

ATTESTATION PAPER

No. 724510

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION (ANSWERS)

ORIGINAL

- 1. What is your name?..... Charles Sturman
- 2. In what Town, Township, or Parish, and in what Country were you born?..... Norfolk England
- 3. What is the name of your next-of-kin?..... Edith Sturman
- 4. What is the address of your next-of-kin?..... 5 John St St Kingston Ont
- 5. What is the date of your birth?..... Nov 5th 1876
- 6. What is your trade or calling?..... Shoemaker
- 7. Are you married?..... yes
- 8. Are you willing to be vaccinated or re-vaccinated?..... yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... 14th Regiment
- 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

C. Sturman (Signature of Man.)
 Fred J. Lynde (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date Nov 18th 1915 Charles Sturman (Signature of Recruit.)
 Fred J. Lynde (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Sturman, 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 Nov 18th 1915 C. Sturman (Signature of Recruit.)
 Thos J. Boon (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 22nd day of December 1915

[Signature] (Signature of Justice.)

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

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

DESCRIPTION OF Charles Sturman ON ENLISTMENT.

Apparent Age 38 years 0 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.

Height 4 ft. 11 1/2 ins.

(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.)

Chest measurement { Girth when fully expanded 34 ins.
 Range of expansion 3 ins.

None.

Complexion dark

Eyes brown

Hair brown

Religious Denominations { Church of England 35
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Other Protestants
 (Denomination to be stated.)
 Roman Catholic
 Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him* fit as Bugler for the Canadian Over-Seas Expeditionary Force.

Date 18th Jan 1915

Place Lindsay

S. J. Hayes
Capt Amc
 Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT

Charles Sturman 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 DEC 29 1915 1915 [Signature] Lt. Col (Signature of Officer.)
C. O. 109th Overseas Battalion, C. E. F.

23-9-18
~~Inclings~~

DISCHARGE DOCUMENTS

R. O. No.....
H. Q. No.....

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 12
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 2
- Proceedings on discharge..... 2
- 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..... 1

Name STURMAN Charles
 Regt. No. 724510 Rank Sgt
 Corps 109th Bn C.E.F.

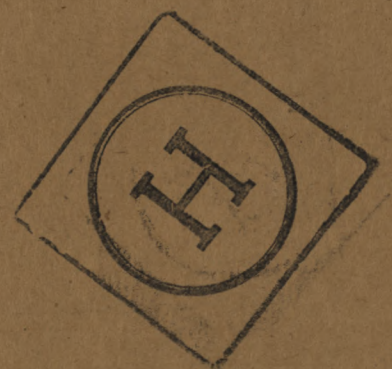


Medically unfit

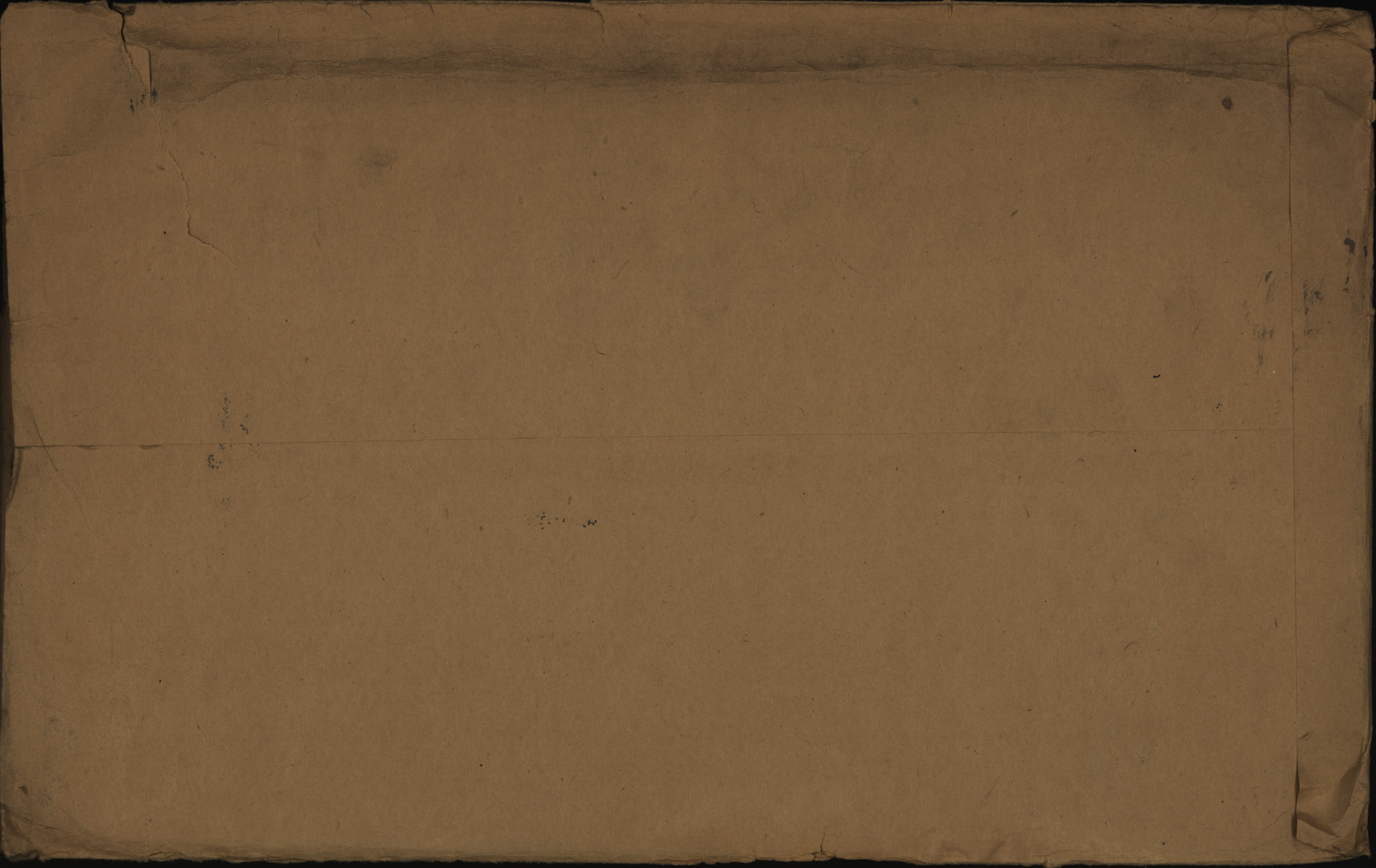
~~Ret 25-7-19~~
~~Ret~~
 70.10.19

Go m D 3
 24/4/20.
 Ref 3-555
 m H
 Ret R.D. 12-5-20

47941



DMS 1348 — 1
 R+06045 — 1
 A.F. Birt — 1
 M.F.W 399 — 1



SURNAME.

Sturman

CARD NO.

CHRISTIAN NAMES

Charles

REGL. NO.

724510

RANK

Sgt.

UNIT

109th

Batt.

FORMER CORPS

14th Regt.S.O.S. Dis 19-10-18.3
S.O. 292 FOLL. 9/19-10-18
(M-4.) #3 A.M. 6.5.

NEXT OF KIN.

NAMES IN FULL

Sturman, Edith

RELATIONSHIP TO SOLDIER

P.N.S.

ADDRESS

~~5 Johnson St. Kingston, Ont~~
10 Corrigan St,
St. Catharines, Ont

CHANGE OF ADDRESS

COUNTRY OF BIRTH

England, Norfolk.

DATE

Nov. 5th 1876

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Dec. 23rd 1915

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Shoemaker

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

38 YEARS

MONTHS

HEIGHT

4 FEET

11 1/2 INCHES

CHEST MEASUREMENT

34 INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Nov. 18th 1915

No 724150 RANK

Pte

NAME

Sturman, C

Trans
from T.O.S. M.H.C.C. 19-4-18

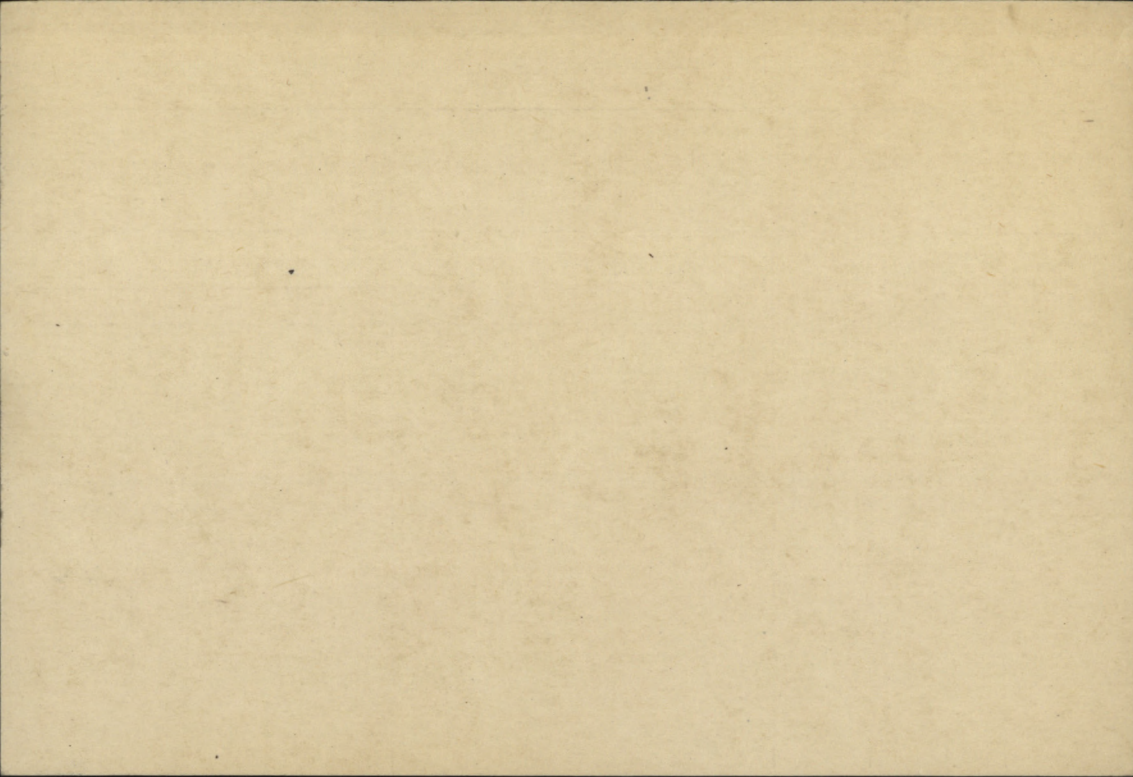
UNIT

No. 3 Army Medical Corps Train Depot

Do. 14424 24-5-18

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 to Feb 14 June	1918 May 31	n n		



No. 72490 RANK Pte

NAME Sturman E.

T. O. S.

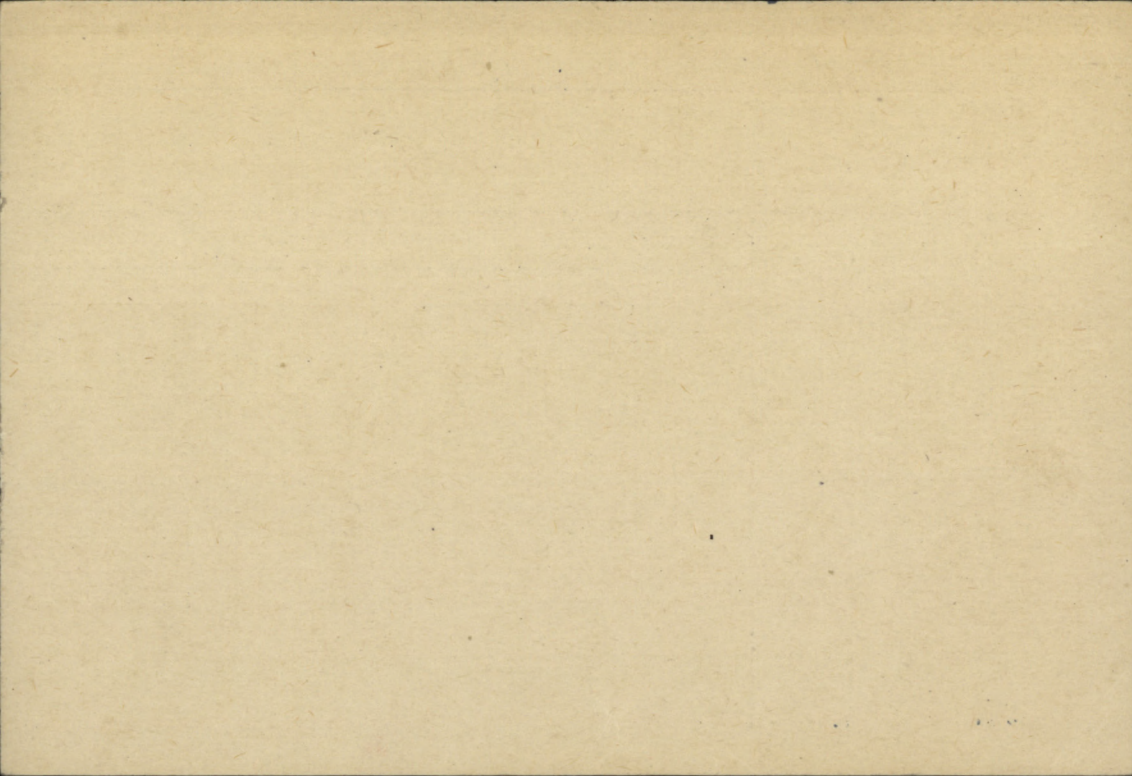
UNIT

Special Service Battalion
+ 3860y

*transferred from Casualties 1-12-17
10309 of 19-12-17*

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Dec. 1 1918	1917 Dec 31 1918 Jan. Feb.	✓ ✓ ✓	transferred to Administrative Staff Co 37 of 28-2-15.	



NAME

Sturman b

REGT'L No.

724510

H. Q. FILE NO. 649.

RANK AND CORPS

Sgt. C. F. C.

FOLLOWS

No.

FOLLOWS

CABLE

NATURE OF CASUALTY

NO.

DATE

Sailed from Liverpool per the
 S.S. Olympia 6-11-17 (md 3 ecc 3)
 Disp of a. G.

LIST No.

HOSPITAL

**DATE OF
ADMISSION**

REMARKS



No. 724510 RANK

Pte

NAME *Sturman C.*

T. O. S.

UNIT

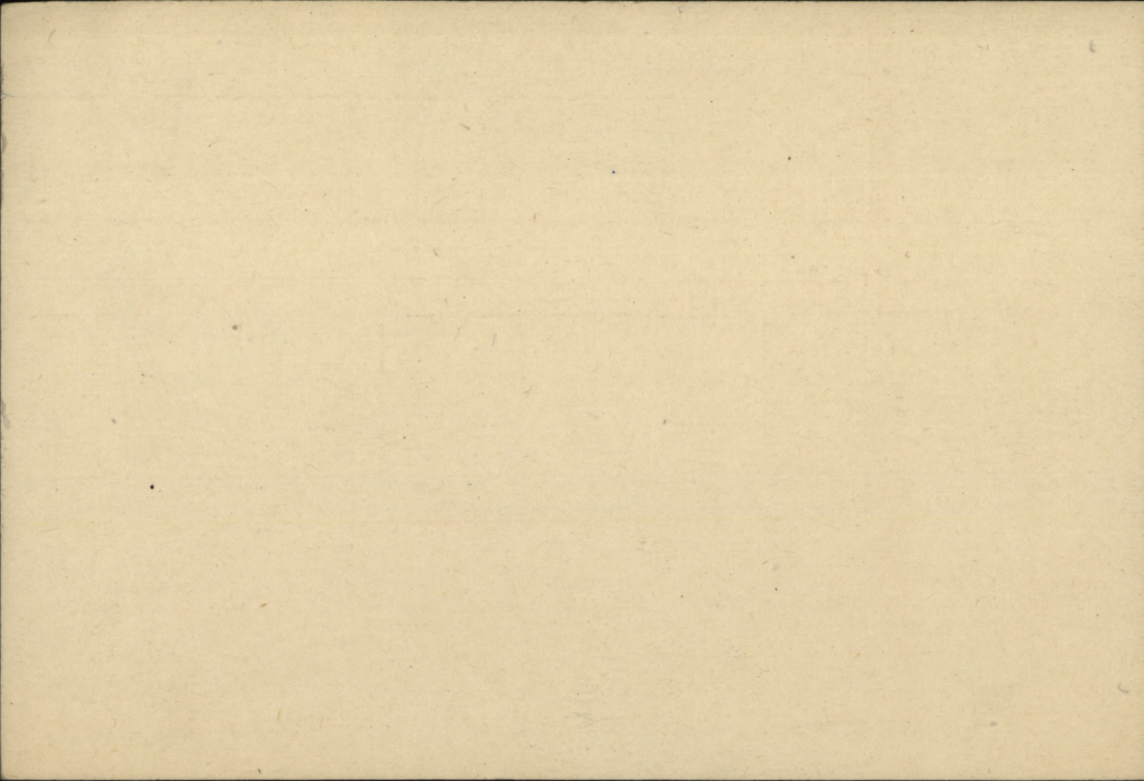
109th. Battalion

*Transferred from 4th. Regt.
18-11-15. D.O. 2. 22-11-15.*

M. D. 3

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1915 Nov 18</i>	<i>1915 Nov 30</i>	<i>✓</i>		
	<i>Dec.</i>	<i>✓</i>		
<i>1916</i>	<i>Jan. 1916</i>	<i>✓</i>		
	<i>Feb.</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



P. 7.

Number *724510*

Rank *a/cpt.*

B

Surname *STURMAN*

Christian Name *Charles*

RJ

Units *109th Bn Can Inf* Theatre of War *France*
England

Date of Service *31-7-16.*

Remarks

Latest Address *10 Corrigan St.*

Commandant
Royal Can Machine Gun Bty *Kingston Ont.*

Roll No.
Ont *Page 10785* *Commandant C. W. S.*

200m. - 2 - 21.M.

C. P. W. G. B.
H. G. Ottawa

Y15424-223-22

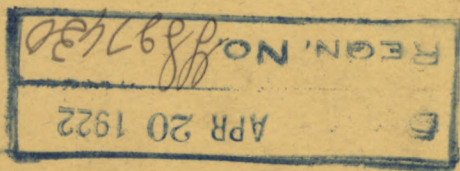
V. M. Petal 28-3-22

~~Sealed from R.C.M.G.B. - Toronto.~~

This V.M. is being re-engraved for
28784 Pte PICKARD, R.P. whose
original V.M. was lost in transit (See
649-P-192) also Roll "B" Page 630.

3/22

W.A.



724510

DENTAL CERTIFICATE.

Hpt Sturman

The following Certificates will

be attached to the Medical History Sheets of all

Other Ranks being returned to Canada for disposal.

cgc

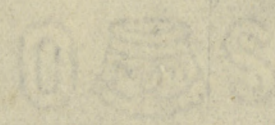
Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
4/11/17	fit.			

E. Wilson
Capt. R.C.M.C.

DENTAL CERTIFICATE

The following Certificate will be attached to the Medical History Sheet of all Other Ranks being returned to Canada for Hospital

Reasons for dentition	Has he ever been dentally treated	In case of loss of decay of teeth, is the loss due to wound injury or disease directly attributed to Active Service	Present Dental Condition	Date of Examination



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 109 W. Battalion C. E. F.

Regimental No. 724510 Rank _____ Name Shurman Charles
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				
1.12.17	<i>Seas</i>	TAKEN ON STRENGTH NO. 3 SPECIAL SERVICE CO.	<i>DC 309</i>	<i>Shurman</i>	Lieut. & Adjutant No. 3 Special Service Company, C.E.F.
28.2.18		<i>Trans to Administrative Staff</i>	<i>W. N. C. Co. Cuth. & W. D. 26-6-1774-14</i>	<i>E. M. Shurman</i>	Lieut. & Adjutant No. 3 Special Service Company, 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, 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				

Fill Only. Unit, Number, Rank and Name.

Casualty Form—Active Service.

M. F. W. 54.
150M. 10-15.
H.Q. 1772-30-920.

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

Regimental No. **24510** Rank **Private** Name **Sturman, Charles**

Enlisted (a) **18.11.15** Terms of Service (a) **D.O.F.** Service reckons from (a) **18.11.15**

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

Extended _____ Re-engaged _____ Qualification (b) **Shoemaker**

Date	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
	From whom received					
		Embarked Canada		Halifax	24.7.16	
		Disembarked England		Liverpool	31.7.16	
		Appointed As Serg ^t Shoemaker		Osney	5.8.16	Part II Order # 216.
8.12.16	OC. 109 th	Transferred to 124 th		Witley	8.12.16	D.O.P. # ³ 14A3 Adjutant CAPTAIN, 109th BATTALION CAN. INFANTRY.
9.12.16	124th. Bn.	Taken on strength of 124th. Bn., C.E.F.		Witley Camp	8.12.16	Part III Orders 265 Adjutant 124th BATTALION C.E.F.
18.1.17	124th Bn.	Transferred to CCAC		Witley	10.1.17	Part II Orders 18 Adjutant, 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.
[P.T.O.]

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			
23.1.17	124 th Bn.	Attached to Garrison Duty Battalion	Witley Camp	18.1.17 Part II Orders #23 ADJUTANT, 124th BATTALION C.E.F.
1-2-17	124th Bn.	Transferred to Canadian Forestry Corps.	Witley Camp.	1-2-17 Part. II. Orders No. 32. Capt Adj. 124th. Can. Pnr. Bn.
13.4.17	D. of T.O.	Taken on strength Can; For; Corps from C.C.A.C.	London	31.1.17 Pt. II Orders No. 87 Lt. & Asst Adj. C.F.C.
26/10/17	6. nos 1 Dist 6.7.6.	S.O.S no. 57 Dist. 6.7.6. on posting to Base Depot for return to Canada.	Hairn.	29/10/17 DO. Pt. II no. 135. Capt P. Kew Dept for C.S. Dist C.F.C.
29.10.17	cc. csc	T.O.S. B.D. csc.	S/dale	26.10.17 D.O. Pt. II no. 158. Lt. Col.
1-11-17		Taken on Strength G.D.D. Buxton, Embarked for Canada from Liverpool.	Buxton, Ont.	1-11-17 O. No. 259 Lt. Col., Commanding Canadian Discharge Depot. Lt. Col., Commanding Canadian Discharge Depot.

6 NOV 1917

LTR

Rank *Act Sgl Shoemaker* Name STURMAN, Charles Reg'l No. 72510 R-122
 Unit 109th, Bn. If in perm. Corps, }
 What Unit? } Married or Single Married.
 Place and Date of Enlistment Lindsay, 18th, November, 1915. Place of Birth Norfolk, England.
 Name and Address, Next-of-Kin Edith Sturman.
5 Johnson St, Kingston, Ontario, Canada.

Relationship

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

ME. R.B. NS. 907
 File R.I.
 Gratuity OK

Discharge, Date and Place Reason Character

H. W. & V., Ld.—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					
5. 8. 16	D.C. 109 th	App'd Prov. Sgl. Shoemaker	Deney	5-8-16	Pt. II SO. 218 & D.O. 285
8. 12. 16	"	S.O.S. on transf. to 124 th Bn	Witley	8-12-16	Pt II SO. 343
9. 12. 16	D.C. 124	S.O.S. on transf. to 109 th	"	"	" 265
18. 1. 17	"	S.O.S. on transf. to C.C.A.C.R. att'd to 124 th Bn.	"	10-1-17	" 18
1-2-17	"	ceases to be att'd to 124 th Bn his att'd to be an. For corps.	"	1-2-17	" 32
4-2-17	C7C	att. to C7C for A.P. etc	London	1-2-17	" 35
5-3-17	CCAC	S.O.S. to C7C	Hatting	1-2-17	" 108 & C.F.C. Pt II 874/134
10.5.17	blsd. C.F.C.	On Strength Co. 6. Edinburgh		1.5.17	" 9.
29-10-17	BDCFC	To S. from 51 list CFC	Splice	26-10-17	" 158 9440135 101-11-17 of 51 list S.O.S.

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.				
		<i>Proc. to COD Buxton Road</i>	<i>also sent to Rank 7-11-17</i>		
31-10-17	BD CFC	<i>Emb for Can. for disposal by A/G Pte Spdale</i>		31-10-17	PAI 0160
31-10-17	"	<i>Reverts to per grade Pte</i>		31-10-17	— 160
20-11-17	"	<i>on Emb. for SOS CFC Canada</i>		6-11-17	— 177 & NRI RL23-6
	<i>Di Defol</i>	<i>Finally Discharged</i>	<i>in D^o 3 Mungston</i>	<i>24/11/17</i>	<i>NR 397 Mungston - Out</i>

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 Battalion

(2) Regimental Number 724510

(3) Full Name of Soldier Sergeant Charles Sturman

(4) Place of Birth Bunwell Norfolk England

(5) Are you married, or not? yes

(6) If married, state,
 (a) Full name of your wife M^{rs} Edith Caroline Sturman

(b) Present Postal Address 5 Johnston Street
Kingston City

(7) Are you a widower?

(8) Have you any children? yes
 If so, give number of boys and girls 1 boy 2 girls
 Also their names and ages John Levi 13 years
William Sidney 10 years Ethel Victoria
8 years Maurice Frank 5 years
Alma Gladys 6 years Wilfred
Russell 3 years

(9) Is your Father alive? *no*

If so, state name and address

(10) Is your Mother alive? *no*

If so, state name and address

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

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

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

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

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

Yes.

(15) Are you insured? *yes*

If so, in what Company? *Prudential*

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

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

Date.....

JUL 18 1916

[Signature]
Officer Commanding. Major
109th Overseas Battalion, C. E. F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724510 (Rank) Sergeant

Name (in full) Sturman (Charles) enlisted in 109th. Battalion, went to England, transferred to 124th. Batt.- Forestry Dept., returned to Canada to No. 3. Special Service Co., and finally transferred to No. 3. A. M. C. Training Depot C. E. F.
CANADIAN EXPEDITIONARY FORCE at Lindsay, Ontario. on the Eighteenth day of November 1915

HE served in Canada and England and is now discharged from the service by reason of "Medical unfitness for further service" Authority S. H. D. 88-9-587 of 11/10/18.

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

Age 43 years 11 months
Height 4 feet 11½ inches
Complexion Medium
Eyes Blue
Hair Dark Brown and Gray

Marks or Scars 3 Scars from burn on left arm.
2 Vaccination marks on left arm.
2 do do " right arm.

Charles Sturman + (his mark)
Signature of Soldier

J. J. Williams
Issuing Officer

Date of Discharge 19th. October 1918

D. C. # 3 A. M. C. Tr. Depot
Rank Capt.
Appointment

Signed at Barriefield Camp, Ont. this Nineteenth day of October 19 18
in Military District No. 3

File Reference No. T. D. 3-159

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. 724510 (Rank) Sergeant Name Sturman (Charles)

Unit No. 3, A.M.C. Training Depot C.E.F.

Address on Discharge 10 Carrigan Street, Kingston, Ontario, Canada.

Character and Conduct Good.

Former Occupation Shoe-maker

Special Qualifications of Value in Civil Life Shoe-maker

Medals and Decorations Nil

Remarks

Signed at Barrie field Camp, Ontario this Nineteenth day of October 1918

J. Williams
Name of Officer

Capt.
Rank

O.C. # 3 A.M.C. Tr. Depot
Appointment

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Oct.

f 4 a/c 27

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

Regimental No. 724510 Rank Sergt. Name Starman, C.

Corps No. 3 A.M.C. Training Depot who was* discharged

On October 19th. 1918. 191....., to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Oct. 1st. 1918 191....., to Oct. 19th. 1918 191....., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No. <u>7062</u>	<u>20</u>		Reg't Pay <u>19</u> days at \$ <u>1.35</u>	<u>25</u>	<u>65</u>
by } No.....			Field Allow. <u>19</u> days at \$ <u>.25</u>	<u>2</u>	<u>85</u>
Cheques } No.....			Separation Allowances* (Monthly).....	<u>16</u>	
Assigned Pay and Sep'n Allice. No. <u>7284</u>	<u>16</u>		Other Allowances*.....		
Other charges.....			Other Credits* <u>Subsistence</u>	<u>15</u>	<u>20</u>
Payment on transfer or discharge No. <u>7283</u>	<u>128</u>	<u>70</u>	<u>Clothing</u>	<u>35</u>	
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....	<u>70</u>	
Total.....	164	70	Total.....	164	70

* Give particulars.

A monthly stoppage of \$ 20.00 (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of Sept. 1918 }
 { and Sep'n Allice. for month of to Oct. 19th. 1918 } (to) Assignee Mrs. C. Starman
 (Address) 10 Corrigan St., Kingston, Ont.

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment November 18th. 1915
 (2) if married and if a Separation Allowance Card has been submitted paid to Oct. 19-18
 (3) cause of discharge Medical unfitness authority 3 M.D. 88-3-587
 (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 October 19th. 1918.
 Place Barrie Field Camp, Ont.

William Capt.
 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.

724510

Ipe.

Sgt. Sturman C. A.C. 25⁰⁰ Can.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	NO. OF DAYS	RATE	NO. OF DAYS	RATE				1	2	3	4	1	2	3	4				CREDIT	DEBIT			
June 30	456							650	462 50									375 03	87 47						
July 31	45							45	46 50									25	107 17						
Aug 10	15							15	46 50									25	128 97						
Aug 21	567 50							567 50	15									25	118 97					Trans to C.F.C. 11/8/17	
Sept 30	33 -							33 -	31 50	29 23/5								325	450 03						
									31 50	300 23/6								25	29 20						
																		25 -	129 27						
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SER. ALLG. ENG.														
1917		129 27							129 27																
Oct. 31 day	Sp. Pay 81 ⁵⁰	46 50		C.A.P.					25																
"	Sp. Pay 72 @ 40	12 -							162 47																
"		58 50		London	14 60				148 17																
"				AR. 40. 18-4-17	14 60				25 148 17																
"				DR. A. 509 C.F.B. 22-4-17	9 73																				
"				" 406 " 25-7-17	9 73																				
"				" N 22 " 18-10-17	19 47																				
"				" " 23 " 25/11	19 47				89 77 ✓																
"					58 40																				
Mar				Sp. Pay 381 124 th 22 th 16	14 60				75 17																
"					14 60																				
June				L.A. Bal. to Canada	75 17																				
"					75 17																				

ARMY FORM REVD 2/1/17 EFFECT 2/1/17
 AUTHORITY 2/1/17
 BAL 75 17 L.P.C. 2/1/17

Checked Stuart

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Sept 26th 1916.

17.

No. 24511 Rank Sgt Name STURMAN, C.

Local Unit 121st Coy 6th Lt Overseas Unit _____ Age 37

Examination held at Kensington Garrison.

DISABILITY.
Overseas—Local.
(scratch one out)

Arterio Sclerosis

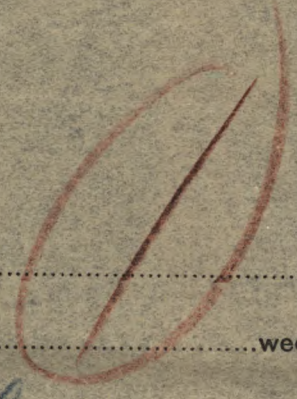
PRESENT CONDITION

General Debility.

Individual poorly developed.
Marked Arterio Sclerosis.
Physique weak.

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 Not fit.....
- 5. Discharge.....



Signatures:—

Not likely to be raised in
category ^{will} for 6 mos. A.M.C.

Members

R. P. Dodson Capt. President.
A. V. Campbell Capt.

APPROVED

15 OCT 1917

Dated at.....1916.

[Signature]

PROCEEDINGS OF A MEDICAL BOARD.

Form No. 100
1918

No.
Rank
Name
Dated at
Local Unit
Overseas Unit
Age
Examination held at

DISABILITY.
Overseas (if not)
(attach card only)

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.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Sept 26th 1916.

No. 724510 Rank Sgt Name STURMAN C

Local Unit 121st Coy 6th Fb Overseas Unit _____ Age 38

Examination held at Kinsteary Barracks

DISABILITY.
Overseas—Local.
(scratch one out)

Arterio Sclerosis
General Debility
PRESENT CONDITION.

Individual poorly developed.
Marked Arterio Sclerosis
Physique weak.

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.....

6 III
Not likely to be raised in
category for 6 mos. ADB.

Signatures:—

Members

R P Bowen Capt President.
A D Campbell Capt

APPROVED

Dated at 15 OCT 1917 1916.

[Signature]

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 1918

No. Name Rank Local Unit Overseas Unit Age Examination field at

DISABILITY
Overseas - Local
(For tick 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

OLYMPIC

November 14th

Army Form B. 268.

1917

Proceedings on Discharge.

This space to be left blank or the Chelsea Number.



(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 724510 Army Rank Sgt. By

Name Sturman G.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps G. P. C.

Battalion, Battery, Company, Depôt, &c. _____
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge _____

Place of discharge _____

1. Description at the time of discharge.

Age <u>47</u> years _____ months	Descriptive marks.
Height <u>48</u> feet <u>11</u> inches	
Chest measurement { girth when fully expanded _____ ins.	
{ range of expansion _____ ins.	
Complexion _____	
Eyes _____	
Hair _____	
Trade <u>Shoemaker.</u>	
Intended place of residence { <u>Kingston 3</u>	
(To be given as fully as practicable) { <u>on l.</u>	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of _____

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer. _____

Army Form B. 2088 has been issued to* _____

DEFENCE
OCT 29 1918
CANADA

EP
RM

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* _____

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 _____ Battn. _____ Regt. _____

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.)

29-11-18
6599

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (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. Med. cal 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 11 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.

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.....**Harrisfield.**.....DATE.....**Oct. 7-18.**.....

1. 1 (a) Unit.....**#AMC.T.D.** (b) Regimental No.....**724510.** (c) Rank.....**Sgt.**
 (d) Surname.....**Sturman.** (e) Christian name.....**Charles.**

2. Age last birthday.....**45 years.** Date of birth.....**Nov. 5th., 1873.**

3. Enlisted at.....**Kingston, Ont.** on.....**Nov. 18th, 1915.**

4. Personal description:—

(a) Height.....**4' 11 1/2"** (b) Weight.....**95 lbs.** (c) Complexion.....**Medium.**
 (d) Colour of hair.....**Grayish.** (stripped) (e) Colour of eyes.....**Gray** (f) Identification marks.....
Burn scars left forearm.

5. Address after discharge (for the use of the Board of Pension Commissioners).....
10 Corrigan St Kingston, Ont.

6. Former trade or occupation.....**Shoemaker**

7. (a) Service

	Years	Days

C.D.D. For Depot.	PERIODS	
	From	To
128th Bn.	Nov. 18/15.	Dec. 8/16.
3rd Amc.	Dec. 8/16.	Jan. 3/17.
	Jan. 3/17.	Nov. 22/17.
	Nov. 22/17.	Nov. 22/17.

(b) Has he been overseas?.....**England and Scotland.** 8. Original disease or disability.....**Undersize and underdeveloped.**

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

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

(d) Present disease or disability.....**Undersize and underdeveloped.**

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 - Man states he is unable to do any heavy work. Says he has been employed as a shoemaker since enlistment and is not able to do any other work.

OBJECTIVE - Man is hardly 5' in height weighs only 95 lbs. Max. chest measurement 31 1/2" Man is poorly nourished and poorly developed and apparently overage. Not suitable for army work.

9. Present condition.—(Continued.)

Instructions which must be read by mind... issued by the B.F.C. and instructions issued by Militia H.Q. Orms, will be carefully followed... and will obtain the signature of the soldier to the "Statement", page 3. The President of the Board of Medical Board... They will distinguish observations made by themselves from hearsay... such statements are obtained from the soldier concerned from witnesses, or from documents... answered.

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

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

(a) Name of condition referred to in "a" section 9.
(b) Regimental No.
(c) Christian name
(d) Date of birth
(e) Date of enlistment

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

Has always been small and poorly developed.

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

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

No.

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

No.
The regimental documents will be referred to.

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

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

Permanent.

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

Nil.

OPINION OF THE MEDICAL BOARD

14. (Continued).

Yes

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 "B" for discharge. No disability due to service.

William C. Hare
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

C. Sturman
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

N. Macherd Major. President.
N. J. ... Capt. Members.

PLACE... Kingston, Ont.

DATE... 7-10-18.

APPROVED BY

APPROVED BY

W. Craig
Assistant Director of Medical Services.
For A. D. M. S. (M. District No. 3.)

Director-General of Medical Services.

DATE... OCT 10 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.

..... President.
PLACE..... }
DATE..... } Members.

Returned to Canada, - Authority - Medical Board, held

at.....*Ministry*.....Dated...*26 Sept*.....1917

Category.....*6 III*.....

1841

1841

EXTRACTS FROM ACTIVE SERVICE PAY-BOOK.

Date of Payment	No. of Acq. Roll	AMOUNT					Place of Payment	Name of Paymaster	Remarks.
		Francs	£	s	\$	¢			
20/12/16	381.		3.		14	60	Witley	F. Thunin	
27/1/17.	210		3.		14	60	Hain	G. B. Brown	
25/7/17	406		2.		9	93	do	do	
22/8/17	509.		2.		7	49	do	do	
25/9/17.	23		11.		19	47	do	A. Lavin.	
18/10/17	22		11.		19	47	do	do	
			58.		87	60			

PAYROLL LIST FOR ACTIVE SERVICE PAY-ROLL

Date of Month and Roll	No. of Roll	M O U T			Place of Payment	Name of Paymaster	Remarks
		M	O	U			
10/10	1010	10	10	10	W.C.		
10/11	1011	10	10	10	W.C.		
10/12	1012	10	10	10	W.C.		
10/13	1013	10	10	10	W.C.		
10/14	1014	10	10	10	W.C.		
10/15	1015	10	10	10	W.C.		
10/16	1016	10	10	10	W.C.		
10/17	1017	10	10	10	W.C.		
10/18	1018	10	10	10	W.C.		
10/19	1019	10	10	10	W.C.		
10/20	1020	10	10	10	W.C.		
10/21	1021	10	10	10	W.C.		
10/22	1022	10	10	10	W.C.		
10/23	1023	10	10	10	W.C.		
10/24	1024	10	10	10	W.C.		
10/25	1025	10	10	10	W.C.		
10/26	1026	10	10	10	W.C.		
10/27	1027	10	10	10	W.C.		
10/28	1028	10	10	10	W.C.		
10/29	1029	10	10	10	W.C.		
10/30	1030	10	10	10	W.C.		
10/31	1031	10	10	10	W.C.		

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

135495

No. 724570 Rank Serjt Name Sherman C 191 7
 Local Unit 124 Overseas Unit _____ Age 46

Examination held in Bramshott area.

DISABILITY. Under eye

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

Height 4 ft. 11. in weight 95 lbs
Has been regimentally employed
as a shoemaker, capable to carry
the pack or do route marches.

Board recommends :

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

Signatures :

Members { C. C. Spalding ^{Pres.}
H. Ingham ^{Capt}

Approved.

Bramshott 10-1- 1917 R. Stewart Maj
 for A.D.M.S. and G.O.C.,
 Canadian Troops, Bramshott.

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

191

No.	Rank	Name
Local Unit	Overseas Unit	Age

Examination held in Bramshott area.

DISABILITY

Overseas—Local
(scratch one out)

PRESENT CONDITION

Board recommend

1. Fit for Duty

2. Fit for duty after weeks physical training

3. Fit for Base duty weeks

4. Fit for Permanent Base Duty

5. Discharge

Signature:

Price

Members

Approved

Chairman

THE UNIVERSITY OF CHICAGO
LIBRARY

UNIVERSITY OF CHICAGO
LIBRARY

DEMUTH HISTORICAL SOCIETY

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 89002.-Req. 624.

Sturman Edith

Wife
PAYMENTS.

Name of Soldier

Sturman Charles

Sergt. 494510

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	G 3624	25	25
May		H 6565	25	25
June		Y 6176	25	25
July		1911463	25	25
Aug.		a 14713	20	25
Sept.		C 17769	25	25
Oct.		B 20740	25	25
Nov.		M 24580	25	25
Dec.		K 23585	25	25
Jan.	1917	I 30120	25	25
Feb.		9 33249	25	25
March		3 35869	25	25
		2 36588	25	25
April		7 3194	25	25
May		J 5758	25	25
June		J 8946	25	25
July		<i>2374P</i> 9 12542	25	m
Aug.		U 15317	25	m
Sept.		Z 18839	25	m
Oct.		L 21960	25	m
Nov.		A 16680	25	m
Dec.		J 28192	25	m
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

33249 Cancelled Receipt

10 Corrigan St Kingston

426

550D

..... \$250.00 A/c Closed 31-12-17
 Ret'd per *Olympic*
 Date 6/11/17 5-12-17
 Clerk *K. Smith*

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.				

SEPARATION ALLOWANCE

Name

Sturman Edith

Name of Soldier

Sturman Charles

Address

~~*# 5 Johnston St*~~
10 Corrigan St Longston Ont.

Regtl. No.

724510.

Rank

Sergt.

Corps

109th O. S. Batta.

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>E34411</i>	<i>25</i>	<i>25</i>



12 11-2 8

12 11-2 8

12

10-8

12

12

ASSIGNED PAY

Sheet No. Mrs Edith Sturman
(Assignee)

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier Sturman C.
Sgt 109 Batta

I. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks
				\$25.00 Aug 1 st 1916.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		U 21447	75. =	Spec Reg 25-10-16, to adjust Quota 25 ^{10/16} no future
Nov.		D 28581	25	
Dec.		R 33164	25	
Jan.	1917	T 41814	25	
Feb.		T 47760	25	
March		Q 53143	25	25 (S)
April		L 5020	25 -	
May		C 11280	25	
June		B 20083	25	Lu 20083 came gh
July		B 20664 I 25361	25	B. 10 Corrigan St, Kingston Ont 267/17 #43
Aug.		X 31856	25	
Sept.		J 40470	25	
Oct.		J 46175	25	
Nov.		S 53860	25	
Dec.		60384 60388	25	X 60388 came 60389 came
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

July
A/c Closed A.P. 30-11-17
Ret'd per Olympic
Date 6-11-17 F. X. 5-12-17
Clerk J. Chartier A.P.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To *Mrs Edith Sturman* By Whom Assigned *Sturman C.*
 Address ~~*5. Johnston St*~~ Regtl. No. *724510*
10 Corrigan St *Kingston Ont* Rank *Sgt*
 Rate *\$25.00* *August 1st/16* Corps *109 Batta*
26 7/8
2 M 8 9/16 *a.g.o. 25-10/16*
 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				



100-100
100-100
100-100

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

Separation and Assigned Pay Branch

Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

25.			
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RATE OF ASSIGNMENT

25			
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4210840
T

PARTICULARS OF SEPARATION ALLOWANCE

No. 724510
 Rank Sgt Promoted Reverted Discharge
 Soldier's Name L. Sturman
 Battalion 109th Battn
 Beneficiary Edith Sturman
 Relationship Wife
 Address

PARTICULARS OF ASSIGNMENT

Name Edith Sturman
 Address 10 Corrigan St. Kingston
 Change of Address Ont
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917 Dec 31	✓	550-	400 -	950 .	<p>ap ac closed 30-11-17 FX 5-12-17 SA acct closed. Retd per Olympic 6th FX-5-12-17 SA closed 31-12-17</p> <p>Transferred from Opns 15 3 & served Co 21st ser 3D 26-6-104-4 746 17612-1 201 29-178</p>

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

553-946

Name **Sturman, Charles**
Surname Christian Name

Regimental Number **724510** Rank **Sgt.**

Address (in full)

Unit **3rd A.M.C. Training Depot.**

Original Unit

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

Date of Discharge

P. D. P. Filing Number **14-186-3.**

Rates:—Regimental pay \$ per diem: Field Allowance \$ per diem. Separation Allowance \$ per month.

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
226.50	3661	20-11-18	75.00								

M. F. W. 127.
25M.-8-18.
1772-36-1140.

Remarks: **Other Payments carried forward on New Paylist.**
Other payments made by Major Turner M.D. 3

File No. 17612-6-1
18-7-19

WAR SERVICE GRATUITY.

Register No. S. 559

Reg. No. 724510 Sgt. 109th Ba Dependent Mrs. Edith Sturman, "Wife"

Name Sgt Charles Sturman Address Same

Address No. 10, Carrigan St
Kingston, Ok

Dec'n No. W. S. G. File No.

S. A. months at \$ per day \$

per mo. \$

Less P. D. Credited

Less further debit balance

Net due paid as below

TO SOLDIER AND DEPENDENT

Pay Soldier \$ 193 50 Pay Dependent \$ 80 00

J. S. Retallock
H. C. Haydon
G. W. Mitchell

Days 153 Rate 100 00 Due 500 00

Less P.D.P. credited 226 50

Less further Dr. Bal. r r

or overpayment

Net 273 50

JP
W102
8/11/19

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
<u>8/8/19</u>	<u>7406</u>	<u>508272</u>	<u>193 50</u>		<u>8/8/19</u>	<u>7407</u>	<u>508273</u>	<u>80 00</u>
<u>2</u>			<u>r r</u>		<u>2</u>			<u>r r</u>
<u>3</u>			<u>r r</u>		<u>3</u>			<u>r r</u>
<u>4</u>					<u>4</u>			
<u>5</u>					<u>5</u>			
<u>6</u>					<u>6</u>			

GEN'L AUDITOR
Posting checked by
.....
Date 8/11/19

