Yes  
Has had 5 or 6 extracted.*

10. DO YOU RECOMMEND:—

(a) Fit for duty?

*no*

(b) Fit for base duty?

*yes But Permanent*

(c) Invalid to Canada?

*no*

(d) Discharge from the Service as permanently unfit?

*no.*

Date of Report 15-7-1918

Signed

*Hytherauchless*

Officer in medical charge of case.

Station

*Shorncliffe*

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

Dated at

*Shorncliffe*

Station, on

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

15-7-1918

\* 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? Aggravated? } (b) Misconduct of the Soldier { Caused? Aggravated? }

no

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%.)

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, 1/8, 2/8, 3/8, 4/8, or all.)

16. Permanency of the Pensionable Disability estimated next above in (15) (i.) Is it permanent? (ii.) If not permanent, what is its probable minimum duration (in months)?

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

18. Remarks.

Handwritten note: "No aggravation"

19. Recommendation :—(a) Fit for duty? no (b) Fit for base duty? yes BTH permanently (c) Invalid to Canada? no (d) Discharge from service as permanently unfit? no

Classification for the Military Hospitals Commission.

Date of Board 15-7-18

Station

Shorncliffe

Signatures of the Board.

Go Dwyer, Capt. President. [Signature]

Approved

[Signature] BAPT: FOR A.D.M.S. CANADIANS, SHORNCLIFFE

A.D.M.S.

Dated at

Station

17 JUL 1918



Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the \_\_\_\_\_ day of \_\_\_\_\_ 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

*Handwritten signature/initials across the middle of the page.*

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191

Signatures of the Board

President.

*Handwritten signature of the President.*

10101 100 51











142

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1/12/18

Separation and Assigned Pay Branch

K 2577

Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

25			
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RATE OF ASSIGNMENT

15			
----	--	--	--

Bank account

PARTICULARS OF SEPARATION ALLOWANCE

No. 724612  
 Rank Pte Promoted Reverted Discharge  
 Soldier's Name A. J. King  
 Battalion 109 Battrn  
 Beneficiary  
 Relationship  
 Address

Credit

PARTICULARS OF ASSIGNMENT

Name Mrs J. E. King  
 Address Manx Bk. of Montreal  
 Toronto Ont.  
 Gen Del Change of Address  
 1 512 Bathurst St  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1919					0.10081-a-73
Dec 31			255	255	Stop a.p. 31-8-18 C.P.M. Cable P0464
Jan	R 68640		15	15	15-8-18, Jan 21-8-18,
Feb	O 73816		15	15 00	accb. transferred to wife in England
Mar	K 93128		15	15 00	a/c transferred to England. fr 1/12/18 per P 817, 5m 24/11/18
April	K 10639		15	15 00	Discharged 12/11/18. per spec M message 12/11/18 MD#2
May	J 18561		15	15 00	Mc to load. 31/8/18
June	F 16279		15	15	Ret'd per Lland Stephen 10/10/18 B.L. 5x6 MD#2
July	R 3417		15	15	Mc reopened fr 1/12/18. to load.
Aug	H 39459		15	15	
			375	375	
Dec		25	15	40	MVCH. 8576.75. ad Can 12/11/18 Can 14/11/18
Dec	O 417	15		15	P. 2753 fr 1/9/18 to 30/12/18 ord 12/11/18 M 12/11/18

M. F. W. 128  
400M.-6-17-1772-39-1141  
L. L. 22320-M. & D. 7693.

CANADIAN  
 ASSIGNED PAY AUDITED  
 J. Jewhills  
 AUDIT CLERK  
 DATE 10/5/19

A STENCIL  
 HAS BEEN MADE  
 FOR THIS ACCOUNT



