

"B"

109th OVERSEAS BATTALION, C. E. F.

ATTESTATION PAPER.

No. 724250

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

APR 21 1916

Enlisted 21/4/16

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *McLaren*
- 1a. What are your Christian names? *Edwin William*
- 1b. What is your present address? *Chapleau, Ont*
- 2. In what Town, Township or Parish, and in what Country were you born? *Chapleau, Ont*
- 3. What is the name of your next-of-kin? *Mrs. G. McLaren*
- 4. What is the address of your next-of-kin? *Pochapleau, Ont. Can.*
- 4a. What is the relationship of your next-of-kin? *Mother*
- 5. What is the date of your birth? *May 13, 1895*
- 6. What is your Trade or Calling? *Clerk*
- 7. Are you married? *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
- 9. Do you now belong to the Active Militia? *No*
- 10. Have you ever served in any Military Force? .. *No*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? ..
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Edwin William McLaren*, 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.

E. W. McLaren (Signature of Recruit)

Date *APR 21 1916* 191 . *A. T. Baird* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Edwin William McLaren*, 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.

E. W. McLaren (Signature of Recruit)

Date *APR 21 1916* 191 . *A. T. Baird* (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 *APR 21* day of *April* 191*6*.

Geo. A. Balfour (Signature of Justice)

Description of Edwin William McLaren on Enlistment.

Apparent Age.....20 years 11 months
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5 ft. 6 ins.

Chest measurement. { Girth when fully expanded.....34 1/2 ins.
 Range of expansion.....2 1/2 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Dark Brown

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

Scar on first joint of right thumb

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.....APR 21 1916.....191

J. McCullough.....Capt.
 Medical Officer

Place.....Sudbury

109th Overseas B.....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.

.....Edwin William McLaren.....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.

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

Date.....APR 21 1916.....191

card
9.9.
5/8/16.

109th OVERSEAS BATTALION, C. E. F.

No. 724250

ATTESTATION PAPER.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE. **DUPLICATE**

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *McLaren*
- 1a. What are your Christian names?..... *Edwin William*
- 1b. What is your present address?..... *Chapleau Ont.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Chapleau Ont.*
- 3. What is the name of your next-of kin?..... *Mrs. A. McLaren*
- 4. What is the address of your next-of-kin?..... *Chapleau Ont.*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
- 5. What is the date of your birth?..... *May 13 1895*
- 6. What is your Trade or Calling?..... *Clerk*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *No*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I *Edwin William McLaren*, 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.

E. W. McLaren (Signature of Recruit)

Date *APR 21 1916* 191 . *A. R. Fairbank* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I *Edwin William McLaren*, 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.

E. W. McLaren (Signature of Recruit)

Date *APR 21 1916* 191 . *A. R. Fairbank* (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* *APR 21 1916* day of 191 .

Geo. A. Balfour (Signature of Justice)

Description of Edwin William McLaren on Enlistment.

Apparent Age..... 20 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height..... 5 ft. 6 ins.

Chest measurement { Girth when fully expanded..... 34 1/2 ins.
 Range of expansion..... 2 1/2 ins.

Complexion..... Fair

Eyes..... Blue

Hair..... DK Brown

scar on first joint of right thumb

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date..... APR 21 1916..... 191 .

Place..... Lindsay.....

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

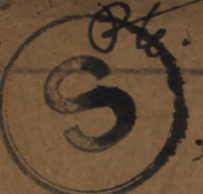
*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

..... Edwin William McLaren..... 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.

..... *J. H. [Signature]*..... Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.
 Date..... APR 21 1916..... 191 .



McLAREN EDWIN, WILLIAM.

O. H. M. S.

724 250,

109th. O. Bn.

allo-
27-34
H

Female.

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28



24643

G. F. W. 3997

J. S. G. 132.

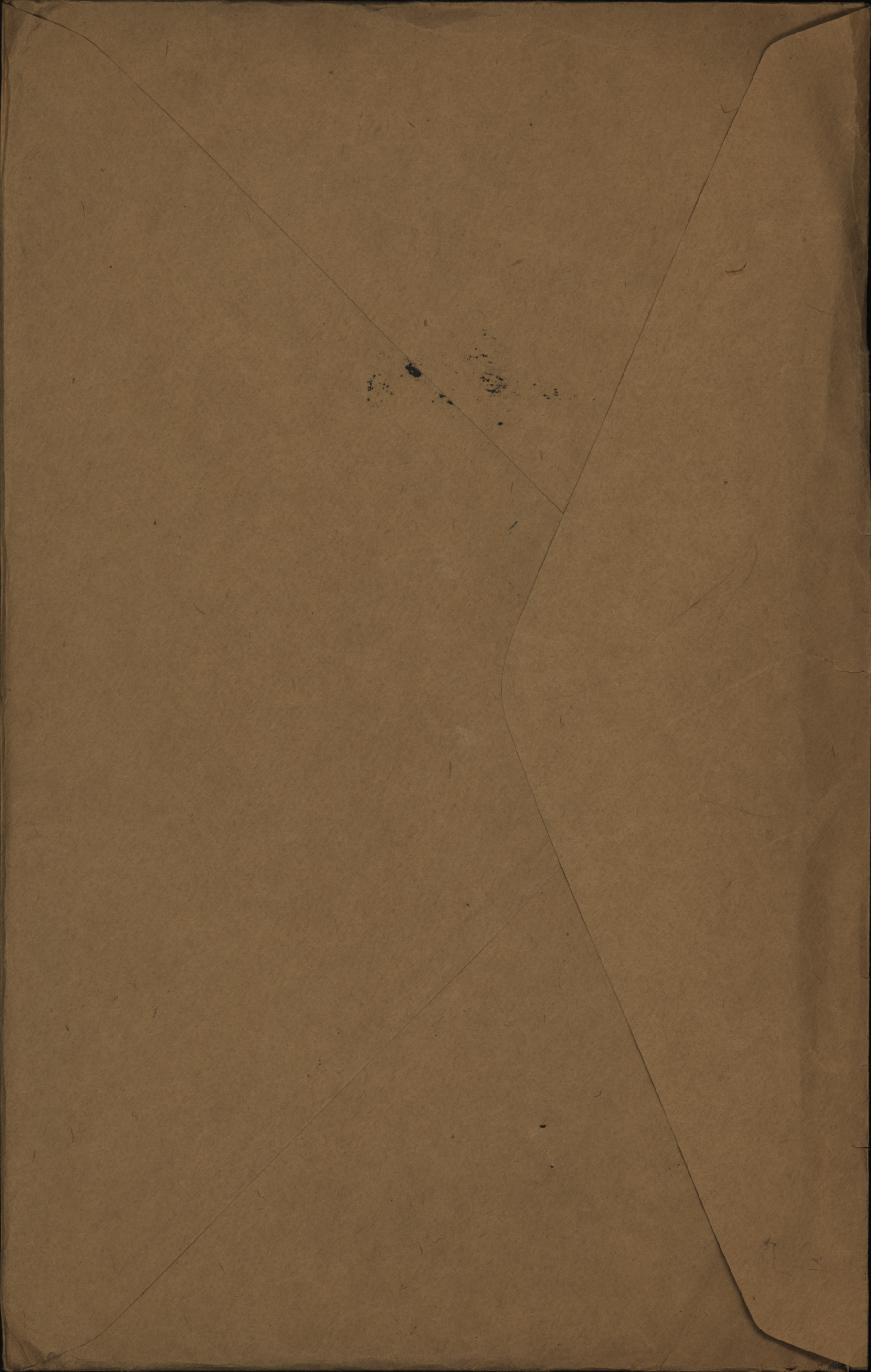
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1 Pay Card



1 Independent

M. F. B. 270.
850M-8-18
H. Q. 1772-39-87



No. 724250. RANK *Pte.*

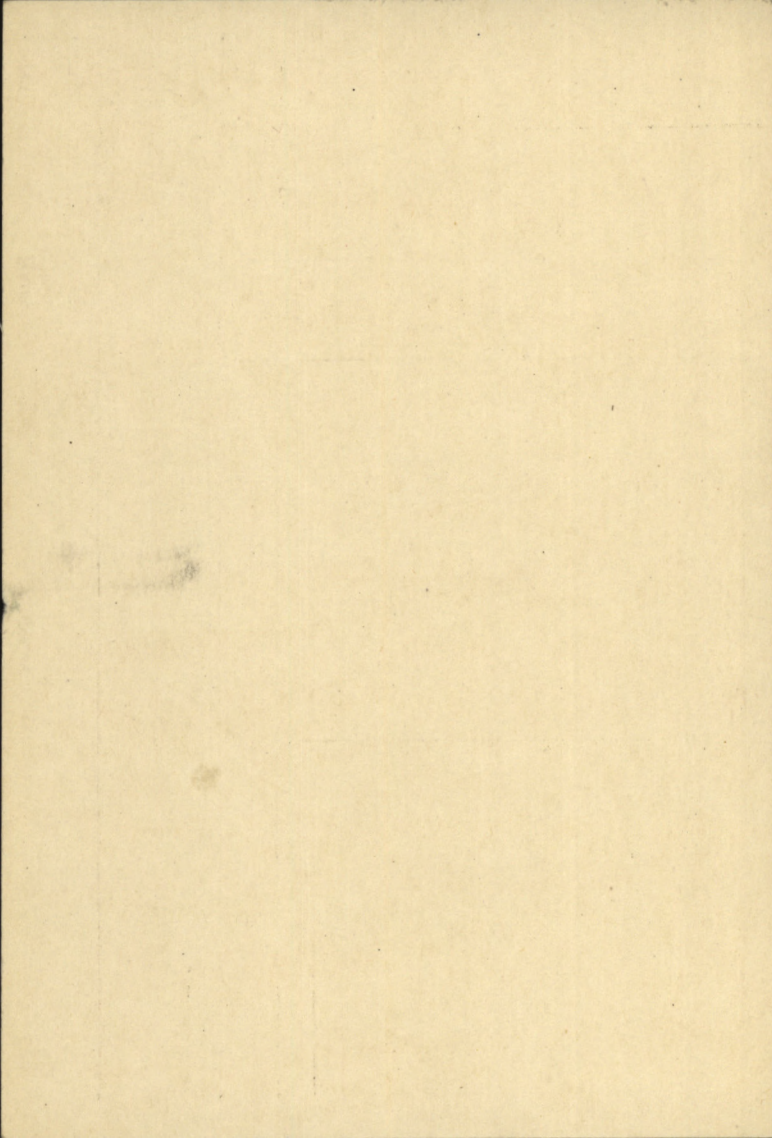
NAME *McLaren, E. W.*

T. O. S. *21-4-16* UNIT *109th Battalion.*
18.0.17-34 of 25-4-16

M. D. *3.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916. April 21</i>	<i>1916. April 30</i>	<i>v.</i>		
<i>May</i>	<i>June</i>	<i>v.</i>		
<i>July</i>		<i>v.</i>		

UNIT SAILED
 JUL 23 1916



SURNAME.

McLaren

2.

CARD NO. ✓

CHRISTIAN NAMES

Edwin William

S.O.S. 2/2/19. Demot. C. 2/1.

FOLL.

5059428/19. # 2810.

REGL. No.

724250

RANK

Pte.

UNIT

109th

In.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

McLaren Mrs. A.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

*19 Hetchum Ave.
Toronto, Ont.*

Y.S.A.A.P. 5-1-16.

COUNTRY OF BIRTH

Canada Chapeau, Ont

DATE

May 13th 1995.

PLACE OF ATTESTATION

Lindsay, Ont

DATE

April 21st, 16.

Sailed from Halifax Per S.S.

488 Pte. 1/c. 9-2-19. 263/39.

L. L. 94504. M. & D. 6512.

"Olympic." 2-3-7-16

M. P. W. 22. 250M.-2-16. H. Q. 1772-39-339.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

clerk

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

20

YEARS

11

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

34 1/2

INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

OK. Brown

DISTINGUISHING MARKS

scar on first joint of thumb.

MEDICAL EXAMINATION.

PLACE

Lindsay. Ont

DATE

April 21st, 1916

Present Address,

Chapleau, Ont.

Number 724250 Rank Private



Surname McLaren

Christian Name Edwin Wm

Units 38th Theatre of War France

Date of Service 6-12-16

Remarks D

Latest Address Mrs E.M. McLaren

To W.M. Woodhead Esq. Sec-Treas
Wapella Sect. Can. Regis

Roll No. Wapella Sect.

DESP. OCT. 6 37
REGN. NO. 331

gn
Haw

Number

724250

Rank

At. B

Surname

McLAKEN

P

Christian Name

Edwin William

Unit

38th Bn CAN Inf.

Theatre of War

France ✓

Date of Service

6-12-16

Remarks

Latest Address

479 Shaw St
Toronto Ont

Roll No

Page 7469

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date	Remarks

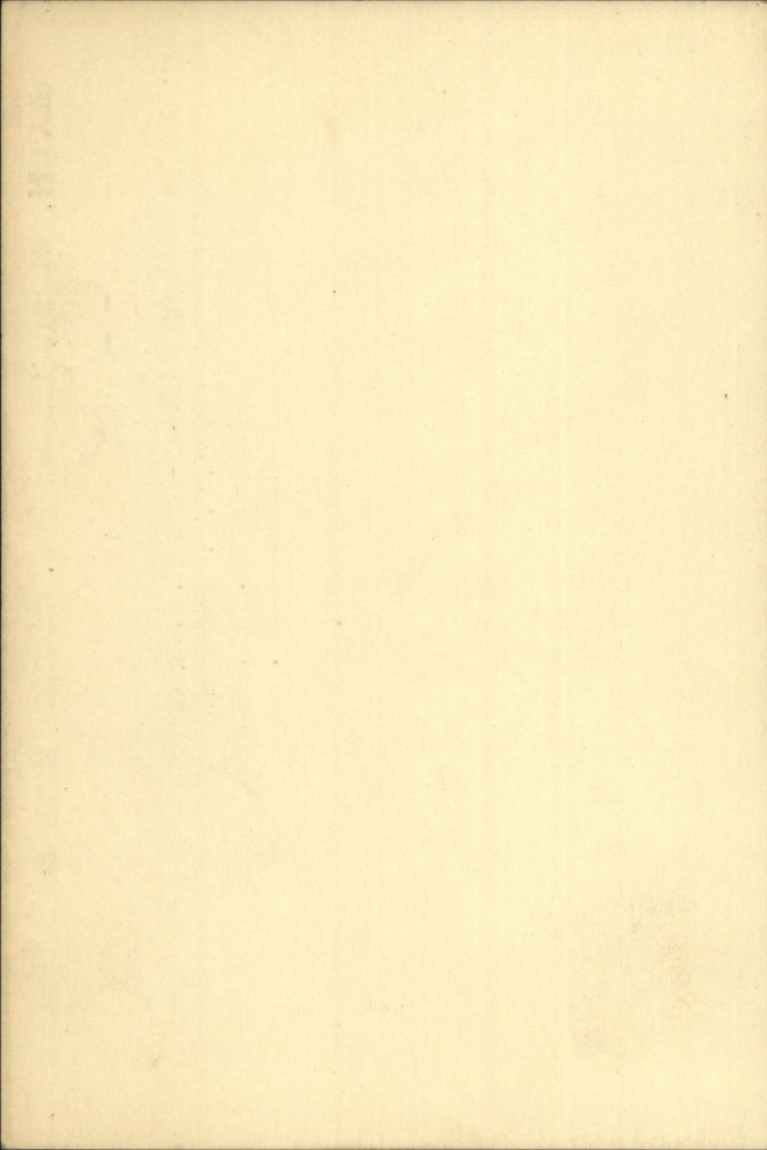
*—Name will be given in full; surname first.

McLAREN, Edwin William Pte. 724250 38th Bn

649-M-22709

Medals to Widow;-Mrs E.M.McLaren
 Mr.W.M. Woodhead
 Sec-Tres.Can.Legion
 Wapella.Sask.

~~n&x~~ no report.



Name L. MCLAREN Edwin William Rank _____ Pte: Regtl. No. 724250

Fyle Depot 24-Mc-913

Original unit _____ Present unit 109th Bn M. or S. _____ Age 23 Religion Meth Ref. H.Q. _____

Port, ship and date of arrival Halifax Carmania 8-2-19

Next of kin Mother Mrs. A. McLaren Chapleau Ont.

Address on leave same

Address on discharge 479 Shaw St. Toronto.

Transportation issued ^{Yes} No _____ Date _____ Character on discharge _____

Previous occupation Clerk Date and place of enlistment Lindsay April 21-16

Diagnosis DMOB'N Date of Medical Boards 28-2-19

Date.	Remarks.	Pt. 2 Order No.
TOS 1-2-19	posted to CasCoEx Camp 8-2-19	
	leave with s bs from 13-2-19 to 27-2-19	45.
3-3-19	SOS DISCHGD. "DEMOB'N" ENTITLED TO WSG.	59

Date.

Remarks

Pt. 2 Order No.

M. F. W. 192

150m.—5-18

1772-39-1243

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

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

250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *109th Battalion*
 Regimental No. *424250* Rank *Pt* Name *McLennan E. W.*
 C. E. F.

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

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
<i>6. 1. 19</i>	<i>Gen. Officer</i>	<i>Gen. Officer</i>	<i>Wellesley</i>	<i>5. 1. 19</i>	<i>1504</i>
					<i>LIEUT.</i>
					OFFICER 1/6 RECORDS,
		Attached C. C. C. K. P. Part 2 Orders pending transfer to C. E. F. Canada.			
		Ceases to be attached on transfer to C. E. F. Canada. Part 2 Orders.			
		<i>3132 67/2/19.</i>			
		<i>R.C. Day</i>			
		<i>OL 7 wing.</i>			
		<i>Embarked S.S. Germania</i>			
		<i>Liverpool</i>			
		<i>Feb 1 1919</i>			

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
LEB 1	19190.S	T. O. S. No. 2 DISTRICT DEPOT. TORONTO		1919	
					<p><i>W. E. Roberts</i> Lieut. For O. C. No. 2 District Depot</p>
		<p>3/13/19 S.O.S. (Discharged) No. 2 District Depot <i>Since the information</i> Part II, D.O. No. <u>57</u> O. C. Discharge Section No. 2 District Depot</p>			

OSM

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. 24250 Rank Private Name McLaren Edwin William
E. F.

Enlisted (a) 21.4.16 Terms of Service (a) D of W. Service reckons from (a) 21.4.16.

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) Clerk.

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

	<u>Embarked Canada</u>	<u>Halifax</u>	<u>24.7.16.</u>	
	<u>Disembarked England</u>	<u>Liverpool</u>	<u>31.7.16.</u>	

W. H. Bell Capt.
ADJUTANT
109th Overseas Battalion, C. E. F.

4-12-16	O. C. 109th.	Proceeded overseas for service with 38th. Btn.	Witley	4-12-16	D.O. Pt. 11 339
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CERTIFIED CORRECT.
12 DEC. 1916
CAN. RECORDS, LONDON.

W. H. Bell Capt.
ADJUTANT
109th Overseas Battalion, C. E. F.

(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.]

724250 McLaren E.C.W.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
6 12/16	C.B.D.	TAKEN on STRENGTH 39th Havre		6 12/16	N. R. P. 6.242-13.12.16.
7 12/16	"	Left for Unit	FIELD	7 12/16	N. R.
13. 1. 17	Unit	Joined Unit	FIELD	9. 1. 17	B. 213. DCS. 80/22. 1. 17
-1 DEC 17	"	14 days leave		-1 DEC 17	" P. 118-15.12.17
22 DEC 17	Unit	Joined Unit	FIELD	16.12.17	"
8. 6. 18.	A. D. Cons.	Class B1-Myalgia P.O.P. 388 Bn. to Gen. Lab. Pool.		8.6.18	WJ339/547. 12 R 16276. D056-24 JUN 18
8-6-18	A.A.G.	Tom S. C. Lab Pool } from 38 Bn.		9-6-18	Pt. II 0.90 8-6-18
22. 6. 18.	H. Baudin Engr. Coy.	Allocated for duty from 38 Bn		9.15.6.18	B 213.
19/18	C.E.R.P.	Y.O.S. from 38th Bn		19/18	N.R. 86 193
17.8.18.	A.A.G.	Troop to 4th Cdn Div Engr Coy. ant. S.O.S. Chief w/pt. work		17.8.18.	KR 25502/5 RHO.130. 24.8.18.
		2.O.S. 4th B. D. Engr Coy		18.8.18	Pt 2 ord 48 29.8.18
6-12-18	C.E.R.P.	2.O.S. C.E.B.D. from U.K. leave		5-12-18	N.R. 1805
18/18	do	Spa to Engr. reported to Comd Gen Engr Witley		18/18	N.R. 5. Chas. B. Chapwell

Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

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.....

724250

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

Edwin William McLaur

(4) Place of Birth.....

Chapleau

(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?.....

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

Also their names and ages.....

(9) Is your Father alive? no

If so, state name and address

(10) Is your Mother alive? yes

If so, state name and address Blairuel Mc Laren

605 St. Charles Ontario

(11) If your Mother is a widow yes

Are you her sole support, or not? yes

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

\$ 60 per month. Only one in the family with the exception of one boy 15 years old

(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? yes

If so, in what Company? United Order of Workman

Have you made arrangements for payment of your Insurance premium? yes

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 11th 1916

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

724250.

ORIGINAL
B. 724250

ORIGINAL

MEDICAL HISTORY SHEET.

Surname McLaren Christian Name Edwin William

Examined	on..... <u>21</u> day of <u>April</u> 191 <u>6</u> .	Approved by	
	at..... <u>Sunday</u>	<u>J. McCulloch</u> Capt.	
Birthplace	City or Town..... <u>Chapleau</u>	Rank..... <u>109th Overseas Battalion, C. E. M. F.</u>	
	County..... <u>Ontario</u>		
Apparent age..... <u>20 years</u>			
Trade or occupation..... <u>clerk</u>			M. O.
Height..... <u>5</u> Feet <u>6</u> Inches.			M. O.
Weight..... <u>110</u> Lbs.			M. O.
Chest measurement	Minimum..... <u>32</u> inches.		M. O.
	Maximum expansion..... <u>34 1/2</u> inches.		M. O.
Physical development..... <u>Good</u>			M. O.
Small-Pox Marks..... <u>None</u>			M. O.
Vaccination Marks	Ar m..... Right. <u>None</u> Left. <u>Three</u>	Date.	Result.
	Number..... <u>Three</u>	VACCINATIONS.	
When Vaccinated last..... <u>April 23rd 1916</u>	<u>23.4.16</u>	<u>good</u>	<u>J. McCulloch</u> M. O.
(a) Marks indicating congenital peculiarities or previous disease..... <u>None</u>			M. O.
(b) Slight defects but not sufficient to cause rejection..... <u>None</u>			M. O.
	Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
	<u>25.6.16</u>	<u>good</u>	<u>J. McCulloch</u> M. O.
	<u>27.6.16</u>	<u>"</u>	<u>J. McCulloch</u> M. O.
	<u>30.6.16</u>	<u>"</u>	<u>J. McCulloch</u> M. O.

Enlisted on 21 day of April 1916 at Sunday

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>1095 Bn. C. E. F.</u>	<u>724250.</u>		<u>21.4.16.</u>
Transferred to	<u>88th Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Camp Base</u>	<u>17/11/18</u>	<u>Shingles</u>	<u>BT J. J. Jones Major Cause</u>
<u>South</u>	<u>27-2-19</u>	<u>mt.</u>	<u>A. J. R. Gibson Lt</u>

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

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 2

NAME OF SOLDIER

Medlar Co. [Signature]

REGIMENT

RANK

No 724250

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS		
												U	L	P			Gold	Porcelain						

*Discharge Exam.
At Exhibition Camp
Date. FEB 27 1919*

Certificate issued for [Signature]

*W. Sample
Major*



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.

THE HISTORY OF THE
DENTAL ART



ORIGINAL

CANADIAN EXPEDITIONARY FORCE.

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

LAST PAY CERTIFICATE

Regimental No. 724250 Rank. Ole Name. McLaren Edw
(Surname first)
Unit No. 2 DISTRICT DEPOT who was* DISCHARGED
On MAR 3 - 1919 191..... to..... Edw McLaren
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from..... to..... 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		09
Regimental Pay..... <u>5</u> days at \$..... <u>10</u>		3 30
Field Allowance..... days at \$..... c.....		
Separation Allowance.....		
Clothing Allowance.....		35
Post Discharge Pay.....		30
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>129110</u>	108 39	
Total	108 39	108 39

*Give particulars.

A monthly stoppage of \$..... 1502 (†) has..... (‡) been paid on account of
Assigned Pay for the month of July 191..... }
and Separation Allee. for month of..... 191..... } (to) Assignee Mrs C. McLaren
(Address) 479 Shaw St Toronto
(†) 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..... (3) Reason for discharge..... Edw McLaren
(4) Authority for discharge or transfer..... do 59

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 MAR 1 - 1919
Place TORONTO, ONT.

W. J. Cameron
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.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

A-11

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 724250 Rank Plt. Surname McLAREN
(Give name in full)
Edward William
 Unit or Corps #2 D.D. Birthplace Chapleau Ont.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 110 lbs. Height 5 ft. 6 1/2 in. Colour of Eyes Blue
 Nutrition good
 Pulse 76
 Condition of arteries good
 Vision Rt. 20 Left 20
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
 Scar between thumb and index finger right hand cut childhood.

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

no varicose veins, hemorrhoids, hernia, gastric haemorrhoids

Wren Analysis } all together
Surge

APPROVED
 FEB 28 1919
Wrens
 CAPT.
 FOR A. D. M. S. M. D. 2

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at...*London*... (Canada)

Date ...*Feb 27/19*... Signed ...*J.P. Gibson*...M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature ...*L.W. McFarren*.....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724250 (Rank) Pte.

Name (in full) McLAREN, Edwin William enlisted in
the 109th. Bn.

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont., on the 21st.
day of April 1916

HE served in ENGLAND AND FRANCE

and is now discharged from the service by reason of DEMobilIZATION

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

Age 21

Height 5' 6"

Complexion Fair

Eyes Blue

Hair DK. Brown

E. W. McLaren

Signature of Soldier

Marks or Scars

None scars left arm

[Signature]

Issuing Officer

For

O.C. No. 2 District Depot

Appointment

Date of Discharge March 3rd. 1919

Signed at Toronto, Ont., this 3rd day of March 1919

in Military District No. 12 No. 2

File Reference No. MAR 3 1919
DISTRICT DEPOT

L.L.

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Uniform is not to be worn after
expiration of one month from
date of discharge, except by special

Rank

Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

McLAREN E.W.

REGIMENT

4th Emp Coy.

RANK

Plt.

No.

724250

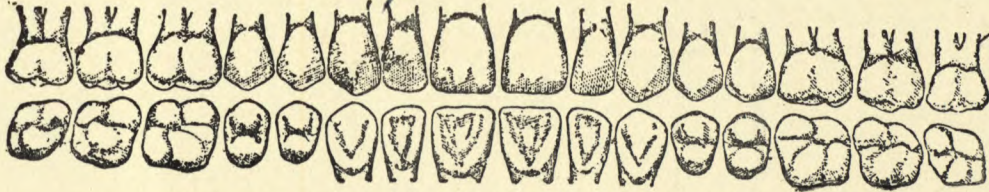
Date of Examination in England

6/1/19

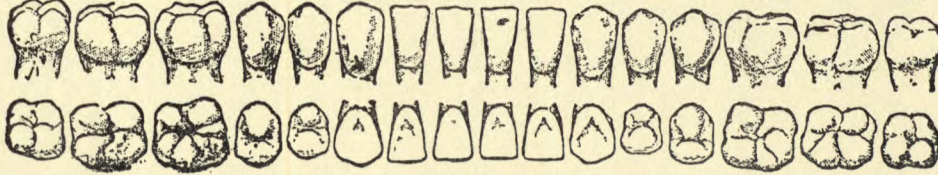
Date of Examination in France

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.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(a) In Canada

(b) In England

(c) In France

Signature of Dental Officer

H.W. Reid
Capt

KINMEL PARK,
NORTH WALES

1917
1918
1919
1920
1921
1922

1923
1924
1925
1926
1927
1928
1929
1930

W. H. H. B. E. M.

1931
1932
1933
1934
1935
1936
1937
1938
1939
1940

W. H. H. B. E. M.

J.M. Rank *Plc* Name *McLAREN, Edwin William.* Reg'l No. 724250
 Unit 109th Bn. If in perm. Corps, } Married or Single *Single.*
 What Unit? }
 Place and Date of Enlistment *Lindsay, 21st Apr 1916.* Place of Birth *Chapleau, Ont.*
 Name and Address, Next-of-Kin *Mrs A. McLaren.*
P.O., Chapleau, Ont, Canada. Relationship *Mother.*
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. *7158*
 File R.L.
 Category *ORCarr*

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Rank	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.					
		Arrived in England per H. M. T. 2810			31-7-16	<i>286111</i>
4-12-16	<i>061094</i>	<i>SOS on t/c. to 38th Bn</i>	<i>Skilley</i>		4-12-16	<i>Pt II DO 339</i>
<i>13.12.16</i>		<i>38th Bn T-C-S on c/r 11cm</i>	<i>Skilley</i>		6.12.16	<i>Pt II DO 242</i>
24-6-18	"	<i>S.O.S. to C. Lab. Pool.</i>	"	"	8-6-18	<i>B.L.P. Pt II DO 907/26-6-18.</i>
24-8-18.	<i>C. Lab. Pool.</i>	<i>S.P.S. to 4th B. D. E. B.</i>	"	"	17-8-18	<i>Pt II DO 487/29-8-18.</i>
28-12-18	<i>4th B. D. E. B.</i>	<i>Tfd to Eng & posted to Gen Dep</i>	<i>Plc</i>	"	18-12-18	<i>DO 65</i>
6-2-19	<i>2 MDE Wing</i>	<i>Ceases to be attached on p/m to Canada</i>	"	<i>K Park</i>	1-2-19	<i>-31</i>
20.2.19	<i>Gen Dep</i>	<i>Ceases on Com Sig Camps Rhyl</i>	<i>Plc</i>	<i>Witley</i>	1.2.19	<i>11042</i>
		<i>+ is SOS to CEF Canada M D 2</i>				
22.2.19	<i>Gen Dep</i>	<i>On Com. to Sig. Camp Rhyl</i>	<i>Skilley</i>		15-1-19	<i>DO 44</i>

A.F.B. 103
11 DEC 1916

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom Mrs. C. McLaren

Address

Chapleau.
19 Ketchum Ave Ont.Toronto Ont. 9/11/16

Rate

15.⁰⁰

AUG 1 1916

By Whom Assigned

McLaren. E. W.

Regtl. No.

724250

Rank

Pte.B. Co.

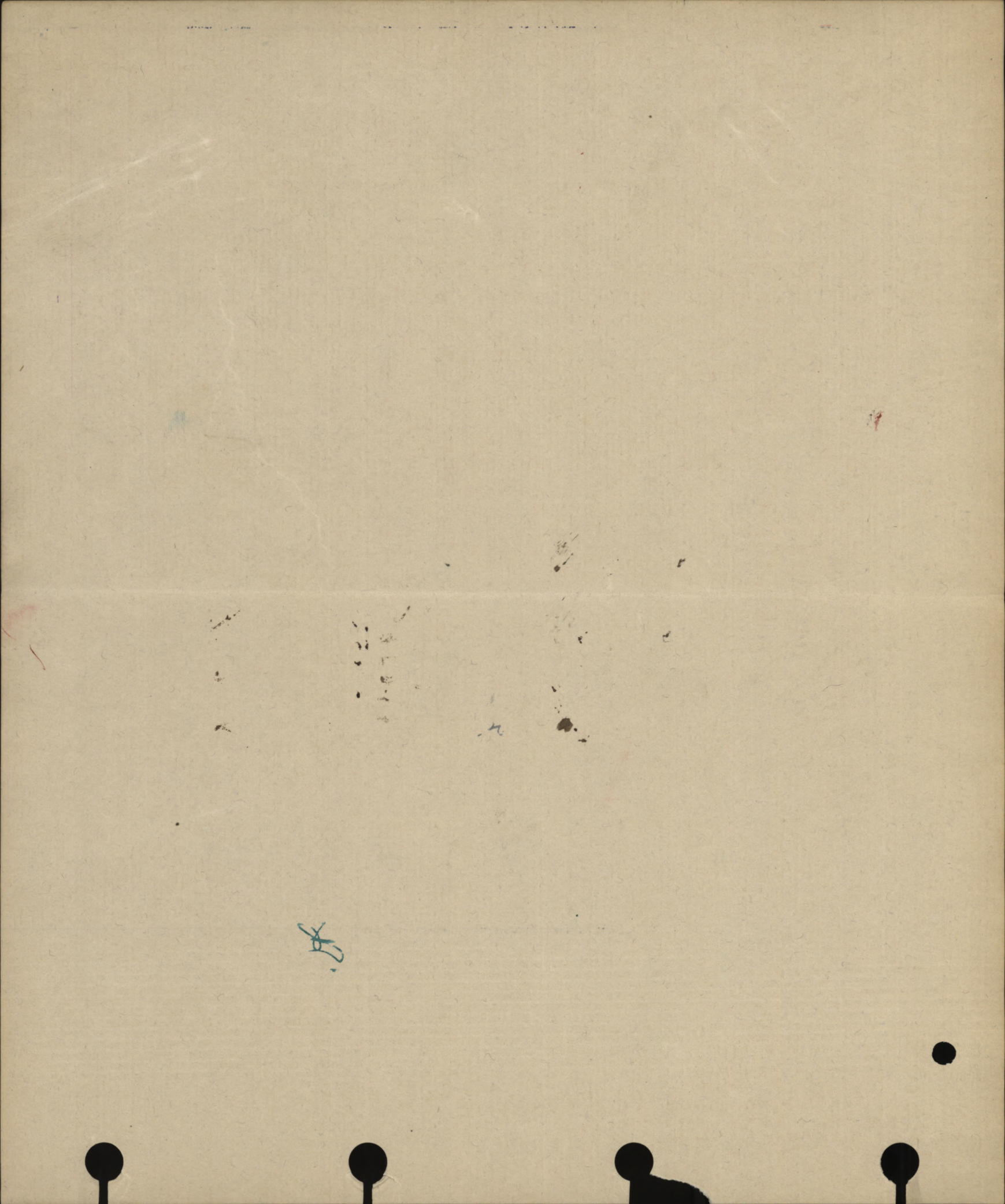
Corps

109 Btn.

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.-4-16.
 1772-39-819.

Sheet No. 2. Mrs. G. McLaren

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

PAYMENTS.

Name of Soldier McLaren, G. W.
724250. Pte "B Co" 109 Btn

Month.	Year.	Cheque No.	Amt.	Remarks.
				<u>\$15.00</u>
April	1916			
May				
June				
July				
Aug.		W15176	15	
Sept.		T18311	15	
Oct.		T23483	15	
Nov.		R. 28544	15	19 Ketchum Ave Toronto 9/11/16 JFB
Dec.		T30199	15	
Jan.	1917	939108	15	
Feb.		45687	15	
March		51538	15	15.00
April		3394	15	15.00
May		9978	15	15 (W)
June		116268	15	CB
July		V23632	15	CU
Aug.		I30524	15	
Sept.		937479	15	J
Oct.		043762	15	
Nov.		A 31906	15	
Dec.		Y 56834	15	255 WDC
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

G.D.

be

WKE

CANADIAN
 ASSIGNED PAY AUDITED
[Signature]
 AUDIT CLERK
 DATE 23/6/19

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

SEPARATION ALLOWANCE

Name *Mrs. C. McLoaren*

Name of Soldier *McLoaren Edwin W.*

Address ~~*Chapleau*~~

Regtl. No. *724250*

*19 Ketchum Ave. Ont.
Toronto Ont.*

Rank *Plt*

Corps *109th Bn C.E.F.*

Relation to Soldier } *W*
wife, child or mother } *Mother*

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				



9189E

Handwritten markings, possibly a signature or scribble, located in the center of the page.



SEPARATION ALLOWANCE

Sheet No. 2. *Mrs C. M. Laren*

OVERSEAS CONTINGENTS
mother
PAYMENTS.

Name of Soldier *M Laren Edwin W*
plc

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June		<i>V3357</i>	<i>46</i>	<i>46</i>
July		<i>E 11637</i>	<i>20</i>	<i>20</i>
Aug.		<i>M 14099</i>	<i>20</i>	<i>20</i>
Sept.		<i>2 16735</i>	<i>20</i>	<i>20</i>
Oct.		<i>U 19933</i>	<i>20</i>	<i>20</i>
Nov.		<i>B 23174</i>	<i>20</i>	<i>20</i>
Dec.		<i>D 26698</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>L 27349</i>	<i>20</i>	<i>20</i>
Feb.		<i>L 31230</i>	<i>20</i>	<i>20</i>
March		<i>L 34376</i>	<i>20</i>	<i>20</i>
April		<i>L 2193</i>	<i>20</i>	<i>20</i>
May	<i>26 1917</i>	<i>M 5651</i>	<i>20</i>	<i>20 19 Ketchum Ave - Toronto Ont</i>
June		<i>M 9083</i>	<i>20</i>	<i>20</i>
July		<i>M 12306</i>	<i>20</i>	<i>T</i>
Aug.		<i>U 14649</i>	<i>20</i>	<i>m</i>
Sept.		<i>E 19362</i>	<i>20</i>	<i>T</i>
Oct.	<i>921109</i>	<i>M I 21332</i>	<i>20</i>	<i>BI 21352 came rewrite</i>
Nov.		<i>S 24093</i>	<i>20</i>	<i>A</i>
Dec.		<i>Y 27222</i>	<i>20</i>	<i>N</i>
Jan.	1918			<i>406 W.D.</i>
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

Single

PLACE OF BIRTH

Chapleau Ont.

NAME AND ADDRESS OF NEXT OF KIN

Mrs. A. McLaren

RELATIONSHIP OF NEXT OF KIN

Chapleau Ont.
Mother

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. 724250 RANK

Pte NAME McLaren Edwin William

IF IN PERM. CORPS
WHAT UNIT

UNIT 109th TRANSFERRED TO 38th Bn DATE 16-1-17 AUTHORITY 20339-4-12-16

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION

Lindsay Ont

TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION

Apr. 21st 1916

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$

15.00 DATE EFFECTIVE Aug 1st 1916

PAYABLE TO

Mrs. A. McLaren Chapleau

RELATIONSHIP Mother

ASSIGNED PAY MONTHLY \$

15.00 DATE EFFECTIVE 1-2-18

PAYABLE TO

Miss G.L. McLaren 146 Crawford St. Toronto Ont.

RELATIONSHIP Sister

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			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS									
	No. OF DAYS	RATE	AMOUNT \$ C.	No. OF DAYS	RATE	AMOUNT \$ C.	No. OF DAYS	RATE	AMOUNT \$ C.				1	2	3	4	1	2	3	4				CREDIT	DEBIT												
1916																																					
July 31																																					
Aug 31	31	1 ⁰⁰	31	10		3 10					4 10	4 10	17					974			15																
Sep 30	30	33 ⁰				3					33	49	3/8/16	81				730	730		15																
Oct 31	31	31		31		3 10					34 10	120	3/10/16	160				730	730		15																
Nov 30	30	30				3					33	188	3/16					730			15																
Dec 31 1916	31		31			3 10					34 10	280	3/11/16					730			15																
Jan 15 1917	15	1 ⁰⁰	16 50								16 50										15																
Jan 16-31	16	1 ⁰⁰	17 60								17 60																										
Feb 1-28	28		30 80								30 80	758	19/1/17					262			15		32														
Mar 31			34 10								34 10	807	7/2/17	1018	24/3/17			262	261	261	15																
April	30		33 00								33 00										15																
May	31		34 10								34 10							5 23			15																
June	30		33 00								33 00							2 68			15																
			367 40								4 10	371 50						2 68			165		32														

20339-4-12-16
3rd to 38th Bn
1 Eff 16-1-17

In R.R. 2005, 3/12/16

In R. 3/12/16, CBB

21

* Strike out whichever inapplicable

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE	ENGLAND or CANADA.	NAME: <i>McLAREN Edwin William</i>			
EFFECTIVE DATE: <i>1-2-18</i>		EFFECTIVE DATE: -		NUMBER: <i>724250</i>			
AMOUNT: <i>15⁰⁰</i>		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT			
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY			
<i>Miss L. Mc. Laren 146 Crawford St. Toronto Ont.</i>				DATE EFFECTIVE			
<i>Sister</i>				RANK OR APPOINTMENT			
<i>L.P. compiled and A.P. stopped effc 1/2/19.</i>				<i>Private</i>			
UNIT AND TRANSFERS							
ORIGINAL UNIT: <i>109 Bn.</i>							
DATE ACCOUNT FIRST OPENED: <i>1-8-16</i>							
AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T'S'F'D	UNIT TRANSFERRED TO			
				<i>38 Bn.</i>			
<i>90.</i>		<i>11/7/18</i>	<i>22/7/18</i>	<i>Lab. Pool</i>			
<i>18.8.18</i>		<i>1.9.18</i>	<i>20.9.18</i>	<i>at Discharge</i>			
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
24/1/18	3659	Widow	1-0-0	4.87			
						<i>L.P. compiled 10/1/19</i>	
						<i>Ledger Bal</i>	<i>30.76</i>
						<i>L.P. A.</i>	<i>25.89</i>
							<i>2589</i>
UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK							
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY		PAY	F.A.	P.F.A.	SUBS CE ALL'CE		
		<i>1</i>	<i>10</i>				

PARTICULARS OF RENDERING NON-EFFECTIVE: *Discharge to Canada 31/1/19. Ref C.L.P. N.R. 5/1673. 10/1/19*

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
Mar. 31	Bal. fwd.								44.46		
Apr	P.P.	33		CAP.				15			
				AR 88 5/4/18 38 Bn.	8.92						
				" 209 18.4.18 "	3.57			15	49.97		
May	P.P.	34	10	C.A.P.				15			
				" 355 4/5/18 38 Bn.	4.46						
				" 543 18/5 "	3.57			15	61.04		
June	P.P.	34	10	C.A.P.				15			
				" 724 1/6/18 38 Bn.	3.57						
				" 825 15/6/18 "	3.57			15	71.90		
July	P.P.	34	10	C.A.P.				15	91.00		
				35 D'Ar 11/6 4 Div. B. 15/7	3.57				87.43		
				35 " 983 " 5/8	6.75				81.18		
Aug	P.P.	34	10	C.A.P.				15	100.28		
				37 D'Ar 11/9 4 Div. B. 5/8	3.57				96.71		
Sep	"	34	10	C.A.P.				15			
				1132 15/9/18 4 Emol.	3.57						
				1640 3/9/18 4 Div Sig	7.14				104.		
Oct	"	34	10	C.A.P.				15	123.10		
				2280 16/10/18 4 Div 27	3.73				119.37		
				2174 16/10/18 "	3.73				115.64		
Nov	✓	34	10	6.A.P				15			
				3009 19/11/18 (1)	3.73						
				2855 13/11/18 (1)	3.73				126.18		
					7.46			15	145.64		

NUMBER

724250

RANK

NAME

McLaren

E. W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Forward	33		Forward	746			15	126 18		
Dec	P. Pay	3410		54 15/11/18 4 D S.	9733				26		
				20/11/18 C.P. London	2432						
				29/11/18 v v O	730						
				60 P.				15			
Jan/1919	P.P.	3410		7556 14/12/18 64 B D	466				17 66		
				60 P.				15	130 76		
									30 76		
		101 20			141 08			45			
				K1984 21/1/19 4 P endorsed	973						
				3639 24/12/18 4 Res Bn	487				16 16		
					1460						

SOS of Omsk 1/2/19.
 S.A.V. Bn. M.D.2

CANADIAN
 ASSIGNED PAY AUDITED
Spence
 AUDIT CLERK
 23.6.19.
 DATE

This space to be for numbers.

Proceedings on Discharge.

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

L.L.

No. 724250	
Rank Pte.	
Surname MCLAREN, Edwin William	
Christian name	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) 109th. Bn. (#2 D.D.)	
Date of discharge March 3rd. 1919	
Place of discharge TORONTO, ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 21 years.....months.	Descriptive marks Vacc scars left arm
Height 5' feet 6".....inches.	
Complexion Fair	
Eyes Blue	
Hair Dk. Brown	
Trade Clerk	
Intended place of residence 479 Shaw, St. Toronto, Ont.,	
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
ON GENERAL DEMOBILIZATION	
Authority for discharge D.O. D.D. #2 Pt. 11#59	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Declassified 649.m-22709

M. F. B. 218.

200M.—5-18.

H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place) TORONTO, ONT.....

(Date) March 3rd. 1919.....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) TORONTO, ONT..... (Signature of Soldier.)

(Date) March 3rd. 1919..... (Signature of Witness.)

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

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

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

.....(Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) TORONTO, ONT.....

(Date) March 3rd. 1919.....

(Signature)

[Signature] O. C. Discharge Booklets, No. 2

Reservations referred to at Para. 8.

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

List of Discharge Documents

Reg. Conduct Sheet	Minutes form B-103	Attestation Paper	Minutes form W-24
Station Battery Company	Minutes form B-103	Particulars of Account	Minutes form W-24
Field Conduct Sheet	Minutes form W-24	Receipts on Discharge	Minutes form B-103
Copies of Certificates by C. R.	Minutes form B-103	In the case of transfer who are referred on final approval the discharge documents will consist of	Minutes form W-24
Medical Report for Invalidity	Minutes form B-103	Proceedings on Discharge	Minutes form W-24
Personal History Sheet	Minutes form W-24	Attestation	Minutes form B-103
Last Pay Certificate	Minutes form W-24	Medical History Sheet	Minutes form W-24
Discharge Certificate Certificate	Minutes form W-24	Form of Will	Minutes form W-24
Form of Will	Minutes form W-24	Copy if discharged medically unfit	Minutes form W-24
Copy if not discharged medically unfit	Minutes form W-24	Documents not accompanying this form should be checked and	Minutes form W-24

I hereby certify that the following documents are unobtainable

UNOBTAINABLE

Check Commencing

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

Reservations referred to Part 8.
To be signed by the soldier. When then the number is to be stated and signed by the soldier.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W: 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet.</p>
--	---

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

Reserved for M.H.C.

Regt. No. 724200 Rank Pte Surname McLaren Christian Name Edwin W.
 Unit or Corps—(a) Overseas from United Kingdom 4th Div Imp Cd. (b) in United Kingdom Genl of N. Wilby
 Born at—Town Chapleau County or Province Subbury Country Canada
 Date of Birth—Day 13 Month May Year 1896 Age 23 yrs. 7 months.
 Joined at Lindsay Ont. Can. Date April 21st 1916
 Former trade or occupation Farmer

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

Linear scar $\frac{5}{8}$ " long dorsal surface of R3
Thumb - one metacarpal phalangeal joint.

Height—feet 5 inches 5 Colour of eyes Blue

Signature of Soldier (for identification purposes)

E. McLarenMedical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

Disabilities Group (a)

General Debility

Disabilities Group (b)

Disabilities Group (c)

2. CAUSE OF DISABILITY

		Place of origin	Date of origin
(i.) As to Group (a) above.	<u>Shots and Shrapnel of Service</u>	<u>France</u>	<u>1918</u>
(ii.) As to Group (b) above.	—		
(iii.) As to Group (c) above.			

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

- (i.) As to Group (a) above? No If yes, has Active Service aggravated it? —
 (ii.) As to Group (b) above? If yes, has Active Service aggravated it?
 (iii.) As to Group (c) above? If yes, has Active Service aggravated it?

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

- (i.) As to Group (a) above? Yes
 (ii.) As to Group (b) above?
 (iii.) As to Group (c) above?

5. MEDICAL HISTORY.

Family History - Father died of Consumption
 Mother died 8 months ago - complications of disease -
 One brother died of Haemophylin at age of 14 years & 8 months
 Man has Haemophylin history - as frequent epistaxis
 bleeding from gums etc. Had subacute Rheumatism
 in 1912 - 6 weeks in bed with same.
 In army has never been in hospital - but because
 the violence of nerves break down as result of trench
 warfare - 18 months in trenches in all. His
 nervous condition was put in B1 category in June 18.

6. PRESENT CONDITION.

General appearance of health - fair.
 Urinalysis - Urine normal Weight 122 lbs.
 Heart - ^{Pulse} rate 80 - 90 during examination - easily
 accelerated. Heart is slightly dilated apex beat
 down wards and to left. There is roughness of the first aortic
 sound - but no regurgitation. Valves close - thick
 is no doubt due to subacute Rheumatism
 Lungs - normal - nervous system - A generally neuritic
 type.
 Other Physical exam. findings - nil.

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

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

8. (i) Is there loss or decay of teeth attributable to Active Service? No
 (ii) If so, describe.

9. DO YOU RECOMMEND:—
 (a) Fit for duty? Yes B1 (state category)
 (b) Invalid to Canada? No
 (c) Discharge from the Service as permanently unfit? No

Date of Report 16/12/1918
 Station Can Base Elaptes France
 Signed W. P. Biggs Capt R.A.M.C.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report,
 and concur therein except Nil in Hospital {Officer i/c Hospital} Strike out one
 {S.M.O. Brigade} of these

Dated at _____ Station, on _____ 191.....
 *Delete if inapplicable.

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

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

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

12. From the medical information now adduced, was the disability caused or aggravated by:—
(a) Negligence of the Soldier { Caused? *no*
Aggravated? *no* }
(b) Misconduct of the Soldier { Caused? *no*
Aggravated? *no* }

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.) *15%*

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

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? *nil*
(ii.) If not permanent, what is its probable minimum duration (in months)?

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

17. Can the former trade or occupation be resumed? *yes.*

18. REMARKS:—
The Board considers this soldier as fit as on enlistment.

ag. 1-9083 *11-11-18*

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

Date of Board *17-XII-18*

Station *Cor Gen Hosp*
Wafle

Signatures of the Board
P. Rossahejo *Stame* President.
J. J. Jones *Majr* *Caule*

Approved *J. R. Brown* A.D.M.S.
Dated at *Ch. Ross* Station

Staphs
191 *5*

M. OR S.

REGT. No. 724250

RANK PTE.

NAME (IN FULL) MCLAREN E W

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS					4 Div. Emp Co.	Same	
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
ADDRESS					ASSIGNED PAY, \$	DATE EFFECTIVE	
					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					Miss C.L. McLaren	Sister	479 Shaw St. Toronto, Ontario.
					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE	REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
						TORONTO, ONT. MAR 3 1919	Demor 0059 zlo

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		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.
			\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE													
Balance from previous account																									
31-1-19	1	\$1.10				25 89																			
						25 89	1984-	21-1-19		973														* a. closed above date Benef. dead - 31-12-18	
								3-2-19		487														W.R.K.	
								Boat		30 00														77.7.10.	
								8-2-19		5 00			15 00											a. P. Feb. 1919	
12-19	28	1.10	30 80	12		4280	55200			4							387			6460	3871		T.O.S. 1.2.19. D.O. 4.5		
Mar 1-3	3	1.10	3 30	70		108 39					12910									108 39			09	UBS 1.3/2. TO 2.7/2. D.O. 4.5	
																								1st Payment, War Service Gratuity	
																								Due Soldier	
153 days						350																		W.S.G. Paid by #2 D.D.	
																								ck. med. 5.4.19	
																								7.5.19	
																								4.6.19	
																								W.S.G. PAID IN FULL	
																								FOR PAYMASTER WAR SERVICE CAPTAIN	

Date of Enlistment

21-4-16.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

Date of Assignment

Aug 1/16

OVERSEAS CONTINGENTS

M

8062

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00		
	1-12-17		
	P.C.3257		

RATE OF ASSIGNMENT

15	15		
	1/1/18.		

PARTICULARS OF SEPARATION ALLOWANCE

No. 724258
 Rank PLC Promoted Reverted Discharge
 Soldier's Name E. W. McLaren
 Battalion 109 Battrn B Co.
 Beneficiary Mrs C. McLaren
 Relationship Mother
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs C. McLaren
 Address 19 Ketchum Ave.
 Change of Address Toronto Ont.
 1 Miss C. L. McLaren Sister
 2 416 Crawford St, Toronto Ont.
 3 479 Shaw St Toronto Ont
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					12463-E-8.
					① 2.70.318. File 12463-E-8. 5WK 1178
Dec		406	255	661	
Jan 1918	I 60944	30	15	45	R. Canceled I 60944 Reinf. dead. 878. J.E. J.
		x x x			S.A. a/c closed 31/12/17. Assignee dead.
Jan 18	U 73171		15	15	→ A/P adjusted from 1/1/18 to new Assignee + spec Cheque mailed.
Feb	Z 73490	25	15	40	5WK 1178. Specil made for A/P only -
Feb	U 77238	x x x	15	15	Z 73490 Retrd and Canceled 26/2/18 med
Mar	M 92372		15	15	Spec Reg Cheque Mailed 27/2/18 MK 2678.
Apr	F 914		15	15	② Env 1878 MK. Change of add Env issued 1878.
May	P 13137		15	15	MAR 01677 issued 15/8/18
June	J 25446		15	15	
July	L 32203		15	15	
Aug	M 35522		15	15	✓ Env
Sept	Q 47979		15	15	✓
Oct	J. 55228		15	15	✓
Nov.	P 60705		15	15	✓
Dec.	Y 60034		15	15	✓
Jan.	V 69590		15	15	✓
Feb.	2. 81312		15	15	✓
		406	465	871	

CANADIAN
 ASSIGNED PAY AUDITED
 [Signature]
 AUDIT CLERK
 DATE 27/6/19

A STENCIL
 HAS BEEN MADE
 FOR THIS ACCOUNT

..... A/c Closed 31-2-19.
 Ret'd per. Barmania
 Date 8-2-19. F.X. 14-2-19.
 Clerk Christian
 M.R.C. Dest. 63149 = 14-2-19

M. F. W. 128
 400M. - 6-17-1772-39-1141
 L. L. 22320 - M. & D. 1593.

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

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque
No.

Amount
S/A

Amount
A/P

Total

REMARKS

M. F. W. 128
400M-617-1772-39-141
L. L. 23320-M. & D. 1493.