

ATTESTATION PAPER.
109th OVERSEAS BATTALION, C. E. F.

No. 728224

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

TRIPPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Schofield*
- 1a. What are your Christian names?..... *Alfred George*
- 1b. What is your present address?..... *Wetherford, Halburton Co.*
- 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?..... *Martha Schofield*
- 4. What is the address of your next-of-kin?..... *Wetherford, Halburton, Co. Wilt.*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
- 5. What is the date of your birth?..... *22nd May 1867*
- 6. What is your Trade or Calling?..... *Painter*
- 7. Are you married?..... *Yes*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?.. *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, *Alfred George Schofield*, 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.

Date *February 8th* 1916. *Alfred George Schofield* (Signature of Recruit)
Rev. Wainwright (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Alfred George Schofield*, 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 *February 8th* 1916. *Alfred George Schofield* (Signature of Recruit)
Rev. Wainwright (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 *8th* day of *February* 1916.

J. H. Hill (Signature of Justice)

Description of Alfred George Schofield Enlistment.

Apparent Age.....48 years8 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 1/2 ins.

Scar on front of left wrist

Chest measurement { Girth when fully expanded.....38 ins.
 Range of expansion.....4 1/2 ins.

Complexion.....Dark

Eyes.....Brown

Hair.....DK Brown

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.....FEB 8 1916..... 191

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

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

*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.

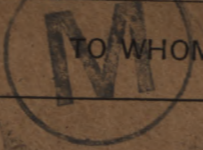
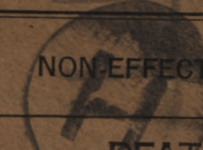
.....Alfred George Schofield..... having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

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

Date.....FEB 8 1916..... 191

REGIMENTAL DOCUMENTS

NAME SCHOFIELD, ALFRED GEO. REGT. NO. 725-224 UNIT 109TH BN. H. Q. FILE NO. _____

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
2. ATTESTATION PAPER (M.F.W. 23, 133, or 51)		 [Handwritten scribbles and 'M' stamp]			 DEATH	
3. CASUALTY FORM (M.F.W. 54 or A.F.B. 103)						Category
TRAINING HISTORY SHEET (M.F.W. 113)						
1. FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)						
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						
DENTAL HISTORY SHEET (M.F.B. 465)						
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						
MEDICAL EXAMINATION (M.F.W. 129)						
1. TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)						
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)						
1. LAST PAY CERTIFICATE (M.F.W. 44)						
1. PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						
PARTICULARS OF CHARACTER (A.F.W. 3226)						
1. COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
1. A.F.W. 3997						
1. M.F.S. 617						
2. misc						
1. M.F.W. 192						
1. Card 5009a						
1. [Handwritten]						
1. [Handwritten]						
1. [Handwritten]						
1. [Handwritten]						
1. [Handwritten]						



07280

MED. UNFIT.



EM
MB

Number 725224

Rank Pte B

Surname SCHOFIELD

Christian Name Alfred George

Units 109 Bn Can Inf Theatre of War England

Date of Service 31/7/16

Remarks

~~Wiltshire~~
Latest Address Maiden Out

Roll No A Page 1643

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. MAR 21 1952
REGN. NO. 3147

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

No. *725224* RANK*File*

NAME

*Schofield. A. G.*T. O. S. *8.2-16.*

UNIT

*109th. Battalion**A. O. 68. 8.2-16.*M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Feb. 8</i>	<i>1916 Feb. 29</i>	<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>April.</i>		<i>✓</i>		
<i>May.</i>		<i>✓</i>		
<i>June.</i>		<i>✓</i>		
<i>July.</i>		<i>✓</i>		

UNIT SAILED

JUL 23 1916



SURNAME.

Schofield,

3

CARD NO.

CHRISTIAN NAMES

Alfred George

REGL. NO.

725224

RANK

Pte.

UNIT

109th

FORMER CORPS

Nil.

S.O.S. Liaison 9.3.
DO 29 of 29-1-19.
R.H. [unclear] 3000.
SOS. 8.2.19. DO 41. of 10.2.19 P.M.
3000

NEXT OF KIN.

NAMES IN FULL

Schofield, Mrs Martha

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

Wilberforce, Haliburton, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

England, London.

DATE

May 22nd, 1867

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Feb. 8th, 1916.

Sailed from Halifax per S.S. "Olympic"

L. L. 90589.-M. & D. 6312

23-7-16 ⁴⁸⁸/₃₁

Pte.

M. F. W. 22.

100m.-1.16.

H. Q. 1772-39-839.

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Painter.

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

48

YEARS

8

MONTHS

HEIGHT

5

FEET

6 1/2 INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

4 1/2

INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

D. Brown.

DISTINGUISHING MARKS

Scar on front of left wrist.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Feb. 8th, 1916.

*Name *Schofield Alfred George* Rank *9/Sgt* Regtl. No. *225.224*
 Original unit *102 Bn* Present unit *1* M. or S. Age *32* Religion *Meth* Fyle Depot *35.690*
 Ref. H.Q.

Port, ship, and date of arrival *Junissian St. John 3-1-19*

Next of kin *W) Mrs M Schofield Wilberforce Haliburton Co. Ont*

Address on leave *Lindsay Ont*

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation *Painter* Date and place of enlistment *F-2-16 Lindsay Ont.*

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
<i>9-1-19</i>	<i>T.O.S. Casualty Company No. 3 District Depot.</i> <i>for Disposal, Part Two D.O.</i> <i>Leave & Sab 5-1-19 to 19-1-19.</i>	<i>From 4/5</i> <i>Eff 5-1-19</i>

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

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom

Martha Schofield

By Whom Assigned

Alfred Schofield

Address

*Hilberface
Ont.*

Regtl. No.

725-224.

Rank

pte

Corps

109 Bu

Rate

\$20.00 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				



15-450

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

L. L. Job 310.—Req. 6374.

Martha Schofield (wife)

PAYMENTS.

Name of Soldier *Alfred Schofield*
725224 (Pte) 109 Bw

20.00 Remarks. **AUG 1 1916**

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>X 15239</i>	<i>20</i>	
Sept.		<i>W 19266</i>	<i>20</i>	<i>W 19266 - cancelled 57 B</i>
Oct.		<i>V 24867</i>	<i>20</i>	
Nov.		<i>A 28255</i>	<i>20</i>	
Dec.		<i>V 32096</i>	<i>20</i>	
Jan.	1917	<i>J 42250</i>	<i>20</i>	
Feb.		<i>J 47603</i>	<i>20</i>	
March		<i>V 51589</i>	<i>20</i>	<i>20.E.</i>
April		<i>W 4733</i>	<i>20</i>	<i>20.Ch</i>
May		<i>U 11049</i>	<i>20</i>	
June		<i>T 17949</i>	<i>20</i>	<i>20 m.</i>
July		<i>W 24920</i>	<i>20</i>	<i>W</i>
Aug.		<i>L 32569</i>	<i>20</i>	
Sept.		<i>R 39559</i>	<i>20</i>	<i>W</i>
Oct.		<i>D 48583</i>	<i>20</i>	
Nov.		<i>O 53187</i>	<i>20</i>	
Dec.		<i>T 60125</i>	<i>20</i>	
Jan.	1918			<i>W 4022</i>
Feb.				
March				
April				
May				
June				
July				

AD

W 26

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.				

1-3-16.

MILITIA AND DEFENCE

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

SEPARATION ALLOWANCE

Name *Schofield Martha*
Address *Wilberforce*
*Ont.*Name of Soldier *Schofield Alfred Geo.*Regtl. No. *725234.*Rank *Pte*Corps *109th Battalion*

Relation to Soldier

wife, child or mother

Wife

To what Corps belonging

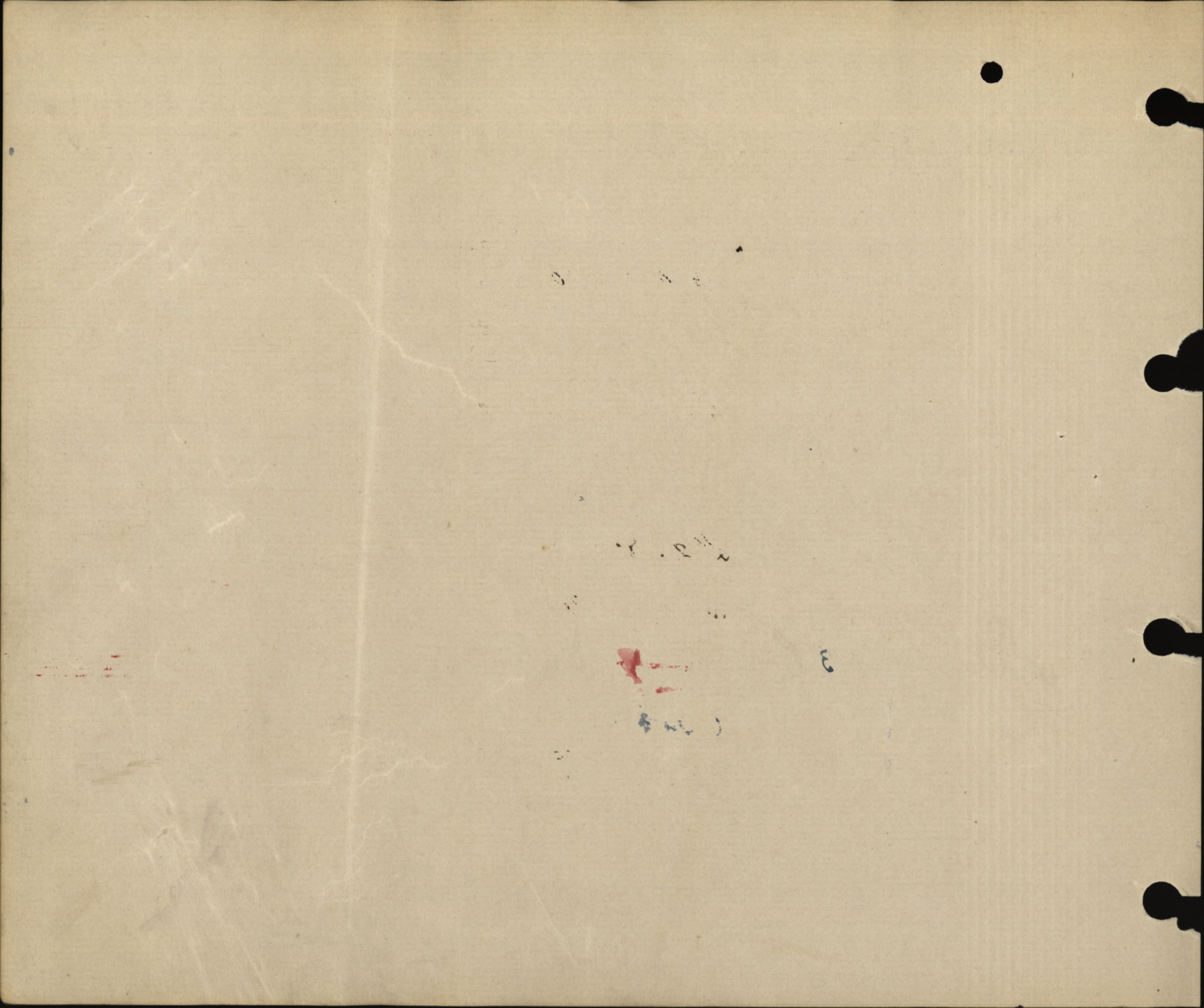
when called out

} ✓ ✓

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		<i>634338</i>	<i>20</i>	





SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 89002.-Req. 623

Name of Soldier

PAYMENTS.

725224

*Schofield Martha**Wife**Schofield Alfred Geo.*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	J 2408	20	20
May		M 7213	20	20
June		Y 5631	20	20
July		E 8375	20	20
Aug.		V 13670	20	20
Sept.		C 16774	20	20
Oct.		H 20310	20	20
Nov.		R 23972	20	20
Dec.		R 26685	20	20
Jan.	1917	O 29958	20	20
Feb.		N 33709	20	20
March		D 39466	20	20
April		L 2587	20	20
May		O 5716	20	20
June		O 8891	20	20
July		O 12271	20	20
Aug.	B 17446	Y 16179	20	20
Sept.		V 19463	20	20
Oct.		O 21362	20	20
Nov.		X 23982	20	20
Dec.		A 28134	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

340

Y 16179 Can Gln

RE-WRITE

44. ER

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.				

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 725224 (Rank) Private

Name (in full) SCHOFIELD, Alfred George enlisted in

the 100th Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 8th

day of FEBRUARY 19 16

HE served in Canada, and England

and is now discharged from the service by reason of being medically unfit for further war service. Auth. Med. Board. D. 22.1.19. R.O. 1080.

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

Age 51 years 8 months Marks or Scars

Height 5 feet 8 inches Small scar left wrist radial

Complexion Medium side

Eyes Brown

Hair Brown

Al Schofield
Signature of Soldier

W. C. Clarke Lieut.
O. C. Discharge Section
No. 3 District Depot
Rank

Date of Discharge 8-2-19

Appointment

Signed at Kingston, Ont. this 8th day of February 19 19

in Military District No. 3

File Reference No. 3DD 3. S. 690

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

Rank

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

Temporary

Casualty Form - Active Service.

Rank *Plc* Surname *Schofield* Christian Name *A.C.*
 Religion Age on Enlistment years months
 Enlisted (a) Terms of Service (a) Service reckons from (a)
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
			Embarked ...		
			Disembarked...		
<i>8.6.18</i>	<i>Plc, 636.</i>	<i>S.O.S.</i>	<i>BASE DEPOT C.F.C. SUNNINGDALE</i>	<i>21.7.18</i>	<i>PT. II DO. NO. 137</i>
		<i>on posting to Co 131, Dist 52</i>		<i>B.A. Green</i>	<i>1st Lt</i>

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

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

Regimental No. 425224 Rank Private Name Schofield, Alfred George

Enlisted (a) 8-1-16 Terms of Service (a) 10 Years Service reckons from (a) 8-1-16

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) Painter

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				
			Halifax	24.7.16	
			Liverpool	31.7.16	
8/12/16	O.C. 109th B	Transferred to 124th B	Witley	8/12/16	D.O. P.T.II, # 543. <u>Alfred Schofield</u> Capt. ADJUTANT 100th Overseas Battalion, C. E. F.
9-12-16	124th. Bn.	Taken on strength of 124th. Bn., C. E. F.	Witley Camp	8-12-16	part II Orders 265 <u>Alfred Schofield</u> MAJOR ADJUTANT, 124th BATTALION C.E.F.
19-1-17	124th. Bn.	Transferred to Garrison Duty Battalion	Witley	18-1-17	D.O. Pt. II No. 19. <u>Alfred Schofield</u> Lieut. Adj. Adjt. 124th. 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.

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
-2-17	124th. Bn.	Transferred to Canadian Forestry Corps.	Witley Camp.	1-2-17	Part. 11. Orders No. 32. <i>A. B. [Signature]</i> Capt Adjt. 124th. Can. Inf. Bn.
9.2.17	D. of T.O.	T.O.S. Can. Forestry Corps	London	1.2.17	D.O. Pt II No. 35. Lt. Asst/Adj. C.F.C.
6/9/17 22/2/18	6C Dist 54 do	103 Dist 54 from Dist 3 1st Dist 54 to Dist 52 C.F.	Soulthampton	6/9/17 19/4/18	Pt II D.O. 14 pt Dist 54 <i>R. [Signature]</i> C.F.C.
7-3-18	6C no 52	S.O.S no 52 Dist C4C at 131 Coy Dist C4C on transfer from 54 Dist	Carlisle	20-2-18	Pt II D.O. No 9. S.C.C.
28-3-18	6C no 52	S.O.S no 52 Dist C4C at 131 Coy on posting to Base Depot	Carlisle	24-3-18	Pt II D.O. No 12 Capt Adj. J. [Signature] no 52 Dist C4C
2-4-18		C.C. C.F.C. T.O.S. Base Depot, C.F.C.	Sunningdale	21-3-18	Pt. 11. D.O. 79
2-4-18	6C 636	6C Command to 131 Co, Dist 52 for g/m.c.a. duty	Sunningdale	21-3-18	PT. II. DO. NO. 79 <i>[Signature]</i> Major C.F.C.
9-4-18	6C no 52 Dist C4C	Attached no 52 Dist C4C at 131 Coy for g/m.c.a. duty having reported from Base Depot.	Carlisle	21-3-18	Pt II D.O. No 14.

CAPTAIN & A
NUMBER 4 DISTRICT,
CANADIAN FORESTRY CORPS.

LTR

Rank _____ Name SCHOFIELD, Alfred George Reg'l No. 725224
 Unit 109th, Yk. Bn. If in perm. Corps, }
 What Unit? } Married.
 Married or Single }
 Place and Date of Enlistment Lindsay, 8th, February, 1916, Place of Birth London, England.
 Name and Address, Next-of-Kin Martha Schofield.
P.O. Wilberforce, Haliburton Co, Ontario, Canada. Relationship Wife.

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E. R.B. No. 4,862
 File R.L. _____
 Category CAN. OR

Discharge, Date and Place _____ Reason _____ Character _____

H. W. & V., Ltd. - 7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
8-12-16	Ob 109 th Bn	SOS sent to 124 th Bn	Whitley	8-12-16	Pt II DO. 343
9-12-16	Ob 124 th Bn	SOS. - fr 109 th	"	"	" 265
19-1-17	"	SOS - to 124th Bn	"	19-1-17	" 19
1-2-17	124 th Bn	Trfd to Canadian Corps	Whitley	1-2-17	Pt II DO. 32
9-2-17	CFC	T.O.S. from 124 th Bn	London	1-2-17	" " 35
25-5-17	" BD.	On strength	Sun'dale	1-5-17	" 23
13-8-17	BD CFC	SOS B Depot to 2 Div CFC	"	17-8-17	Pt II DO. 92
3-9-17	BD CFC	T.O.S. from 2 Div III Co	The S. Dale	29-8-17	Pt II DO 110
31-8-17	2 Div CFC	Caused to be att'd. ^{2 div} returns to BD CFC	pt Capt Carlisle	29-8-17	Pt II DO 105

725224 Schofield A.G.

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.				
13-9-17	4 dis CFC	T.O.S. on footing from BO	^{PTE} Sumpton	6-9-17	PTE 146 4 dis. <i>Corrected by PTE 20020-9-17</i>
10-9-17	BDCFC	SOS on footing to 4 dis	Spdale	6-9-17	- 116
22-2-18	54 Dist CFC, S.O. S. to 52 Dist CFC		Sumpton	19-2-18	" 8. (PTE 209 d/7-3-18) (52 Dist. CFC. TOS)
28-3-18	52 Dist CFC	SOS to BDCFC	Carlisle	21-3-18	- 12 (PTE S 107902-4-18) (TOS BDCFC)
2-4-18	BDCFC	Qu Comm to 52 Dist CFC	Spdale	21-3-18	- 19 (PTE 14 d/9-4-18) (52 Dist.)
8.6.18	" "	because born in Y.M.C.A.	^{PTE} " "	26.3.18	- 197
15.6.18	CFC. 51752	because to attention T.O.S. from Base report.	^{PTE} Carlisle	22.3.18	- 26. CFC BDC T.O.S.
16 11 18	" "	SOS to BDCFC	" "	15-11-18	- 71 PTE 280 d/23/11/18
9.12.18	" B.D.	on footing to C. & D. Bunker	Pte. Spdale.	9.12.18	S.O. 298.
20.1.19	" "	S.O.S. to C.E. F. Cav. Dist 3	" "	22.12.18	- 20

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 109th O/Sear Bn The C.S.F.
 Regimental No. 425224 Rank Pvt Name Schafeld Alfred George
 Enlisted (a) 8-1-16 Terms of Service (a) D.O.F. Service reckons from (a) 8-1-16
 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) Painter

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				
15-6-18	O.C. No 52 Dist C.F.C.	ceases to be attached + is P.O.S. No 52 Dist C.F.C. at 131 Coy on posting from Base Depot	Barlins	22-3-18	Pt II D.O. No 26.
16-11-18	Do	P.O.S. No 52 Dist C.F.C. at 131 Coy on posting to Base Depot	Barlins	15-11-18	Pt II D.O. No 41 Capt & Adj. for O.C. No 52 Dist C.F.C.
23-11-18		O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale from 131 Co. Dist 2		11-18	Pt II D.O. 280 Lt. & A/Adj.
10-12-18		Attached C.D.D. Buxton for return to Canada, Part II Order No. 292. Ceases to be attached C.D.D. Buxton on embarkation for Canada.			

A. B. M. G. M. G. M. G.
 Commanding Canadian Discharge Depot.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoing 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				
23-12-18		Embarked for Canada	Sailing No. 101.		S.S. Junonian J. F. Allen Capt & Asst for D.O. # 14, G.I. P.C.S.
9/1/19		T.O.S. Casualty Company No. 3 District Depot. for Disposal, Part Two D.O.	Kingston	5/1/19	<i>[Signature]</i> LIEUT. for T.O.S. Casualty Co., No. 3 District Depot
8-2-19	S.S.	Discharged	Kingston	8-2-19	U.S. 41 <i>[Signature]</i> U. S. Discharge Section No. 3 District Depot

ORIGINAL

CANADIAN EXPEDITIONARY FORCE.

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

/GM

LAST PAY CERTIFICATE

Regimental No...725224... Rank...Pte... Name...Schofield...A.G...
(Surname first)
Unit ...C.F.C...who was* ...Discharged...
On ...February 8th...1919... to...Category..."E"
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from...Jan..29th...to...Feb..8th...1919
the inclusive date of transfer or discharge.

Table with columns for Dr. and Cr. amounts. Rows include: Bal. Dr. or Cr. from prev. month (15.35), Regimental Pay (11 days at \$1 c), Field Allowance (11 days at \$10 c), Separation Allowance (8.00), Clothing Allowance, Post Discharge Pay, *Other Credits, Advances, Separation Allowance and Assigned Pay Cheque No. 3797 (8.00), *Other Charges, Balance on transfer or on discharge, cheque No. deducted by War Service Gratuity (3.25), Total (23.35).

*Give particulars.

A monthly stoppage of \$..20.00... (†) has... (‡) been paid on account of
Assigned Pay for the month of...January...1919... }
and Separation Allee. for month of...191... } (to) Assignee ...Mrs. M. Schofield...
Wilberforce, Ont.
(Address) ...
(†) 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.....
pd to date of disch.
(2) Separation Allowance, entitled or not..... (3) Reason for discharge.....
(4) Authority for discharge or transfer...3DD 3-S-690.....

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 ...February 6th...1919.....

Place ...Kingston, Ont.....

W. Peters, Captain,
OFFICER IN CHARGE, DEMOBILIZATION PAY DIV.
MILITARY DISTRICT No. 3
Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
- (B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
- (C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
- (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

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 **725224.**

(3) Full Name of Soldier..... **Alfred George Schofield.**

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

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

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

(b) Present Postal Address..... **Wilberforce. Haliburton County. Ont.**

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

(8) Have you any children?..... **No.**

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

Also their names and ages.....

.....

.....

.....

.....

(9) Is your Father alive?.....**Yes.**.....**William James Schofield.**.....

If so, state name and address **2. Britania Road. Fulham. London. Eng.**

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

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

(11) If your Mother is a widow.....**No.**.....

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.

.....**No.**.....

(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.

.....**No.**.....

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

.....**Yes.**.....

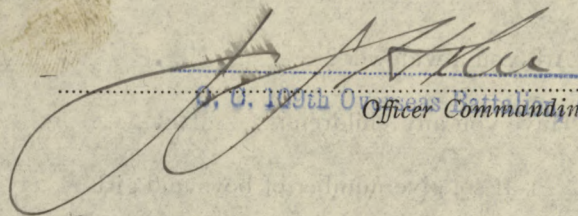
(15) Are you insured?.....**No.**.....

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

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

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

Date.....**June 30th. 1916.**.....

.....**Lt. Col.**
Officer Commanding. E. F.

2.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Dehofield P.S.
 REGIMENT 676 RANK Pvt. No. 72574
 Date of Examination in England Dec 15/18 Date of Examination in France _____

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS nil
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper P. U.
 - (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 yes.
- (c) In France

Signature of Dental Officer [Signature] Capt

INSTITUTION FOR THE DEAF AND MUTE

TO THE
DIRECTOR
OF THE
INSTITUTION
FOR THE
DEAF AND
MUTE

Philadelphia

1877

Dear Sir,
I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the proposed purchase of the building at No. 12th and Arch streets, Philadelphia, for the purpose of housing the students of the Institution for the Deaf and Mute.

Very truly,
Yours,
W. C. ...

W. C. ...

W. C. ...

725224

104607
No 54 Dist

131

MEDICAL HISTORY SHEET ORIGINAL

Surname Schofield Christian Name Alfred George

Examined { on 8th day of February 1916.
at Lindsay
Birthplace { City or Town London
County England

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

Apparent age 45 years
Trade or occupation Painter
Height 5 Feet 6 1/2 Inches.
Weight 130 Lbs.
Chest measurement { Minimum 33 1/2 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 Right None Left Four
Number Four
When Vaccinated last Feb. 5th 1916

Date	Result	VACCINATIONS.
<u>8-2-16</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>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.
<u>10-5-16</u>	<u>..</u>	<u>J. McCulloch</u> M.O.
<u>25-9-16</u>	<u>..</u>	<u>Notoyd</u>

(b) Slight defects but not sufficient to cause rejection
Age but granted admission by minister of Militia

Enlisted on 8th day of January 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>725224</u>		<u>8-1-16</u>
Transferred to.. ..	<u>124th OVERSEAS BATTALION C.E.F.</u> <u>C.D.B.</u> <u>Canadian Forestry Bn.</u>			<u>18. 1. 17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Lindsay</u>	<u>2. 12. 18.</u>	<u>acute leucorrhoea</u>	<u>Bi: Succeeded J. McCulloch</u>
<u>Banff</u>	<u>22. 1. 19.</u>	<u>{Chloro-sulphur}</u> <u>{Prophylaxis}</u>	<u>E</u> <u>J. McCulloch</u> <u>R. S. Thomas com</u> <u>P. Smith</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.

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.8.16		EFFECTIVE DATE:-	
AMOUNT:- 20 ⁰⁰		AMOUNT:-	

NAME: SCOFIELD Albert George
NUMBER: 725224

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

W^o Martha Scofield (Wife)
Milberforce
Ont. Can.

Stopped Eff 1-1-19

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109 Bn.

DATE ACCOUNT FIRST OPENED:- 1.8.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
			C.F.C. Eng.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
19-11-18	236	2. In. charges	1 24				
7-12-18	5002	B.D.	9 73				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharged to Canada 31-12-18 for Disposal Auth. C.F.C. No. 3397/12-18

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 18	Bal Foid								2 97		
Apr	P.P.	33		Cap				20			
				AR C234 131 Co. 21.4.18.	12 17				3 80		
		33			12 17			20			
May	P.P.	34 10		Cap				20	17 90		
		34 10						20			
June	P.P.	33		Cap				20			
				" C942 131 Co. 23.6.	14 60						
				" C558 " 17.5.	12 17				4 13		
		33			26 77			20			
July	P.P.	34 10		Cap				20			
				Q4005-132 - Nov 1917 - 104 Co.	69						
				No. 61269 131 Co. 21.7	12 17				5 37		
		34 10			12 86			20			
Aug	P.P.	34 10		Cap				20			
				" C1425 131 Co. 11.8.	12 17				7 30		
		34 10			12 17			20			
Sept	φ φ	33		Cap				20			
				AR. 1825. 12/9/18. 131 Coy.	12 17				8 13	NIL	
		33			12 17			20			
Oct		34 10		Cap				20			
				AR. 2153. 13/10/18	12 17				10 06		
		34 10			12 17			20			
Nov	φ φ	33		Cap				20			
				AR. 2487. 12/11/18	9 73						
				AR. 4699. 29/11/18 B.D.	4 87						
Dec	✓	34 10		Cap				20	22 46		
				AR 5002. 7/12/18 B.D.	19 73						
		67 10			24 33			40			

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov Dec	Prd Inroad.	67	10	Inroad.	24	33		40	10.06		
				AR 6015. 30/12/18 66 to Bunton (End. on L.P.C.)	4	87			7.96		
		67	10		29	20		40			
Feb 19				GH006-236- 19/11/18		124			6.72		

A 3 M. FORM REN'D Stopped EFFECT 1-1-19
 DISCHARGED TO Canada RATE 31-12-18
 PAY BOOK VERIFIED 11-12-18
 SAL. 11⁵⁹ L.P.C. REN'D 11-12-18
 AUTHY. C.F.C. HR 339. Y 12

COMPILED BY

CHECKED BY

H. B. Howell
H. B. Howell

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Kingston, Ont. DATE 22/1/19.

1. 1 (a) Unit Brd. C.C.D.D. (b) Regimental No. 725224 (c) Rank a/Sgt.

(d) Surname Schofield (e) Christian name Alfred

(f) Home address Wilberforce, Ont.

(g) Next of Kin Mrs. M. Schofield (h) Relationship wife

(i) Address of Next of Kin Wilberforce, Ont.

2. Age last birthday 51 fifty-one Date of birth May 22nd., 1867.

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay, Ont. (b) Date Jan 12/16.

4. Personal description:

(a) Height 5' 8" (b) Weight 143 (c) Complexion Med.
(stripped)

(d) Colour of hair brown (e) Colour of eyes brown (f) Identification marks, Scars, etc. Small
scar left wrist radial side.

5. Former trade or occupation Postman.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

Years

Days

3 yrs.

14 days.

PERIODS

From

To

Canada 109th. Battn. 12/1/16 31/7/16.

England Can. F.C. 21/7/16 21/12/18.

France or other theatres of War Can 21/12/18 To date.

7. Original disease, or injury I Arterio-sclerosis.

II Presbyopia.

I Unknown.

(a) Date of origin II Previous to enlistment (b) Place of origin I II Canada.

(c) Cause I? Unknown.

II Oldage.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions; e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(1) Sequelae Arterio-Sclerosis.

(2) Defective vision.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Subjective. Man states I States he feels younger now that when he enlisted. He has no headaches.

II States he can see ordinary objects, but cannot see to read without glasses.

Objective. I.

A man of fair physique of 51 years of age and certainly looks his age. Hair is turning gray. Muscles soft and flabby. Skin loose. Superficial venous system enlarged and engorged. Peripheral arteries thickened and hardened. No piles. Bunion on rt. foot. Man wears arches. Feet are not flat, Now, but man has worn arches for 9 years. Heart not enlarged. No murmur can be heard.

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

Nervous System... no Cardio-Vascular System... no Genito-Urinary System... no (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses... no Respiratory System... no Integumentary System... no
Disturbances of Mentality... no Digestive System... no Muscular System... no
Osseous and Joint Systems... Any other general condition...

Objective II

Eye specialist reports as follows:

Vision acuity- R.E. 6/9 L.E. 6/6.

With glasses normal.

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

I Nil

II States he had glesseâ previous to enlistment.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Diphtheria at age of 21.

M.H.S. blank.

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

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

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

I yes II no

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? I & 2 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? I Progressive II Permanent.

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

I Nil

II Glasses supplied.

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)

I & II no.

16. Can the former trade or occupation be resumed? no. Too old. (If not, briefly state why)

17. Recommendations

Cat. E.

I Some D.D.S.

II No D.D.S.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Signature of invalid examined. Rank.

OPINION OF THE MEDICAL BOARD

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

yes.

19. Is the invalid fit for

~~General Service~~ (General Service)
~~Special Service~~ (Special Service)
~~Home Service~~ (Home Service)
~~Reserve Service~~ (Reserve Service)

(e) Unfit for service in Categories A, B and C (" E) (Yes or No) E.

20. It is certified that the invalid

~~Does not require treatment~~. (Give the nature of the condition and of the treatment required and its probable duration.)

(b) Does not require treatment.

(c) Should pass under his own control.

~~Should pass under his own control~~
(Strike out condition not applicable.)

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

In Cat. E. I Slight D.D.S. II No D.D.S.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Barriefield Camp.

DATE 22-1-19.

R. H. Stevens Capt

President.

W. J. Thompson Capt

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

President.

PLACE.....

DATE.....

Members

APPROVED BY [Signature]
Assistant Director of Medical Services A.B.

APPROVED BY
Director-General of Medical Services.

DATE 22-1-19

DATE

B18

Reserved for M.H.C.

Regt. No. 725224 Rank. ~~PTE~~ SGT. Surname. SCHADFIELD Christian Name. ALFRED G. BORGE

Unit or Corps—(a) Overseas from United Kingdom.....(b) in United Kingdom. C.F.C.

Born at—Town. FULHAM County or Province. LONDON Country. ENGLAND

Date of Birth—Day. 22 Month. MAY Year. 1867 Age. 51 yrs. 6 months.

Joined at. LINSAY. ONT Date. 8 FEB. 1918

Former trade or occupation. POSTMAN

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

SCAR ON LEFT WRIST

Height—feet. 5 inches. 8 Colour of eyes. BROWN

Signature of Soldier (for identification purposes) Alfred G. Schofield

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

Disabilities Group (a)

PRESBYOPIA

Disabilities Group (b)

ARTERIO SCLEROSIS

Disabilities Group (c)

V.D.H. MITRAL REGURGITATION

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	ADVANCED AGE	CANADA	PRIOR TO ENLISTMENT
(ii.) As to Group (b) above.	ADVANCED AGE	CANADA	
(iii.) As to Group (c) above.	CONDITIONS OF CIVIL LIFE CANADA		

3. Is the disability due to disease contracted or injuries received prior to Active Service? No

(i.) As to Group (a) above? No If yes, has Active Service aggravated it? No

(ii.) As to Group (b) above? No If yes, has Active Service aggravated it? No

(iii.) As to Group (c) above? No If yes, has Active Service aggravated it? No

4. Is the disability due to disease contracted or injuries received while on Active Service? No

(i.) As to Group (a) above? No

(ii.) As to Group (b) above? No

(iii.) As to Group (c) above? No

5. MEDICAL HISTORY.

Enlisted 8/1/16 Left Canada 20/7/16.
Can carry on O.K. and has not been ill
for 30 years when he was ill with Difftheria
Thanks he can carry his pack 5 miles
today but not more on account of having
an enlarged quadrator joint on the right, &
has flat feet.

No M.H.S. reports

Had when he was being examined for life
insurance 4 yrs ago the G.O. advised him not to

6. PRESENT CONDITION.

Complains today of flat feet, enlarged quad
to joint (right) & eyesight not very good.
No anything suddenly the undistorted
because of something wrong with his head

His feet do not look flat as he has worn
artificial support for the arches for 9 years
Head - Has a slight cystic nodule over
the medial area

Lungs Negative

Other systems O.K.

No nocturia

7. OPERATION. (i.) Was one performed? No (ii.) If so, state what. None
(iii.) Was one advised and declined? No

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

8. (i.) Is there loss or decay of teeth attributable to Active Service? 8
(ii.) If so, describe. They were decayed when he enlisted
& have been replaced by a plate

9. DO YOU RECOMMEND:— (b) Invalid to Canada? (c) Discharge from the Service as permanently unfit? }
(a) Fit for duty? (state category) B III

Date of Report 30/11/18 191...

Signed James E. Wadsworth A.M.C. Officer in medical charge of case.

Station Sunnyvale

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

not 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.)

Ten per cent

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

None.

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent?

h.a.

(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?

h.a.

17. Can the former trade or occupation be resumed?

Yes

18. REMARKS:—

This was disability is due to advancing age. There is no evidence of P.M.H. His condition has been unaffected by service

Answered to 2013. 11-11-18

19. RECOMMENDATION:—

(a) Fit for duty? (state category) Biii

(b) Invalid to Canada? No

(c) Discharge from Service as permanently unfit? No

Date of Board

2. 11-18.

Station

Lumpkin

Signatures of the Board

President.
J. C. ...

Approved

Captain, C.A.M.C.
for A.D.M.S., Canadians, London Area.

A.D.M.S.

Dated at

Station

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA. DEC 4 1918 13, BERNERS ST. LONDON, W. 191

143/19

M

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

MILITIA OFFICE
FEB 28 1919
CANADA



1. No. **725224**

2. Rank. **Private**

3. Name. **Schofield, Alfred George**

4. Unit. **No. 3 District Depot.**

5. Date of Discharge **8-2-19.** Place **Kingston, Ont.**

6. Reason for Discharge **Med. unfit**

7. Authority. **Med. Board. D. 22.1.19.....R.O. 1080.**

8. Proposed Residence after Discharge **Wilberforce, Ont.**

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.? **39**

Alfred Schofield
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place **Kingston, Ont.**

Date **8-2-19.**

Medical Documents
Forwarded to
~~S.C.R.~~ or B.P.C.
on
Date FEB. 24. 1919.

Signature *W. H. Clarke* Lieut.
O. (O. C. Discharging Unit.)

280
9-2-19

pres noted unit
280

PROCEEDINGS ON DISCHARGE

Form No. 100-10

1. Name of the person discharged	
2. Date of discharge	
3. Name of the hospital	
4. Name of the physician	
5. Name of the attending nurse	
6. Name of the social worker	
7. Name of the chaplain	
8. Name of the psychologist	
9. Name of the psychiatrist	
10. Name of the occupational therapist	
11. Name of the physical therapist	
12. Name of the speech therapist	
13. Name of the dietitian	
14. Name of the pharmacist	
15. Name of the laboratory technician	
16. Name of the X-ray technician	
17. Name of the medical record technician	
18. Name of the hospital administrator	
19. Name of the hospital superintendent	
20. Name of the hospital director	
21. Name of the hospital manager	
22. Name of the hospital assistant manager	
23. Name of the hospital supervisor	
24. Name of the hospital clerk	
25. Name of the hospital janitor	
26. Name of the hospital porter	
27. Name of the hospital messenger	
28. Name of the hospital cook	
29. Name of the hospital steward	
30. Name of the hospital attendant	
31. Name of the hospital orderly	
32. Name of the hospital nurse aide	
33. Name of the hospital patient care technician	
34. Name of the hospital health care assistant	
35. Name of the hospital medical assistant	
36. Name of the hospital dental assistant	
37. Name of the hospital pharmacy technician	
38. Name of the hospital laboratory technician	
39. Name of the hospital X-ray technician	
40. Name of the hospital medical record technician	
41. Name of the hospital transcriptionist	
42. Name of the hospital billing clerk	
43. Name of the hospital receptionist	
44. Name of the hospital telephone operator	
45. Name of the hospital mail carrier	
46. Name of the hospital security guard	
47. Name of the hospital janitor	
48. Name of the hospital porter	
49. Name of the hospital messenger	
50. Name of the hospital cook	
51. Name of the hospital steward	
52. Name of the hospital attendant	
53. Name of the hospital orderly	
54. Name of the hospital nurse aide	
55. Name of the hospital patient care technician	
56. Name of the hospital health care assistant	
57. Name of the hospital medical assistant	
58. Name of the hospital dental assistant	
59. Name of the hospital pharmacy technician	
60. Name of the hospital laboratory technician	
61. Name of the hospital X-ray technician	
62. Name of the hospital medical record technician	
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82. Name of the hospital laboratory technician	
83. Name of the hospital X-ray technician	
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92. Name of the hospital porter	
93. Name of the hospital messenger	
94. Name of the hospital cook	
95. Name of the hospital steward	
96. Name of the hospital attendant	
97. Name of the hospital orderly	
98. Name of the hospital nurse aide	
99. Name of the hospital patient care technician	
100. Name of the hospital health care assistant	

LIST OF DISCHARGE DOCUMENTS

Medical History	Attestation Paper, Discharge
Physical Examination	or Particulars of Record
Medical History	Field (London) Sheet
Physical Examination	Casualty Form
Medical History	Field No. Certificate
Physical Examination	Certificate that missing documents are traceable
Medical History	Medical History Sheet
Physical Examination	Prescriptions or Medical Notes
Medical History	Medical History Sheet
Physical Examination	Medical History
Medical History	Experimental (London) Sheet
Physical Examination	Company (London) Sheet

LIST OF DISCHARGE DOCUMENTS.

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

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

M. OR S. M. REGT. No. 725224 RANK Pte. NAME (IN FULL) Schofield A.G.

NEXT OF KIN MRS. Martha Schofield RELATIONSHIP Wife.
 ADDRESS Wilberforce. Ont.

IS SEPARATION ALLOWANCE PAID? Yes. DATE EFFECTIVE 1-1-19
 TO WHOM PAID as above. RELATIONSHIP Wife.
 ADDRESS as above.

PARTICULARS
1.10
Sgt. Schofield, Alfred, E.
Wilberforce, Haliburton Co,
Ont
Salvation Army Hotel Kingston
Same as Wifes

ORIGINAL UNIT C.F.C. IF IN P.F. WHAT UNIT?
 PLACE OF ATTESTATION Kingston TRANSFERRED TO
 DATE OF ATTESTATION 8-2-19 TRANSFERRED TO
 ASSIGNED PAY, \$ 20.00 DATE EFFECTIVE 1-1-19
 PAYABLE TO Mrs M. Schofield, RELATIONSHIP Wife.
 ADDRESS Wilberforce, ONT.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE
 EFFECTIVE 8-2-19
 DISCHARGED Kingston 28-1-19 REASON Ret. E. AUTHORITY 3.P.P. 2690 IF ENTITLED TO POST DISCHARGE PAY

700

MONTH	PAY AND F. A.		OTHER CREDITS			TOTAL CREDITS			ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	DEBIT	

29/1/19																										

Feb 5/19
 Feb 8/19
 March 13/19
 April 4/19
 MAY 6 1919
 JUN 6 1919

183 days *W.S.G.*
S.A.

42000
18000
60000
92559 + 660
42504 + 05

other charge

7000	3000
66 75	30 -
70	30 -
70 -	30 -
70 -	30 -
70 -	30 -

34 74
100
8
142 74

23 15
15 35
3 25

3150
280
210
140
70
600

#208
 #2133
 #2146
 No 8 out Jan 5 1919 (15)

M 7 1/2 59.5 Paid

At Cal. Deduct. from W.S.G.

Receipt. L.A.

HW

JUL 4 - 1919

OK

mk.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch 01570

OVERSEAS CONTINGENTS

1-3-16

Aug 1/16

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00	30 218 P.C.2753
----	----------	-----------------------

1-12-17 M.F.W. 02864
P.C.3257

RATE OF ASSIGNMENT

20			
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S

PARTICULARS OF SEPARATION ALLOWANCE

No. 72 5-2 24 (72 5.244)

Rank *P.F.* Promoted Reverted Discharge

Soldier's Name *Alfred Geo. Schofield.*

Battalion *109 Bu.*

Beneficiary *Martha Schofield.*

Relationship *Wife* M.F.W. 2554 2/6/18.

Address *Wilberforce, Ont. M.F.W. 2554 Ret'd + O.R. 22/18*

PARTICULARS OF ASSIGNMENT

Name *Martha Schofield* *wife*

Address *Wilberforce Ont*

Change of Address

- 1
- 2
- 3
- 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>16251-a-6</i>
<i>Dec 31</i>	<i>—</i>	<i>440</i>	<i>340</i>	<i>780</i>	
<i>Jan 1918</i>	<i>X 71771</i>	<i>30</i>	<i>20</i>	<i>50</i>	<i>✓ R</i>
<i>Feb.</i>	<i>R 72976</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>Mar</i>	<i>S 92312</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>Apr</i>	<i>S 10999</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>May</i>	<i>V 18981</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>June</i>	<i>U 24908</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>July</i>	<i>E 24325</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>Aug.</i>	<i>U 36901</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>Sept</i>	<i>X 46819</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>Oct.</i>	<i>L 51322</i>	<i>25</i>	<i>20</i>	<i>45</i>	
<i>Nov</i>	<i>X 59127</i>	<i>25</i>	<i>20</i>	<i>45</i>	
<i>Dec</i>	<i>H 63185</i>	<i>45</i>	<i>20</i>	<i>65</i>	<i>✓</i>
<i>Jan.</i>		<i>30</i>	<i>20</i>	<i>50</i>	

M. F. W. 128
4007-5-17-1772-35-1141
L. L. 2320-M. & D. 1908.

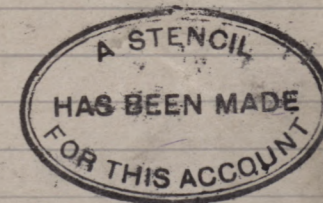
A/c Closed *31-12-18*

Ret'd per *Commission*

Date *4-1-19* M.F.W. 187 *M.D. #3*

Clerk *M. J. Quinn 7-1-19*

M.P.O. 47764 Ret. to Post.



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

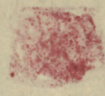
	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
4000-6-17-1772-38-141
L. L. 2330-MI & D. 1886.

INSTRUCTIONS

On application for a license, the applicant must
submit a certificate of good moral character
from a justice of the peace or a minister of the gospel.
This certificate must be filed with the application.
The applicant must also submit a certificate of
financial responsibility from a justice of the peace
or a minister of the gospel.

XXXXX
XXXXX
XXXXX



XXXXX
XXXXX
XXXXX

RECEIVED
JAN 1930