"B" Coy.

No. 725029

Folio.

ORIGINAL

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Lindsay
1a. What are your Christian names? ..... Marshall
1b. What is your present address? ..... 10 Cambridge St. Lindsay
2. In what Town, Township or Parish, and in what Country were you born? ..... Lindsay, Ont.
3. What is the name of your next-of kin? ..... Elizabeth Lindsay
4. What is the address of your next-of-kin? ..... 10 Cambridge St. Lindsay Ont
4a. What is the relationship of your next-of-kin? ..... Wife
5. What is the date of your birth? ..... 19th Sept. 1877
6. What is your Trade or Calling? ..... Bricklayer
7. Are you married? ..... Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? If so, state particulars of former Service. ..... 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, Marshall Lindsay, 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.

Marshall Lindsay (Signature of Recruit)

Date Dec 11th 1915. Wm A Campbell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Marshall Lindsay, 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.

Marshall Lindsay (Signature of Recruit)

Date Dec 11th 1915. Wm A Campbell (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 23rd day of December 1915.

C. A. Jackson (Signature of Justice)

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

Description of Marshall Lindsay on Enlistment.

Apparent Age 38 years — months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8 ins.

Chest measurement: Girth when fully expanded 35½ ins.
Range of expansion 3½ ins.

Complexion Dark

Eyes Light Brown

Hair Black

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

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

Scar on neck

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 Dec. 11th 1915.

Place Lindsay

J. McCullock Capt.
J. H. Boyd Medical Officer.
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.

Marshall Lindsay 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 JAN 11 1916 191

REGIMENTAL DOCUMENTS

NAME LINDSAY MARSHAL SEAWARD REGT. NO. 725029 UNIT 109th Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)				26716	
	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
	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)					
12	Misc					
1	b.a. 10 5 0 09					
2	Emp Pd Vouch					
1	ABD					
1	ins card					
	AFB 1237					
	POW					
1	Pay Book					
1	ind card					

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

No. 725029 RANK Pte NAME Lindsay. M.

T. O. S. 11-12-15. UNIT 109th. Battalion.
D.O.24. 17-12-15.

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915. Dec 11.	1915. Dec. 31	✓		
1916 Jan.	1916	✓		
Feb.		✓	Aw. 7 days det.	D.O.106. 23-3-16.
Mar.		✓		
April.		✓		
May.		✓		
June.		✓		
July.		✓		

UNIT SAILED
JUL 23 1916

Form R. 149.

Name LINDSAY Rank Marshall Pte Reg. No. 725029

Unit Labour Pool

Next of Kin Canada.

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19/2	2 4 GH Bloomne	Nyalgrx	Debility	H	208.	64842
28/2	Connaught H	Aldershot	"	B	211	4034
1919	Can Con H	Bearwood.	"	B	212	4308
10/3	Discharged.		do	B	214	1038.
10-1-19	Will proceed on 20-1-19 to 3rd Command.					Bear-L
			Seaford.			475

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

A.D.
Finish.

B
4

Number. 725029 Rank Spr

Surname. LINDSAY

Christian Name. Marshall

Unit. C. E. Theatre of War France

Date of Service. 11-3-17

Remarks. 42 Lambridge

Latest Address ~~General Delivery~~
Lindsay
Ont.

Roll No. "B" Page 4981.

Surname	Christian Name or Names	Reg. No.
LINDSAY.	M.	725029.
Rank	Unit	
Pte.	Misc. CLP.	

Cas. List.	
	2. Aust. G.H. B'logne. 19-12-18.
4-1-19. A208/2.	Myalgia Debility.
8-1-19 B 211	Connaught-Aldershott 28-12-18
9-1-19 B 211	L.C. Beaumont 3-1-19
17-1-19 B 219	Discharged — 10-1-19

A.M.D. 2 Dept.
Sch. of D.G.M.S.O.M.F.C. London.

D.M.S. 1300. 50M- 30-8-18.

Cas. List.

H 3 CARD NO.
808 Dis. 22/5/19
Demob. DO 146
of 26/5/19 CDD
FOLL.

SURNAME. Lindsay,

CHRISTIAN NAMES Marshall.

REGL. No. 725029 RANK Pte.

UNIT 109th Batt.

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Lindsay, Mrs. Elizabeth.

RELATIONSHIP TO SOLDIER Wife.

ADDRESS 10 Cambridge St., Lindsay, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Lindsay, Ont. DATE Sept. 19th. 1877.

PLACE OF ATTESTATION Lindsay, Ont. DATE Dec. 23rd. 1915.

Sailed from Halifax Per S. S. R.M.C. 21-5-19 326/34 Sqn

"Olympic" 23-7-16 498/21

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING Bricklayer. RELIGION Methodist.

DESCRIPTION.

APPARENT AGE 38 YEARS ——— MONTHS

HEIGHT 5 FEET 8 INCHES

CHEST MEASUREMENT 35½ INCHES EXPANSION 3½ INCHES

COMPLEXION Dark. EYES Lt. Brown. HAIR Black.

DISTINGUISHING MARKS Scar on neck.

MEDICAL EXAMINATION. PLACE Lindsay, Ont. DATE Dec. 11th. 1915.

NAME Lindsay M. REGT. No. 725-029

RANK AND UNIT Pte. / (C.L.P.) Hagties Lab. Units. Gen. Hosp.

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
G208	2 Austl. Gen. Boulogne.	19-12-18	Myalgia. debility
B.211. Et	Connaught Aldershot.	28-12-18	Myalgia. Debility
B.212 2	No Con Conv. Bear Wood. Wokingham.	31-19	Myalgia & Debility
B.219	Desi.	10-1-19	" & Myalgia

Form DMS 1401.

A. & D. CARD

Can: Conval: Hospital, HOSPITAL.

AT Bear Wood.

A. & D. No. O.S. 16553 PL. OF ACTION

RANK Spr. REG. No. 725029 UNIT C. E. 10th Bn SICK OR WOUNDED

NAME Lindsay M AGE 43 RELIGION Meth

PLACE IN HOSPITAL 206 C

DIAGNOSIS Myalgia

ADMITTED 2 JAN 1919 FROM Can: H. Aldershot

DISCHARGED 10 JAN 1919 TO 3rd C. C. D. Seaford

TRANSFERRED

SERVICE AT HOME 14/12 IN FIELD 22/12

RESULTS

FD (1)

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

Form DMS 1402.
8289 100M 9/3/17.

Can: Conval: Hospital, Bear Wood. HOSPITAL.

DOCUMENT CARD

A. & D. No. O.S. 16553 AT

ADMITTED 2 JAN 1919 DISCHARGED WARD NO.

REGTL. No. 725029 RANK Spr NAME Lindsay M.

UNIT C.E. 10th Bn TRANSF'D FROM Conv. H. A'shot

DIAGNOSIS DIAGNOSIS CHANGED

M.H.S. WRITTEN FOR		M.H.S. RECEIVED		FINAL DISPOSAL OF M.H.S.	
DATE	TO	DATE	TO	DATE	TO WHOM SENT
8-1-19	Conv A'shot	2.1.19	Conv A'shot	10.1.19	3rd Cbd.
21-1-19	" "	6.2.19	Seaford	11.2.19	Hos Rep.
3.2.19	3rd Cbds.				

M.H.S. IN HOSPITAL.

SENT TO M.O. i/c FLOOR WARD ON 191

RECEIVED FROM M.O. COMPLETE 191

(P.T.O.)

REMARKS.

OTHER DOCUMENTS (Board Papers, Charge Sheets, etc.)

R—122

A.C. Rank | Name LINDSAY, Marshall. | Reg'l No. 725029

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

Place and Date of Enlistment Lindsay. Dec. 11th. 1915. | Place of Birth Lindsay, Ont.

Name and Address, Next-of-Kin Elizabeth Lindsay.

10, Cambridge St. Lindsay, Ont., | Relationship Wife.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 10092
File R.L.
Category CR Can

GD
Lab

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England per H.M.T. 2810		31-7-16	
8.12.16	Ob 109th Bn.	SOS on tfr. to 124th Bn.	Witley	8.12.16	Pt II DO 343
11.12.16	ob. 124th	SOS " " fr 109th "	"	"	" 267
19.1.17	"	SOS " " to GD Bn.	"	18.1.17	" 19.
9-3-17	124Bn	Emb for France	Witley	9*3*17	PtII DQ68
		Now known as 124th Pnr I tr Can-ENG 10-3 18			
7.5.18	124 Pnrs	Awarded G.C. Badge	Field	11.12.17	Pt II 30
2.7.18	10th Bn.	B.E.F. T.O.S from 124 Pnrs	"	30.5.18	– 1, 124 Pnrs, 42d/2 7/18
8.7.18	"	S.O.S. to Can. Lab. Pool	"	8.6.18	– 3, 6 & 8 P.P. Pt II 99 D/11-7-18

Lab
Eng

A.F.B. 103 CHECKED
19 MAR 1917
D.I.D.O. 19

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.
14-1-19	Tab. Pool.	Invalided "Nyalgia debility" & posted to Gen Depot, Witley	Rh Field	27.12.18	Pt No. 7.
20-3-19	Gen Dep	Bs. from L.S.P. Com. 3CCD.	Witley	28-12-19	do 65
26.4.19	do	Leaves on com 3rd CCD Seaford pte	Seaford	24.4.19	do 91
7.5.19	do	SOS to MD-3 Rhyl	"	" 6.5.19	do 100
9/5/19	3. MD Rhyl	Tos from Gen Depot	"	K. Park 6-5-19	— 110.
12.5.19	do	SOS. on ros per to Canada	"	K Park 11.5.19	Pt No. 112. Sailing #65
		65-H-31	Sailing 11-5-19		

CANADIAN EXPEDITIONARY FORCE

War Service Badge Class.....

DISCHARGE CERTIFICATE

No. 279.603 Issued

THIS IS TO CERTIFY that No. 729,025 (Rank) Sapper

Name (in full) Marshall Seaward Lindsay enlisted in

the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay on the 11th

day of December 1915

HE served in 124th Batt and Engineers, France

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

~~Medical Unfitness~~.

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

Age 41 years

Height 5' 8"

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars None.

M. S. Lindsay

Signature of Soldier

J. F. Hickey Capt

Issuing Officer

for O. C. Dispersal Area Station H

Date of Discharge

DISPERSAL AREA STATION H. KINGSTON ONT. MAY 22 1919 No. 3 DISTRICT DEPOT

Rank

Date ..... 19.....

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.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (in full) _____ enlisted in

the _____

CANADIAN EXPEDITIONARY FORCE at _____ on the _____ day of _____ 19 1 5

HE served in _____

and is now discharged from the service by reason of _____ Demobilization.

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

Age		Marks or Scars
Height		
Complexion		
Eyes		
Hair		

Signature of Soldier

Date of Discharge

Rank

Date _____ 19

N.B.—A re-duplicate of this Certificate will be issued to any person finding same, on forwarding it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

D.C.R. 394
(Ord.-D.C.-Mod.-11-14)
H.Q. 1576-3-495

Army Form B. 103—2.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps _____ Regimental Number _____

*Substantative Rank _____ Surname _____ Christian Names _____

*Acting Rank _____
(*To be entered in pencil to facilitate alteration.)

(Shr 21)

(A) Report. Date.	(A) Report. From whom received.	(B) Authority of Part II. of Orders.	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty.	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer.
7.5.19	Gen Dep.	DO 100	S.O.S. to CCC Hyl Hyd 3	Seaford	6.5.19	

H Pease
LIEUT. I/c RECORDS,
CANADIAN GENERAL DEPOT.

To be folded on this line.

Nothing to be written in this margin.

(26383.) Wt. W. 9693—P. 2068. 500,000. 3/19. S. & S., Ltd. E. 4602.

(A) Report.		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders.	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty.	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer.

Nothing to be written in this margin.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

Med.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
08.16553	425029	Spr	Lindsay	M
Year 1919	Unit. 10th Can Eng		Age. 43	Service. 3 6/12

Station and Date. D.O.C. Can: Conval: Hospital, Bear Wood

Disease Myalgia

JAN 1919 Man has fairly well marked wry neck of left side. Complains of a dull ache in neck. A.C. Hair

G. A. Morgan

10 JAN 1919 Discharged to Duty.

G. Morgan Captain,
Med. Off., Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

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

(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

Form D.M.S. 1348 (Revised)
2075—30m—2/12/16.

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

23-1-1917

No. 725029 Rank Pte Name Lindsay Marshall.

Local Unit 174th Bn [redacted] ~~Overseas~~ Unit ..... Age 39.

Examination held in Bramshott area.

DISABILITY. Contraction L Sterno-Mastoid.

~~Overseas~~—Local.
(scratch one out)

PRESENT CONDITION.

This condition has been present since childhood result of some unascertained disease. This causes inclination of the head toward the L side, but the ~~patient~~ soldier states that it does not cause him any disability, and that he can carry on perfectly.

Board recommends: A II

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

Signatures:

C. R. Cooper Col RAMC Pres.

Members { E. A. Dickson Maj
W. McJackson Capt.

Approved.

Bramshott 23-1- 1917 P. A. Stewart major
for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

101

No. Rank Name

Local Unit Overseas Unit Age

Examination held in Bramshott area.

DISABILITY:

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

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.
5. Discharge.

Signature

Pres.

Members

Approved.

Bramshott 101

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

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

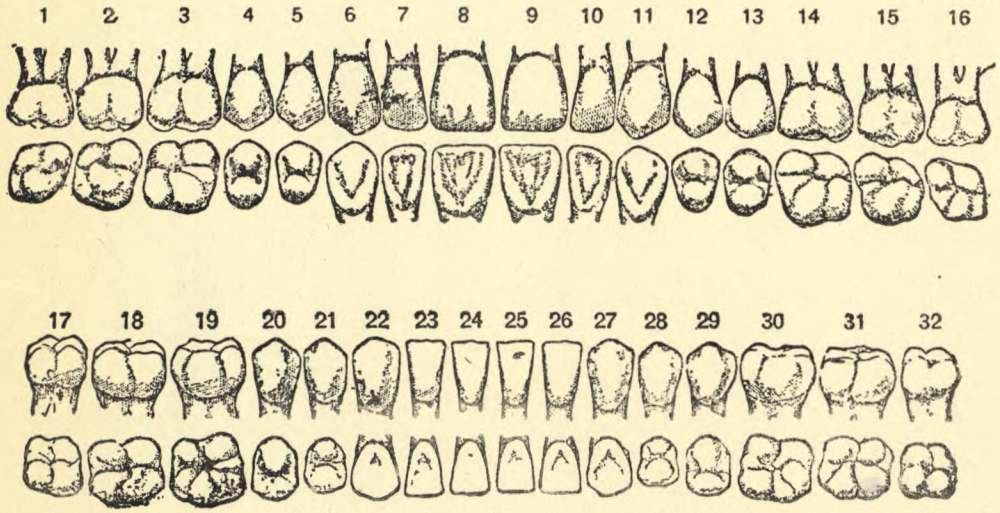
DIRECTIONS TO DENTAL OFFICERS

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) LINDSEY M.

REGIMENT C C.D. RANK SPR No. 725029

Date of Examination in England 21 FEB 1919 | Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 21
2. EXTRACTIONS 5 10
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? NO

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
- (*c*) In France

Signature of Dental Officer A R Carmichael Capt

Regional No. ..... **MEDICAL HISTORY OF—** A.F. B.178.

Regimental No. ..... Region .....

Surname Lindsay Christian Names W.

TABLE I.—General Table.

Birthplace { Parish ..... County ..... }

Examined { on .....day of .....191..., at ..... }

Declared Age .....years .....days.

Trade or Occupation .....

Height .....feet .....inches. Weight .....lbs.

Colour of Hair ..... Complexion .....

,, Eyes .....

Chest Measurement { Girth when fully expanded ..... inches. Range of expansion ..... inches. }

Physical development .....

Vaccination Marks { Arm, Number ..... | RIGHT. | LEFT. }

When Vaccinated .....

Vision { R.E.—V = ... L.E.—V = ... } With Glasses { R. ..... L. ..... }

Identification Marks, such as Tattoo, Moles, Scars, etc.:—

.....

.....

Defects or Ailments:

.....

.....

Examined and found—

Fit for Grade { I. II. III. IV. }

(Strike out those which do not apply.)

Signature .....

Chairman of Medical Board.

Re-examined for posting at .....

On .....day of .....191...

Enlisted { at ..... on .....day of .....19... }

	Corps.	Regtl. No.
Joined on enlistment	[illegible]	725029
Transferred to		

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue or Surgical Appliances, Particulars of Dental Treatment, etc.

Date.	Brief details and Signature.

Special Remarks: state if a discharged Soldier

.....

.....

.....

.....

TABLE IV.—Service Table.

Station or Troopship.	Date of arrival or embarkation.	Date of Departure or disembarkation.

Became non-effective by .....

on .....day of .....191...

(Signature) .....

(Rank) .....

M833 Wt.12046/437 400,000 1/18 C&A P 224.

TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital.			Discharged from Hospital.			Disease.	Number of days in Hospital.	Remarks bearing on the cause, nature, or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				
Connaught Aldershot	27	12	18	2	1	19	Myalgia	7	Transfer to Bearwood Hospital	J. M. Fulton Civ. Surg
Bearwood	2	1	19	10	1	19	do	8	Not Cat. D.	Hurdlar Captain, Med. Off., Canadian Convalescent Hospital, Bear Wood, Wokingham, Berks.

To be made out in duplicate. H.Q. 54-21-23-53

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 BN., C.E.F.

(2) Regimental Number 728-029

(3) Full Name of Soldier Marshall Seaward Lindsay

(4) Place of Birth Lindsay Ontario

(5) Are you married, or not? Yes

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

(b) Present Postal Address Lindsay Ont.

(7) Are you a widower? —

(8) Have you any children? Yes

If so, give number of boys and girls Three boys

Also their names and ages

Frederick Ross Lindsay 15 years
Shirley Sydney Lindsay 13 "
Marshall Myrle Lindsay 9 "

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes.

If so, state name and address James Lindsay 16th Ave. Vancouver B.C.

(10) Is your Mother alive? Yes.

If so, state name and address Caroline Lindsay

Lindsay Ont.

(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.

——

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

Yes.

(15) Are you insured? No

If so, in what Company? ——

Have you made arrangements for payment of your Insurance premium ——

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

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

Date JUL 11 1916

CASUALTY FORM. ACTIVE SERVICE. A.F.B. 103.

NUMBER 725029 RANK Gnr NAME Lindsay M.S.

6/5/19 T.O.S. WING 3. KINMEL PARK PART 2. DO. 110 - 9/5/19

11/5/19 S.O.S. ON TRANSFER TO O.L.F. ON PROCEEDING TO

CANADA. PART 2. D.O. 115 - 10/5/19

Embarked S S Saturnia

Glasgow May 11 /19

LIEUT.

OFFICER I/C RECORDS, M.D.C. Wing 3.

11-5-19 T. O. S. 3229 Discharged 22-5-19 Kingston Ont. Pt. 2 Order P.D.146

T. F. Hickey Lieut. ~~Major~~

for O. C. Dispersal Area Station

725029.

MEDICAL HISTORY SHEET. ORIGINAL

ORIGINAL

Surname: Lindsay Christian Name: Marshall

Examined: on 11th day of December 1915 at Lindsay

Birthplace: City or Town: Lindsay; County: Ontario

Apparent age: 38 years

Trade or occupation: Bricklayer

Height: 5 Feet 8 Inches.

Weight: 128 Lbs.

Chest measurement: Minimum 32 inches. Maximum expansion 35½ inches.

Physical development: Good

Small-Pox Marks: None

Vaccination Marks: Arm Right. One Left One; Number Two

When Vaccinated last: January 25th 1916

(a) Marks indicating congenital peculiarities or previous disease: Torticollis (acquired)

(b) Slight defects but not sufficient to cause rejection: Torticollis (acquired)

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

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.
25/1/16	Good	J. McC. J. McCullock M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
25/3/16	Good	J. McCullock M.O.
2/5/16	Good	J. McCullock M.O.
2/5/16	Good	J. McCullock M.O.
4/4/17	"	J. McC.

Enlisted on 11th day of December 1915 at Lindsay

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Batt C.E.F.	725029.		11.12.15.
Transferred to	124th OVERSEAS BATTALION C.E.F. P O-S			9 MAR 1917

RECEIVED APR 5 1919 H.D. QRS. Reinforcement Depots, SEAFORD.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bramshott Camp, Hants. 23 JAN. 1917 APPROVED C.D. Stewart D.A.D.M.S. for A.D.M.S., Canadian Troops, Bramshott Camp	23-1-17	Contraction of left Sterno-mastoid	Class A 3rd C. Campbell Surgeon Capt. PRESIDENT MEDICAL BOARD, BRAMSHOTT.
Seaford	22-1-19	do	B 3rd J. McCullock Capt.

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.

L. 9851
C.E.

Surname Cudbay Christian Name Marshall

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.
Beanwood		28	1	19	10	1	19	Myalgia		Fit Dy	A. Monogan Captain, Med. Off., Canadian Convalescent Hospital, Bear Wood, Wokingham, Berks.

L- L[illegible]b 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

Wife

To Whom Elizabeth Lindsay

Address Lindsay. Ont.

Rate $15.00 AUG 1 1916

By Whom Assigned Lindsay M.

Regtl. No. 725029.

Rank Pte.

Corps 109 Bn. B.Co.

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

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—812.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Elizabeth Lindsay Wife mother

Name of Soldier Lindsay D.W. 725029 — Pte — 109 Bn.

$15.00 AUG 1 1916 Remarks. B.C.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		F 15695	15	
Sept.		A. 17615	15	
Oct.		G 22215	15	
Nov.		Y 25627	15	
Dec.		S 30913	15	
Jan.	1917	38699	15	
Feb.		F 44528	15	
March		X 50343	15	15
April		V 2977	15	15 - B.
May		V 9567	15	
June		U 15452	15	Mc
July		V 23154	15	Cu
Aug.		H 30259	15	
Sept.		Z 39111	15	e
Oct.		P 46300	15	
Nov.		A 42836	15	
Dec.		T 61336	15	$255.00
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

L. Job 88773—M. & D. 6195.

1-3-16

MILITIA AND DEFENCE

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Elizabeth Lindsay

Address Lindsay
Ontario

Relation to Soldier wife, child or mother } wife

Name of Soldier Lindsay Marshall

Regtl. No. 725029

Rank Pte

Corps 109. Batt

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		E37267	20 —	20

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Elizabeth Lindsay wife PAYMENTS.

725029 Name of Soldier Lindsay Marshall Pte.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	J 2420	20 —		20
May		J 6367	20		20
June		R 3962	20		20
July		Y 9278	20 -		20
Aug.		D 12580	20		20
Sept.		W 16577	20		20
Oct.		Q 19068	20		20
Nov.		W 23274	20		20
Dec.		W 26201	20		20
Jan.	1917	C 30291	20		20
Feb.		C 33176	20		20
March		C 36386	20	320	20
April		D. 1874	20		20
May		D 3699	20		20
June		D. 9476	20		20
July		D 12694	20		20
Aug.		D 16410	20		
Sept.		Q 18601	20		
Oct.		Z 20281	20		
Nov.		M 24366	20		
Dec.		N 28402	20		$440.00
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

P. 559.

Married or Single: Married

Place of Birth: Lindsay Ont

Name and Address of Next of Kin: Elizabeth Lindsay, Lindsay Ont Can

Relationship of Next of Kin: Wife

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

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

Reg'l. No. 725029 Rank Pte Name Lindsay Marshall

If in Permt. Corps What Unit | Unit 109th Bn Transferred to 12th Bn. Date 21-1-17 Authority DO 34 8-12-16

Permanent Force Allowances Transferred to Date Authority

Place of Attestation Lindsay Ont Transferred to Date Authority

Date of Attestation Dec 11th 1915 Transferred to Date Authority

Assigned Pay Monthly $ 15.00 Date Effective Aug 1st 1916

Payable to Elizabeth Lindsay Lindsay Ont Relationship Wife

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)

0

Account transferred to Officers' Pay Branch (Date)

6.

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														270	270									Bal from Canada							270				
Aug 31	31	1.00	31		31	10	310								34 10	30	9/8/16							973				15		24 73	12 07				
Sept	30		30				3								33	61	31/8/16	93	15/9/16					730	730			15		29 60	15 47				
Oct	31		31				310								34 10	132	30/9/16	114 9	15 10/16					487	730			15		27 17	22 40				
Nov	30		30				3								33	178	31/10/16							973				15		24 73	30 67				
Dec	31		31				310								34 10	279	30.11.16							487 730				15		27 17	37 60				
1917 Jan	20	1.00	15 22	30											22													15		15	44 60				
21.31	11	1.10	190 12	30 10											19 30 12	00 10	419	15/1	485	29/1				487	12	17		15	1	10	18 14	38 56			Repayment No 299
Feb	28	1.00 10	30	80											30	80	507	15/2	567	26/2				486	12	17		15			32 03	37 33				
Mch	31	1.00 10	34	10											34	10			619 ~~393~~	20/3 ~~27/2~~	393	27/2			2	61	21	90	15			39 51	31 92		✓	Repayment No 299
Apl	30		33												33		16	5/4						2 61				15			17 61	47 31				
May	31		34	10											34	10	60 106	20/4 4/5						2 62 2 67				15			20 29	61 12				
June	30		33												33		227 162	4/6 18/5						2 68 2 67				15			20 35	73 77				
			~~367~~	40										270	370	10								66 78	41	55	21	90	165	1	10	296 33				

DO 34 8.12.16 Pte 12 4 Bn 21.1.17

#725029 Privat, Lindsay, M.

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
1917.			367	40										2 70	370 10
July	31		34	10											34 10
Aug	31		34	10											34 10
Sept	30		33												33

Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
		353	5/7				
384	18/8						
458	4/8	635	5/9				
419	18/7	560	19/8				

Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue
66 78	41 55	21 90		165	1 10	296 33	73 77			
	2 67			15		17 67	90 20			
268				15		17 68	106 52			
267	268			15		28 38	111 24			
535	268									

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Defer-red Pay	Ser. Allce. Eng.
SEP 30		~~111 24~~							111 24		
OCT				Can. Ag.			15 00				
	P.P.	34 10							130 34		
		34 10					16 00				
NOV		33		Can. P			15		67 10		
Dec		34 10		767 5/10		3 57			197 44		
				700 18/9		2 67			44 27		
				831 18/10		6 24			153 17		
						4 46					
				890 5/11		3 57					
						14 27					
		67 10				14 27			15	153 17	
									30		
Jan		34 10		948 18/11		13 38			15		
				1010 5/12		3 57					
				1074 15/12		4 46					
				1114 16/12		8 92					
						30 33					
				3442 21/12 C.D. Paris		26 77					
						5 10					
				2879 19/12 " "		44 61					
						101 71					
				4115 24/12 " "		26 77					
				5009 28/12 " "		5 35					
		34 10				133 83			15	38 46	
Feb		30 80		Cal			15				
				114 5/1	5	3 57					
				1263 18/1	6	4 46					
						8 03					
				1764 5/2	X	3 57					
		30 80				11 60			15	42 64	

Carried Forward

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Defer-red Pay	Ser. Allce. Eng.
1918				Forward					42 64		
Mar			34 10	Cal.					34 10		
									15		
									76 74		
				131 15/2		4 46			28 49		
				48 31/1		1					
				1373 3/3		3 57					
				1467 17/3		4 46			48 25		
			34 10			13 49			15		

Carried Forward

P 820
12474 375M—13-2-18.

* Strike out whichever inapplicable.

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

NAME. 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.

Elizabeth Lindsay wife N.K.
Lindsay,
Ontario

Stop Effect. 1/5/19

NAME:– LINDSAY. Marshall

NUMBER:– 725029

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:– 109th

DATE ACCOUNT FIRST OPENED:– 1. 8. 16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			124th BATTALION
99 – 9/6/18	7/8/18	21/8/18	Lakpoore

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
~~13.3.19.~~	~~10355.~~	~~Seaford.~~	~~9 13.~~				
~~21.3.19~~	~~10524.~~	~~"~~	~~4 87.~~				
~~30.3.19~~	~~10764.~~	~~"~~	~~4 87.~~				
7.4.19	707.	"	9 73.				
~~7.4.19~~	~~2400~~	~~P. 65.~~	~~36~~				
			73 36				
L.P.C.O. Bal 30/4/19			117 4	17/4/19.			

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1/-	1/0		

PARTICULARS OF RENDERING NON-EFFECTIVE: 1/5/19. K6570. Seaford to Seaford. M.D1 11/4/19.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal B. fd.								48 25		
Apr 30	P. Pay	33 –		C a P				15 –			
				a R 24 5/4	3 57						
				87 16/4	4 46						
				a.R. 14 2/4 S.S.C.C.H.2.	3 57				54 65		
		33			11 60			15			
May.	P. Pay	34 10		Cap				15			
				aR. 171 5/5	3 57						
				231 17/5	4 46				65 72		
		34 10			8 03			15			
June	P. P.	33		C a P.				15 –			
				aR.290 4/6/18 12th C.E.Bn	4 46						
				" 262 20/6/18 10th "	3 57				75 69		
		33			8 03			15 –			
July	P.P.	34 10		C a P.				15 –			
				aR.296 10th C.E. Bn. 1/7/18	4 46						
				aR.446 10th C.E. Bn. 15/7/18	3 57				86 76		
		34 10			8 03			15 –			
Aug	P P	34 10		A P Can				15	105 86		
				aR540 1.8.18 10 Bn CE	3 57						
				DMaR599 15.8.18 " "	3 57				98 72		
		34 10			7 14			15 –			
Sept	P P	33 –		A P Can				15 –	116 72		
				DMaR661 1.9.18 10th Bn CE	3 57				113 15		
		33 –			3 57			15 –			

Dead

NUMBER 725029 RANK Pte NAME LINDSAY M.

MONTH	PARTICULARS	Cr. 1.	Cr. 2.	PARTICULARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	BALANCE	Deferred	Separation
Oct	Fordy								163 15		
	PP	34 10		Cad				15	132 25		
				AR 824. 10 a CE. 4-10-18	7 46						
				" 921 " 18-10-18	3 23				121 06		
				SR 267 " 12-10-18	25				96 06		
		34 10			36 18			15			
Dec	PP	67 10		car				30	133 14		
				AR 1022. 10 bbl Bu 1-11-18	3 73						
				1142 " 20-11-18	13 06						
				1245 " 15-12-18	3 73						
				1349 " 15-12-18	3 73				108 91		
Jan		34 10			24 25			15	128 01		
		101 20			74 25			45			
Feby	10 dep 57 10-20/1/19 20.10-3 a CEA 13/1/19 28309	7 30							135 31		
				12 AR 7621 Work. 10-1-19	48 69				86 64		
				19 - 2419 " 3-1-19	9 73				76 91		
				19 DN 9561 - 3 CEA 29-1-19	24 33				52 58		
		30 60						15			
		34 10						15	87 48		
				25 DN 9973 . 3 CCA 20.2.19	14 60						
				" Q4005/2023 - 2.19	5 78				67 10		
		72 20			103 11			30			
apl		33						15	85 10		
				DN AR. 10355. 14/3/19 3 bbl D.	9 73						
				DN AR 10524 21/3/19. 3 bbl D	4 87						
				DN AR 10764. 31/3/19 ✓	48 67 -						
				AR 3209. 8/5/19 KP End	9 73 -						
				Q4005 8/4/19.	37 -				11 73		
		33			73 37			15			

S O S to Canada. 11/5/19

H/2

M

M. D. 3

A

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Issued ..... No. 3

War Service Badge Class 27963

1. No. 725029
2. Rank. Dpr.
3. Name. LINDSAY Marshall D.
4. Unit. G.D.
5. Date of Discharge 22.5-19 Place Kingston. Ont.
6. Reason for Discharge Demob

10 C.E.
109 Bn.
B.L.

EMBARKED 1.5.19

W. S. BOTTLASS A
SATURNIA CL/SCOV

7. Authority. A.O. 1420.
8. Proposed Residence after Discharge Carp.
Meth.
Gen. Deliv. Lindsay.

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.? B.39

M. S. Lindsay
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

DISPERSAL AREA STATION H. KINGSTON ONT. MAY 22 1919 No. 3 DISTRICT DEPOT

Signature J. T. Hickey Capt.
for O. C. Dispersal Area Station H.
(O. C. Discharging Unit.)

Medical Documents Forwarded to ~~S.C.R. or B.P.C.~~ on Date JUN 4 1919

M.F.B. 218a—300M.-11-18—1772-39-113.

SHORT FORM

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No.

2. Rank.

3. Name.

4. Unit.

5. Date of Discharge | Place

6. Reason for Discharge

7. Authority.

8. Proposed Residence after Discharge.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. S. K. 2

Signature of Soldier

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Time

Date

Signature

(O. C. Discharging Unit.)

LIST OF DISCHARGE DOCUMENTS.

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

L 9851
CE

W. S. B. CLASS A

Fill Up 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. 725029 Rank Private Name Lindsay Marshall.
C. E. F.

Enlisted (a) 11-12-15 Terms of Service (a) D of W. Service reckons from (a) 11-12-15

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) Bricklayer

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36. or other official documents.
	Embarked Canada		Halifax	24.7.16.	
	Disembarked England		Liverpool	31.7.16.	
8/12/16	O.C. 109th Bn	Transferred to 124th Bn	Witley	8/12/16	Capt. ADJUTANT 109th Overseas Battalion, C.E.F. D.C. Pt. II. # 243
					A W Caselton Capt. ADJUTANT 109th Overseas Battalion, C.E.F.
8-12-16	124th. Bn.	Taken on strength of 124th. Bn., C.E.F.	Witley Camp	8-12-16	Part III Orders 265 A.W. Eastmure MAJOR & ADJUTANT, 124th BATTALION C.E.F.
~~19-1-17~~	~~124th. Bn.~~	~~Transferred to Garrison Duty Battalion~~	~~Witley~~	~~18-1-17~~	~~D.C. Pt. II No. 19.~~ A.W. Eastmure Lieut. Adjt. 124th. Battalion, Can. Inf.

(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.

CERTIFIED CORRECT. 27 MAR 1917 CAN. REGS. LONDON.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
9-3-17	124th. Bn.	Proceeded for Overseas Service.	Witley Camp	9-3-17	Part II Orders No. 69 A Murphy Lieut., Asst. Adjt 124th. CGBG (Pnrs)
11.3.17	MHO	Disembd.	Boulogne	11.3.17	NK
22/12/17	DC. 124 Bn	Granted 14 days leave to	St. Dennis	18/12/17	B213. fr II O. 155 d
5.1.18	do.	Rejoined Unit	Field	1.1.18	B.213
27.4.18	do.	Granted One Good Conduct Badge	do.	11.12.17	B.213 D.O. 30 d. 7.5.18
	W.O.	TOS 124 BN TO 10 BN C.E.		29.5.18	D.O. 42 d. 2.7.18.
	do.	TOS 10 BN C.E FROM 124 BN		30.5.18	D.O. 1 d. 2.7.18.
8/6/18	A.D.C. Cdno.	Classified B.1.		8/6/18.	W3339 R.R. 547 & 13/6/18.
8/6/18.	A.A.G.	Transferred to Labor Pool.		8/6/18	R.R. 16276. Pt. 2. O. 3 & 8.7.18
	do	Trans. B. Can Lab Pool from 10th Bn C.E		9.6.18	Pt. 2. O. 3 & 8.7.18. Pt. 11 & 99. 11/7/18
27.12.18.	No 2 Australian General.	Invalided. (Myalgia Debility) per A.H.S. Cambria and posted to Gen Depot Witley		27.12.18.	NF W. 3083/6663 Pro. J. 14/1/19.

W. McBurton Lieut for Lt Col. a.a.g. Canadian Section G.H.Q. 3rd Echelon

1/4/19 DISCHARGED FROM 3RD C.C.D. TO 6 RFR BN. PART II D.O. No. 73 1/4/19.

Stafford

E. Pinney Capt. for O.C. 3rd Canadian Command Depot.

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 Seaford DATE 28.4.19.

1. 1 (a) Unit Gen Depot (b) Regimental No. 725029. (c) Rank Pte

(d) Surname LINDSAY. (e) Christian name Marshall.

(f) Home address Lindsay Ont.

(g) Next of Kin Mrs. E. Lindsay. (h) Relationship Wife

(i) Address of Next of Kin same as above.

2. Age last birthday 41 Date of birth 19/9/1877.

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay Ont. (b) Date 11/12/1915.

4. Personal description:

(a) Height 5-8 (b) Weight 130 est. (stripped) (c) Complexion dark

(d) Colour of hair black (e) Colour of eyes brown (f) Identification marks, Scars, etc. Nil.

5. Former trade or occupation Builder.

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	138

Place	Periods From	Periods To
Canada	11-12-15	24-7-16.
England	31-7-16 / 27-12-18	9-3-17 / To date.
France or other theatres of War	9-3-17.	27-12-18

7. Original disease, or injury Poliomyelitis

(a) Date of origin Childhood (b) Place of origin Canada.

(c) Cause Uncertain — possibly accident.

M. F. B. 227.

400M.—11-18.
1772-99-117.

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.)

Torticollis moderate contracture of left Sterno Cleido Mastoid.

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.)

Looks age stated - fair physique & nutrition.
He has a moderate degree of Torticollis due to contracture of left Sterno Cleido Mastoid. Head is inclined downwards and to the left. No rigidity and only slight limitation of movement of head to the right.

States that condition ~~causes him~~ constitutes practically no disability. No pain - no spasmodic contractions.

(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 yes.

Osseous and Joint Systems no Any other general condition no

States he is subject to Chronic Myalgia in legs and hips - has been in hospital several times. Is still troubled occasionally with Myalgic pains not severe at all.

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

States the torticollis has existed since childhood probably due to accident at that time when ~~collar~~ left clavicle was fractured & muscles injured - Condition has caused him very little trouble either in civil or military life.

States he has been subject to Rheumatism for past five or six years.

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*).)

M.N.S - Connaught Hosp. Aldershot 27-12-18 to 2-1-19 Myalgia
" Bearwood. 2-1-19 - 10-1-19 do.

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

Nil.

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

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

No.

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

The regimental documents will be referred to.

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

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

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

Nil.

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

No.

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

17. Recommendations.

B II

G. MacKenzie Capt RAMC
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 Marshall Lindsay 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

Marshall Lindsay 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~~ O.R. fit for

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

20. It is certified that the ~~invalid~~ O.R.

(*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~~ O.R. be ~~discharged~~. (When not for discharge add special recommendation.)

Boarded for return to Canada with A.I.F. Tel. 9083 11.11.18

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.

..... *President.*

PLACE Seaford ..... } Members

DATE 28.4.19 .....

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..... } Members

DATE.....

APPROVED BY

D. G. Bryce Capt.
for *Assistant Director of Medical Services.*

DATE.....

APPROVED BY

..... *Director-General of Medical Services.*

DATE.....

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 725029 RANK Spr. NAME (IN FULL) LINDSAY Marshall Seaward. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: Mrs. Elizabeth Lindsay, Wife — RELATIONSHIP
ADDRESS: Lindsay, Ont.

IS SEPARATION ALLOWANCE PAID? Yes — DATE EFFECTIVE 1-3-16.

TO WHOM PAID: Mrs. Elizabeth Lindsay, Wife — RELATIONSHIP
ADDRESS: Lindsay, Ont.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Spr. Marshall Seaward Lindsay, ex P.O. Lindsay, Ont.		

ORIGINAL UNIT C.E.F.: 109 Fr. Bn. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION: 11-12-15. — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 1-8-16.

PAYABLE TO: Mrs. Elizabeth Lindsay, Wife — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS: Lindsay, Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE: Kingston. — DATE: 22-5-19. — REASON: Demob. — AUTHORITY — 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							11.	74	11.	74																									11.	74	Returned "Saturnia". Bal. per Eng L. P. C.,
																																					Clothing Allce. and 1st Payment W. S. G.
May 26	10/11	1.00	28.	00	35.00 70.00				133.	00							4.	87	9.73 5.00		110.	74	15.00								145.	34					Pay to Estimate date of discharge. Advances in England. Boat Money, Train Money.
																											4.	40			4.	40	4.	40			Overpaid 4 days on discharge.
			W.S. [redacted]		W.S.																		W.S.														
183 days at minimum			430.	00	180.	00																	70.00	30.00							100						
																											8.00										
June 18/19																							65	60			4.40				200						
July 18/19																							70	30							300		70		90		
Aug 18/19																							70	30							400		140		60		
Sept 13/19																							70	30							500		70		30		
Oct. 20/19																							70	30							600						

War Service Gratuity

M.H.W. 25 98 Rec

1st Pay. C. W. S. G. + S. A. (Cdy. 273254) 31/5/19.

O/P — S. A. — 8 days.

Balance as above.

OK

200M-3-19.—L. L. 58788-1. & D. 9985.
M. F. W. 296.
1772-39-1390.

Date of Enlistment 1-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

L 005676

Date of Assignment Aug. 1/16

RATE OF SEPARATION ALLOWANCE

~~20~~	$ 25.00 1 12-17 P.C.3257	30 11/9/18 P.C.2753 PMO 31486	

RATE OF ASSIGNMENT

13			

PARTICULARS OF SEPARATION ALLOWANCE

No. 725029

Rank Pte Promoted Reverted Discharge

Soldier's Name M. Lindsay

Battalion 109 Battn "B" Co.

Beneficiary Elizabeth Lindsay

Relationship Wife

Address M.F.W. 7554

Received 31-7-18

PARTICULARS OF ASSIGNMENT wife

Name Elizabeth Lindsay

Address Lindsay Ont.

Change of Address

1

2

3

4

Date 1914	Cheque No.		Amount S/A	Amount A/P	Total		REMARKS
Dec. 31	—		$440.	$255.	$695.		
Jan	57839	E	30	15	45	BB	
Feb.	73137	Z	25	15	40	D	
March	94188	J	25	15	40	D	
Apr.	903	D	25	15	40	D	
May	18121	L	25	15	40	✓	
June	23001	H	25	15	40	✓	
July	28419	A	25	15	40	✓	
Aug	39836	J	25	15	40	✓	
Sept	43583	M	25	15	40	✓	
Oct	55356	P	25	15	40	✓	
Nov	60683	J	25	15	40	✓	
Dec	64538	L	45	20	65	✓	
1919 Jany	73989	P	30	15	45	✓	
"	4783	O	30	10	40	+	
Feby	77809	N	30	15	45	✓	
Mch	85098	J	30	15	45	✓	
Apl.	3984	J	30	15	45	✓	
May	9103	V	30	15	45	✓	
			915	510	1425		

O.1.1127-M-4

No adjustment to be made.
Subs. Allce. in lieu of Sep. Allce.
should have been paid from date of
enlist. to 29-2-16 Auth. Mac N. 4-2-18

Subs. allce. paid to Feby 29th. from card.

Cancd order No. 8358 to cancel Jany 1919 CK
P 73989 a/c overpaid 5 0/7 Dec/1918
Cancelled 17/1/19.
Cheque order No. 9797 to acquit for Jany.
1919 deducting 5 0/7 overpaid Dec. 1918
mailed 24/1/19

A/c Closed 31-5-19

Ret'd per Saturnia

M.D.H. 3 Date 22-5-19 F.X. 27-5-19 MRO #110754

Clerk

AUDITED 27/5/19

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

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. 22130—M. & D. 7993.