Mg. S. 4" Coy.

ATTESTATION PAPER.

No. 724505

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

ORIGINAL

	(ANSWERS.)
1. What is your name?	Albert Leaden
2. In what Town, Township or Parish, and in what Country were you born?	Kingston Ont
3. What is the name of your next-of kin?	~~Mrs. Leaden~~ Mr. W. J. Leaden (Father) sister in law.
4. What is the address of your next-of-kin?	Kent Building Yonge & Richmond Sts Toronto
5. What is the date of your birth?	Aug. 19th 1887
6. What is your Trade or Calling?	Stage Craft
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated? or inoculated	yes
9. Do you now belong to the Active Militia?	~~yes~~
10. Have you ever served in any Military Force? If so, state particulars of former Service.	3 mos. on 14th Regt. P.W.O.R. Guard
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

Albert Leaden (Signature of Man.)

(Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Albert Leaden, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force,** and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Albert Leaden (Signature of Recruit)

Date Nov. 11th 1915. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Leaden, 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 Leaden (Signature of Recruit)

Date Nov. 11th 1915. (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 18 day of November 1915.

(Signature of Justice)

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

Lt. Col. (Approving Officer)

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

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-39-841.

Description of Albert Leadon on Enlistment.

Apparent Age 29 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6¾ ins.

Chest measurement: Girth when fully expanded 37 ins.; Range of expansion 4 ins.

Complexion Fair

Eyes blue

Hair Brown

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

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).

Scarbon left side of jaw

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 Nov. 11 1915. A. J. Myers

Place Kingston Ont. Capt. A.M.C.

Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Albert Leadon 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 DEC 29 1915 191

a.f.2020/2/19.

REGIMENTAL DOCUMENTS

LEADEN ALBERT REGT. NO. 724505 UNIT 109th Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				15.11.99	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)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
2	DENTAL HISTORY SHEET (M.F.B. 465)					Category
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
	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)					
1	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	MFW192.					
1	MFW2502.					
1	AFW3997					
4	Engineers Board					
	Board					
	Medical					

W. 2589
100M-11-18
1772-39-1377

B

Number 724508 Rank L/Cpl

Surname LEADEN

Christian Name Albert

Unit 109th Bn. Can. Inf. Theatre of War England

Date of Service 31-7-16

Remarks Mrs Harriet Leaden Widow

Latest Address 171 Berkley St ~~14 Dufferin St~~ ~~Kingston~~ Toronto Ont.

4/9/39

Roll No. A Page 650

No. 7245.05. RANK Pte. NAME Leaden. A.

T. O. S. UNIT 109th Battalion.

Transfered from 14th Bn 17-11-15- D.O. 2. 22-11-15.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915.			
Nov 17.	Nov. 30	✓	Cpl. Nov. 17. 1915.	D.O. 46. 13-1-16.
Dec.		✓		
1916 Jany.	1916	✓	Reduced Jan. 18. 1916	D.O. 70.
Feb.		✓	From A/Cpl. 17-2-16.	D.O. 79. 21-2-16.
Mar.		✓		
April		✓		
May.		✓		
June.		✓		
July.		✓		

UNIT SAILED
JUL 23 1916

3.

NAME Leaden Albert

S.O.S. Dis. 13/2/19 "Demob."
D.O. 45 of 14/2/19
3.D.D. 3

RANK & No. ~~Pte.~~ L/Cpl. 724505.

CORPS 109th Batt.

ENLISTMENT, PLACE Lindsay, Ont. DATE Nov. 28th, 1915. S.

FORMER CORPS 14th Regt. P. W. O. R.

COUNTRY OF BIRTH Canada Kingston, Ont.

NEXT OF KIN ~~Leaden, W. J.~~ died ~~(father)~~

ADDRESS OF NEXT OF KIN Kent Bldg., Yonge & Richmond Sts. Toronto, Ont.

N.O.K.: Mrs. Fred Leaden, sister-in-law

DISCHARGE, PLACE H.Q.S4-21-38-1. 13-3-16. DATE

R/C: 25-1-19 256/48. Pte.

Sailed from Halifax Per S. S. "Olympic", 23-7-16 486/21

L. L. 85779—M. & D.—6011. M. F. W. 22. 100 m.—9-15. H. Q. 1772-39-839.

REMARKS:

(This form to be filled in by all ranks on voyage to Canada.)

M.D. No. 3

NUMBER	RANK	SURNAME	INITIALS	UNIT
734505	Pte	Leaden	A.	10th Bn

Full postal address 14 Dufferin St (Street) Kingston (City or Town) Ontario (Province)

Name of one person to be notified of arrival Mrs Fred. Leaden

Address 14 Dufferin St. Kingston Ont.

Railway Station in Military District to which a furlough warrant is required Kingston

Grand Trunk Railway G.T.R.

If married, is your wife on board No Number of children on board —

Their destination —

(Sgd.) Pte A Leaden

M. F. W. 2502

50 M.—4-18
1772—39—1269

Civilian Occupation:- Stage-Craft.

*Name LEADEN, Albert Rank Pte Regtl. No. 72505

Fyle Depot 3-L-478

Original unit 109 Bn Present unit M. or S. Age 32 Religion RC Ref. H.Q.

Port, ship and date of arrival Empress of Britain Halifax 22-1-19

Next of kin Mr Fred Leaden, Kind Bld. Yonge & Richmond Sts

Address on leave 14 Dufferin St., Kingston Toronto

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Stage Crew Date and place of enlistment 11-11-15 Lindsay Ont

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
30-1-19	T.O.S. Casualty Company No. 3 District Depot from O/S.	
	for Disposal, Part Two D.O. 30. Eff 26-1-19	
	Leave & Sal. 26-1-19 to 8-2-19	

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

(over)

Date.	Remarks	Pt. 2 Order No.

M. F. W. 192
150m.—5-18
1772-39-1243

To be made out in duplicate.

I.Q. 51-21-20-53

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 724505

(3) Full Name of Soldier Albert Leaden

(4) Place of Birth Kingston, Ontario.

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

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

(b) Present Postal Address

(7) Are you a widower? No.

(8) Have you any children? No

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No.

If so, state name and address

(10) Is your Mother alive? No.

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

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

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

Mrs. Fred Leaden,
Kingston,
Ontario.

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

(15) Are you insured? No.

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

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

Date July 10th 1916

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

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

ORIGINAL

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 724505 Rank Pte Name Leaden A.
(Surname first)

Unit 109th Bn who was* discharged

On Feby 13th 1919, to Category C1

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feby 1st to Feby 13th 1919 the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month			6	22
Regimental Pay 13 days at $ 1 c. 00			13	00
Field Allowance 13 days at $ c. 10			1	30
Separation Allowance				
Clothing Allowance			35	00
Post Discharge Pay				
*Other Credits				
Advances				
Separation Allowance and Assigned Pay Cheque No.				
*Other Charges				
Balance on transfer or on discharge, cheque No. #3737	55	52		
Total	55	52	55	52

*Give particulars.

A monthly stoppage of $ 15 00 (†) has (‡) been paid on account of Assigned Pay for the month of Jan 1919 and Separation Allce. for month of 191 by Ottawa (to) Assignee Mrs. Fred Leaden

(Address) 14 Dufferin St. Kingston 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 No (3) Reason for discharge .....

(4) Authority for discharge or transfer #3DD-3-L-478

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 Feby 11th 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. 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.

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.	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

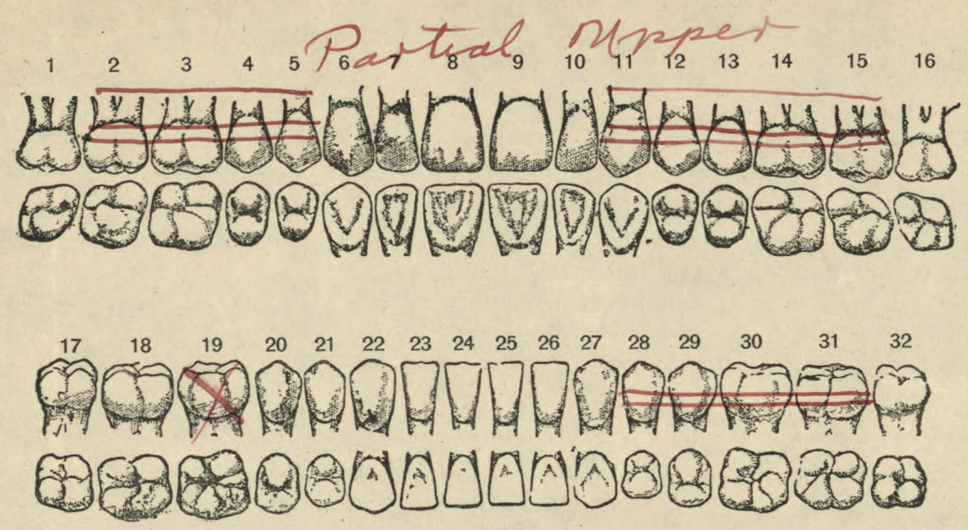
District 3

Name of Soldier Leaden A.

Rank Pte.

Regiment Dd

No. 224505



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	Pyrrhea	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 10										5 / 19, 28, 29, 30, 31			21 / 1						D W Massey Capt - 3	3 Cav #1	18 20
																						Refused Treatment A. Leaden. 10/2/19

M. F. 465. 150-17-18. 177-39-950.

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

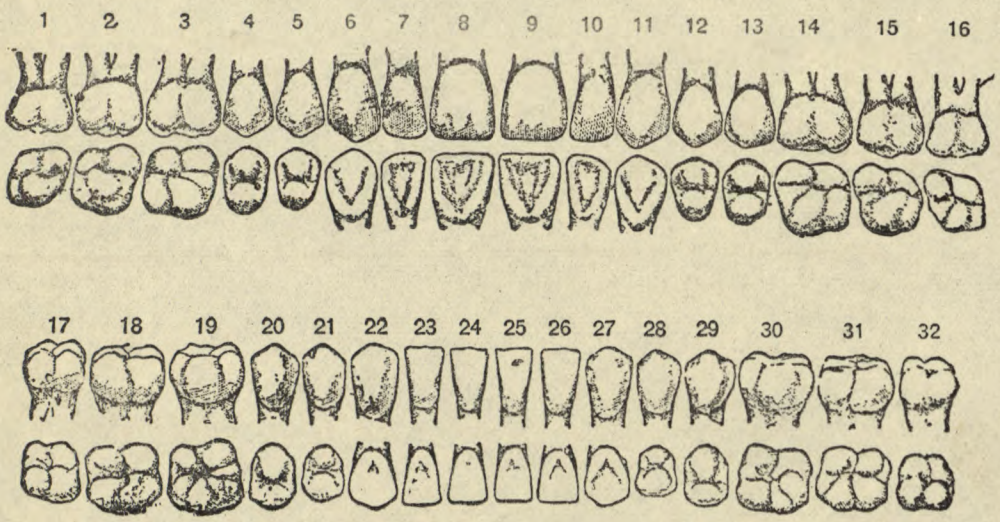
DIRECTIONS TO DENTAL OFFICERS

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) Leader A.

REGIMENT G D RANK Pte No. 724505

Date of Examination in England 14-12-18 Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 19.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

Nil.

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 Cowan Capt

Army Form B. 103. Sheet 2 Regimental Number 75 [illegible]

Casualty Form—Active Service.

Regiment or Corps .....

Rank Pte Surname Leader 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 .....

..... 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...			
14.12.18	Gen Sch	"ON COMMAND" 1st C.D.D., BUXTON.	Buxton	8/12/18	20 [illegible]
					Adjusting ..... LIE
					OFFICER i/c RECORDS,
					29
14.12.18		Attached C.D.D. Buxton for return to Canada, Part II Order [illegible]			
		Ceases to be attached C.D.D. Buxton on embarking for Canada.			
		J. M. Lock. Lt. for Lt. Col.			
		Commanding Canadian Discharge Depot.			
12/1/19	Embarked for Canada				

(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.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

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				
28/12/18		ATTACHED TO IN [illegible] PART 2. D.O. 18	Dec	28/12/18	
12/1/19		Ceases to be attached on transfer to 3 D.P.O. according to Gen. Part 2 D.O. 13		14/1/19	
		Stewart Lieut. C. i/c Records Ring 3			
26/1/19	T.O.S. Casualty Company No. 3 District Depot for Disposal, Part Two D.O. # 30.	Kingston	24/1/19	J. Pullman LIEUT. for O.C. Casualty Co., No. 3 District Depot	
13-2-19	S.O.S.	Discharged	Kingston	13-2-19	10,95
				J. Mooney Capt. for O.C. Discharge Section No. 3 District Depot	

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 124505 Rank Private Name Leaden Albert

Enlisted (a) 17.11.15 Terms of Service (a) C. E. F. G. of W. Service reckons from (a) 17.11.15

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) Stagecraft

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.	Witley	5.8.16	Part II Order 216.
		Transferred to C. C. A. C. + attached to 51st Bn C.E.F.	Witley	13.11.16	Part II Order 318. CAPTAIN; ADJUTANT, 109TH BATTALION CAN. INFANTRY.
		The Unit known as the 51st Battalion will be designated "The Garrison Duty Battalion" (Authority Bramshott Divisional Order No. 785, dated 13-11-16.) Geo R Collin Captain, & Adjt. for Lieut. Col. Commanding, "The Garrison Duty Battalion." (Bramshott, Hants.)			
28-1-17	~~C.C.A.C.~~ 3rd C.L.B.	Taken on strength	Bramshott	28-1-17	Part II DOI

(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				
~~31-3-17~~	~~3rd C.G.B.~~	~~Proceeded overseas for service with 3rd. C.G.B.~~	~~Bramshott~~		~~Auth 6th Brig. Hd Qrs Q 6442 31/3/17~~
21-5-17.	O.C. 19th Res.	Taken on Strength. MANITOBA REGIMENTAL DEPOT, Upper Dibgate Camp, Shorncliffe.		16.5.17.	Pt II. D.O. 73.1.
30.5.17.	MRD	Com. C.O.C. Ashford.		30.5.17.	Pt II. D.O. 85.D.
					Lieut. & Adjutant, Manitoba Regimental Depot.
31.5.17	No 1 Det C.O.C.	Att from Man R.D.	Ashford	30.5.17	Pt II 151
3.9.17	do	T.O.S.		7.7.17	Pt II 246
19.3.18	do	Granted One Good Conduct Badge	Ashford	11-11-17	Pt II 77 d/19.3.18
14.6.18	O.C., C.O.C.,	STRUCK OFF STRENGTH No. 1 DETACHMENT, C.O.C., to No 8 Det. C.O.C.	ASHFORD, KENT	12.6.18	PART II No. 158 d/ 14 / 6 / 18. Capt. & Adjt., Officer i/c Records, No. 1 Detachment, C.O.C., (O.M.F.C.)
16-6-18.	O.C. No 8 Det.	T.O.S. from No 1 Det. C.O.C.	Bramshott	12-6-18.	Pt II No 25 - d 17/6/18.
5-12-18.	O.C. No 8 Det.	S.O.S. to General Depot, Witley	Bramshott.	5-12-18.	D.O. Pt II No 58 d 5/12/18. James Chandler Lt. O.C. No. 8 DETACHMENT C.O.C. O.M.F.C. BRAMSHOTT. HANTS.

724505.

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Leaden Christian Name Albert A III

Examined on 11th day of November 1915 at Kingston

Birthplace City or Town Kingston County Ontario

Apparent age 29 years

Trade or occupation Stage Craft

Height 5 Feet 6 3/4 Inches.

Weight 161 Lbs.

Chest measurement Minimum 37 inches. Maximum expansion 41 inches.

Physical development Good

Small-Pox Marks None

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

When Vaccinated last Feb. 21st 1916.

(a) Marks indicating congenital peculiarities or previous disease None

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

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

Date	Fit or Unfit	Examined for Re-engagement,
6/4/18	B II cat	H D Livingstone Capt M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
21.2.16.	Good	J. McCullock Capt M.O.
16/3/18	TAB	H.D. Livingstone M.O.
23/3/18	TAB 2	H.D. Livingstone M.O.
2	10-1-17	Marks

Date	Result	Anti-Typhoid Inoculations, Etc.
22/9/16	2	Pay Book
18.4.16.	Good	J. McCullock M.O.
25/7/16.	Good	J. McCullock M.O.
2.5.16	Good	J. McCullock M.O.
10-1-17		

Enlisted on 11th day of November 1915 at Kingston

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Batt C.E.F.	724505		11.11.15
Transferred to	3rd Can. Lbr. Bty.			28.1.17.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bramshott Camp, Hants. Brazenfield 3 NOV.1916 APPROVED.	3/11/16	flat feet	permanent base duty C.E. Cooper Capt. Major PRESIDENT. MEDICAL BOARD, BRAMSHOTT.
Bramshott Camp, Hants. 2 DEC.1916 APPROVED.	2-12-16.	Flat feet.	Class B(ii) C.E. Cooper Capt. Major PRESIDENT. MEDICAL BOARD, BRAMSHOTT.
Clifford	14-8-17	do	B II
Whitley	6/12/18	flat feet	B II
Burnfield	8-2-19	do	C

D.A.D.M.S. for A.D.M.S., Canadian Troops, Bramshott Camp

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.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname Sanden 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.

The Unit known as the 51st Battalion will be designated "The Garrison Duty Battalion" (A[illegible]) Bramshott Divisional Order No. 7[illegible], dated 1[illegible]-11-1[illegible].

Geo A Russell Captain, & ~~Adjt.~~ MO for Lieut. Col.

Commanding, "The Garrison Duty Battalion."
(Bramshott, Hants.)

D.M.S. 1348 (Revised).

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

3/11/ 1916.

No. 724505 Rank Lce/Cpl Name Leader

Local Unit 109th Overseas Unit Age 31

Examination held at Bramshott, Hants.

DISABILITY. Flat feet

~~Overseas~~—Local.
(scratch one out)

PRESENT CONDITION.

Both feet marked condition
Had to fall out of route
marches.

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:

C. E. Cooper Cole Major C.A.M.C. Pres.

Members { H. Maclaren Capt
W. McJackson Capt

Approved.

Bramshott 3-11 1916. R. A. Stewart Maj

For G.O.C. & for A.D.M.S.
Canadian Troops, Bramshott.

D.M.S. 1348 (Revised).

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

Bramshott Camp. 2-12-1916.

No. 724505 Rank L. Cpl Name A. Leaden

Local Unit The Garr. Duty Bn ~~Overseas Unit~~ Age 32

Examination held at Bramshott, Hants.

DISABILITY.

~~Overseas~~—Local.
(scratch one out)

Flat Feet.

PRESENT CONDITION.

Are painful on route marching.

Approved. 14-8-17.
W. Pearson Capt

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. Class B (ii)
5. Discharge.

Signatures:

C. E. Cooper Cole Major Pres.

Members { H. Fred Jackson Capt.

Approved.

Bramshott 2/12 1916. C. Cooper Cole Major
for A.D.M.S. 4 G.C.
Canadian Troops, Bramshott.

R—122

A.C. Rank Name LEADEN, Albert. Reg'l No. 724505

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

Place and Date of Enlistment Lindsay. Nov.11th. 1915. Place of Birth Kingston, Ont.

Name and Address, Next-of-Kin Mrs Fred Leaden.

Kent Building, Yonge & Richmond Sts. Toronto, Relationship Sister-in-law.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character LCR 133a175

N/E. R.B. No. 5918
File R.L.
Category O R Can

H. W. & V., Ld.—7165-16.

O. H. M. S.

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. 2810 31-7-16			
5.8.16	O.C. 109th	Appt'd Prov. L. Cpl	Orkney	5-8-16	Pt. II D.O. 218 & D.O. 285
14.11.16	"	S.O.S. to C.C.A.C.	Witley	13-11-16	— 319
14.11.16	Gar D. Bn.	att to Gar D. Bn. for B.D.R.O.C.P.	Bramshott	3.11.16	— " "
16.11.16 21.11.16.	66 A.C.	T.O.S. of 66 A.C. & att. to Gar. D. Bn.	Shoreham	3.11.16	Pt II D.O. 505 513.
13.1.17	66 A.C.	cease to be att to G.D. Bn and on Comd. to 3rd Labour Bn for B.D. etc	Hastings	2.12.16	Pt II D.O. 22.
6.2.17	G.D. Bn	ceases to be att. to G.D. Bn and att to 3rd Labour Bn	Bishott	2.12.16	Pt II D.O. 32
28.1.17	66 A.C.	Cease att G.D. Bn. & S.O.S. to 3rd Lab Bn.	Hastings	28.1.17	— 47
29-1-17.	3rd Lab Bn	T.O.S. on trans from C.E.A.C.	Bishott	28-1-17.	Pt II D.O. 1
29-1-17	✓	Reverts to Ranks to Proc. O/Seas. O.R.	"	28-1-17	✓ ✓ 1.

cease 47

724505

Leaden A.

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.
9-2-17	3rd Lab Wtd Gen Dep Bn		B'shott	9-2-17	Pt II D O 11
21.5.17 {18.7.17	Man Dep	Taken on strength. Man Dep. Joins from 16.5.17 19 Res Bn Pt II 9.	Dibgate	16.5.17	" 93 (13) } " 131 }. obs O.O.C
1.6.17.	"	On Com C.O.C. Ashford. Ceases on com to COC Ashford	"	30.5.17	" 85. & P.C. II.O. 151/31.5.17 & C.O.C. Ash 246 d/3.9.17
15.8.17	"	S.O.S. to C.O.C. Ashford. Pte	"	7.7.17	" 159.
19.3.18	C.O.C1	Entitled to wear 1 Gy. C. Badge Pte	Ashford	11.11.17	PT II O. 77
14/6/18	#8 COC	SOS from #1 COC Ashford "	B'shott	12/6/18	r 49 #1 COC 158 d/14/6/18
5.12.18	18 COC	SOS to Gen Depot Pte	do	5-12-18	Gen Dep, Pt #29 d/7/12/18. 58
16.12.18	Gen Dep	On Comment 1 COS Buxton	Witley	13.12.18	— 291.
3.2.19	do	Ceases on com 1 COS Buxton & ceases SOS to CEF in Canada M.D. 3	Witley	12.1.19	— 27

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724505 (Rank) Private

Name (in full) Leaden, Albert enlisted in

the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 11th

day of November 1915

HE served in Canada, and England

and is now discharged from the service by reason of in accordance with R.O.1343 Demobilization. Auth. 3DD 3.L.478, D. 10.2.19

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

Age 31 years 6 months

Height 5 feet 6¾ inches

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars

Scar on left side of jaw

Albert Leaden.
Signature of Soldier

J. J. Mooney Capt.
Issuing Officer
O. C. Discharge Section
No. 3 District Depot
Rank

Appointment

Date of Discharge 13.2.19

Signed at Kingston, Ont. this 13th day of February 1919

in Military District No. 3

File Reference No. 3DD 3.L.478.

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 .....

.....

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

.....
Name of Officer

.....
Rank

.....
Appointment

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

E 924505 Misc

DUPLICATE.

MEDICAL HISTORY SHEET.

DUPLICATE

Surname ~~Leader~~ Grader Christian Name Albert

Examined on 11th day of November 1915 at Kingston

Approved by A. J. Kerr

Rank Capt AMC M.O.

Birthplace: City or Town Kingston; County Ontario

Apparent age 29 years

Trade or occupation Stage Craft

Height 5 Feet 6¾ Inches.

Weight (161) Lbs.

Chest measurement: Minimum 37 inches; Maximum expansion 4 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks: Arm Right. None. Left. Two; Number 0 Two

When Vaccinated last Childhood Feb. 21st 1916

(a) Marks indicating congenital peculiarities or previous disease None

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

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
21.2.16.	good	J. McCullock M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
18.4.16	good	J. McCullock M.O.
25.4.16	good	J. McCullock M.O.
2.5.16	good	J. McCullock M.O.

Enlisted on 11th day of November 1915 at Kingston

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Batt C.E.F.	724505.		11.11.15
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bermuda	8.2.19	Flat feet	C1 Embodied Cert — pres Smb

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.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname Learey Christian Name Albert

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

L. L. Job 4503.—M. & S. 6332.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Mrs Fred Leaden
Address 14 Dufferin St
Kingston Ont

By Whom Assigned A. Leaden
Regtl. No. 724505
Rank L/Cpl
Corps 109th Battn.

Rate 15 00 1 Sept 16
2 m 18 9/16 M.H.L. 24 10/16

PAYMENTS

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

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs Fred Leaden (Assignee)

PAYMENTS

Name of Soldier Lieut. A. Leaden #724505 — 109 Battn

L. L. Job 5470—Req. 6888.

15.00 1-9-16

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		024086	30	to day
Nov.		W29505	15	
Dec.		M35678	15	
Jan.	1917	Y40056	15	
Feb.		Y45549	15	
March		Q50542	15	15 M
April		O3051	15	15 Ch
May		O9119	15	
June		M18413	15	
July		O23521	15	
Aug.		Y29578	15	
Sept.		R37244	15	
Oct.		C43034	15	
Nov.		Y48821	15	
Dec.		L59199	15	240
Jan.	1918			
Feb.			240	
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.				

P 820
12474—375:1—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-9-16		EFFECTIVE DATE:-	
AMOUNT:- ~~75.00~~		AMOUNT:-	

NAME:- LEADEN. Albert.

NUMBER:- 724505.

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

Mrs Fred Leaden.
14 Dufferin St.
Kingston. Ont.

Stopped & Off 1.12.18.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109th Bn.

DATE ACCOUNT FIRST OPENED - July 1916.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			COC. 1

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
Mar 4	2429	B. Shott	~~7 30~~				
28	2777	"	~~7 73~~				
						C.P.R. Rend. Dec 7/18	
						Ledger Balance	$33 18
						C.P.R. do	16 15

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Trans Canada 30.11.18 A.G. 30. 3095 N.R. 33 d 5.12.18

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31-3-18	Bal forward								886		
Apr	P.P.	33		43. 15/4 #1. Det.	9 73						
				C.A.P.				15			
				142 30/4 ✓	9 73				9 46		
		33			19 46			15			
May	P.P.	34 10		C.A.P.				15			
				246 14/5 ✓	9 73						
				359 29/5 ✓	7 30				9 47		
		34 10			17 03			15			
June	P.P.	33		B.A.P.				15			
				468. 13/6. ✓	9 73						
				998. 27. 6. 18. ✓	12 17				5 57		
		33.			21 90			15			
June.	P.P.	34 10		B.A.P.				15			
				AR. 1223. 12. 7. 18. Details	7 30						
				AR. 1286. 26. 7. 18. Details Brdtl.	7 30				10 07		
		34 10			17 60			15			
Aug.	P.P.	34 10		B.A.P.				15			
				AR. 1450. 13/8/18. ✓	7 30						
				1520. 29-8-18. ✓	7 30				14 57		
		34 10			14 60			15			
Sept	P.P.	33		C.A.P.				15			
				1655 13/9 ✓	7 30						
				1976 27/9 ✓	9 73				15 54		
		33			17 03			15			

NUMBER 724505 RANK Pte. NAME LEADEN. A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
30/9/18									15 54	8 50	
Oct	P.P	34 10		C.A.P.				15	34 64		
				2217 d 15.10.18 #8 Det 15	9 73				24 91		
				2315 30.10.18	9 73				15 18		
		34 10			19 46			15			
Nov	P.P	33		C.A.P				15	33 18		
				2777 d 28.11.18	9 73				23 45		
				2429 14.11.18	7 30				16 15		
				Fined on C.P.P.							
				5673 17.12.18 C.D.W	9 73				6 42		
		33			26 76			15			
				B146 d.9.1.19 R Pay C	9 73				3 31		
					9 73						

Married or Single: Single

Place of Birth: Kingston Ont

Name and Address of Next of Kin: Mrs Fred Leaden, Kent Bldg, Yonge & Richmond St Toronto Ont

Relationship of Next of Kin: Sister-in-law

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
Promoted Cpl.	5/8/16	D.O. 218
Reverts to Ranks own request to proceed overseas	28-1-17	Pt 2 #1. 29.1.17

Admissions to Hospital, &c.

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

Reg'l. No. 124505 Rank ~~Cpl~~ Pte Name Leaden Albert

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

Permanent Force Allowances

Place of Attestation: Lindsay Ont

Date of Attestation: Nov 11th 1915

Transferred to	Date	Authority
L.L.A.L.	16-12-16	D.O. 334
2nd Lab. Bn	16/2/17	D.O. 29/1/17
19 Res Bn	11/6/17	D.R. Mar 39/4
C.O.C. Eng.	1-11-17	

Assigned Pay Monthly $ 15.00 Date Effective Sept. 1st

Payable to Mrs. Fred Leaden (Mother) Relationship: 14 Dufferin St. Kingston Ont.

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	Remarks
July 31														12 85	12 85									Bal. from Canada							12 85				
Aug 31	31	1.00	31																																
	27	5	1	35	31	10	3	10							35 45	2	98/16							973						973	38 57				D.O. 218 Promd. Cpl.
Sept.	30	1.05	31	50			9								34 50	35	31/8/16	66	15/9/16					730	730			15		29	60	43 47			
Oct	31		32	55			3	10							35 65	106	30/9/16	146	15/10/16					973	730			15		32	03	47 09			
															118 45		31/10/16							2676	1460			30		71 36					
Nov	30		31	50			3								34 50	175	30/11/16							973				15		24	73	56 86			
Checked. A.S.Barn. Dec	15		15	75			1	50							17 25													15		15		59 11			Pte CCAC. E.L. 1216 D.O. 334
															17 02															11	09				
	16		16	80			1	60							18 40	814	1RD 30/11	7706	1RD 15/11					14 60	12 16					26	76	50 75			
			15	30			15	30																											
1917 Jan	31	1.05	35	65											35 65											19 46		15		34	46	51 94			
Feb 1/15	15		17	25											17 25													15		15		54 19			
16-28	13	1.10	14	30											14 30	30	31/1							4 86					95	5	81	62 68			95 Dr Diff Pay as L/Lt. 28-1/15-2-17
Mar	31	1	31	10											31 10											9 43 / 9 43 / 9 50 / 9 43	19 Res Bn	15		51	49	45 29			
Apr	30	1	33												33 00											4 84		15		19	84	58 42			
			310	05										12 85	322 90									55 95	26 76	60 82		120	95	264	48				

724505 Pte Leadan Albert ass Pay $1.15 per Canada

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
Fwd			310	05										12 85	322 90									55 95	26 76	60 82		120 00	95	264 48	58 42				
May	31	1.10	34	10											34 10					119	30/4.19	Reo Bn				4 30		15		22 30	70 22				To 19th Reo Bn Min 394 D.N.
June	10	"	11	00											11 00													15		15 00	66 22				
June 11-30	20		22												22	160	16/5							9 73						9 73	78 49				
July	31		34	10											34 10													15		15	97 59				
Aug	31		34	10											34 10					32	13/4	19th Reo				12 17		15		27 17	104 52				
Sept.	30		33	-											33 -													15		15 -	122 52				
			448	35										12 85	491 20									65 68	26 76	80 29		195	95	368 68					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR3	DR4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
Oct.	Bal fwd.	122 52							122 52		
	Pte. Pay	34 10							15 141 62		
		34 10							15		
Nov	PP	33		AR 723 28.9.17. C O C	9 73						
Dec	PP	34 10		AR. 4 R. 262. 15/6/17 P.O.C.	4 87						
				" " 317. 30.6.17. "	7 30						
				AR. 759. 15.10.17. "	9 73						
				" 863 15.11.17 "	14 60						
				" 809. 31.10.17 "	21 90						
				Nov ap					15		
				Dec ap.					15		
				672. 15/9/17. C O C	7 30						
				460 31/7 "	7 30						
				384 16/7 "	9 74						
				560 15/8/17 "	9 73						
		67 10		619 30/8/17 "	9 73				30 66 79		
					11 93						
Jan	P.P.	34 10		927 C O C 20/11	19 47						
				987 " 7/12.	14 60						
				974 " 6/12	9 73						
				439 14 Reo. 31/8.	7 30						
					51 10						
		34 10		Jan ap.	51 10				15 34 49		
									15		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR3	DR4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
Feb.	AP	30 80		1085 Coc 11/1	7 30						
				1165 " 29/1	9 73						
				Feb ap	17 03					15 33 56	
		31 80								15 33 56	
Mar	PP.	34 10		Mar ap.						15	
				1317 13/2 C O C	9 73						
				1440 26/2 "	4 87						
				1561 13/3 "	9 73						
				1655 26/3 "	19 47						8 86
		34 10			43 80					15	

34 79
30 80
5 59
29 73
33 56
33 10
34 66
67 80
58
8 86

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M 18-1-36 P

1. No. 724505

2 Rank. Private

3. Name. Leaden, Albert

4. Unit. No. 3 District Depot.

5 Date of Discharge 13.2.19. Place Kingston, Ont.

6 Reason for Discharge Demobilization.

Deceased 24-6-39
649-L-11625

7. Authority. 3DD 3.L.478, B.10.2.19.....R.O.1343

8. Proposed Residence after Discharge 14, Dufferin St, Kingston, 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

Albert Leaden
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Kingston, Ont.

Date 13.2.19.

Medical Documents Forwarded to ~~S.C.R. or~~ B.P.C. on FEB 28 1919 Date

Signature F. J. Mooney Capt.
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

MM

KCD 19/2/79

Provided 19-3-19 AC 7-3-19

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

PART I.

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

Reserved for M.H.C.

Regt. No. 724505 Rank Pte. Surname Leaden Christian Name Albert

Unit or Corps—(a) Overseas from United Kingdom (M.O.S.) (b) in United Kingdom Can. Dep.

Born at—Town Kingston County or Province Ont Country Can.

Date of Birth—Day 14th Month Aug. Year 1886 Age 32 yrs. 3 months.

Joined at Kingston - Ont Date 14th Nov. 1915

Former trade or occupation Stage Craft

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

Scar, adherent, left side of chin

Height—feet 5 inches 6 3/4 Colour of eyes blue

Signature of Soldier (*for identification purposes*) A Leaden

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*)	FLAT FEET
Disabilities Group (*b*)	n.a.
Disabilities Group (*c*)	n.a.

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Active Service	England	9-16
(*ii.*) As to Group (*b*) above.	n.a.	n.a.	n.a.
(*iii.*) As to Group (*c*) above.	n.a.	n.a.	n.a.

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 ? n.a.

(*ii.*) As to Group (*b*) above ? n.a. If yes, has Active Service aggravated it ? n.a.

(*iii.*) As to Group (*c*) above ? n.a. If yes, has Active Service aggravated it ? n.a.

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 ? n.a.

(*iii.*) As to Group (*c*) above ? n.a.

PART I. (*continued*).

5. MEDICAL HISTORY. Came to England 31-7-16.
Never went to France on account of flat feet.
Was always healthy before enlisting.

6. PRESENT CONDITION. States he has continuous pains thru arches and in ankle. Has trouble in sleeping at night due to pains. Can only march about 1½ miles without resting. Has pains in calfs of leg when he stands a good deal or walks any distance.
Exam. Both arches are broken down.
Cardiac, Resp. G.U.S. and N. S are normal.

7. OPERATION. (*i.*) Was one performed? No (*ii.*) If so, state what. N.A.
(*iii.*) Was one advised and declined? No

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

8. (*i.*) Is there loss or decay of teeth attributable to Active Service? Yes.
(*ii.*) If so, describe. Had two extracted.

9. DO YOU RECOMMEND:— (*b*) Invalid to Canada? No
(*a*) Fit for duty? (*state category*) Yes B II (*c*) Discharge from the Service as permanently unfit? No.

Date of Report 6-12 1918 Signed L. Wagner
Officer in medical charge of case.
Station Witley Lt 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.

PART II.

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.) five per cent

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.) all

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? no
(ii.) If not permanent, what is its probable minimum duration (*in months*)? three months

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 :— Auth Als 1/9083. 11-11-18
Feet are non rigid. Pressure over scaphoids does not cause pain

19. RECOMMENDATION :—
(a) Fit for duty? (*state category*) B 11/11
(b) Invalid to Canada? no
(c) Discharge from Service as permanently unfit? no

Date of Board 5/12/18

Signatures of the Board: President. [illegible] Jas. L. Hammond

Station Witley

Approved [illegible] CAPTAIN, For A.D.M.S. CANADIAN TROOPS, WITLEY. A.D.M.S.

HEADQUARTERS A.D.M.S. 7 DEC. 1918 FHq CANADIAN TROOPS, WITLEY.

Dated at Station

191

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.....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 :—

.....
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.

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 8/2/19

1. 1 (a) Unit 3 C.C.D.D. (b) Regimental No. 724505 (c) Rank Pte.

(d) Surname LEADEN (e) Christian name ALBERT

(f) Home address 14 Dufferin St Kingston

(g) Next of Kin Mrs Fred Leaden (h) Relationship Sister-in-Law

(i) Address of Next of Kin 14 Dufferin St Kingston Ontario

2. Age last birthday 32 Date of birth 19/8/1886

3. Enlistment, or Appointment (if an Officer) (a) Place Kingston (b) Date 15/7/15

4. Personal description:

(a) Height 5' 9" (b) Weight 150 (stripped) (c) Complexion Fair

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

5. Former trade or occupation Stage Craft.

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
	3 yrs. 6 mons	

	Periods From	Periods To
Canada 109th C.E.F.	15/11/15	21/7/16
England 104th 57th & C.O.C.	21/7/16	12/1/19
~~France or other theatres of War~~	Nil	
#3 C.C.D.D. CAN.	12/1/19	to date.

7. Original disease, or injury FLAT FEET. (Both)

(a) Date of origin November 1916 (Man State) (b) Place of origin England.

(c) Cause Conditions of active service.

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.)

Sequelae: Flat Feet.

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.)

Subjective Symptoms

Man states if he is doing any heavy work such as carrying a heavy burden or lifting anything he gets pains in calves of legs + arches of feet. If he does a lot of walking the pains are felt up shins. Feet do not swell. He did not have flat feet when he joined the army.

Objective Symptoms

The antero-posterior arches of both feet are down flat with the floor. The transverse arches of both feet are down 20%. Man can rise on toes to angle of 30 degrees. Feet are not swollen. There is no tenderness elicited. No limitation of movements of ankle or foot joints.

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

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

Special Senses: No — Respiratory System: No — Integumentary System: No

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

Osseous and Joint Systems: No — Any other general condition: No

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

Man states he never had any trouble with feet until November 1916 when after marches + training his feet gave out. He reported sick complaining of pains in feet + up sides of leg. Was never admitted to Hosp^l on this account. Boarded at Branshot + various other places in England. B II.

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*).)

Nil.

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

n/a.

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*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.)

N/A.

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? Probably 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? 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

Category. C.T.

d. d. s.

J. Walter Coffman.

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. Leaden .....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.~~) (1 one)
(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.)

placed in Cat. C 1 (one) d.d.s.

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. Burnell Capt. — President.

PLACE Bramfield Camp.

Burford Thompson Capt A.M.C. — Members

DATE 8-2-19

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

E. M. McCaghey
Assistant Director of Medical Services.

DATE 10-2-19

APPROVED BY

Director-General of Medical Services.

DATE .....

AUDITOR HW | PAYMASTER

M. OR S.

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

REGT. No. 724505 RANK Pte NAME (IN FULL) Leaden A. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID No. | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
$1.10		
Pte. Leaden, Albert		
14 Dufferin St.		
Kingston, Ont.		
330 W. 24th St		
New York City		

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

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION Nov. 15th. 1915 | TRANSFERRED TO | DATE | AUTHORITY

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

PAYABLE TO Mrs. Fred Leaden | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 14 Dufferin St. Kingston Ont.

L-592

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED Kingston Ont. | PLACE | DATE Feby. 13th 1919. | REASON Cl. | AUTHORITY #300-3-L-478 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	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							16	15	16	15																									16	15	Cr. Eng. L.P.C.
Nov.																	9	73	9	73	39	87	30	00							89	33	73	18			00.29. Subs. 14 dys.
Dec.	31	1.10	34	10	11	20			45	30																							27	88			
Jan			34	10					34	10																									6	22	
Feby.	13		14	30			35	00	49	30							55	52													55	52					#3737
									14	85																					14	85					

War Service Gratuity

			W.S.G. 1a.																						W.S.G. 2a.				Soldiers Dependent								M.T. No. 25595 Received
183 days @ minimum			420	00	—	—	420	00																	70	00	—	—	70	00	350	00	—	—			a 6188 Feb. 13/19
																									70	—			140	—	280						G. 236304 Mar. 10/19.
Apl. 11th.																									70				210		210						317797
May 8/19																									70				280		140						
June 5/19																									70				350		70						
July 7/19																									70				420								

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.	$		

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

SAILING LIST.

Reg. No.	Rank	Name	
724505	Pte	LEADEN A. Canada	Struck off Strength of O.M.F. of C. on transfer to C.E.F. Canada. MD3 12 1 19 Acted on Ledger Ck.

X-415.

CENTRAL REGISTRY MEMO.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

L 3495

Date of Assignment Sept 1916

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 724505

Rank L/cpl. Promoted Reverted Discharge

Soldier's Name A. Leaden

Battalion 109th Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Fred Leaden

Address 14 Dufferin St. Kingston, Ont.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		10781-a-1 REMARKS
Dec. 31.	—		240 ✓	240 ✓		
1918 Jan	R 69735		15	15		Dr.
Feby	P 74389		15	15		
March	J 91756		15	15		
April	K 15291		15	15		✓
May	L 15520		15	15		✓
June	H 30446		15	15		✓
July	P 32442		15	15		✓
Aug	J 37092		15	15		✓
Sept.	K 47525		15	15		✓
Oct	P 52311		15	15		✓
Nov	J 57638		15	15		✓
Dec	O 66140		15	15		✓
Jany	P 71167		15	15		✓

31-1-19 A/c Closed

Ret'd per Emp. of Britain

Date 22-1-19 F.X. 29-1-19

M.D. 3 Clerk A B Hayes

MRO Dest 59598 Rend 29-1-19.

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7593.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

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. 22820—M. & D. 7693.