

MAR 20 1916

ATTESTATION PAPER.

No. 72119

ORIGINAL Folio. CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Thurston
1a. What are your Christian names? Alfred Martin
1b. What is your present address? Dunsford Ontario
2. In what Town, Township or Parish, and in what Country were you born? Dunsford Ontario
3. What is the name of your next-of-kin? Thomas W. Thurston
4. What is the address of your next-of-kin? Dunsford Ontario
4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? 29 July 1894
6. What is your Trade or Calling? Student
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
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 Martin Thurston 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 MAR 20 1916 191. Alfred Martin Thurston (Signature of Recruit) W. Hancock (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alfred Martin Thurston, 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 MAR 20 1916 191. Alfred Martin Thurston (Signature of Recruit) W. Hancock (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 Lussay this MAR 20 1916 day of 191.

(Signature of Justice)

Description of Alfred Martin Thurston on Enlistment.

Apparent Age.....18.....years.....8.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

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

Chest measurement { Girth when fully expanded.....36 1/2 ins.
 Range of expansion.....3 1/2 ins.

*Scar over left breast.
 Scars on inside of calf of right leg.*

Complexion.....Fair

Eyes.....Blue

Hair.....Dark Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....20th March.....1916

McCullough
 Medical Officer,
 109th Overseas Battalion, C. E. F.

Place.....London

*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 M. Thurston.....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.

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

Date.....20th March.....1916

8m 3-2-19.



DISCHARGE DOCUMENTS

R. O. No.....

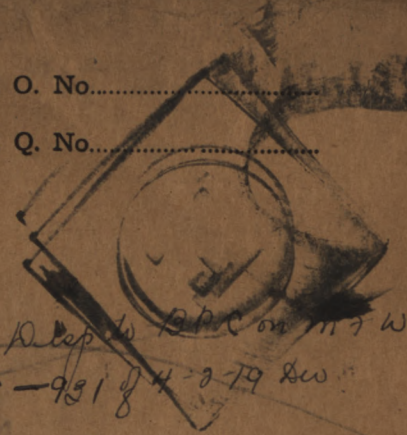
H. Q. No.....

Name **THURSTON ALFRED MARTIN**

Regt. No. **724119** Rank **Plt.**

Corps **No 3. D. D.**

"Demobilization"



*Received on 12/2/19
8505. By BPC - 931 J. H. - 2-79 SW*

Dec. 12/2/19
AW

Ret-14-2-20

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 2
- 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..... 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Disch* Discharge Certificate..... 1
- Medical Report for Invalids..... 2
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate..... 1
- Inventory of Kit.....
- Last Pay Certificate..... 1

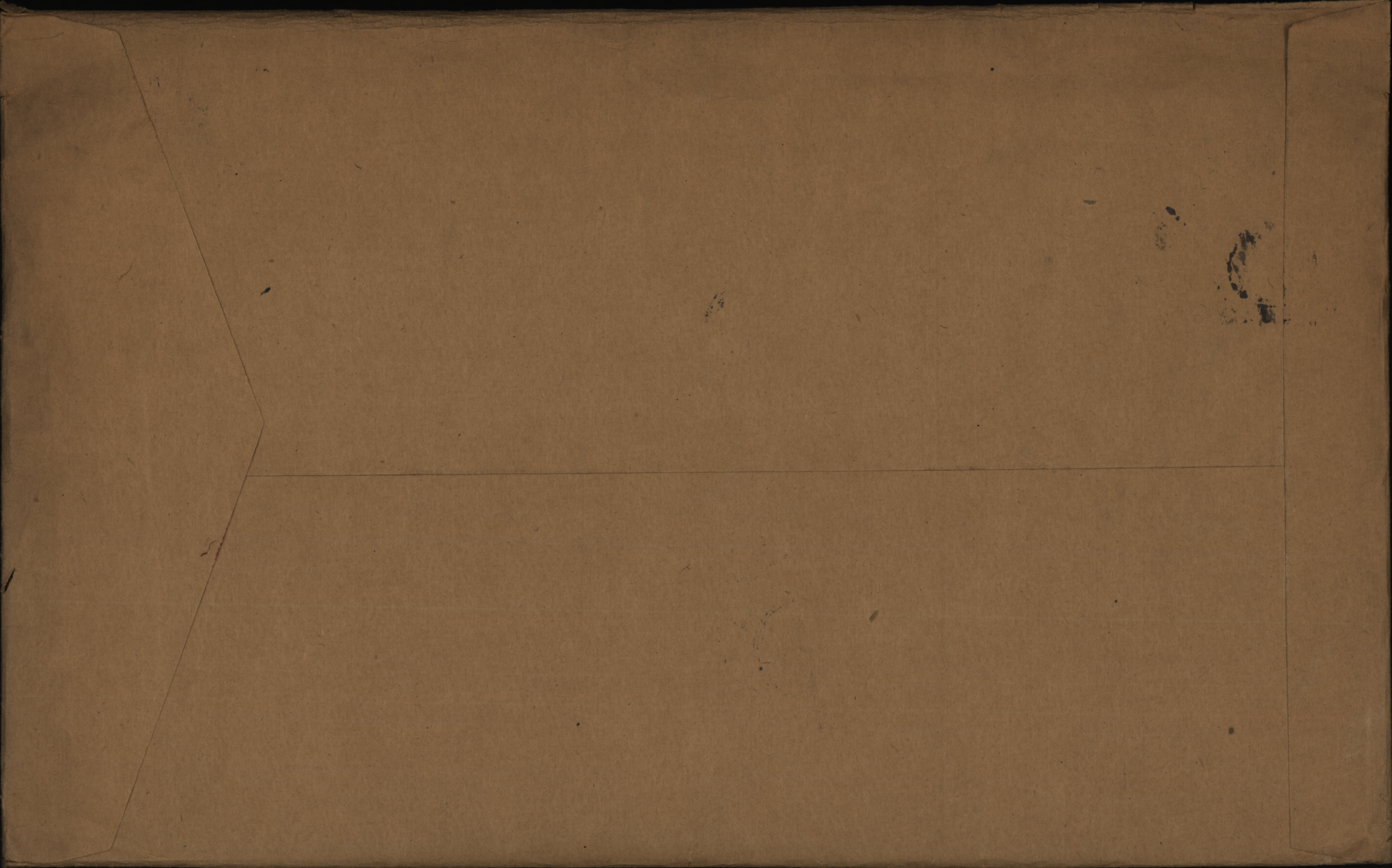
Q. F. W. 3997 _____ 1
Q. F. B. 122 _____ 1
M. F. W. 192 _____ 1

miss pay Card

MFW 67
122



12037



SURNAME.

Thurston

3. CARD NO.

CHRISTIAN NAMES

Alfred. Martin

S.O.S 16/1/19. Demit.

REGL. No.

724119

RANK

pte.

FOLL 17/1/19.

UNIT

109th.

399.

Bn

FORMER CORPS

nil

NEXT OF KIN.

NAMES IN FULL

Thurston, Thomas, W.

CHANGE OF ADDRESS

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Dunsford, Ont.

COUNTRY OF BIRTH

Canada, Dunsford, Ont.

DATE

July 29th 1897

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

May 20th 1916

Sailed from Halifax

per S.S. Olympic

23/7/16. $\frac{488}{34}$

R/C. 14/12/18. $\frac{232}{190}$

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

student

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

18

YEARS

8

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

36½

INCHES

EXPANSION

3½

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

D Brown

DISTINGUISHING MARKS

Scar over left breast.

scar on inside of calf. right leg.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont

DATE

Mar 20th 1916

Present Address

Dunsford, Ont.

all over
Sims

Number 724119 Rank PL-

Surname THURSTON

Christian Name Alfred Martin

Units 109th Bn. Canadian Theatre of War England

Date of Service 31-7-16

P Remarks

Latest Address Lindsay
Al

Roll No. A page 2504

Wilson. net 28726

~~DESP. APR 28 1926~~

~~REGN. No. *22463*~~

No. 220119. RANK *Plw*

NAME *Shurston. A. M.*

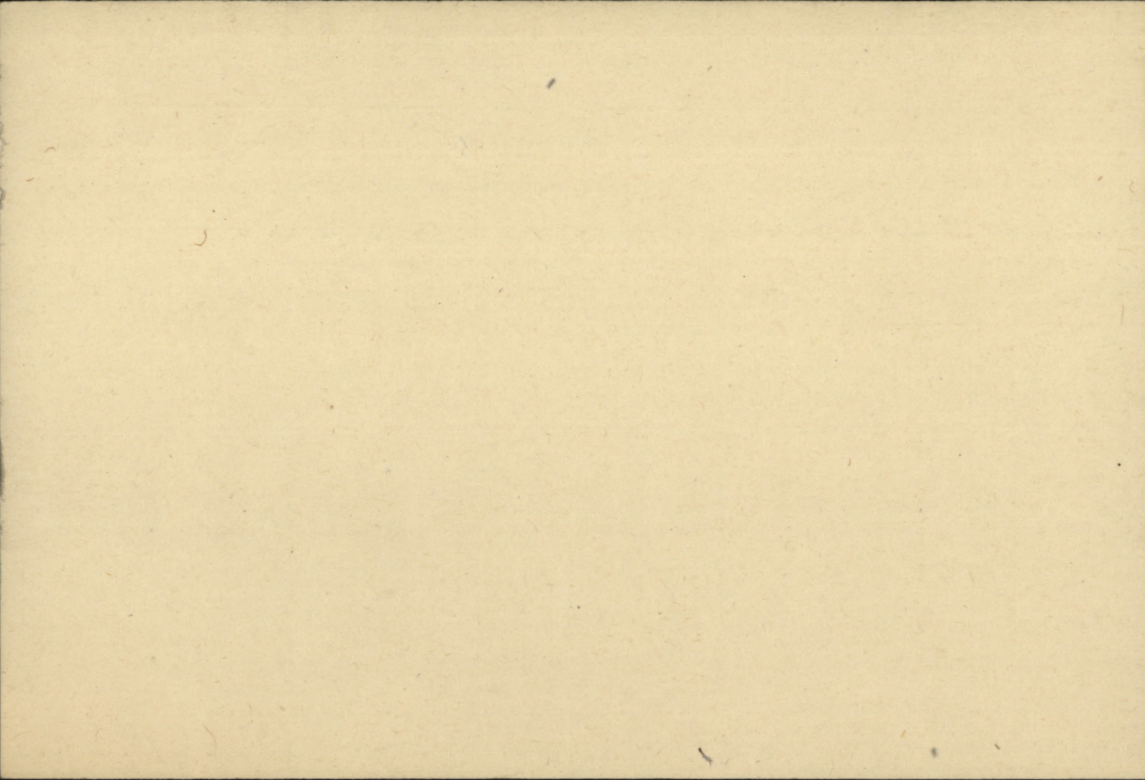
T. O. S. *20-3-16*
20.109.27-3-16

UNIT *109th Battalion*

M. D. *13*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i> <i>Mar 20</i>	<i>1916.</i> <i>Mar 31</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



*Name Shureton Alfred Martin Rank Pte Regtl. No. 724119

Original unit 109 B Present unit M. or S. Age 21 Religion Meth Fyle Depot 3. D. 224 Ref. H.Q.

Port, ship, and date of arrival Halifax Olympic 14-12-18

Next of kin Father Thomas W. Shureton Daneford Ontario

Address on leave Lindsay Ontario

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Student Date and place of enlistment 20-3-16 Lindsay

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
20-12-18	T.O.S. Casualty Company No. 3 District Depot for Disposal, Part Two D.O. 246 leave & sub. 17-12-18 to 3-1-19	

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

Date.

Remarks.

Pt. 2 Or No.

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

/GM

ORIGINAL

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-39-908.

LAST PAY CERTIFICATE

Regimental No. 724119 Rank Pte. Name Thurston, A.M. (Surname first)
Unit 109th Battalion who was* Discharged
On January 16th 1919, to Category "C1"
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Dec. 1st/18 to Jan. 16th 1919 the inclusive date of transfer or discharge.

Table with columns Dr. and Cr. listing various allowances and payments such as Regimental Pay, Field Allowance, Separation Allowance, etc., totaling 118.73.

*Give particulars.

A monthly stoppage of \$15.00 (†) has... (‡) been paid on account of Assigned Pay for the month of Dec. 1918 and Separation Allee. for month of 191... (to) Assignee T.W. Thurson, Dunsford, Ont.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

- State (1) date of enlistment ... married or single.
(2) Separation Allowance, entitled or not pd. to date of disch. Reason for discharge.
(4) Authority for discharge or transfer 3DD.3-T-224

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date January 15th, 1919...

Place Kingston, Ont.

Signature of Captain, OFFICER IN CHARGE DEMOBILIZATION PAY DIV. MILITARY DISTRICT No. 3 Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate.
(C) For purpose of discharge it is to be made out in duplicate.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

cheque #1062 attached

KINGSTON.

Jan 10. 19.

FROM LT.-COL. J. C. CONNELL

TO no. no 3 ced.

Plc. Hon. Thurstin
724119

Eyes normal in all respects

No cause found for headache

No disability

J. C. Connell
M. Colquhoun

4

11-17-50

FROM: COL. J. C. ...

TO:

HEADQUARTERS

END

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... *119th Overseas Battalion C.P.F.*

(2) Regimental Number... *724119*

(3) Full Name of Soldier... *Alfred Martin Thurston*

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

(5) Are you married, or not? ... *No.*

(6) If married, state,
 (a) Full name of your wife... *dit.*
 (b) Present Postal Address... *dit.*

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

(8) Have you any children? ... *No.*
 If so, give number of boys and girls... *dit.*
 Also their names and ages... *dit.*

(9) Is your Father alive? *Yes*
If so, state name and address *T. G. Thurston, Dunsmuir, Calif*

(10) Is your Mother alive? *No*
If so, state name and address *ditto*

(11) If your Mother is a widow *ditto*
Are you her sole support, or not? *ditto*

(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.
ditto

(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.
ditto

(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.
ditto

(15) Are you insured? *No*
If so, in what Company? *ditto*
Have you made arrangements for payment of your Insurance premium? *ditto*
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *20th July 1916*

R. H. Anderson
109 in *Army* *Officer Commanding* *Major*
C. E. F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724119 (Rank) Private

Name (in full) THURSTON, Alfred Martin. enlisted in

the 109th Overseas Battalion.

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 20th

day of March. 1916.

HE served in Canada and England.

and is now discharged from the service by reason of In accordance with R.O. 1343

"Demobilisation" Authority 3DD-3-T-224 D/ 13-1-19

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

Age 21 yrs. 6 months. Marks or Scars

Height 5 ft. 6 ins. Scar on inside of calf of right

Complexion Fair leg. Scar over left breast.

Eyes Blue

Hair Dk. Brown

Alfred Martin Thurston
Signature of Soldier

R. R. R. R.
Issuing Officer Lieut.
O. C. Discharge Section
No. 3 District Depot
Rank

Date of Discharge 16-1-19

Appointment

Signed at Kingston, Ont. this 16th day of January 1919

in Military District No. 3

File Reference No. 3DD-3-T-224

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

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

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

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

M. F. W. 54.
160M. *10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 24119 Rank Pte Name Shveston Alfred Martin

Enlisted (a) 20.3.16 Terms of Service (a) D of W Service reckons from (a) 20.3.16

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

Extended _____ Re-engaged _____ Qualification (b) Student

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.	
F12-16	O.C. 109 B'n.	Transferred to 124th Bn.	Whitley	8-12-16	D.O. P. II # ³ 843. <u>W. Eastmure</u> Capt. ADJUTANT 100th Overseas Battalion, C. E. F.
9-12-16	124th. Bn.	Taken on strength of 124th. Bn., C.E.F.	Whitley Camp	8-12-16	Part III Orders 265 <u>W. Eastmure</u> Major ADJUTANT, 124th BATTALION C.E.F.
20-1-17	124th. Bn.	Transferred to Garrison Duty Bn. Whitley	Whitley	20-1-17	Pt. II D.O. No. 20. <u>W. Eastmure</u> Lieut. Adj. Adit.

(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.

5307

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				
2/6/17	124 th Bn.	Transferred to 12 th Reserve Bn	Witley	2/6/17	Part II D.O. 102. 2/6/17. H. J. Airth Capt. O.C. Base Details, 124 th Bn Part II.....139.
2.6.17	O.C. 12th Bn, En. C.E.F.	Transferred to 12 th Res Batta.	EAST SANDLING	2.6.17.	
12.6.17	124 th Bn	S.O.S. to 1 st C.O. R.D.	do	12.6.17.	Pt II 148. Chris Shioy Lieut /c Recd, 12 th Res Bn.
22.6.17	1st C.O.R.D.	T.O.S. 1st C.O.R.D. Bramshott	West Sandling	12.6.17	Pt. II D.O. No. 105
6-8-17	1st C.O.R.D.	S.O.S. on transfer to W.O.R. Depot <i>y att. to long-moor ranges</i>	West Sandling	30-7-17	Pt. II D.O. No. 150 W. H. ... Lieut & Assist. Adj. Gen. O.C. 1st C.O.R.D.
16.8.17,	W.O.R.D.,	T.O.S. trans. from 1 st C.O.R.D., shown on com. long moor Ranges,	Bramshott,	30.7.17,	D.O. #138,
22.10.17,	do,	Ceases to be shown on com. long moor Ranges, shown on com. to the Mytchett Ranges,	do,	20.10.17,	D.O. #195,
22-11-18	C.M.C.	S.O.S. CANADIAN MUSKETRY CAMP MYTCHETT.			Part II orders no 14 d/22-11-18 J. G. ...

CANADIAN MUSKETRY CAMP MYTCHETT.

Casualty Form—Active Service.

Regiment or Corps 109th In
 Rank Pte Surname THURSTON Christian Name Armed Martin
 Religion _____ Age on Enlistment _____ years _____ months.
 Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

Signature of Officer. _____

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked ...		
			Disembarked...		
<u>27-11-18</u>	<u>W.D.R.</u>	<u>RE-T.O.S from Mitchell Offutt</u>	<u>Witley</u>	<u>23-11-18</u>	<u>DD 280</u>
4-12-18		<u>POST 685 Canada</u>		<u>7-12-18</u>	<u>DD 390</u>
<u>8-12-18</u>					
					<u>Lieut. i/c Records.</u>
					<u>West Ont. Regtl. Depot</u>
<u>7-12-18</u>		<u>Failed for Canada</u>			
		<u>T.O.S. Casualty Co. No. 3 District Depot.</u>			
<u>20/12/18</u>		<u>for Disposal, T.O.S. No. 3 District Depot.</u>			<u>LIEUT.</u>
					<u>for O.C. Casualty Co., No. 3 District Depot</u>

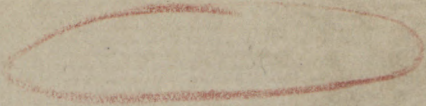
(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>16/1/19</i>	<i>S/S</i>	<i>Discharged</i>	<i>Kingston</i>	<i>16/1/19</i>	<i>H. B. 17</i> <i>H. B. 17</i> <i>Lieut.</i>

H. B. 17
H. B. 17
Lieut.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.



5000

Name **Thurston, Alfred M.**
Surname Christian Name

Regimental Number **724119** Rank **Pte.**

Address (in full) **55 Bond St,
Lindsay, Ont.**

Unit **109th Bn.**

Original Unit

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

Date of Discharge **16-1-19.**

P. D. P. Filing Number

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

L. L. 46088—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		

M. F. W. 127.
 25M.-8-18.
 1772-89-1140.

Remarks: **Account opened Jan 16th 1919.**

File No.

WAR SERVICE GRATUITY.

Register No.

Reg. No. Dependent

Name Address

Address

Dec'n No	File No
Award	per day \$
S. A.	per mo. \$
Less P. D. P. Credited	\$
Less further debit balance	\$
Net due paid as below	\$

Pay Soldier \$ Pay Dependent \$

TO SOLDIER TO DEPENDENT						
0	Ag. No	Ch No	Amount	Ag. No	Ch No	Amount
1						
2						
3						
4						
5						
6						

Clerk 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.....

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

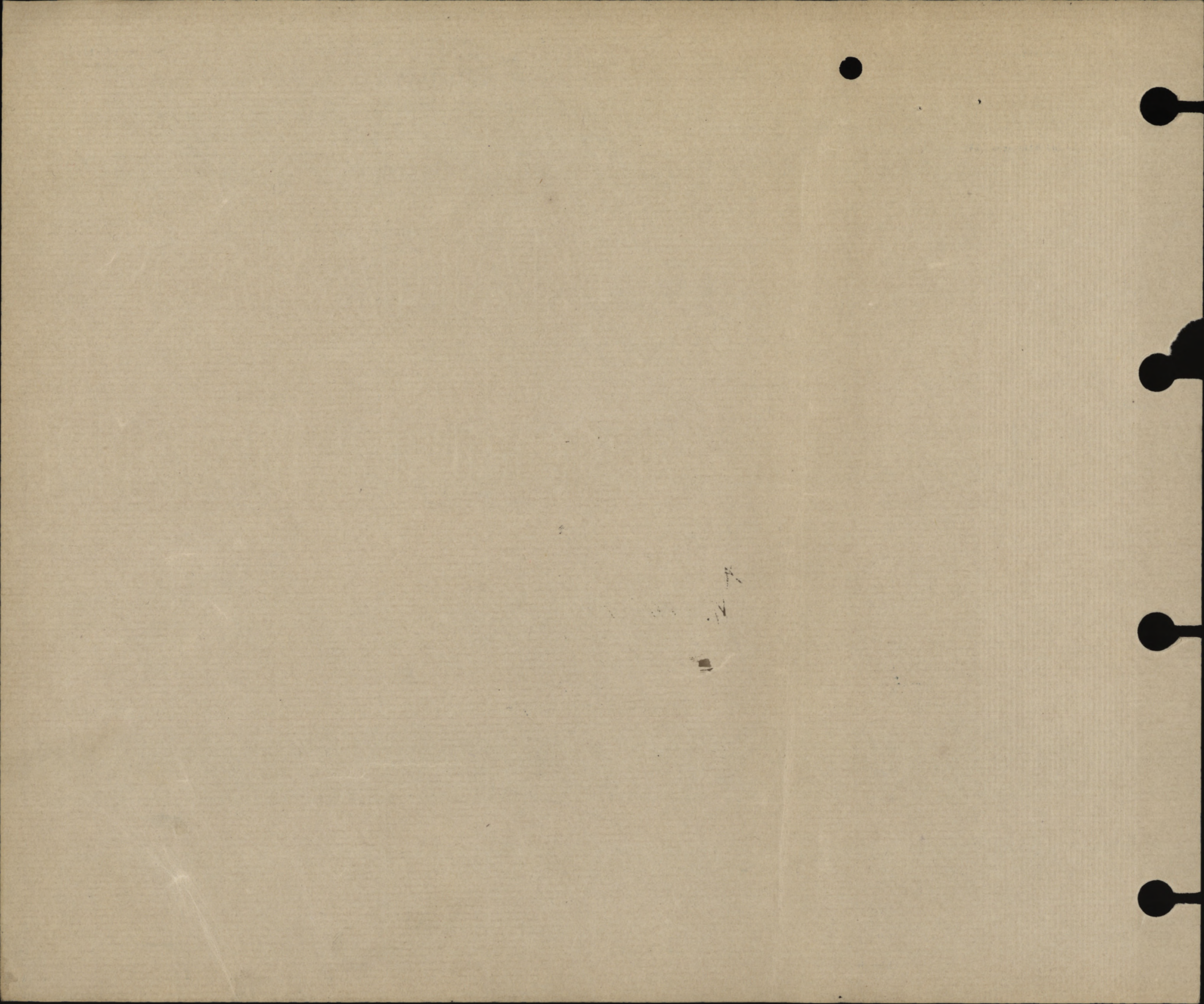
To Whom *Mr. T. W. Thurston* By Whom Assigned *Thurston. A. M.*
 Address *Dunsford.* Regtl. No. *724119*
Ont. Rank *Pte.*
 Corps *109th Bn.*

Rate *15.00 Oct 1st 16.*
2 M. 12 9/16 W B 3 1/16

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				





MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

L. L. Job 4503. -Req. 6832.

T. W. Hurston

PAYMENTS.

Name of Soldier

Pte Hurston. A. M.
724119. 109th Btm.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>P 22113</i>	<i>30</i>	
Dec.		<i>P 36013</i>	<i>15</i>	
Jan.	1917	<i>H 42043</i>	<i>15</i>	
Feb.		<i>H 47038</i>	<i>15</i>	
March		<i>U 48978</i>	<i>15</i>	<i>15 R</i>
April		<i>N 5444</i>	<i>15</i>	
May		<i>A 11985</i>	<i>15</i>	
June		<i>M 21649</i>	<i>15</i>	<i>OB</i>
July		<i>Y 25729</i>	<i>15</i>	<i>6</i>
Aug.		<i>O 33343</i>	<i>15</i>	
Sept.		<i>Z 42148</i>	<i>15</i>	
Oct.		<i>W 45272</i>	<i>15</i>	
Nov.		<i>M 53582</i>	<i>15</i>	
Dec.		<i>K 62872</i>	<i>15</i>	
Jan.	1918			
Feb.				<i>225</i>
March				
April				
May				
June				
July				

WAB

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

P. 559. CARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

Single
Sunsford Ont
Thos W Thurston
Sunsford Ont. Can
Father.

CASUALTIES, PROMOTIONS, &c.

Table with columns: PARTICULARS, EFFECTIVE DATE, AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

Table with columns: DATE ADMITTED, DATE DISCHARGED, V. OR A., NAME OF HOSPITAL

REG'L. No. 724119 RANK

IF IN PERM. CORPS; WHAT UNIT

UNIT

NAME

TRANSFERRED TO

DATE

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$ 15.00 DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Main financial table with columns: DATE, PAY, FIELD ALLOWANCE, WORKING OR SPECIAL PAY, ASSIGNED PAY CREDITS, OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, BALANCE, PAY WITHHELD OR DEFERRED, PAY AVAILABLE FOR ISSUE, REMARKS

724119

H. Hurston

Alfred Martin

Assg Pay \$15.00

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT										
			\$	c.			\$	c.			\$	c.															No.	DATE				No.	DATE	No.	DATE	No.	DATE	
1917																																						
July 10																																						
Sept 30																																						
1917																																						
Oct 31																																						
Nov																																						
Dec																																						
1918																																						
Jan																																						
Feb																																						

Trans to 12th Dec 22/7

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SER. ALLOE. ENG.
1917									173.86		
Feb	Balance f/d										
March	R.P.								34.10		
April	R.P.								34.10		
May	R.P.								34.10		
June	R.P.								34.10		
July	R.P.								34.10		
Aug	R.P.								34.10		
Sept	R.P.								34.10		
Oct	R.P.								34.10		
Nov	R.P.								34.10		
Dec	R.P.								34.10		
1918									116.54		
Jan	R.P.								30.80		
Feb	R.P.								30.80		
March	R.P.								30.80		
April	R.P.								30.80		
May	R.P.								30.80		
June	R.P.								30.80		
July	R.P.								30.80		
Aug	R.P.								30.80		
Sept	R.P.								30.80		
Oct	R.P.								30.80		
Nov	R.P.								30.80		
Dec	R.P.								30.80		

Can a.P.

On AR 847 15/2 5.C.D. sig 6 9.73 -
 On AR 993 25/2 " 7.30 -
 On AR 990 10/3 ret. Willy 9.73 ✓
 On AR 574 17/12 5D. sig 9.73 ✓

15 99 15 50⁰⁰

15 117.77 30⁰⁰

15 1 30⁰⁰

15 116.54 30⁰⁰

* Strike out whichever inapplicable.

ASSIGNED PA	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE: - 1-10-16		EFFECTIVE DATE: -	
AMOUNT: - \$1500		AMOUNT: -	

NAME: - THURSTON, Alfred Martin
NUMBER: - 724119

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

J. W. Thurston (Father)
Dunsmuir, Ont. Can.

Cancelled off 1/12/18

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT: - 109th
DATE ACCOUNT FIRST OPENED: - 1-8-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SFD	UNIT TRANSFERRED TO
1 5/9/18	1/9/18	1-4-18	1 st Cocks C. Musk. C. (L)

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
12/11/18	144	Mychell. Camp.	24.33				
27/11/18	167	" "	24.33				
						Ledger Sheet Balance	121.04
						Book Payments	48.66
						L.P.C. Balance	72.38

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: - *Dis to Canada 30.11.18. A.H. 3a 3095. NR#21. 25.11.18. W.R.D.4.*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March	Baltoid								99.15	30	
April	R.P.	33		Can. A.P.				15			
				DR. AR 1328. 23/3/18 Det. Willey	730						
				" " 187 14-4-18 " "	973						
					1703			15	100.12	30	
May	P.P.	33		Can A.P.				15			
				AR. 608. 29/4/18.	730						
				" 942. 16/5/18.	973						
				DR 1173 27/7/18	730				9489		
					2433			15			
June	P. Pay	33		Can A.P.				15		30	
				DR 1460 18/6/18 "	973						
				DR 1708 29/6/18 "	730						
					1703			15	9586		
July	P. Pay	33		Can A.P.				15			
				DR 2065 17/7/18 W.O.R.P.	730						
				DR 2260 30/7/18 "	973						
					1703			15	9793	20	
Aug	"	34		Can A.P.				15			
				DR 2530 13/8 Det. Willey	730						
				DR 2836 27/8 "	973				100.00	30	
					1703			15			
Sept.	P.P.	33		Can A.P.				15			
				3143. 10.9.18 " "	730						
				3464. 24.9.18 " "	973				100.97		
					1703			15.00			

NUMBER **724119** RANK

NAME **THURSTON AM**

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Sept	Bal								100 97 30		
Oct	P.P.	34 10		C.A.P.				15	120 07		
				3831. W-11/10 (16)	9 73				110 34		
				4199 " 29/10 (32)	7 30				103 04		
		34 10			17 03			15			
Nov	P.P.	33		C.A.P.				15	121 04		
		33						15			
				891 14 C.S.O.M 12/11 (22)	24 33						
				167 " 22/11 (20)	24 33				72 38		
					48 66						

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be 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 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Kingston, Ont. DATE 9-1-19.

1. 1 (a) Unit #3 C.C.D.D(b) Regimental No. 724119. (c) Rank Pte.
 (d) Surname Thurston. (e) Christian name Alfred Martin.
 (f) Home address 55 Bond St. Lindsay, Ont.
 (g) Next of Kin Mr. G.W. Thurston. (h) Relationship Father.
 (i) Address of Next of Kin 55 Bond St. Lindsay, Ont.

2. Age last birthday 21. Date of birth 29th July 1898.

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay. (b) Date 20 Mar.-16.

4. Personal description:

(a) Height 5' 8". (b) Weight 146. (c) Complexion Fair.
(stripped)
 (d) Colour of hair Brown. (e) Colour of eyes Blue. (f) Identification marks, Scars, etc.

5. Former trade or occupation Student.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	285.

	PERIODS	
	From	To
Canada <u>109th Bn.</u>	<u>20-3-16.</u>	<u>31-7-16.</u>
England <u>E.D.R.D.</u>	<u>3-7-16.</u>	<u>8-12-18.</u>
France or other theatres of War		

7. Original disease, or injury (1) Flatt feet, 2 Vertigo.

(a) Date of origin 1. Oct. 1916. (b) Place of origin 1. England, 2. Canada.
2. May 27-16.
 (c) Cause Service conditions 1 & 2.

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

1. Flat feet. 2. Vertigo.

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

(1) subjective - Soldier complains of feet painning after excerise, swells especially left. Soreness in arches of both feet. Can walk 3 miles alone. 1/2 mile on march.

(1) OBJECTIVE - Examination of feet reveals some rigidity of arches nearly all of sole touches floor on standing can not rise over 1/2" from floor, never wore arch supports.

(2) SUBJECTIVE - Complains of attacks of dizziness and weakness on exertion. Had abscess over ear May 27th, 1916. No dizziness previous. Feels as good as ever after rest. Headaches frequent.

(2) OBJECTIVE - Examination of heart reveals no abnormality. Specialists report eyes 10-11-19. Eyes normal in all respects.

No cause found for headaches. No disability. (SGD) J.C. Connell. Lt.-Col. AMC.

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

Nervous System.....no..... Cardio-Vascular System.....no..... Genito-Urinary System.....no..... (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses.....no..... Respiratory System.....no..... Integumentary System.....no.....

Disturbances of Mentality.....no..... Digestive System.....no..... Muscular System.....no.....

Osseous and Joint Systems.....as 9a..... Any other general condition.....no.....

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

(1) First noticed his feet Oct. 1916 unable to march boarded and sent to C.C.S. SENT FROM HERE TO Bramshott Headquarters batman here for ten months went from here to Longmore as batman. Always had light duty.

(2) First noticed after abscess and ear condition. Ross Hospital at Lindsay Ont. 1916 no definite progress.

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

No.

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

None.

11.—(a) Did the disabling condition have its origin before enlistment? 1 & 2 No.

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

1 & 2 No.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 1 & 2 No.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. Permanent. 2 Permanent.

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

Nil.

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, 1 & 2.

16. Can the former trade or occupation be resumed? No (says not). (If not, briefly state why)

17. Recommendations. Cl. Category. Disability (1) Due to service. Disability (2) Due to service.

[Signature] Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of

[Signature] Rank. Signature of invalid 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 criticised.

Yes.

19. Is the invalid 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~~) Cl
- (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 invalid

(~~XXXXXXXXXXXXXXXXXXXX~~) (Give the nature of the condition and of the treatment required and its probable duration.)

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

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

Category Cl. Disabilities 1 & 2 Due to service.

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

PLACE Barriefield.

DATE 10-1-19.

R. S. ... President.
Benjamin Thompson Capt A.M.C. Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

APPROVED BY *[Signature]*
Assistant Director of Medical Services, 403
DATE 10-1-19.

APPROVED BY
Director-General of Medical Services.
DATE.....

[Handwritten mark]

724119.
MEDICAL HISTORY SHEET.

ORIGINAL

Name Shurston Christian Name Alfred Martin

Examined { on 20th day of March 1916
 at Lindsay
 Birthplace { City or Town Dunford
 County Ontario

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

Apparent age 18 years
 Trade or occupation Student
 Height 5 Feet 6 Inches.
 Weight 130 Lbs.
 Chest measurement { Minimum 33 inches.
 Maximum expansion 36 1/2 inches.
 Physical development Good
 Small-Pox Marks None

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

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

Date.	Result.	VACCINATIONS.
<u>24.3.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last March 24th 1916
 (a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25.5.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
<u>4.6.16</u>	<u>"</u>	<u>J McCulloch</u> M.O.
<u>12.6.16</u>	<u>"</u>	<u>J McCulloch</u> M.O.
<u>22.9.16</u>	<u>TAB</u>	<u>1013</u>

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

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>724119</u>		<u>20.2.16</u>
Transferred to	<u>L.D.B.</u>			<u>18.1.17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Angled</u>	<u>5/5/18</u>	<u>head feet</u>	<u>B. Shoulder cap</u>
<u>Wether</u>	<u>23-11-18</u>	<u>so</u>	<u>13 i Alt Army cap</u>
<u>Barrifile</u>	<u>10-1-19</u>	<u>flat feet</u>	<u>cs</u>
		<u>Vertigo</u>	<u>Reserve cap</u>
			<u>6mm B</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.

164 X

27

Surname Hurston Christian Name Alfred Martin

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				

Left
Hospital

1/19/18
1875
20

Reserved for M.H.C.

Regt. No. *2144* Rank *Pte* Surname *Thurston* Christian Name *Alfred M*
 Unit or Corps—(a) Overseas from United Kingdom.....(b) in United Kingdom.....
 Born at—Town *Dunstons* County or Province *Ont* Country *Canada*
 Date of Birth—Day *29th* Month *July* Year *1897* Age *21* yrs. *4* months.
 Joined at *Windsor Ont* Date *20th March 1916*
 Former trade or occupation *Student*

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

One scar above left ear due to incision of abscess

Height—feet.....inches..... Colour of eyes *Brown*
 Signature of Soldier (for identification purposes) *Alfred M Thurston*

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

Disabilities Group (a)

FLAT FEET

Disabilities Group (b)

na

Disabilities Group (c)

na

2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(i) As to Group (a) above.	<i>England</i>	<i>1906</i>
(ii) As to Group (b) above.	<i>na</i>	<i>na</i>
(iii) As to Group (c) above.	<i>na</i>	<i>na</i>

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

(i) As to Group (a) above? *no* If yes, has Active Service aggravated it? *no*
 (ii) As to Group (b) above? *na* If yes, has Active Service aggravated it? *na*
 (iii) As to Group (c) above? *na* If yes, has Active Service aggravated it? *na*

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

(i) As to Group (a) above? *yes*
 (ii) As to Group (b) above? *na*
 (iii) As to Group (c) above? *na*

5. MEDICAL HISTORY. Enlisted Mch 2/16 Came to England July 31/16 Never went to France. Worked in officers mess because was unable to carry a pack or keep up in route marches. Branded at Mytchett May 5/18 Hatfat B.

6. PRESENT CONDITION. Complains: Sore feet. Unable to do route marches. Can walk at his own pace 3-4 miles without unusual fatigue. Cannot carry a pack on account of weak spells - gets dizzy and cannot stand, but does not faint. Examination: General condition good. Heart & lungs negative. Both arches of the feet are stretched left one more so than the rt. and in tendency and give rise to more pain. All other systems negative.

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

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

8. (i) Is there loss or decay of teeth attributable to Active Service? yes (ii) If so, describe. 3 - decayed - extracted.

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

Date of Report Nov 23 1918 Station Witley Signed A. Bellisier, Captain
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Not in Hospital
 (Officer i/c Hospital) Strike out one of these

Dated at Witley Station, on Nov 23 1918
 *Delete if inapplicable.

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

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

Yes

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

Yes

12. From the medical information now adduced, was the disability caused or aggravated by: (a) Negligence of the Soldier (b) Misconduct of the Soldier

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

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)

What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

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

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

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

17. Can the former trade or occupation be resumed?

18. REMARKS:—

Feet are slightly tender on pressure. No corns or calluses on bottom of feet. Well developed & well nourished young man. Heart pulse about 92. Moderate exercise 128 counts & 95 in 4 minutes.

19. RECOMMENDATION:— (a) Fit for duty? (state category) (b) Invalid to Canada? (c) Discharge from Service as permanently unfit?

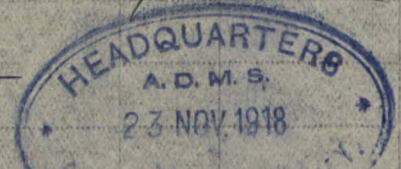
Fit

Date of Board 23-11-18

Station Witley Camp Surrey

Approved [Signature] A.D.M.S.

Dated at Witley 23-11-18 Station



J.M. Rank Name THURSTON, Alfred Martin. Reg'l No. 724119
 Unit 109th Bn. If in perm. Corps, } Married or Single Single.
 What Unit? }
 Place and Date of Enlistment Lindsay, 20th Mar 1916. Place of Birth Dunsford, Ontario.
 Name and Address, Next-of-Kin Thomas W. Thurston.
 Dunsford, Ontario. Relationship Father.

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

N/E. R.B. No. 5117

File R.L.

Categor

CAN

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
8.12.16	06109 th Bn.	S.O.S. taken to 124 th Bn	Dritley	8.12.16	Pt II D.O. 343
11.12.16	06124 th Bn.	S.O.S. to 109 th Bn	"	"	" 267.
20.1.17	"	S.O.S. to 109 th Bn	"	20.1.17	" 20. Pt II D.O. 26.
2.6.17	"	S.O.S. to 12 th Res. Bn.	"	2.6.17	Pt II 0102 (Pt II 0139-217)
13.6.17	12 th Res	S.O.S. to 160 th R.D.	E. Sandj	13.6.17	1484 1054/277.6 160 th R.D. 6
6.8.17	160 th R.D.	S.O.S. only to 160 th R.D.	H. W. Sandj	30.7.17	150 138 2/16.8.17.
22.10.17	NOR.D.	ceases to be actual long their ranks for com. Mytchett Ranges		22.10.17	Pt II 80. 195
26.8.18	"	off com. and 505 to Mytchett Musk Camp.	La wittey	23.8.18	" 200 (Pt I 2/5 9/18)

Munich

W.D.

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.				
22.11.18	P.M.C.	S.O.S. trans. to W.O.P.O.	Mitchell	22.11.18	+WORD280 PT#14, 927.11.18
9.12.18	WORD	SOS to CEF in bay	Witley	7.12.18	- 290
			117		



SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

1. No. 724119	
2 Rank. Private	
3. Name. THURSTON, Alfred Martin	
4. Unit. No. 3 District Depot.	
5 Date of Discharge	16-1-19 Place Kingston, Ont.
6 Reason for Discharge In accordance with R.O. 1343 "Demobilization"	
7. Authority. 3DD-3-T-224 D/ 13-1-19	
8. Proposed Residence after Discharge Lindsay, Ont.	
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ? 39	
<p style="text-align: right;"><i>Alfred Martin Thurston</i> Signature of Soldier.</p>	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Kingston, Ont. Date 16-1-19	
<p style="text-align: center;">Medical Documents Forwarded to S.C.R. or B.P.C. on Date 22-1-19</p> <p>Signature <i>[Signature]</i> Lieut (O. C. Discharging Unit.) No. 3 District Depot</p>	

K.C.H.
W. a. 22

ZP

1-2-19
Almond

PROCEEDINGS ON DISCHARGE
Hospitalization

1. Name	
2. Rank	
3. Branch	
4. Date of Discharge	
5. Place of Discharge	
6. Name of Physician	
7. Name of Hospital	
8. Name of City	
9. Name of State	
10. Name of Country	
11. Name of Ship	
12. Name of Port	
13. Name of Agent	
14. Name of Office	
15. Name of Street	
16. Name of City	
17. Name of State	
18. Name of Country	
19. Name of Ship	
20. Name of Port	
21. Name of Agent	
22. Name of Office	
23. Name of Street	
24. Name of City	
25. Name of State	
26. Name of Country	
27. Name of Ship	
28. Name of Port	
29. Name of Agent	
30. Name of Office	
31. Name of Street	
32. Name of City	
33. Name of State	
34. Name of Country	
35. Name of Ship	
36. Name of Port	
37. Name of Agent	
38. Name of Office	
39. Name of Street	
40. Name of City	
41. Name of State	
42. Name of Country	
43. Name of Ship	
44. Name of Port	
45. Name of Agent	
46. Name of Office	
47. Name of Street	
48. Name of City	
49. Name of State	
50. Name of Country	

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Physicians Middle Form W. 13
or Practitioner of Health Middle Form W. 13
Field Contact Sheet Middle Form W. 13
Sanitary Form Middle Form W. 13
Last Day Certificate Middle Form W. 13
Certificates that missing documents are available
Medical History Sheet Middle Form B. 318 or A. 1. 1. 13
Proceedings of Medical Board M. B. Form A. B. 139 or A. 1. 1. 13
Dental History Sheet
Medical Record
Regimental Contact Sheet
Community Contact Sheet

LIST OF DISCHARGE DOCUMENTS.

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

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Oct 1/16

OVERSEAS CONTINGENTS

T
3426

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *724119*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *A. M. Thurston*
 Battalion *109th Battr*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *T. W. Thurston*
 Address *Dunford, Ont*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>1917</i>				
<i>Dec 31 1918</i>	<i>G 66094</i>		<i>225</i>	<i>225</i>
<i>Jan</i>	<i>F 65899</i>		<i>15</i>	<i>15</i>
<i>Feb</i>	<i>W 90019</i>		<i>15</i>	<i>15</i>
<i>Mar</i>	<i>V 11217</i>		<i>15</i>	<i>15</i>
<i>April</i>	<i>T 17447</i>		<i>15</i>	<i>15</i>
<i>May</i>	<i>P 24308</i>		<i>15</i>	<i>15</i>
<i>June</i>	<i>D 21336</i>		<i>15</i>	<i>15</i>
<i>July</i>	<i>T 36091</i>		<i>15</i>	<i>15</i>
<i>Aug</i>	<i>P 44737</i>		<i>15</i>	<i>15</i>
<i>Sept</i>	<i>G 50496</i>		<i>15</i>	<i>15</i>
<i>Oct</i>	<i>F 59709</i>		<i>15</i>	<i>15</i>
<i>Nov</i>	<i>U 65872</i>		<i>15</i>	<i>15</i>
<i>Dec</i>				

4.18001-A-8. & A. 13.

REMARKS

Ac closed 31/10/18
Soldier killed of wounds 28-9-18.
C.L. 328 No. 701-5-9-11-10-18
SA & A.P. form 10 on file and L.P. 11770 Destroy Dec. 17/18

Above notation in error, ac open
L.P. 11770 cancelled 18/10/18. L.P. 73.

A/c Closed
 Ret'd per *Olympus*
 Date *14/12/18* M.F.W. 187 *19/12/18*
 Clerk *P. Collins*
L.P. 45123 Destroy



M. F. W. 128
 400M-6-17-177-39-1141
 L. L. 22320-M. & D. 7593.

52 5-19
92

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
 400M-6-17-1772-38-1141
 L. L. 22220-M. & D. 7493.

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

M. OR S.

REGT. No. *724 119.* RANK *Pte.* NAME (IN FULL) *Thurston, A.M.*

NEXT OF KIN <i>Thurston, J. W.</i>	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C. E. F. <i>109th Bn.</i>	IF IN P. F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS <i>Dunsford</i>		<i>Pte Thurston Alfred Martin</i>			PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
		<i>55 Bond St Ludday out.</i>			DATE OF ATTESTATION <i>Mar 20/16</i>	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID? <i>No</i>	DATE EFFECTIVE				ASSIGNED PAY, \$ <i>15⁰⁰/₁₀₀</i>	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO <i>J. W. Thurston</i>	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS <i>Dunsford</i>		
					<i>Cent.</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED <i>Hungton</i>	DATE <i>16/1/19.</i>	REASON <i>lost CI</i>
							<i>300-3-7-224</i>

T-212

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		\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$		C.
			NO.	DATE					NO.	DATE	NO.	DATE	\$	C.											
<i>4/12/18</i>																									<i>66</i>
																									<i>14 65</i>
<i>Jan 14/19</i>	<i>147</i>	<i>110</i>	<i>51 70</i>	<i>35 00</i>	<i>14 65</i>	<i>17 38</i>	<i>118 73</i>	<i>1026</i>	<i>1062</i>	<i>1063</i>	<i>10</i>	<i>10173</i>													<i>DO not book Dec. 17 & Jan. 3-18 days</i>
<i>Jan 16/19</i>	<i>153</i>	<i>dep w 59</i>					<i>350</i>	<i>A 5022</i>				<i>70</i>								<i>70</i>					<i>M. J. Wessley Ward</i>
<i>Feb 21/19</i>								<i>B 5090</i>				<i>70</i>								<i>140</i>					<i>John E. S. G.</i>
<i>March 14/19</i>								<i>C 33572</i>				<i>70</i>								<i>210</i>					
<i>APR 16 1919</i>								<i>D 318616</i>				<i>70</i>								<i>280</i>					
<i>MAY 14 1919</i>								<i>E 330283</i>				<i>70</i>								<i>350</i>					

