

Card  
SS.

"B" Coy.

# ATTESTATION PAPER.

109th OVERSEAS BATTALION, C. E. F.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 725013

Folio.

**DUPLICATE**

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Simmonds*
- 1a. What are your Christian names?..... *Alfred Arthur*
- 1b. What is your present address?..... *Lindsay Ont.*
- 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?..... *Clara Simmonds*
- 4. What is the address of your next-of-kin?..... *32 Queen St. Lindsay*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
- 5. What is the date of your birth?..... *19 Sept. 1887*
- 6. What is your Trade or Calling?..... *Printer*
- 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 Arthur Simmonds*, 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 *Dec 11* 191*5*. *Alfred Arthur Simmonds* (Signature of Recruit)  
*Wm Beaupre* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Alfred Arthur Simmonds*, 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 *Dec 11* 191*5*. *Alfred Arthur Simmonds* (Signature of Recruit)  
*Wm Beaupre* (Signature of Witness)

## CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *Lindsay* this *23rd* day of *December* 191*5*.  
*Wm Beaupre* (Signature of Justice)

B

# Description of Alfred Arthur Simmondson Enlistment.

Apparent Age 28 years 2 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. 0 ins.

Chest measurement { Girth when fully expanded ..... 31½ ins.  
Range of expansion ..... 2½ ins.

Complexion ..... Dark

Eyes ..... Hazel

Hair ..... Black

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

Mole on bottom left foot

## 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 duty for the Canadian Over-Seas Expeditionary Force.

Date ..... Dec 11 1915.

Place ..... Lindsay

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

\*Insert here "fit" or "unfit."

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

## CERTIFICATE OF OFFICER COMMANDING UNIT.

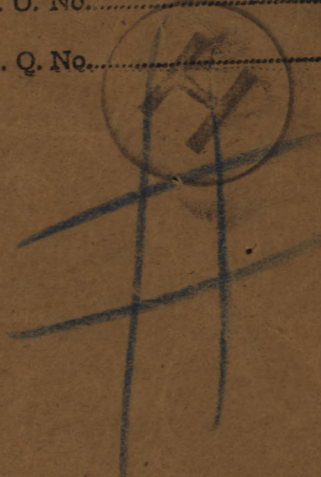
Alfred Arthur Simmondson having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date JAN 11 1916 ..... 1916.  
[Signature] ..... Lt. Col. (Signature of Officer)  
O.C. 109th Overseas Battalion, C. E. F.

DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....



Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Name SIMMONDS ALFRED. ARTHUR.

Regt. No. 725013 Rank Pte.

Corps #3 Bn. C.A.R.

Med. Unit,

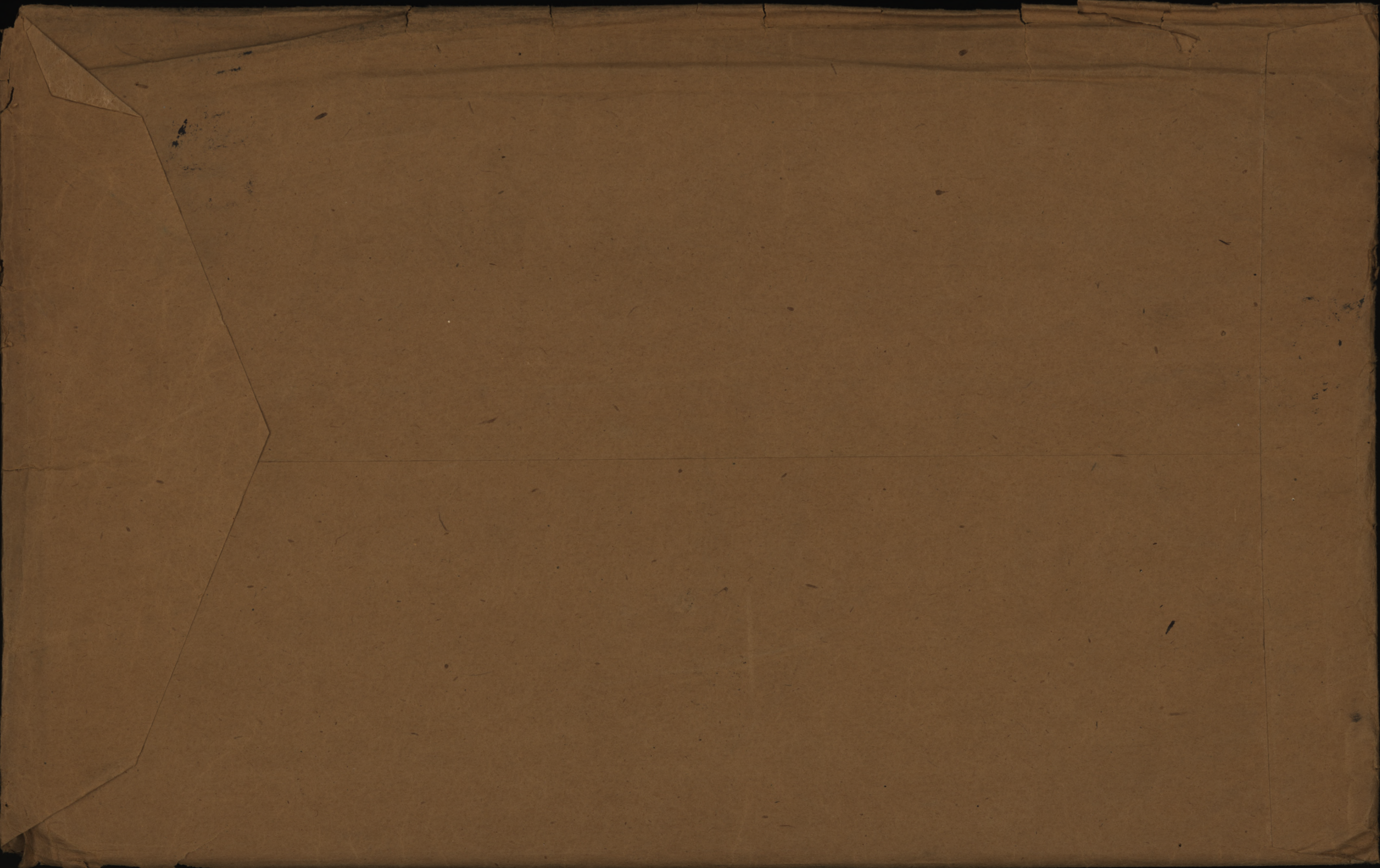
12-12-18

19812



*R.O. 6045-5.  
M.D. W 129-1  
M.D. 13465-21  
A. 275122-1  
M.D. W 122-1*

*1 pay card*



No. 725013. RANK

Pte

NAME Simmonds. A. A.

T. O. S. 13-12-15. UNIT 109th. Battalion

D.O. 20. 12-12-15-

M. D. 3

PAID FROM		PAID TO		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
					PARTICULARS	AUTHORITY
1915	1915.					
dec 13	Dec. 31			✓		
1916. Jan	1916			✓		
Feb.				✓		
Mar.				✓		
April.				✓		
May.				✓		
June.				✓		
July				✓		

UNIT SAILED  
JUL 23 1916



SURNAME.

*Simmonds*

CHRISTIAN NAMES

*Alfred Arthur*

REGL. NO.

*725913*

RANK

*Pte.*

UNIT

*109<sup>th</sup>*

*Batt.*

FORMER CORPS

*nih.*

*308. 12-12-18. 3 mru*

CARD NO.

*20.233 of 13/12/18. 3 clb.*

FOLL.

NEXT OF KIN.

NAMES IN FULL

*Simmonds, Mrs Clara*

RELATIONSHIP TO SOLDIER

*Wife.*

CHANGE OF ADDRESS

ADDR

*Box 1188. Lindsay Ont.*

*Shap. 20/1/17. mru.*

COUNTRY OF BIRTH

*England. London,*

DATE

*Sept. 19<sup>th</sup> 1887*

PLACE OF ATTESTATION

*Lindsay, Ont.*

DATE

*Dec. 23<sup>rd</sup> 1915*

*Sailed from Halifax*

*Per S.S. "Olympic"*

L. L. 90 89.-M. & D. 6312

*23-7-16 <sup>488</sup>/<sub>32</sub>*

*R/b. 20.3-18 <sup>31</sup>/<sub>3</sub>*

M. F. W. 22. 10cm. -1.16. H. Q. 1772-39 839

MARRIED *yes*

SINGLE

WIDOWER

TRADE OR CALLING *Printer*

RELIGION *Church of England*

DESCRIPTION.

APPARENT AGE *28* YEARS *2* MONTHS

HEIGHT *5* FEET INCHES

CHEST MEASUREMENT *31 1/2* INCHES EXPANSION *2 1/2* INCHES

COMPLEXION *Dark* EYES *Hazel* HAIR *Black*

DISTINGUISHING MARKS *Mole on bottom of left foot.*

MEDICAL EXAMINATION. PLACE *Lindsay, Ont* DATE *Dec. 11<sup>th</sup> 1915*



NAME

*1*  
*Simmonds Alfred Arthur*

REGIMENTAL NO.

*725013*

RANK

*P/E!*

ENLISTED AT

*Lindsay, Ont.*PROMOTIONS, &c.  
AND DATE*✓*

DATE

*Dec 23-1915*

IF SERVED PREVIOUSLY, STATE UNIT, &amp;c.

*✓*

MARRIED, WIDOWER, OR SINGLE

*Married*

NEXT OF KIN

*Clara Simmonds*

RELATIONSHIP

*Wife*

ADDRESS OF

*32 Queen St. Lindsay, Ont.*

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

*(above)*

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

## CASUALTIES, &amp;c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
<i>12/12/18</i>			
	DISCHARGED & STRUCK OFF STRENGTH		
<i>(Med. unfit)</i>	<i>Med. board</i>	<i>6/12/18</i>	<i>R.O. 1080</i>

No. 7251/3.

RANK

Plt.

NAME

Simmonds A.A.

T. O. S.

UNIT

No 3 Special Service Co

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Apr 24	1918. no dates May 31 June	" " "	now 3rd Bn C & R	



2013  
A. J. B.

Number

725,013

Rank

P. J. B.

Surname

SIMMONDS

Christian Name

Alfred Arthur

Units

109<sup>th</sup>

Bn. Can. Coy. Theatre of War

England

Date of Service

31/7/16

Remarks

Latest Address

5- Georgina St.  
Lindsay, Ont.

Roll No

a Page 2164

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. OCT 17 1924  
 REGN. NO. 6422

WEST NOV 17 1922  
 REGN. NO. 21555  
 B.W. 22 11 22

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

725013

ORIGINAL

# MEDICAL HISTORY SHEET.

Surname Summonds Christian Name Alfred Arthur

Examined { on 11<sup>th</sup> day of December 1915  
at Lindsay  
Birthplace { City or Town London  
County England

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

Apparent age 28 years  
Trade or occupation Printer  
Height 5 Feet - Inches.  
Weight 95 Lbs.  
Chest measurement { Minimum 29 inches.  
Maximum expansion 31 1/2 inches.  
Physical development Fair  
Small-Pox Marks None

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

Vaccination Marks { Arm Right None Left Four.  
Number Four.

Date	Result	VACCINATIONS.
<u>7.2.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last Feb 7<sup>th</sup> 1916  
(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection  
undersize  
fit for byler

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>11/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>25/16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>2/17</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.

Enlisted on 11<sup>th</sup> day of December 1915 at Lindsay

Joined on enlistment	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
	<u>109<sup>th</sup> Batt</u>	<u>725013</u>		<u>11.12.15</u>
Transferred to.. ..	<u>124th BATTALION, C.E.F.</u>			<u>1</u>
	<u>CCAC-19.12.16</u>			
	<u>G.D.B.-19.1.17</u>			
	<u>Mytchett Barracks-6.2.17</u>			

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u>			<u>Bi 101</u>
<u>E Dec. 1916</u>	<u>6/12/16</u>	<u>under size</u>	<u>Bi 101</u>
<u>APPROVED.</u>	<u>19-2-18</u>	<u>under size &amp; debility</u>	<u>Bi 101</u>
<u>Summingsdale</u>	<u>Apr 20/18</u>	<u>under size</u>	<u>Bi 101</u>
<u>H. Henry</u>	<u>Dec 6/18</u>	<u>"</u>	<u>Bi 101</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.





KINGSTON.

Dec 3, 18.

FROM LT.-COL. J. C. CONNELL

TO Mo. No 3 C.A. Rpt.

Pte A.A. Swinmnds  
725-013.

Headache following Flu.

Eyes are normal.

oa. v =  $\frac{20}{20}$ . 9. 1.

No eye disability

J. C. Connell

At Calpelue



RECEIVED

FROM: [Illegible]

TO: [Illegible]

[Faint, mirrored text bleed-through from the reverse side of the page, including words like 'FROM' and 'TO']

431

Kingston, Ont. 2/12/18

DIRECTOR, W. T. CONNELL, M.D.

# URINE ANALYSIS

FOR DR. *Carl Lloyd*

Patient's Name *Summers*

Amount voided 24 hours *-*

Amount examined *370*

Color *straw*

Odor *h*

Reaction *acid*

Specific Gravity *1020*

Clearness *clear*

Character of sediment (if any) *nil*

## CHEMICAL EXAMINATION

Albumin *h*

Sugar *h*

Acetone *h*

Diacetic Acid *h*

Bile *h*

Indican *h*

Urea *h*

## MICROSCOPICAL EXAMINATION

Epithelium *h*

Pus *h*

Blood *h*

Casts *h*

Chemical sediments *h*

Bacteria *h*

Remarks

*E. D. Jeff* *h. e. a. m.*  
Examiner.



# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

DECEMBER  
A-3-15

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

Regimental No. 725013 Rank Private Name SIMMONDS, A.A.

Corps. No. 3 Battalion, C.G.R. who was\* discharged

On 12th. December 1918, to.....

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st. December 1918, to 12th. December 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No. <u>Victory Bond</u> .....	5		Reg't Pay..... <u>12</u> days at \$ <u>1.00</u> c.	12	
by } No. <u>Canteen</u> .....	3		Field Allow. .... <u>12</u> days at \$ <u>.10</u> c.	1	20
Cheques }.....	72	00	Sep-Oct-Nov. \$ <u>15</u> Dec. \$ <u>12</u>	27	00
Assigned Pay and Sep'n Allice. No.....			Separation Allowances* (Monthly)		
Other charges.....			Other Allowances* <u>Clothing</u>	35	00
Payment on transfer or discharge No.....	58	20	Other Credits*.....		
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....	63	00
<b>Total.....</b>	<b>\$138</b>	<b>20</b>	<b>Total.....</b>	<b>\$138</b>	<b>20</b>

\* Give particulars.

A monthly stoppage of \$ 15 (†) has..... (‡) been paid on account of Assigned  
 { Pay for the month of November 1918. }  
 { and Sep'n Allice. for month of do 1918. } (to) Assignee. Victoria Patriotic Fund.

(Address)..... LINDSAY,

\$5.00 paid on Victory Bond for Dec...... ONT.

(†) Insert amount to be assigned, whether it has been paid or not.

\$40.58 still due (‡) 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..... 23rd. December 1915

(2) if married and if a Separation Allowance Card has been submitted Adjusted to 12/12/18

(3) cause of discharge..... MEDICALLY UNFIT authority R.O. 1080

(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..... 12th. December 1918,

Place..... Kingston, Ont.

*J. J. Bissonnette*  
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.



## DENTAL CERTIFICATE.

725013

Pvt. Simmonds H. P.

The following Certificates will

be attached to the Medical History Sheets of all

C.F.C.

Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
9/3/18	Nil			J. H. Gunn Capt. C.A.D.C.

DENTAL CERTIFICATE

This certificate is to be attached to the application for a passport of all other kinds of passports for the purpose of...

6.7.10

Name of Applicant	Place of Birth	Date of Birth	Profession	Date of Examination
			Tit	1/3/17



# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *3*

M.F.B. 403  
150M-6-18  
1772-39-950.

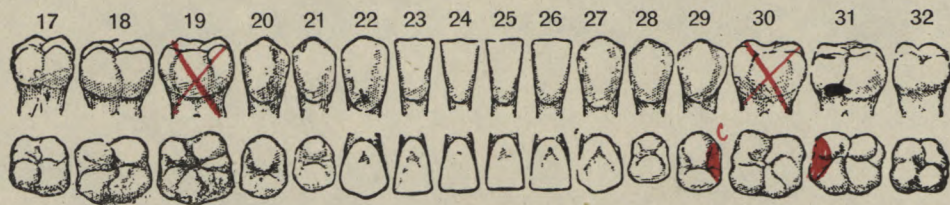
NAME OF SOLDIER *Simmonds A*

REGIMENT *C.G.A.*

RANK

*Otc*

No. *725013*



## 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.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoes	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
<i>Dec 2<sup>nd</sup></i>	<i>1918</i>																		<i>L. S. V. Saunders<sup>3</sup></i>		<i>Incomplete.</i>	
																					<i>3</i>	
																					<i>3</i>	<i>Complete.</i>

TEST QUESTIONS

1. On examination the following are the marks in the marked in  
 On the first of the following marks in the marked in the  
 Only one of the following marks in the marked in the  
 2. Condition of the following marks in the marked in the  
 3. Condition of the following marks in the marked in the

100/100  
 100/100

100/100  
 100/100

TESTS YR0121H JAT123D  
 4503 JAT123H YR0121H JAT123D

*[Faint handwritten text]*

100/100  
 100/100

**Medical Examination upon leaving the Service**  
**of an Officer fit for general service or a Soldier fit for duty.**

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Pte. Name Alfred Arthur Surname Simmonds  
 Unit of Corps No. 3 Coy. Unit. (If a soldier) Regtl. No. 725013  
 Born at Fordon, England on, (date) Sept. 19, 1886  
 Signature (for identification) Alfred Arthur Simmonds

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight	Colour of eyes
<u>100</u> lbs.	<u>hazel</u>
Height	Identification Marks
<u>5</u> ft. <u>        </u> in.	<u>        </u>

2. NUTRITION AND DIATHESIS?

fair

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

nil

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

nil

5. HEART?

nil

Abnormal Sounds? <u>0</u>	Intermittence or Irregularity? <u>no</u>	Muscular Tone? <u>fair</u>
Abnormal Size? <u>0</u>		
Pulse Rate? <u>90</u>		

6. ARTERIES.—(a) Any hardening or nodulation? no

(b) Blood Pressure.

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

just <sup>above</sup> teeth, several out.

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1.025 Reaction? acid Albumen? nil Sugar? nil

9. SKIN, MIDDLE EAR, EYE or any other part?

normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

Man is under sized, weight 95 lbs and is 5 ft high.

11. Opinion as to the health and physical condition of the one examined?

functions apparently normal

Examined at Fort Henry Ont. Signed M. O. [Signature]  
 Date Apr 20/18 Signed M. O. [Signature]  
 Signature note of Soldier Alfred Arthur Simmonds

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

Medical Examination upon leaving the Service

of an Officer in General Service or a Soldier in for duty

The service upon being found unfit for general service by a Medical Board, and Soldiers leaving the service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this form.

Rank \_\_\_\_\_

Serial Number \_\_\_\_\_

Component \_\_\_\_\_

Signature of Reporting Officer \_\_\_\_\_

The examination is to be made in the following order:

1. PHYSIOLOGICAL - and determine, including or including, if applicable:

Weight \_\_\_\_\_

Height \_\_\_\_\_

Temperature \_\_\_\_\_

Pulse \_\_\_\_\_

Respiration \_\_\_\_\_

2. NUTRITION AND DIETETICS

After examination of the body and a report thereon in any of the forms and in the order indicated below: Is an

3. NERVOUS SYSTEM: Is there a history of nervous illness?

\_\_\_\_\_

4. RESPIRATORY SYSTEM: Is there a history of respiratory illness?

\_\_\_\_\_

5. HEART

Abnormal sounds? \_\_\_\_\_

Abnormal rhythm? \_\_\_\_\_

Pulse rate? \_\_\_\_\_

Is there any evidence of hypertension? \_\_\_\_\_

6. DIGESTIVE SYSTEM: Condition of teeth and mouth?

\_\_\_\_\_

7. SKIN: Is there any evidence of skin disease?

\_\_\_\_\_

Is there any evidence of injury to the head or face? \_\_\_\_\_

Is there any evidence of injury to the hands and feet? \_\_\_\_\_

Is there any evidence of injury to the ears, nose, or throat? \_\_\_\_\_

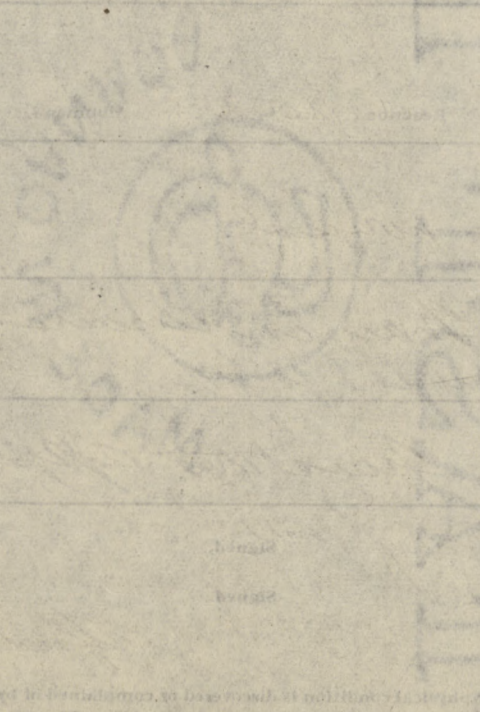
Is there any evidence of injury to the eyes? \_\_\_\_\_

Is there any evidence of injury to the back? \_\_\_\_\_

Is there any evidence of injury to the limbs? \_\_\_\_\_

Is there any evidence of injury to the feet? \_\_\_\_\_

Is there any evidence of injury to the hands? \_\_\_\_\_



6

To be made out in duplicate.

H.Q. 51-21-23-53

**DUPLICATE**

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number ..... 725013 .....

(3) Full Name of Soldier Alfred Arthur Simmonds .....

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

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

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

(b) Present Postal Address Box 855 Lindsay Ontario, Canada .....

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

(8) Have you any children? ..... Two .....

If so, give number of boys and girls ..... one boy one girl .....

Also their names and ages Alfred Arthur Allen age 2 years .....

Clara Agnes May age 4 years .....

(9) Is your Father alive?..... Yes.....

If so, state name and address..... Alfred A. Simmonds, Essex, England.....

(10) Is your Mother alive?..... Yes.....

If so, state name and address..... Emma Simmonds, 85 Clover Road, Forest Gate  
Essex, England.....

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

Are you her sole support, or not?..... Nil.....

(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.

..... Nil.....

(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.

..... Nil.....

(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.....

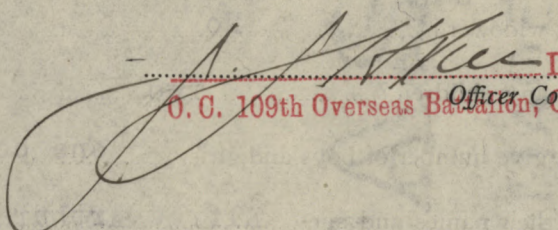
(15) Are you insured?..... No.....

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

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

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

Date..... 9th July 1916.....

  
..... Lt. Col.  
O. C. 109th Overseas Battalion, C. B. I.  
Officer Commanding.

6 Georgina St.  
Lindsay Ont

M.D. 3

# FORM OF WILL.

I, Alfred Arthur Simmonds (Name in full)

Regimental Number 725013 serving in 109th Batt.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Wil.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Clara Simmonds, Wife  
Postal Box 855  
Lindsay, Ont

Name and Address of person or persons to receive personal estate\* (See note).

**IMPORTANT NOTE**

This must be Signed and Dated by THE SOLDIER HIMSELF.

this 19th day of July A. D. 1916

Alfred Arthur Simmonds Signature of Soldier.

\*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness W. W. King

Address of Witness Lindsay

Occupation of Witness Printer

THE TWO WITNESSES MUST SIGN HERE

Signature of Second Witness A. P. Graue

Address of Witness 97 Metcalfe St. Ottawa

Occupation of Witness Civil Service

FORM OF WILL

I, the undersigned, being of sound mind and memory, do hereby declare that this is my last will and testament, and I give, devise and bequeath all that I own unto the following persons, to wit:

Name and Address of Beneficiary

*[Faint handwritten entries in beneficiary list]*

Name and Address of Executor

*[Faint handwritten entries in executor list]*

I hereby declare that I am not married, and I have no legal or equitable claim against the estate of any person deceased, and I have no claim against the estate of any person deceased.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Testimony of the Testator

Signature of Testator

*[Handwritten signature]*  
J. George H.



Rank \_\_\_\_\_ Name SIMMONDS, Alfred Arthur Reg'l No. 725013  
 Unit 109th, Bn. If in perm. Corps, }  
 What Unit? } Married or Single Married.  
 Place and Date of Enlistment Lindsay, 11th, December, 1915. Place of Birth London, England.  
 Name and Address, Next-of-Kin Clara Simmonds.  
32 Queen St, Lindsay, Ontario, Canada. Relationship Wife.  
 Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

N/E. R.B. No.	<u>1827</u>
File R.L.	
Category	<u>Comm. O.R.</u>

Discharge, Date and Place

Reason

Character

H. W. &amp; 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	06109 <sup>th</sup> Bn	SOB on transfer to 124 <sup>th</sup> Bn	Dritley	8-12-16	P II DO 343
9-12-16	06127 <sup>th</sup> Bn	SOB on transfer to 109 <sup>th</sup> Bn			" 265
19-12-16		S.O.S. to C.C.A.C. + attached to 124 <sup>th</sup> Bn		6-12-16	" 276 C.A.C. Do. 26.
13-2-17	C.C.A.C.	Ceas attached to 109 <sup>th</sup> Bn + On Comm. to 124 <sup>th</sup> Bn.		5-2-17	" 45
20-3-17	1CORD	T.O.S. & remains on Command at 109 <sup>th</sup> Bn 12 <sup>th</sup> Reserve	W. Sandling	11-3-17	" 11. App A.
21-7-17		Ceas attached 12 <sup>th</sup> Res. + on Comm. Mychett Multi <sup>2</sup> Camp		10-3-17	" 134
23-10-17	1CORD	Ceas on Com. Mychett		22-10-17	-228
24-10-17	12 Res.	Attached from 1CORD	Pte Sandling	23-10-17	-261 / 229-24-10-17 1CORD
5-11-17	--	Ceas Attached.		5-11-17	271 (242.6.11-17 1CORD

725013 *Simmonds A.A.*

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.				
7-11-17	105RD	Sgt to C. I Corps	Pte. W. Sandhi	6-11-17	PTI 166 07-11-17 243 BDCFC T.O.S.
12-12-17	BD C.F.B.	Awarded One G. C. Badge	Spdale	11-12-17	PTI 196
8.3.18	---	On Com to Buxton	Pte "	8.3.18	" 58.
26.3.18	---	Seems to be on Com to S.O.S. to Canada for Dis by A.G.	" "	12.3.18	" 73

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

M. F. W. 54. (A. F. B. 193.)

# Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

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

Regimental No. 425013 Rank Private Name Simmonds Alfred Arthur

Enlisted (a) 13.12.15 Terms of Service (a) 1 of 1 Service reckons from (a) 13.12.15

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

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				
		Embarked Canada	Halifax	24.7.16.	
		Disembarked England	Liverpool	31.7.16.	
8-12-16	D.C. 1094, Bn.	Transferred to 124th Bn.	Witley	8-12-16	D.O. Pt. II #43. <sup>3</sup> <u>A. W. Aslett</u> Capt. ADJUTANT 100th Overseas Battalion, C. E. F.
17-12-16	124 Bn.	Transferred to C.C.A.C.	Witley	6-12-16	Part II Orders 276 <u>R. W. Jones</u> MAJOR ADJUTANT, 124th BATTALION C.E.F.
19-1-17	124th Bn.	<del>Attached to Garrison Duty Battalion.</del>	<del>Witley Camp</del>	19-1-17	Part II Orders No. 19 <u>A. W. Aslett</u> Lieut., Asst. Adjt. 124th. Bn. 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.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 38, 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. 38, or other official documents.
Date	From whom received				
6.2.17	124th Bn.	Attached to Mytchett Ranges.	Witley Camp	6.2.17	Part II Orders 37 <u>H. S. K. S. H. S.</u> Adjutant, 124th BATTALION C.E.F.
20/3/17	1st C.O.R.D.	T.O.S. 1st C.O.R.D. and att to 12th Res. Bn.	West Sandling	20-3-17	Pt. II D.O. No. 11
21/7/17	-do-	Cases to be att to 12th Res Bn and is att to Mytchett Ranges	-do-	10-3-17	-do- 134
23-10-17	-do-	Cases to be att to Mytchett Mus. Camp.	-do-	22-10-17	-do- 228
24-10-17	-do-	Att to 12th Res. Bn	-do-	23-10-17	-do- 229
6-11-17	-do-	Cases to be att to 12th Res Bn.	-do-	5-11-17	-do- 242
7/14/17	1st C.O.R.D.	S.O.S. on transfer to Can. Inf. Corps.	West Sandling	6-11-17	Pt. II D.O. No. 243 <u>G. H. S. S.</u>
7-11-17	oc. cfc.	T.O.S. BASE DEPOT C.F.C. SUNNINGDALE.		6-11-17	for O. C. 1st C. O. R. D., PT. II. DO. NO. 166 .....LT. & ADJ. C.F.C.
9 MAR 1918		TAKEN ON STRENGTH C.D.D, BUXTON Pt. II ORDER No. 58			
18 MAR 1918		EMBARKED FOR CANADA FROM LIVERPOOL			
25.4.18	Basement	TAKEN ON STRENGTH NO. 3	Commanding Bat. C. G. T. D. O. # 2	26.4.18	Lieut.-Col. Canadian Discharge Depôt.
		On Comm and Insp. Gen. Lt. T. T. T. T. T.			
		<u>G. H. S. S.</u> Lieut. & Adjutant No. 3 Special Service Company, C.E.F.			

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

# Casualty Form—Active Service.

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

Unit, Regiment or Corps No 3. Bn C.F.R.

Regimental No. 725013 Rank \_\_\_\_\_ Name Semmons, Alfred. Arthur  
C. E. F.

Enlisted (a) \_\_\_\_\_ Terms of Service (a) \_\_\_\_\_ Service reckons from (a) \_\_\_\_\_

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
<u>17/12/18</u>	<u>KINGSTON, ONT.</u>	<u>DISCHARGED &amp; STRUCK OFF STRENGTH</u> <u>(res. unful) res. board 6/12/18</u> <u>R.O. 1080.</u>			<u>Capt. &amp; Adjt.</u> <u>No. 3 Bn., Canadian Garrison Regt., C. E. F.</u>

(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.

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				

## SEPARATION ALLOWANCE

Name *Simmonds Clara*Name of Soldier *Simmonds Alfred Arthur*Address ~~32 Lurn St~~Regtl. No. *725013*~~312 Louis St Lindsay~~Rank *Pte*~~Peterboro~~*Cent.*Corps *109th Battalion*Relation to Soldier } ~~492 Sherbrooke St~~

To what Corps belonging }

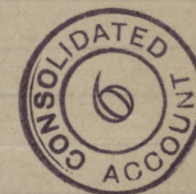
wife, child or mother } *Wife*

when called out }

*Box 1188**Lindsay Ont*

## 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>834361</i>	<i>20</i>	



DR  
1/15  
25

✓

✓

✓



~~492 Sherbrooke St.~~~~Peterboro Ont.~~~~Box 1188.~~

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.

50m.-4-16.

H. Q. 1772-39-819.

4

~~Lindsay Ont.~~ (Skype)

To Whom

Clara Simmonds

By Whom Assigned

Clara Simmonds

Address

~~32 Queen St~~

Regtl. No.

725013

~~312 Louis St~~~~Lindsay Ont.~~

Rank

Pte.

~~Peterboro Ont.~~

Corps

109 Bln Coy

Rate

~~16.00~~

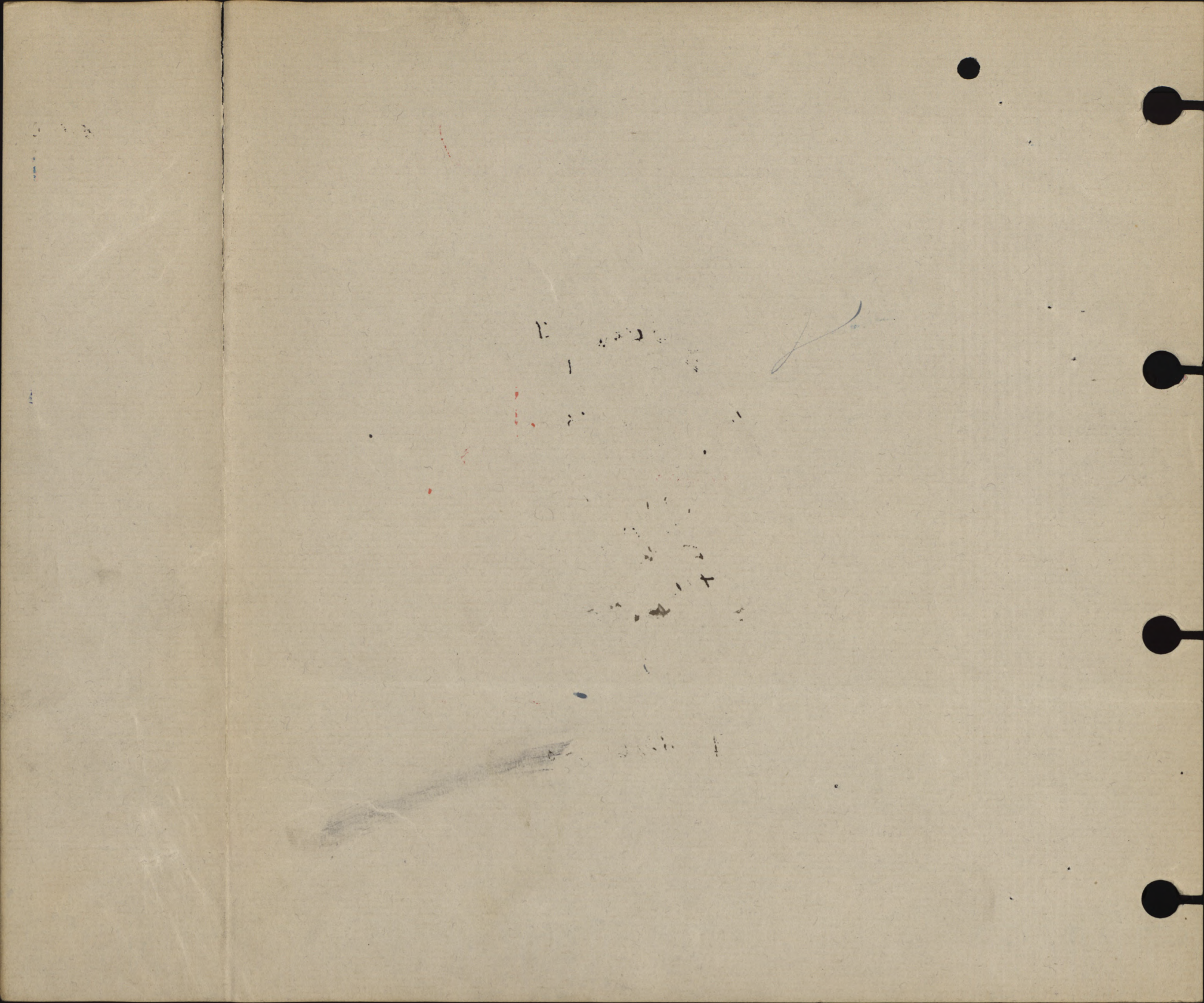
AUG 1 1916

20.00 Oct 1/17

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			① 2M 4/10/12 ex. 5/10/17.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 89002.-Req. 6218

PAYMENTS.

Name of Soldier

*Simmonds Clara**Wife**725613**Simmonds Alfred Arthur*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	N 3342	20	20
May		U 1167	20	20
June		30857	20	20
July		B 8084	20	20
Aug.		X 12342	20	20
Sept.		T 16167	20	20
Oct.		P 20854	20	20
Nov.		Y 23899	20	20
Dec.		1 S.M. 27503	20	20 492 Sherbrooke St, Peterboro Ont.
Jan.	1917	U 29736	20	20
Feb.		N 32848	20	20
March		V 36052	20	20
April		R 2795	20	20
May		W 5693	20	20
June		U 8786	20	20
July		U 11609	20	20
Aug.		S 16026	20	20
Sept.		K 19354	20	20
Oct.		V 21371	20	20
Nov.		STN D 25641	20	20 B.P.O. Box 1188. Sunday Ont
Dec.		0 28118	20	20 440 f
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.				

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. 657.

Name of Soldier

*W. A. Simmonds*

**PAYMENTS.**

*Clara Simmonds (Wife)*

*725013*

*(Pte) 109 Bu*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>1500</i>
				<i>20<sup>00</sup> Oct 1/17.</i>
April	1916			
May				
June				
July				
Aug.		<i>X15340</i>	<i>15</i>	
Sept.		<i>F14559</i>	<i>15</i>	
Oct.		<i>G22981</i>	<i>15</i>	
Nov.		<i>H22536</i>	<i>15</i>	
Dec.		<i>I32422</i>	<i>15</i>	<i>492 Sherbrooke Peterboro Ont 2/2/16</i>
Jan.	1917	<i>U40853</i>	<i>15</i>	
Feb.		<i>V42765</i>	<i>15</i>	
March		<i>H5278</i>	<i>15</i>	<i>15-L</i>
April		<i>F4684</i>	<i>15</i>	<i>15-L</i>
May		<i>G11720</i>	<i>15</i>	
June		<i>G18828</i>	<i>15</i>	<i>S</i>
July		<i>F29797</i> <del><i>F25080</i></del>	<i>15</i>	<i>C.F. 25080 Cancelled 18<sup>2</sup> 17 amount</i>
Aug.		<i>V31777</i>	<i>15</i>	<i>S</i>
Sept.		<i>E39450</i>	<i>15</i>	
Oct.		<del><i>E48959</i></del> <i>M45261</i>	<del><i>15</i></del> <i>20</i>	<i>20<sup>00</sup> Oct &amp; future.</i>
Nov.		<i>A43306</i>	<i>20</i>	<i>Box 1188. Lindsay Ont.</i>
Dec.		<i>X62392</i>	<i>20</i>	<i>270</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

**AUG 1 1916**

*W.A.*

*In 45261*

*off*

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.				









# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 725013 (Rank) Private

Name (in full) SIMMONDS, Alfred Arthur enlisted in  
the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ontario on the twenty-third  
day of December 1915.

HE served in Canada and England

and is now discharged from the service by reason of medically unfit for further  
general service—Auth:— Med. B'd, 6.12.18, R.O. 1080

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

Age 31 years; 5 months

Height 5 feet; 0 inches

Complexion Dark

Eyes Grey

Hair Black

Marks or Scars

5 Vaccination marks left arm

*Alfred Arthur Simmonds*  
Signature of Soldier

*Ed Crawford* Lt.-Col.  
Issuing Officer  
O. C. No. 3 Bn., Can. Garr. Regiment  
Rank

Date of Discharge December 12th, 1918

Signed at Kingston, Ontario this twelfth day of December 1918

in Military District No. three

File Reference No. 3 M.D. 88-S-418

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. 725013 (Rank) Private Name SIMMONDS, Alfred Arthur  
Unit No. 3 Battalion, Canadian Garrison Regiment, C. E. F.  
Address on Discharge 5 Georgina St., Lindsay, Ontario  
Character and Conduct Very good

Former Occupation Printer

Special Qualifications of Value in Civil Life Printer

Medals and Decorations NONE

Remarks NONE

Signed at Kingston, Ontario this twelfth day of December 19 18.

Lt.-Col.  
Name of Officer  
O. C. No. 3 Bn., Can. Garr. Regiment

Rank

Appointment



# 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 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."
3. 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.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. 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.
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 8, 9 and 10 be communicated to the soldier, 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... **Fort Henry.** DATE... **6-12-18.**

1. 1 (a) Unit... **#3 C.G.R.** (b) Regimental No... **725013.** (c) Rank... **Pte.**  
 (d) Surname... **Simmonds.** (e) Christian name... **Alfred Arthur.**

2. Age last birthday... **31 years.** Date of birth... **Sept. 19th, 1887.**

3. Enlisted at... **Lindsay, Ont.** on **Dec. 12th, 1915.**

4. Personal description:—

(a) Height... **5'** (b) Weight... **96** (c) Complexion... **Dark.**  
 (d) Colour of hair... **Dark.** (e) Colour of eyes... **Grey.** (f) Identification marks...  
**Nil.**

5. Address after discharge (for the use of the Board of Pension Commissioners) ...  
**5 Georgina St. Lindsay, Ont.**

6. Former trade or occupation... **Printer.**

7. (a) Service	PERIODS	
	From	To
<b>109th Bn. C.E.F.</b>	<b>Dec. 12th, 1915.</b>	<b>Nov. 1916.</b>
<b>#3 Bn. C.G.R.</b>	<b>Apr. 1918.</b>	<b>Date.</b>

(b) Has he been overseas **England.** 8. Original disease or disability... **1. Undersize and debility.**

(a) Date of origin... **N/A.** (b) Place of origin... **N/A.**

(c) Cause\*... **N/A.**

(d) Present disease or disability... **1. Under-size.**

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[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 - Frontal headaches especially after reading or on looking at Bright lights. Sleeps well. Good appetite. Says he is nervous, Slight cough. Says health is as good now as on enlistment. Only sickness was a mild attack of Influenza. Cannot do any heavy work, but can carry on at his own job as a printer.**

M. F. B. 227.

9. Present condition.—(Continued.)

Weight 95 lbs, 5' tall, chest 30 1/2 inches. Good teeth. No disease. No special care required in answering question 9. Please read the questions carefully. All questions must be answered. If space provided under any section is insufficient use blank space, page 4 or add another sheet. Such entries or statements are obtained from the soldier, witnesses or from documents. State the authority for statements not resulting from their personal observation; it must be made clear whether the questions are answered directly or indirectly. Under no circumstances may statements be made by the Medical Board. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board".

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

Nervous... **yes** Digestive... **yes** Respiratory... **yes** Cardiac... **yes**  
 Genito-Urinary... **yes** Skin, Middle Ear, Eye or any other part... **yes**

DATE  
 (a) Unit  
 (b) Regimental No.  
 (c) Rank  
 (d) Signature  
 (e) Christian name  
 (f) Date of birth

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

(a) Personal description  
 (b) Color of hair  
 (c) Color of eyes  
 (d) Identification marks  
 (e) Height  
 (f) Weight  
 (g) Complexion

(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.

Address after discharge (for the use of the Board of Pension Commissioners)  
 Former trade or occupation  
 (a) Service  
 (b) Present condition

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

**no**  
 (a) Original disease or disability  
 (b) Has been aggravated on service

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

**no**  
 (a) Date of origin  
 (b) Place of origin  
 The regimental documents will be referred to.  
 (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

**Permanent.**

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

**Nil.**

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

Category 03. No disability due to service.

*W. S. ... Capt. ...*  
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, 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

*Arthur ...*  
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).

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).

Category G3. No disability due to service.

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.

*J. Hyatt* Capt. A.M.C. President.

PLACE... Kingston, Ontario.

*C. F. Backer* Capt. A.M.C. } Members.

DATE... December 6th, 1918.

APPROVED BY

*J. McMilloughly* Capt. A.M.C.  
for D/ A. D. Assistant Director of Medical Services.

APPROVED BY

Director-General of Medical Services.

DATE... DEC. 11, 1918.

DATE.....

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 soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE..... President.

DATE..... } Members.

725013

Pte Simmonds A.A.

109<sup>th</sup> Bn. C.E.F.

H. O. 11/25/16  
FORM-1011  
M. A. D. 501

Will removed by Regt. Paymaster  
5 Georgina St  
Hendray  
Ont

*J. J. Williamson* CAPT.  
Paymaster, 109th Overseas Battalion, C.E.F.

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 725013

Name Alfred Arthur Simmonds

Unit 109th Batt C.E.F.

Military Will.

All personal property  
money, etc I leave  
to my wife Clara  
Simmonds, at this  
date residing at  
312 Louis St. Peterboro  
Ont. Canada.

Witnessed by. Char. J. Both,  
Arthur Rhodes

Signature. Alfred Arthur Simmonds

Rank and Regt. Private 109<sup>th</sup> Batt.

Date October 1st 1916

*W. J. Williams*



MEMORANDUM

From

From

To

To

ANSWER

.....19

.....19

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bramshott 6/12/1 1916.

No. 725013<sup>th</sup> ~~109~~ Rank pk Name Simmonds A.A

Local Unit 109 Overseas Unit \_\_\_\_\_ Age 30

Examination held at Witley

DISABILITY.  
Overseas—Local.  
(scratch one out)

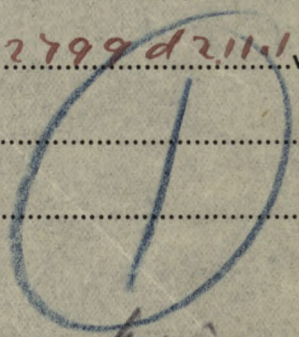
Under size

### PRESENT CONDITION.

Height 5 ft. weight 95 lbs  
Is in the band & has carried on  
all route marches

### BOARD RECOMMENDS:—

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....BI ref. LRO 2799 d 211.17 weeks.
- 4. Fit for Permanent Base Duty.....fit
- 5. Discharge.....



### Signatures:—

Members

C.E. Cooper Col. <sup>Chair</sup> Comd President.

H. Dracharen Capt.

M. Hargreaves Comd

APPROVED

Dated at Bramshott 6/12 1916. A.S. Stewart Maj

For A.D.M.S. L.H.O.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at \_\_\_\_\_ 1918  
No. \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_  
Local Unit \_\_\_\_\_ Overseas Unit \_\_\_\_\_ Age \_\_\_\_\_

Examination held at \_\_\_\_\_

DISABILITY.  
Overseas—Local  
(separate one out)

PRESENT CONDITION

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

Dated at \_\_\_\_\_ 1918

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Summingdale Feb 19<sup>th</sup> 1919.

No. 725013 Rank Pte Name Simmonds A. A.

Local Unit C. Infantry Corp Overseas Unit 409<sup>th</sup> Batt Age 37

Examination held at Summingdale

DISABILITY.  
Overseas-Local  
(scratch one out). Debility

PRESENT CONDITION.

Generally weak and undersized.  
Height 5ft. Weigh 95 pounds. Finds  
it difficult to keep up with the men on a route  
march.

BOARD RECOMMENDS:-

- 1. Fit for Duty Fit
- 2. Fit for duty after 3 1/2 weeks' physical training.
- 3. Fit for Temporary Base Duty 10 weeks
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signatures:-

Members M. Creighton Capt C.M.C. President.  
B. Barker Capt C.M.C.

APPROVED

Dated 26 FEB 1918 191 W. D. [Signature] For A.D.M.S.  
 Major, C.A.M.C.  
 for A.D.M.S., Canadians, London Area.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Frederick Md Feb 19 1919

No. 1250 Rank 1st Lt

Local Unit Frederick Hospital Operator Unit 100 Age 37

Examination held at Frederick Md

DISABILITY  
over one local  
association one out

PRESENT CONDITION

*Learned to walk a few days ago  
very stiff muscles especially  
in the feet to keep up with the  
march*

BOARD RECOMMENDATIONS

- 1. Fit for duty
- 2. Fit for duty after 10 weeks' physical training
- 3. Fit for temporary duty
- 4. Fit for permanent duty
- 5. Discharge

Signature

President Wm. C. ...

*Wm. C. ...*

APPROVED

For A.D.M.S. Wm. C. ...



5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

*Local Casualty.*

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_ Commanding \_\_\_\_\_ Battrn. \_\_\_\_\_ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) \_\_\_\_\_ (Signature of Soldier.)

(Date) \_\_\_\_\_ (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 at 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 towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " "

Total ... .. " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_

Signature \_\_\_\_\_

(Date) \_\_\_\_\_

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

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

---



LIST OF DISCHARGE  
DOCUMENTS.

1. Proceedings on discharge.  
(Army Form B. 268.)
2. Proceedings on transfer to re-serve (if any).  
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name.  
(if any).
6. Re-engagement paper (if any).  
Army Form B. 136).
7. Authority for continuance, or extension, of service (if any).  
Army Form B. 221.)
8. Court of Inquiry on an injury  
(if any)  
(Army Form A 2.)
9. Regimental conduct sheet.  
(Army Form B. 120).
10. Company conduct sheet.  
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.  
(Army Form B. 178).
13. Medical report on invalid (if any).  
(Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section II on second page.
19. Active service casualty form.  
(Army Form B. 103).
20. Employment sheet.  
(Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.  
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).  
(Army Form B. 178).

Instructions as to the preparation, dispatch,  
and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.



This space to be for numbers

DEPT. MILITARY & DEFENCE  
DEC 13 1918  
H.Q. CANADA

# Proceedings on Discharge.

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

No.	725013
Rank	PRIVATE.
Surname	SIMMONDS,
Christian Name	Alfred, Arthur.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	No. 3 Battalion, Canadian Garrison Regiment, C.E.F.
Date of Discharge	DEC 12 1918
Place of Discharge	KINGSTON, ONT.

## 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	31 years 3 months.	Descriptive Marks  3 Vacc. Marks on left arm.
Height	5 feet .. inches.	
Complexion	Dark.	
Eyes	Grey.	
Hair	Dark (Black)	
Trade	Printer.	
Intended place of residence (To be given as fully as practicable.)	5 Georgina Street, L INDSAY, ONT.	

2. The above-named man is discharged in consequence of **Medically Unfit for further general service.**  
 Auth; Medical Board, dated 6-12-18.  
 R. O. 1080.

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.

3. Conduct and character while in the service have been, according to the records, etc.  
*Very good.*

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)  
*Printer.*

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

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

Nil

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

6. Medals and Decorations.....

Nil

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.

*G. Crawford* Lt.-Col.  
O. C. No. 3 Bn., Can. Garr. Regiment  
Commanding

(Date)..... DEC 12 1918

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. *A. J. Summers* (Signature of Soldier.)

(Date)..... DEC 12 1918 *B. Cameron* (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) 2 years 354 days.  
Total 2 years 354 days.

11. Confirmation of Discharge.

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

(Place)..... KINGSTON, ONT.

(Signature) *G. Crawford* Lt.-Col.  
O. C. No. 3 Bn., Can. Garr. Regiment

(Date)..... DEC 12 1918

**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.)

**No Reservations**

*A. B. Simon*

<p>Attestation Paper, Militia Form B. 235</p> <p>Proceedings on Discharge " B. 218</p>	<p>Reg. Conduct Sheet, Militia Form B. 263</p> <p>Conduct Sheet " " B. 263A                  Squadron }                  Battery }                  Company }</p> <p>Copies of Convictions, by C. P. in MS.</p>
<p>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>	<p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report* for Invalid* " B. 227</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877</p> <p>*Only if discharged "Medically unfit"</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.

2070-  
1927

569-19-12-18

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.)

### List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	<p>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>
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

*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.*

Additional Certificates to the effect of a soldier who has been discharged on his own request.

I hereby declare that I am a soldier who has been discharged on his own request.

Statement of Soldier

Confirmation of Discharge

The discharge of the above named soldier is hereby confirmed.

(Place)

(Date)

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

M. OR S. REGT. No. *725013* RANK *Cte* NAME (IN FULL) *Simmonds A. A.*

ORIGINAL UNIT C.E.F. *109th Bn.* IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION *Kingston* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *23/12/15* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ DATE EFFECTIVE

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID *Canadian Patriotic Fund* RELATIONSHIP *Lindsay, Ont* ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *Lindsay, Ont*

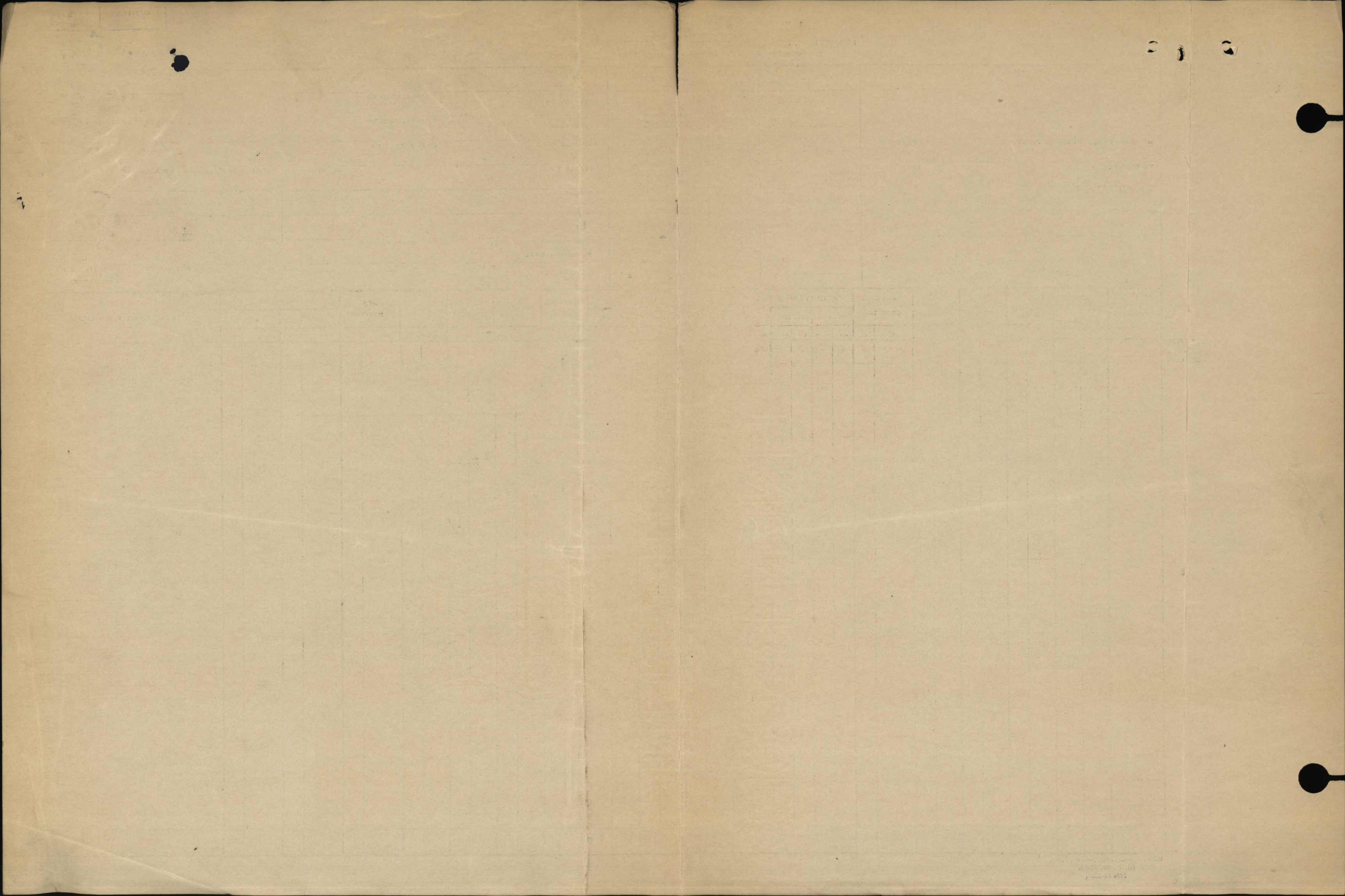
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED *Kingston* PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

*8-300*

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		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1					COL. NO. 2	COL. NO. 3		DEBIT	CREDIT
					\$	C.													
																	<i>157</i>		
																	<i>Victory Bond No. 4058</i>		
																	<i>PNOCay \$23.00 to 20.00</i>		
																	<i>M.F.W. 2595 Reed</i>		
																	<i>War Service Gratuity</i>		
																	<i>Chgo Soldier Sa. Total Soldier Sa.</i>		
	<i>183 days</i>																<i>30 00 70 00 30 00 100 00 350 00 150 00</i>		
																	<i>33 00 77 00 30 00 270 00 240 00 90 00</i>		
																	<i>70 00 30 00 370 00 170 00 60 00</i>		
																	<i>70 00 30 00 470 00 100 00 30 00</i>		
																	<i>4058 59 42 30 600 0</i>		
																	<i>APR 12 1919</i>		
																	<i>3329452 3329453 MAY 9 1919</i>		
																	<i>Victory Bond 4329451 MAY 9 1919</i>		



Date of Enlistment

1-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Jan 1-18  
Aug 1-16  
Oct 1 1917

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00		
	1-12-17		

P.C.3257

RATE OF ASSIGNMENT

75	20	15	
----	----	----	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 72 50 13  
 Rank Pte Promoted Reverted Discharge  
 Soldier's Name A. A. Simmonds  
 Battalion 109 Battrn C. Coy  
 Beneficiary Mrs. Clara Simmonds  
 Relationship County of Victoria Patriotic Fund (in trust)  
 Address Lindsay, Ont.

County of Victoria Patriotic Fund (in trust)  
PARTICULARS OF ASSIGNMENT

Name Mrs. Clara Simmonds (wife)  
 Address 492 Shackleton St Peterboro  
 1 Lindsay Ont.  
 2  
 3  
 4

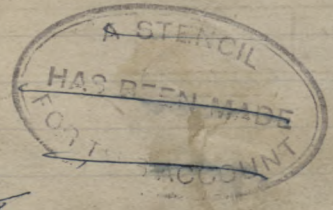
Date	Cheque No.	Amount S/A	Amount A/P	Total
Dec 31		440	270	710
Jan - 18	A 63293	30	20	50
Feb	B 67723	25	20	45
8-3-18 Mar	U 79370	55	30	85
Mar	Z 91905	25	15	40
		520	315	835
				735 <sup>00</sup>

016801-A-20

REMARKS  
 H-63293 Ret'd & cancelled 26-2-18 mail fill 016801-A-10.  
 1 3 Nu 4 17 Ca 6 5 17  
 567722 Ret'd and cancelled 20/2/18 M.D. request on this envelope  
 to adv from 1-1-18 Acct suspended pending investigation  
 → U 79370 mailed 8-3-18 23-12-17  
 Suspend 5<sup>00</sup> A.P. send chgs covering MA and  
 A15<sup>00</sup> A.P. to County of Victoria Patriotic Fund in trust  
 for soldiers child. auth B. 6/3/18. 8/3/18  
 M.R.01B 8/3/18

..... A/c Closed 31/3/18  
 Ret'd per Olympic  
 Date 23/3/18. M.F.W. 187. 26 3/18  
 Clerk J. McEwan  
 016801-A-23. M.D.3.

M.R.02A passed 23<sup>12</sup>  
 M.R.01C 8/3/18  
 M.R.02B 26/3/18



M. F. W. 128  
 400M-6-17-1772-39-1141  
 L. L. 2320-M. & D. 7483.





# WAR SERVICE GRATUITY.

File No. ....

Register No. ....

Dec'n No. .... W. S. G. File No. .... Award ..... days at \$ ..... per day \$ ..... S. A. .... months at \$ ..... per mo. \$ ..... Name ..... Less P. D. P. Credited ..... Address ..... Less further debit balance ..... Net due paid as below .....	Dependent ..... Address ..... Pay Soldier \$ ..... Pay Dependent \$ ..... Days ..... Rate ..... Due ..... Less P.D.P. credited ..... Less further Dr. Bal. or overpayment ..... Net .....
---	--

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR  
 Posting checked by  
 .....  
 Date.....

