

Staff (Balmian) H. P. Coej.

ATTESTATION PAPER.

No. 724563

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. **QUADRUPPLICATE** (ANSWERS.)

1. What is your name?..... **Ernest Perry**

2. In what Town, Township or Parish, and in what Country were you born?..... **London England**

3. What is the name of your next-of kin? **Wife** **Harriet Ann Perry**

4. What is the address of your next-of-kin?..... **92 Queen St Lindsay Ont.**

5. What is the date of your birth?..... **May 10th 1878**

6. What is your Trade or Calling?..... **Baker**

7. Are you married?..... **Yes**

8. Are you willing to be vaccinated or re-vaccinated?..... **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**

Ernest Perry (Signature of Man.)
H. Anderson (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *November 12th* 1915. *Ernest Perry* (Signature of Recruit)
H. Anderson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Ernest Perry**, 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.

Date *November 12th* 1915. *Ernest Perry* (Signature of Recruit)
H. Anderson (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 *12* day of *November* 1915.

[Signature] (Signature of Justice)

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

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

Description of Ernest Perry on Enlistment

Apparent Age 42 years 6 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. 5 ins.

None

Chest measurement: (Girth when fully expanded) 38 ins.
 Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Dark Brown

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

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 November 3rd 1915.

Place London

J. McCulloch Capt. J. M. C.
 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.

Ernest Perry 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. A. H. M. Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.

Date DEC 29 1915 191 .

PERRY, ERNEST

724563

109 BN

3871

MED. UN.

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

PR





Faint, illegible markings or text located near the bottom center of the envelope, possibly a date or a small stamp.

SURNAME.

Perry.

CARD NO.

808 h/10 24-478.

CHRISTIAN NAMES

Ernest

FOLL.

PH II 8 of 25-478. LF

REGL. No.

724563

RANK

Pte.

UNIT

109th

Batt.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Perry, Mrs. Harriet Ann

RELATIONSHIP TO SOLDIER

wife

ADDRESS

92 Queen St., Lindsay, Ont.

COUNTRY OF BIRTH

England, London

DATE

May 10th 1875

PLACE OF ATTESTATION

Lindsay

DATE

Nov. 12th 1915

Sailed from Halifax
*23-7-16*⁴⁹⁸
per S.S. Olympic
P/C 20/3/18-30-3

MARRIED

Yes

SINGLE

-

WIDOWER

-

TRADE OR CALLING

Baker

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

42

YEARS

6

MONTHS

HEIGHT

5-

FEET

5

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Blk. Brown

DISTINGUISHING MARKS

nil

MEDICAL EXAMINATION.

PLACE

Lindsay

DATE

Nov. 3rd. 1915.

No. 724563 RANK

Pte

NAME Perry E.

T. O. S.

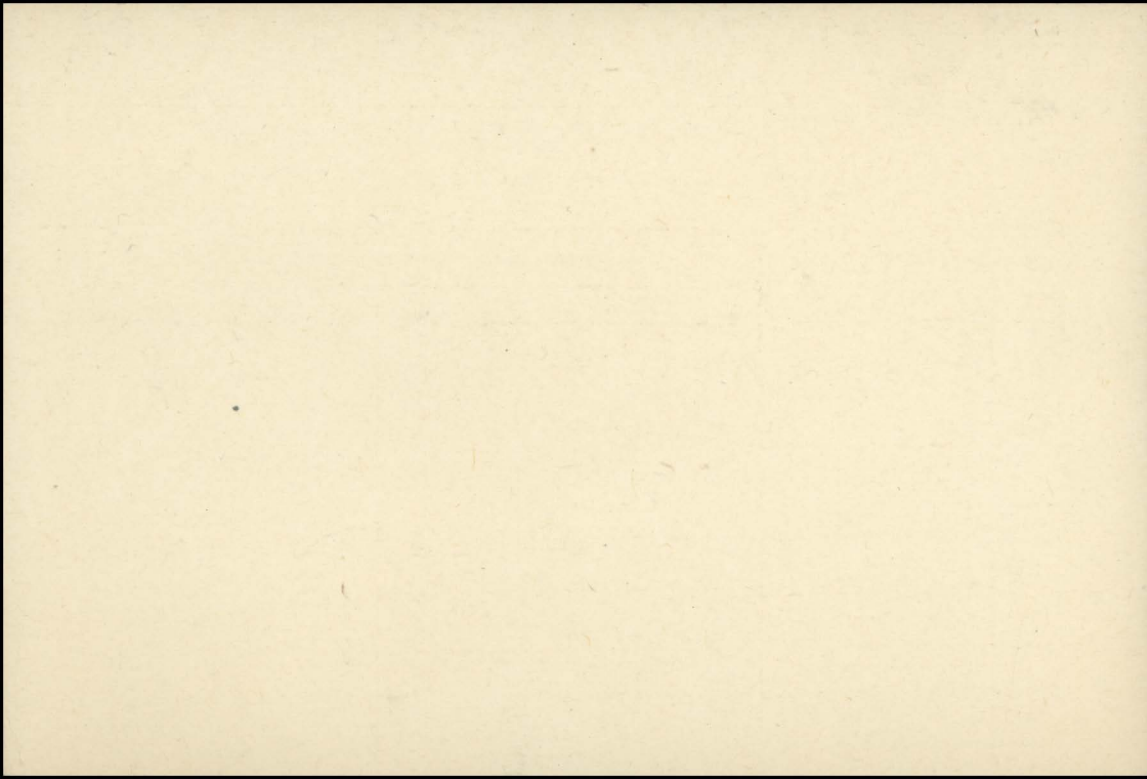
UNIT

Transferred from 93rd Bn
 25-11-15 D.O.S. 25-11-15
 109th. Battalion

M. D. 13

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov 25	1915 Nov 30	✓		
	Dec.	✓		
1916.	Jan. 1916	✓		
	Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED
 JUL 23 1916



Number 724563 Rank Pte

Surname PERRY

Christian Name Ernest

Units 109th Po Co Inf Theatre of War England

Date of Service 31-7-16

Remarks 114 Queen St

Latest Address ~~G. 2 Vivian St~~
Lindsay Quid

Roll No A Page 1925

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

DESP NOV 28 1922
REGN. NO. 6453

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

724563 Pte Perry Ernest

- L.P.C. issued, date 6-3-18
- Authority A.G. 5-1-33 BIII 2/3/19 Disposal
- Discharged to Canada
- Pay Book verified 6.3.18
- Balance shown on L.P.C. 3.36 ✓
- Balance shown in Ledger Sheet \$ 32.56 ✓
- Full particulars of entries making difference between 5 and 6 in any.

No.	Date.	Unit & particulars of entries.	Amount	
			Debit	Credit.
1967	13 2 18	C.A.S.C. 130	4 87	
2232	24 2 18		7 73	
2347	1 3 18		14 60	
Net Difference \$			29 20	

- 8. Assigned Pay cancelled
A.S.M. forms rendered. Stopped eff 1.4.18
- or
- 9. Separation Allowance and
Assigned Pay continued
to Dependent in England
and transferred to Accounts
Branch for payment.

Certified correct

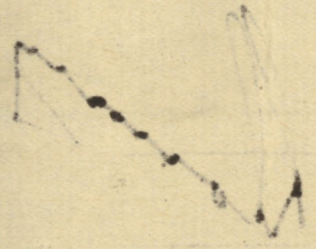
Officer i/c Group.

Capt.

32.26

0.00

								No.



Office of the...

Controlled copy...

CANADIAN CONTINGENT EXPEDITIONARY FORCE

QUADRUPPLICATE

LAST PAY CERTIFICATE

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

Regimental No. 724563 Rank Pte. Name Perry, E.Corps 109th Battalion who was* DischargedOn April 24th 1918, to Class "B"

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from March 7th 1918 to April 24th 1918 the inclusive date of transfer or discharge.

Dr.		\$	c.	Cr.		\$	c.
Bal. Dr. from prev. month	<u>L.P.C.</u>	<u>21</u>	<u>37</u>	Bal. Cr. from prev. month			
Advances by Cheques	No.			Regt'l Pay	<u>49</u> days at \$ <u>1</u> c.	<u>49</u>	<u>00</u>
	No.			Field Allow.	<u>49</u> days at \$ <u>10</u> c.	<u>490</u>	<u>00</u>
Assigned Pay and Sep'n Allce.	No. <u>241</u>	<u>35</u>	<u>00</u>	Separation Allowances* (Monthly)	<u>25</u>	<u>20</u>	<u>00</u>
Other charges				Other Allowances* <u>Clothing</u>		<u>8</u>	<u>00</u>
Payment on transfer or discharge	No. <u>242</u>	<u>25</u>	<u>53</u>	Other Credits*			
Balance Cr. (to be paid by the new unit)				Bal. Dr. (to be deducted by new unit)			
Total		<u>81</u>	<u>90</u>	Total		<u>81</u>	<u>90</u>

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has (‡) been paid on account of Assigned Pay for the month of April 1918 and Sep'n Allce. for month of 1918 (to) Assignee Mrs. H. A. Perry,
(Address) Lindsey, Ont.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment Nov. 12th, 1915
(2) if married and if a Separation Allowance Card has been submitted pd to date of disch.
(3) cause of discharge authority 3MD 88-P-217
(4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date April 24th, 1918Place Kingston, Ont.

W. Peters Capt.
Paymaster No. 3 District "Depot"
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

cheque #242 attached

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

The following is a statement of the pay and allowances due to the undersigned member of the Canadian Contingent Expeditionary Force, as at the date of his discharge from the service.

1. Name of member: [Faint text]

2. Rank: [Faint text]

3. Regiment: [Faint text]

4. Date of discharge: [Faint text]

5. Pay and allowances: [Faint text]

6. Total amount: [Faint text]

7. Name of commanding officer: [Faint text]

8. Signature of commanding officer: [Faint text]

9. Name of member: [Faint text]

10. Signature of member: [Faint text]

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 *424563*

(3) Full Name of Soldier..... *Perry Ernest*

(4) Place of Birth..... *London England*

(5) Are you married, or not?..... *Yes*

(6) If married, state,
 (a) Full name of your wife..... *Harriett Ann Perry*

(b) Present Postal Address..... *92 Queen Street
 Lindsay Ontario*

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

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

If so, give number of boys and girls..... *2 Boys & 3 Girls*

Also their names and ages.....

<i>Leilla Perry</i>	<i>18 years</i>
<i>Della Perry</i>	<i>13 "</i>
<i>Olive May "</i>	<i>9 "</i>
<i>Albert "</i>	<i>12 "</i>
<i>Andrew "</i>	<i>10 "</i>

(9) Is your Father alive?..... *Go*

If so, state name and address

(10) Is your Mother alive?..... *Go*

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

(11) If your Mother is a widow..... *Go*

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.

..... *Go*

(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.

..... *None*

(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?..... *Go*

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

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

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

Date. *30th June 1916.*

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

Rank *Plc* Name PERRY, Ernest

Reg'l No. 724563.

Unit 109th Bn. If in perm. Corps, }
What Unit? }

Married or Single *Married.*

Place and Date of Enlistment *Lindsay 12th Nov. 1915.*

Place of Birth *London, Eng.*

Name and Address, Next-of-Kin *Harriet Ann Perry.*

92 Queen St. Lindsay, Ont.

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

N/E. R.B. No. *2526*
 File R.L.
 Category *OR. Caus.*
 Wife

SPR 1339176

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
14. 11. 16	O.C. 109 th	S.O.S. to C.C.A.C.	Witley	13. 11. 16	Pt II. D.O. 319
16. 11. 16	C.C.A.C.	2. 0. 2. attached G.D. Bn for P.B.D.	Hastings	2. 11. 16	505.
14. 11. 16	Gas. D. Bn	att to Gas. D. Bn for B.W.R.Q.6.P. Bramshott		3. 11. 16	1.
21. 11. 16	"	Ceases to be att. to Gas. D. Bn and att. to O.Ye 9th T. C.A.S.C. B'shott	"	20. 11. 16.	7
12. 12. 16.	C.C.A.C.	Proc on comd to C.A.S.C. B'shott from G.D. Bn for P.B.D. (20-12-16)	Hastings	20. 11. 16	548
23-11-16	C.A.S.C. #2	Att'd for R.L.C.E. Dis Duty & Pay	Bramshott	20-11-16	279.
12. 5. 17	<i>Bramshott</i> C.A.S.C.	ceases to be attached to Bramshott on proceeding to Central Ord Reg Depot	Bramshott	12. 5. 17	Pg 114, (D.O. 65 ^a 13-5-17) 1st. C.O.R.D.
6-6-17	1st. C.O.R.D.	On Com. C. A. S. C. Shiliff	W. Sandling	6-6-17	Pt. II D.O. 89
4. 5. 17	"	TOS + on com. C.A.S.C. B'shott	"	10. 3. 17	56

724563 Perry Ernest

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
11-6-17	1st. C.O.R.O.	Cases to be ad. C.A.S.C. & S.O.S. to C.A.S.C.	W. Sandling	8-6-17	Rt. No. 094 & P.I. O 27 ^{case DDD} 10-6-17
28-11-17	C.A.S.C.BD	Granted	GOOD Conduct Bdy. Silbiff	12-11-17	" 77.
28-2-18	case RYDD	S.O.S. to	bauced.	" Pte.	28-2-18 - 50.8 ^{case RYDD} P=60d/1.3.18.
4-3-18	case RYDD.	an com. to	1st. CDD Buxton	" "	4.3.18 - 63.
25-3-18	Do.	Cases "On loan" at	CDD Buxton	Do	Pte. 12-3-18 - 84.
		S.O.S. to	Canada (Wing. of C.S.)		

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

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 724563 Rank Private Name Perry Ernest
C. E. F.

Enlisted (a) 25-11-15 Terms of Service (a) D of W. Service reckons from (a) 25-11-15

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

Extended _____ Re-engaged _____ Qualification (b) Baker

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	Embarked Canada		Halifax	24.7.16.	
	Disembarked England.		Liverpool	31.7.16.	
		Transferred to C. C. A. C. & attached to 57 th B. W. C. C. F.	Witley	13.11.16	<i>Adjutant</i> 109th Overseas Battalion, C. E. F.
	Re-Attached to the C.A.S.C Bramshott			20/11/16.	(Auth & C.A.C. Letter 6-1-2 B.20-11-16) <i>J. M. Hood</i> Capt & Asst Adj for O. G The Garrison Duty Battalion.
12-5-17	OC CASC	Ceases to be attached to CASC Bramshott on proceeding to Central Ontario Regimental Depot	West Sandling	12-5-17	Auth. O.C. 1st Central Ont. Regtl. Depot 81-8 7-5-17. <i>Albert Chilton</i> Lieut: & Adj., C.A.S.C. 11.6.17 for O. C. 1st C. O. R. D.
11.6.17	1st Lt CASC	S.O.S to C.A.S.C	West Sandling	8.6.17	

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
10/6/17	OC base DD	T.O.S. from 7 th B O.R.D.	Shoncliffe	8/6/17	Pt II order 27
28-11-7	OC CASE RD.	Permission to wear the good conduct badge	do	12-11-7	Pt II 77
28.2.18	OC CASE RD	S.O.S. on posting to Corps Depot	do.	28/2/18	Part II 50 G.D. Address River for case RD
1-3-18	CASE CD	T.O.S. from CASE. R. DD	S. Cliffe	1-3-18	Pt II 60
4-3-18	"	On command 1 st B DD Buxton	"	4-3-18	Pt II 63 <i>[Signature]</i> for OC CASE CD
5 MAR 1918	TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No			54.	
12 MAR 1918	EMBARKED FOR CANADA FROM LIVERPOOL				<i>[Signature]</i> Lieut.-Col. Commanding Canadian Discharge Depôt.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT.....3

NAME OF SOLDIER.....E. PERRY

REGIMENT.....109TH. BN.

RANK.....PTE.

No. 724563

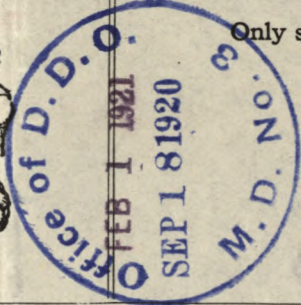


INSTRUCTIONS

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

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

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



Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS		
											U	L	P			Gold	Porcelain						
Sept 14										14: 18.19. 22.27. 30.31													
Sept 14																							

J. W. Ross

Cavity 3-12

Completed Jan 1921
J. Stewart
CAPTAIN
DISTRICT DENTAL OFFICER, M.D. NO. 3

I hereby acknowledge having received the above treatment.

(SIGNATURE)..... *Ernest Perry*

Sept 14/20

#	2	1 Amalgam Comp 1 Dental 1 Root Filing	_____	4.00
---	---	---	-------	------

#	13 15	Extractions (local)	_____	2.00
---	----------	---------------------	-------	------

#	12	Comp. Analy + correct P. K.	_____	3.00
---	----	-----------------------------	-------	------

		Partial Liner (6 teeth)	_____	8.00
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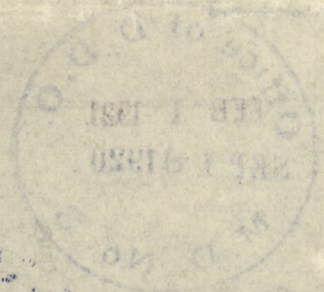
		blesps -	_____	3.00
--	--	----------	-------	------

		prophylaxis	_____	1.50
--	--	-------------	-------	------

		examination	_____	2.00
--	--	-------------	-------	------

#	11-16	Prints - 2 shorts 3 negatives	_____	4.40
---	-------	----------------------------------	-------	------

~~67.50~~
\$23.50



INSTRUCTIONS

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name **Perry, Ernest**
Surname

Christian Name

14433-E-3.

Regimental Number **724563** Rank **Pte.**

Address (in full) **Lindsay, Ont.**

Unit **C.A.S.C.**

Original Unit

District where paid **M.D. 3.**

Date of Discharge **24-4-18.**

P. D. P. Filing Number **4-112-3.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **25.00** per month.

L. L. 22373—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	2205	24-4-18	58 00	2137	23-5-18	5800	1921	22-6-18	5910		175 10

Remarks:

M. F. W. 127.
 50M-6 17.
 1772 89-1140.

File No. 14433-E-18,
16-7-19

WAR SERVICE GRATUITY.

Register No. P-23.

Reg. No. 7241-63 Pte 109th Batt
 Name Perry Ernest
 Address 114 Queen St. Lindsay Ont.
 Less further debit balance
 Net due paid as below

Dependent Mrs. Harriet Ann Perry wife
 Address 114 Queen St. Lindsay Ont.

TO SOLDIER			TO DEPENDENT		
Ag. No.	Ch. No.	Amount	Ag. No.	Ch. No.	Amount
0		<u>174.90</u>			
2		<u>100.00</u>			
3					
5					
6					
Clerk <u>B. Hollander</u>		Total			

Pay Soldier \$ 174.90 Pay Dependent \$ 150.00
 Days 153 Rate 100.00 Due 500.00
 Less P.D.P. credited 175.10
 Less further Dr. Bal. or overpayment.
 Net 324.90

P-23-104
1479

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
<u>13/8/19</u>	<u>8238</u>	<u>499133</u>	<u>140 00</u>	<u>Pay Dep Portion to wife P.O. B. Ruling with 14453-8-19</u>	<u>1/3-8-19</u>	<u>8239</u>	<u>499132</u>	<u>60</u>
<u>13/9/19</u>	<u>17514</u>	<u>515633</u>	<u>34 90</u>		<u>3/19/19</u>	<u>17515</u>	<u>51555-6</u>	<u>30</u>
					<u>4-9-19</u>	<u>23279</u>	<u>522985</u>	<u>30</u>
								<u>30</u>

GEN'L AUDITOR
 Posting checked by
m. 10
 Date 11-8-19

1-3-16

MILITIA AND DEFENCE

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


SEPARATION ALLOWANCE

Name *Perry Harriet Ann*
Address *92 Queen St-
Lindsay
Onto*

Name of Soldier *Perry Ernest*
Regtl. No. *724563*
Rank *Pte*
Corps *109th O.S. Batt*
To what Corps belonging }
when called out }

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

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		<i>L 28652</i>	<i>20 20</i>	

1/10

1-3-16

MILITIA AND DEFENCE

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

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Perry Harriet Ann

Wife
PAYMENTS.

Name of Soldier

Perry Ernest
Plt. 724563.

L. L. Job, 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	J 3123	20 -	20
May		O 6934	20	20
June		J 8697	20	20
July		C 7576	20	20 Posted in error write cheque
Aug.		Q 13438	20	20
Sept.		2 16445	20	20 <i>Posted in error. Re-write ck</i>
Oct.		J 19125	20	20
Nov.		J 24056	20	20
Dec.		J 27015	20	20
Jan.	1917	H 49667	20	20
Feb.		H 32750	20	20
March		J 35756	20	20
April		I 3248	20	20
May		I 5392	20	20
June		I 8644	20	20
July		I 11808	20	20
Aug.	1917	R 1576	20	20 15 7/16 cr.
Sept.		C 19438	20	20
Oct.		F 22146	20	20
Nov.		O 24224	20	20
Dec.		H 28140	20	20
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.				

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2

L. L. Job 310.—Req. 6574.

Harriet Ann Perry

Wife
PAYMENTS.

Name of Soldier

Perry Ernest

724563

Pte "A" Staff 109 Bn

\$15⁰⁰

Remarks.

AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>DK 15506</i>	<i>15</i>	
Sept.		<i>S 18754</i>	<i>15</i>	
Oct.		<i>J 24012</i>	<i>15</i>	
Nov.		<i>Q 28912</i>	<i>15</i>	
Dec.		<i>K 33544</i>	<i>15</i>	
Jan.	1917	<i>L 41478</i>	<i>15</i>	
Feb.		<i>X 45661</i>	<i>15</i>	
March		<i>L 52656</i>	<i>15</i>	<i>15-B.</i>
April		<i>J 4375</i>	<i>15</i>	<i>15-CH</i>
May		<i>J 11179</i>	<i>15</i>	<i>15 (W)</i>
June		<i>L 17949</i>	<i>15</i>	<i>15</i>
July		<i>J 24939</i>	<i>15</i>	<i>15</i>
Aug.		<i>X 30759</i>	<i>15</i>	
Sept.		<i>C 38547</i>	<i>15</i>	<i>OB</i>
Oct.		<i>T 45165</i>	<i>15</i>	
Nov.		<i>X 50443</i>	<i>15</i>	
Dec.		<i>W 58716</i>	<i>15</i>	<i>255⁰⁰</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

56

(W)

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.				

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 50m.—4-16.
 H. Q. 1772-39-319.

To Whom

Address

Wife
 Harriet Ann Berry
 Lindsay
 Ont

By Whom Assigned

Regtl. No. 724563

Rank Pte

Corps 109 Bn

Berry Ernest
 a- Staff

Rate \$15⁰⁰

AUG 1 1916

PAYMENTS

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



12-25
NOV 12
1941

7

DEPARTMENT OF VETERANS AFFAIRS

To Copy for HO file

Attention of

Ottawa 4, Ont.
Date Dec. 13, 1966.

NAME PERRY, Ernest

SERVICE 724563 WW1
NUMBERC.P.C. No. 34629
W.V.A. No. 15218NAVY
ARMY
R.C.A.F.

The DEPARTMENT has received information from

Mrs. Lila Teatro, 104 Queen St. Lindsay, Nov. 30, 1966.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Nov. 26, 1966.

Cause of Death

Place of Death Not stated.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~DOX~~
H.O.

} Destroy form if advice of death already received.

E. C. Richards
for
Chief, Central Registry

10/15/54
10/15/54

Case No. 10 1118



The Department has received information from

Mr. J. M. Taylor, 104 ...

including the date of the above mentioned ...

Particulars are as follows:

...

...

...

Copy to
W.S.R.
V.L.
J.M.T.
M.S.K.
H.O.

...

for
Chief, Central Registry

P. 559
MARRIED OR SINGLE

Married

PLACE OF BIRTH

London Eng.

NAME AND ADDRESS OF NEXT OF KIN

*Harriet Ann Perry
92 Queen St Lindsay Ont*

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

Service 336

ADMISSIONS TO HOSPITAL, & C.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. *724563* RANK *Pte* NAME *Perry Ernest*
 IF IN PERM. CORPS | UNIT *109th Bn* TRANSFERRED TO *1st Lt. L. L. [unclear] DATE 16-12-16* AUTHORITY *D. B. 331 A. R. [unclear]*
 WHAT UNIT | TRANSFERRED TO *1st Lt. L. L. [unclear] DATE 31-5-17* AUTHORITY *A. R. [unclear]*
 PERMANENT FORCE ALLOWANCES | TRANSFERRED TO *Case [unclear] DATE 24-4-17* AUTHORITY *A. R. [unclear]*
 PLACE OF ATTESTATION *Lindsay Ont.* TRANSFERRED TO | DATE. | AUTHORITY
 DATE OF ATTESTATION *Nov. 12 1915* TRANSFERRED TO | DATE. | AUTHORITY
 ASSIGNED PAY MONTHLY \$ *15⁰⁰* DATE EFFECTIVE *Aug 1st 1916*
 PAYABLE TO *Harriet A Perry Lindsay Ont* RELATIONSHIP *wife*
 ASSIGNED PAY MONTHLY \$ | DATE EFFECTIVE
 PAYABLE TO | RELATIONSHIP *SEP 14 1918*
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *stopped* EFFECTIVE *1-4-18* REASON *Discharge*
 DISCHARGE DATE AND PLACE *Canada 6.3.18* REASON AND AUTHORITY *A. G. 5-1-33. III 2/3/18 Disposal*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked A. D. [unclear]

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		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT							
1916																																			
July 31																																<i>Balance from Canada</i>			
Aug 31	31	1 ⁰⁰	31		10	310										410	410																		
Sep 30	30	30				3										33	34	18	110																
Oct 31	31	31		31		310										34	10.	105	144	15															
Nov 30	30	30				3										33	17	33	170																
Dec 15	15	15				150										16	50																<i>21005-149 A. 11.10.16</i>		
16-21	16	16				160										17	60																<i>Sp 5 000 CE 1/2/16</i>		
1917.						1530										15	30																	<i>D. O. 334.</i>	
Jan.	31	1.10				3410										34	10																		
Feb.	28	1 ¹⁰				3080										30	80																		
Mar.	31	1 ¹⁰				3410										34	10																		
Apr	30	33														33																			
May	30	33														33																			
						110										1	10																		
						33440										4	10	338	50																
						33400										4	10	338	50																

19

Supplementary

AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

REGT. No. *724563* RANK *Pte* NAME (IN FULL) *Perry G.*

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)				
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY		
					DATE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY		
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE				
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS			
ADDRESS					ADDRESS					
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE				
					DISCHARGED	PLACE	DATE	REASON	AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY

P-136

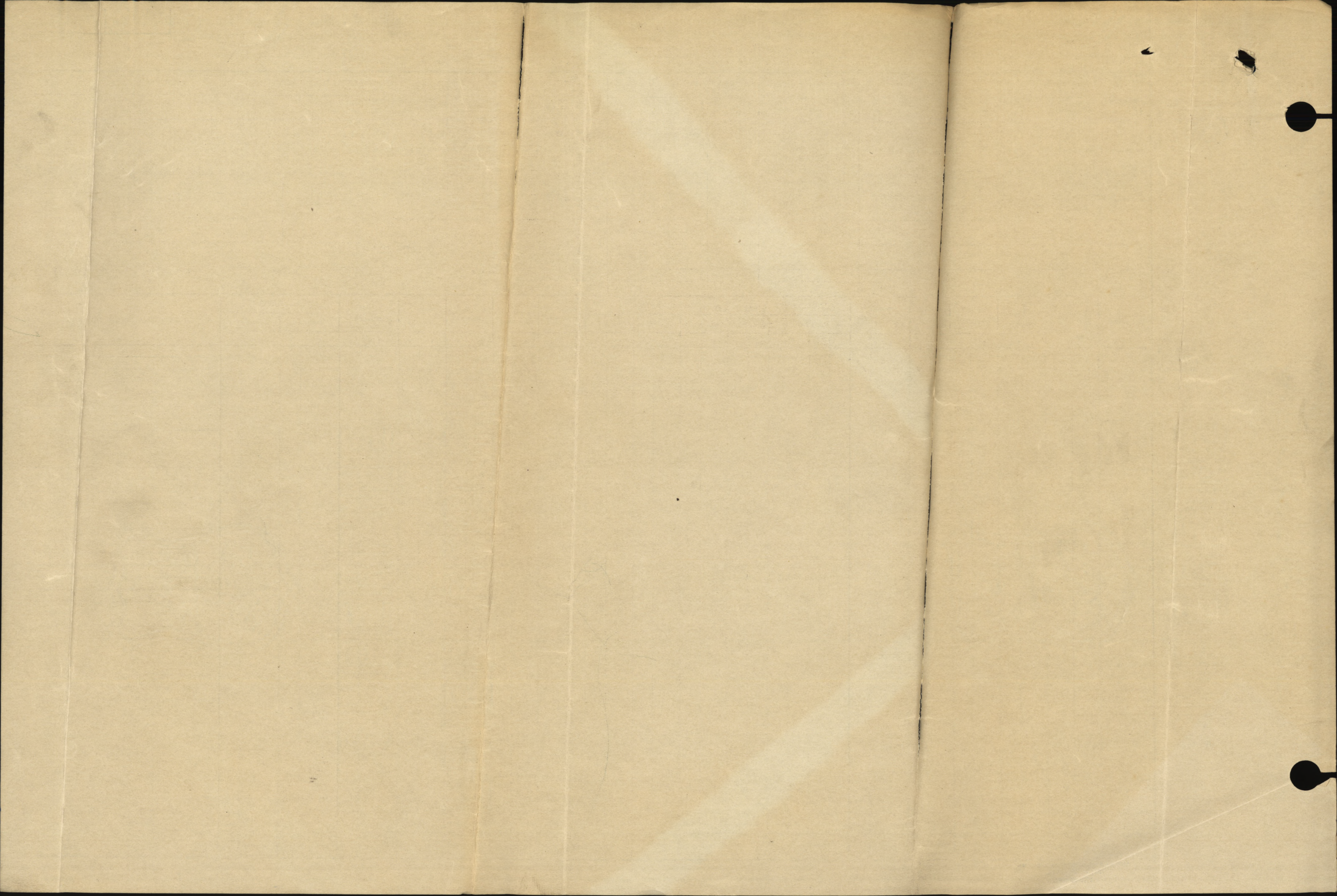
24-4-18.

BALANCE FROM PREVIOUS ACCOUNT

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														\$

adjust clock all.
9489

OK
P



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1/3/16

Separation and Assigned Pay Branch

Aug 1-16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20 \$ 25.00

1-12-17
P.C 3257

RATE OF ASSIGNMENT

15

PARTICULARS OF SEPARATION ALLOWANCE

No. 724563
 Rank Pte Promoted Reverted Discharge
 Soldier's Name Ernest Perrey
 Battalion 109 Batta O. Staff
 Beneficiary Harriet Anne Perry
 Relationship wife
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Harriet Ann Perry (wife)
 Address Lindsay Out
 Change of Address
 1
 2
 3
 4

19	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
	Dec 31		440	255	695	
	Jan 18	L 68101	20	15	45	
	Feb 18	A 67050	25	15	40	
	Mar 18	Q 90810	25	15	40	
			520	300	820	

A/c Closed 31-3-18
 Ret'd per Olympic
 Date 23-3-18
 Clerk J. A. Brown 26-3-18

M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 22320-M. & D. 7938.

A STENCIL
 HAS BEEN MADE
 FOR THIS ACCOUNT

MR. O 2 B Reg
 26-3-18

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
			5.		

M. F. W. 128
 400M. 6.17-1772-39-1141
 L. L. 22320-M. & D. 1583.

724563

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Perry Christian Name Ernest

Examined { on 3rd day of November 1915
at Lindsay
Birthplace { City or Town London
County England

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

Apparent age 42
Trade or occupation baker
Height 5 Feet 5 Inches
Weight 134 1/2 Lbs.
Chest measurement { Minimum 36 inches
Maximum expansion 38 inches
Physical development good
Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm None Right None Left None
Number None
When Vaccinated last November 11 1915

Date	Result	VACCINATIONS,
<u>11-11-15</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>8-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25-4-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2-5-16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

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

Enlisted on 12th day of November 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Overseas Contypt</u> <u>45th West Regt</u>	<u>724563</u>		<u>12</u> <u>8-11-15</u>
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u>			
<u>3 NOV 1916</u>	<u>3/11/16</u>	<u>over eye</u>	<u>peru bare duty</u>
<u>APPROVED.</u>		<u>Dr Stewart Maj Colclough</u>	<u>C. G. Loope</u>
<u>rapier sks</u>	<u>28/8-17</u>	<u>varicella</u>	<u>permanently</u>
<u>Shawcliff</u>	<u>13/2/18</u>	<u>scarific change</u>	<u>DR Fairbairn</u>
		<u>Amiles</u>	<u>capt</u>
		<u>varicella</u>	<u>DR Fairbairn</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.
F. Henry, Capt 22-4-18. Over eye, varicella F. Quaedvlieg Capt
Hulleridge Capt with 1000 W. Wilson
F. Quaedvlieg Capt
F. Quaedvlieg Capt
F. Quaedvlieg Capt
F. Quaedvlieg Capt

Surname.....

Christian Name.....

MARY MORRY STEVENSON

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

100307

Handwritten scribble or signature in purple ink.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at.....28th August.....

1917
1916.

No. 724563 Rank Pte Name Perry E.

Local Unit CASC Overseas Unit Age 48

Examination held at Napier Barracks.

DISABILITY.
~~Overseas~~ Local.
(scratch one out)

VARICOCELE AND SENILE CHANGE.

PRESENT CONDITION.

This man complains of pain in testicle on marching or standing. He is 48 years of age and looks 50. His strength is not equal to heavy duty.

C 111 Perm.

BOARD RECOMMENDS:—

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

Signatures:

Bat

Members

J.F.R. Fairbairn Capt. President.

H. Coppinger Capt.

APPROVED

30 AUG 1917

FOR A.D.M.S. CANADIANS: SHAWOL

Dated at.....1916.....

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

Form 1011 (Rev. 1-1-41)

197

Dated at _____

No. _____ Rank _____ Name _____ Overseas Unit _____ Age _____

Examination held at _____

DISABILITY: Overseas Local (tick one off)

PRESENT CONDITION

The committee of this Medical Board, comprising _____
standing. It is recommended that the applicant be
not eligible for promotion.

BOARD RECOMMENDS

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

Signatures

President _____
Members _____

APPROVED

For A.D.M.S. _____ 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.)

No. 724563	
Rank Private.	
Name Perry, Ernest <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) No. 3 Casualty Unit.	
Date of Discharge 24/4/18.	
Place of Discharge Kingston, Ont	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....44.....years.....11.....months. Height.....5.....feet.....5.....inches. Complexion Fair. Eyes Blue. Hair Dark Brown. Trade Baker. Intended place of residence } (To be given as fully as practicable.)	Descriptive Marks Scar, left hand. Scar, left foot.
2. The above-named man is discharged in consequence of <i>Medical unfitness for further service arising from sickness with 3 M.D. 88 - P - 217 dated 23-4-18</i> <small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc. <i>— Good —</i>
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) Baker.

M. F. B. 218.

25m.—11-15.
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.

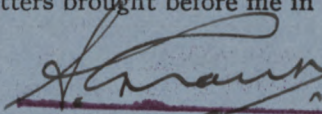
6. Medals and Decorations.....

Same as authorized for service
in England and Canada.

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) Kingston, Ont.

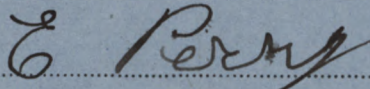

Major
for O. C. District Depot No. 3

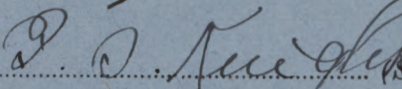
(Date) 24-4-18

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.

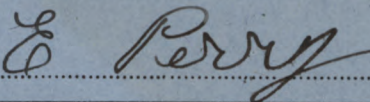
(Place) Kingston, Ont.  (Signature of Soldier.)

(Date) 24-4-18  (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.

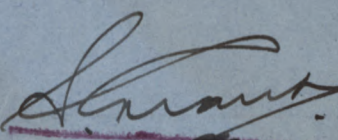
Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

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

11. Confirmation of Discharge.

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

(Place) Kingston, Ont.


(Signature) Major
for O. C. District Depot No. 3

(Date) 24-4-18

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.)

Subsistence for twenty days.

E Perry

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 313 Medical Report for Invalid* " B. 227. Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877. *Only if discharged "Medically unfit."	<p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>

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.

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

No. 724563 Rank ptc Name Perry Ernest 3/11/ 1916.
Local Unit 109 Overseas Unit _____ Age 45

Examination held at Bramshott, Hants.

DISABILITY.

over age

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

Small toe overlapping on each foot. otherwise fit

Board recommends:

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

Signatures:

Members { C. E. Cooper Col. ^{Major} Pres.
H. MacLaren Capt
H. Hughes

Approved.

Bramshott 3-11 1916.

R. Stewart Maj
for M.O.C. for A.D.M.S. *Caugh*
Canadian Troops, Bramshott.

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT

3/11/11

No. 724

100

DISABILITY

65%

(2011)

PRESENT OCCUPATION

Handwritten text, possibly describing occupation or medical notes.

Handwritten notes

Handwritten notes

Handwritten notes

Handwritten notes

Handwritten notes

Handwritten notes

Handwritten notes

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

ORIGINAL

- 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.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- 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 FORT HENRY ONT. DATE APRIL 24, 1918.

1. 1 (a) Unit No. 3 Cas. Unit Regimental No. 724563 (c) Rank PTE.

(d) Surname PERRY (e) Christian name ERNEST.

2. Age last birthday 47 Date of birth May 10, 1870

3. Enlisted at Lindsay, Ont. on Nov. 3, 1915.

4. Personal description:—

(a) Height 5' 4" (b) Weight 140 (c) Complexion fresh

(stripped)

(d) Colour of hair grey (e) Colour of eyes blue (f) Identification marks

Jugar scar left thumb, Same instep left foot.

5. Address after discharge (for the use of the Board of Pension Commissioners)

LINDSAY ONT BOX 22.

6. Former trade or occupation Woolen Mills worker.

7. (a) Service

Years

Days

PERIODS

From

To

<u>109 Bn.</u>	<u>Nov. 3, 1915</u>	<u>Nov. 20, 1916.</u>
<u>O.A.S.C.</u>	<u>Nov. 20, 1916</u>	<u>May 12, 1917</u>
<u>do (2)</u>		<u>March 28, 1918.</u>
<u>No. 5 C.U.</u>	<u>March 28, 1918</u>	<u>To date.</u>

(b) Has he been overseas? ENGLAND 8. Original disease or disability (1) Overage (2) Vari-

(3) Hallux Valgus both feet and overlapping of left little toe.

(a) Date of origin (1) N/A. (2) & (3) U. (b) Place of origin (1) N/A. (2) & (3) CANADA.

(c) Cause* (1) N/A (2) & (3) Unable to state. (3) Possibly tight boots.

(d) Present disease or disability (1) Overage (2) Left varicocoele (3) Hallux Valgus both feet; overlapping left little toe (4) Chr. in-

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only) Arterial Hepatitis.

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

Subjective Man complains of feeling tired and weak on doing ordinary work. Complains of a dragging, sickening pain in left testicle on walking at ordinary rate for a distance of half a mile, also complains of pain in left foot on marching due to overlapping of

Over.

9. Present condition. (Continued.)

little toe. Man says he generally has to get up once during the night to ~~take~~ water. Complains of dull pain over small of back. This condition; he says started 6 months ago.

Objective. Man is well-nourished. Is quite grey and looks older than age stated (48). He has a moderately large varicocele (left). The left little toe completely overlaps the next toe which is a hammer toe. There is marked hallux valgus of right foot. Slight hallux valgus of left foot. Exam. of heart and lungs, neg. There is marked hardening of radial arteries for a man of 48 years. On marking time at the double for 1 m. respirations are 22, pulse 95.

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

Nervous... **YES** Digestive... **YES** Respiratory... **YES** Cardiac... **YES**
Genito-Urinary... **CHR. Interstitial Nephritis** Skin, Middle Ear, Eye or any other part... **YES**

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

Examination of urine shows albuminuria, hyaline casts.

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

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

(1) not applicable. (2) no. (3) No (4) not applicable.

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

No

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

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

(1) Not applicable (2) Permanent unless operated on. (3) & (4) permanent.

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

nil

OPINION OF THE MEDICAL BOARD

14. (Continued).

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

No

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

17. Recommendations

FIT FOR CATEGORY "E"

G. Macdonald
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned E. PERRY 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

E. Perry
Signature of soldier examinee.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

YES

19. Is the soldier fit for

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

E

20. It is certified that the soldier

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

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

OPINION OF THE MEDICAL BOARD—(Continued).

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

FIT FOR CATEGORY E. DISABILITY (1) (2) & (3) not due to service.

(4) Due to service Resays Amued

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

PLACE FORT HENRY BARRIEFIELD ONT. DATE April 24, 1918. Signatures: W. Eglon (CAPT AMC President), M. Graham (CAPT AMC), and another (CAPT AMC) Members.

APPROVED BY: W. Craig (Captain A. M. C., Assistant Director of Medical Services, For A. D. M. S. M. District No. 3, DATE APR 27 1918) and Director-General of Medical Services.

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

Bottom signature section with lines for PLACE, DATE, and signatories (President and Members).

INSTRUCTIONS

1. On examination the condition of patient's teeth to be marked on diagram in red ink.

2. On first line of report record of same to be made in red ink.

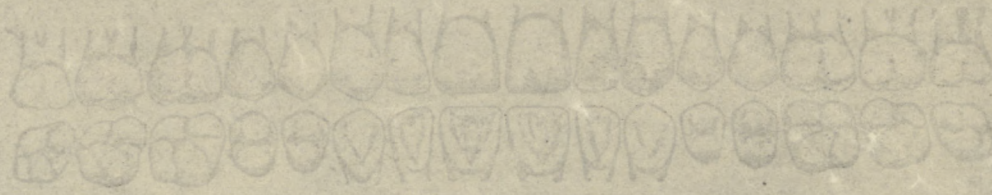
Only such entries to be made on this sheet as will show:

1. Condition on examination (in red)

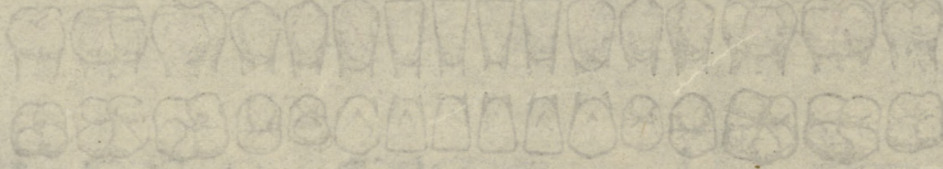
2. Condition on leaving Canada

3. Condition on discharge

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



NAME: _____
 OPERATOR: _____
 ADDRESS: _____
 CITY: _____
 PROVINCE: _____
 DATE: _____
 EXAMINER: _____
 AGE: _____
 SEX: _____
 OCCUPATION: _____
 PREVIOUS TREATMENT: _____
 PRESENT COMPLAINT: _____
 DIAGNOSIS: _____
 PLAN OF TREATMENT: _____
 PROGNOSIS: _____
 COMMENTS: _____
 SIGNATURE: _____
 DATE: _____

CANADIAN DENTAL BOARD
 DENTAL HISTORY SHEET
 UNIT OF 2000

Reserved for M.H.C.

Regt. No. 724563 Rank Pte. Surname PERRY Christian Name ERNEST
 Unit or Corps—(a) Overseas from United Kingdom (b) In United Kingdom CASC.
 Born at—Town London, County or Province Middlesex, Country England
 Date of Birth—Day 10th, Month May, Year 1870 Age 47 yrs 10 months
 Joined at Lidsay, Date Nov. 3rd, 1915.
 Former Trade or Occupation Baker.

Permanent marks or peculiarities that will serve for future identification:—

Irregular scar on left thumb and on left instep.

Height—feet 5 inches 5 Colour of eyes Blue.

Signature of Soldier (for identification purposes) Ernest Perry

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

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

Disabilities Group (a) SENILITY
 Disabilities Group (b) VARICOCELE
 Disabilities Group (c) HAMMER TOES

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	Age.		
(ii.) As to Group (b) above.	Unknown	Canada.	Prior to enlistment
(iii.) As to Group (c) above.	Unknown	Canada.	Prior to enlistment.

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

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

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

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

(i.) As to Group (a) above? No.
 (ii.) As to Group (b) above? No.
 (iii.) As to Group (c) above? No.

5. If a cause of disability was an injury received on Active Service, was it received—

- (i) While on duty?
- (ii) While off duty?
- (iii) Was a Court of Inquiry held?
- (iv) Where?
- (v) When?
- (vi) Opinion of the Court?

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

Enlisted with the 109th Bn. Nov. 3, 1915. Came to England Aug. 1st 1916. Never drilled any in England. Employed as orderly Transferred to CASC November 20th, 1916. Worked as orderly 6 months at Bramshott. Came to Shorncliffe June 1917, worked as baker. Varicocele has always given him pain on exertion. He could not drill on this account

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

Looks his age. Arteries slightly sclerosed. Heart Normal. Large painful varicocele which swells up on exertion. Left foot - Hammer toes. Little toe abducted over the next one. Painful on walking. Genito-Urinary - frequent micturition. Some headache. Other systems normal.

8. OPERATION. (i) Was one performed?

(ii) If so, state what.

No.

(iii) Was one advised and declined?

YES.

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

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

(ii) If so, describe.

Two extracted.

10. DO YOU RECOMMEND:—

(a) Fit for duty?

(b) Fit for base duty? No.

(c) Invalid to Canada?

Yes. B. (iii) Not likely to be raised in 6 months.

(d) Discharge from the Service as permanently unfit?

No.

Date of Report..... February 12, 1918.

Signed..... [Signature] Officer in medical charge of case.

Station..... Shorncliffe.

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

[Signature] **Shorncliffe** **16/1/18**
 Officer i/c Hospital } Strike out one
 S.M.O. } Brigade } of these.

Dated at..... Station, on..... 1918

* Delete if inapplicable.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?

If not, indicate it.

yes

12. Is the cause of the disability fully indicated in Part I. (2)?

If not, indicate it.

yes

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier (b) Misconduct of the Soldier

Caused? no

Aggravated? no

Caused? no

Aggravated? no

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

not applicable

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate. What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/5, 2/5, 3/5, 4/5, or all.)

not applicable

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

not applicable

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

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

not applicable

18. Remarks.

nil

19. Recommendation :—(a) Fit for duty? no

(b) Fit for base duty?

yes Bitt not likely to be raised in 6 months

(c) Invalid to Canada?

no

(d) Discharge from service as permanently unfit? no

Classification for the Military Hospitals Commission.

Date of Board

13/2/18

Station

Shoucliff

Signatures of the Board.

G. M. G. ... President. Geo. E. Clark Capt

Approved

F. B. ...

A.D.M.S.

Dated at

Station

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

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

on the _____ day of _____ 191_____

Members of the Board :—

Y.P.

Y.P.

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

Y.P.

not applicable

not applicable

not applicable

not applicable

not

Witness my hand and seal this _____ day of _____ 191_____

has been referred to the Board for consideration

Dated at _____ this _____ day of _____ 191_____

W. J. P. [Signature]
Gen. [Signature]

13/1/18
[Signature]

Signatures of the Board

President.

