

ATTESTATION PAPER.

No. 725-143

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Wearing*
- 1a. What are your Christian names?..... *Thomas*
- 1b. What is your present address?..... *Decumseh Place Toronto.*
2. In what Town, Township or Parish, and in what Country were you born?..... *Lancashire Co. Lancaster*
3. What is the name of your next-of-kin?..... *Mrs. Anna Wearing, Eng.*
4. What is the address of your next-of-kin?..... *Decumseh Place Toronto, Ont*
- 4a. What is the relationship of your next-of-kin?..... *Mother. Canada*
5. What is the date of your birth?..... *30 Sept. 1897.*
6. What is your Trade or Calling?..... *Driller of Castings*
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*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Thomas Wearing* 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..... *Jan. 12* 1916 *Thomas Wearing* (Signature of Recruit)
W. Downey (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Thomas Wearing*, 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..... *Jan. 12* 1916 *Thomas Wearing* (Signature of Recruit)
W. Downey (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 *13* day of *January* 1916.

[Signature] (Signature of Justice)

Description of Thomas Wearing on Enlistment.

Apparent Age 18 years 3 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 7 1/2 ins.

Scar on right hip & thigh.

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

Complexion Fair

Eyes Blue

Hair Dr Brown

Religious denominations.
 Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic R.C.
 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 Jan. 12 1916.

Place Lindsay

J. McCulloch Capt.
Hobday 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.

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

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

Date JAN 15 1916 1916.

REGIMENTAL DOCUMENTS

NAME

Wesley Thomas

REGT. NO.

725143

UNIT

3rd Bn.

H Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

1 MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

Misc.

*9th Bn. Band
19-12-2*

MIM

H

10541

483 891

DEATH

Category

H

DISCHARGE

Category

Amok

DESERTION

*43-13
15-13
11-13*



SURNAME.

Hearing

CHRISTIAN NAMES

Thomas

REGL. No.

725143

RANK

Pte

UNIT

109th

Balt.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Hearing, Mrs. Anna.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

*Tecumseh Place, Toronto,
Ont.*

COUNTRY OF BIRTH

England, Lancaster, Lancs.

DATE

Sept. 30th, 1897.

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Jan. 13th, 1916.

Sailed from Halifax per S.S.



Olympic 23/7/16 488

CARD NO.

Dep area. D. 2
Sos. Demob. 24.4.19

Do 119 of 29.4.19.
FOLL.
2. 1219

MARRIED —

SINGLE

Yes

WIDOWER —

TRADE OR CALLING

Miller of Castings

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

18. YEARS

3. MONTHS

HEIGHT

5 FEET

7½ INCHES

CHEST MEASUREMENT

34 INCHES

EXPANSION

3. INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Dark Brown

DISTINGUISHING MARKS

Scar on right hip
and thigh.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Jan. 12th, 1916.

Thomas

1ST CEN. ONT. REGT.

Name WEARING Rank plé.

Reg. No. 725143

Unit 3rd Bri.

Next of Kin Canada

1918

Movement

Place

Casualty

List
No.Notified
N/K O.

W.O. List

9. 8	5 th C. H. Rowen.	G. S. W. Upper Ex. R.		4255	
12 8	2 nd Con Dep. Rowen	(Flesh)	A298		3135/6
	-----	do.	A294		3220/5
15 8	11 C. D. Busby,	do.	A313		3793/3
9. 9	Disch B. D. Testaples	Do.	A322		4060-13

MD

~~10~~

~~10~~

Number 725143 Rank P.T.E

Surname WEARING

Christian Name Thomas

Units 3rd Bu Coy Div Theatre of War France

Date of Service 21/12/17

Remarks

Latest Address 1 Levenseth Pl.
Yornton

Roll No. B. Page 12895 Mt.

200m.-2-21.M.

DESP. MAY 10 1922

REGN. NO.

YC 14557

No. 725 143 RANK

Ple

NAME

Wearing, Thomas.

T. O. S. 11-1-16.

UNIT

109th. Battalion.

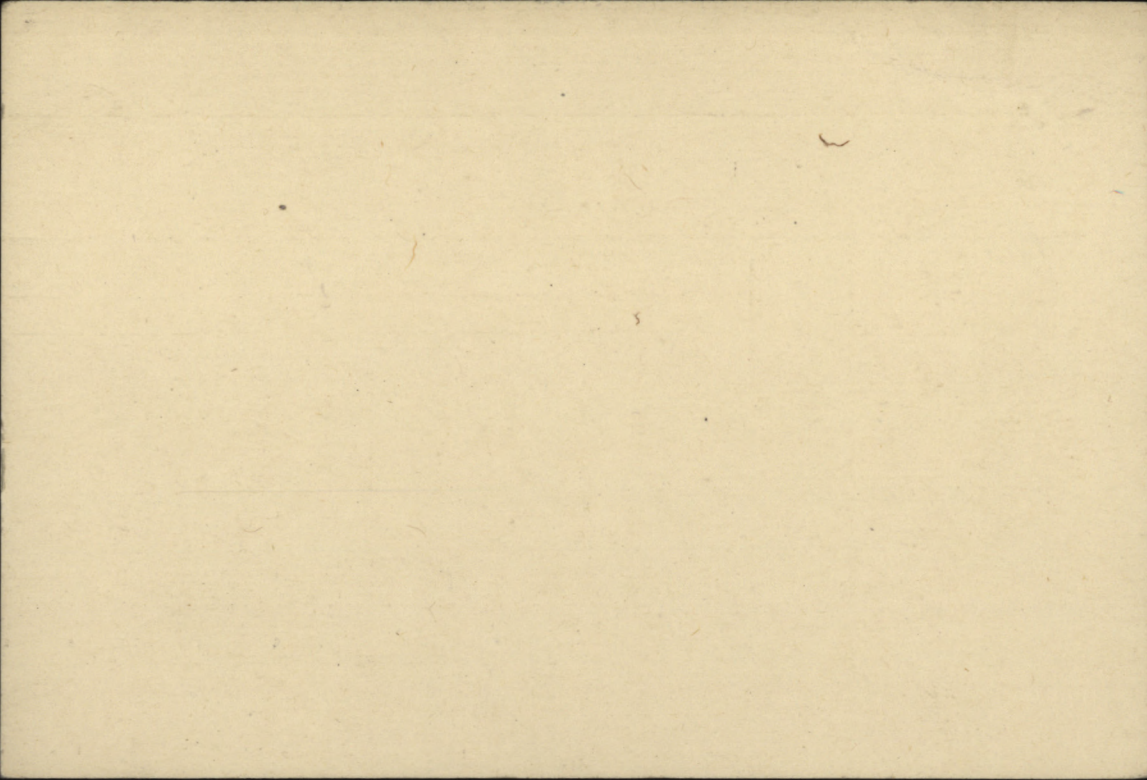
D. O. U. S. 12-1-16.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan 11.	1916. Jan 31	✓		
	Feb	✓		
	Mar.	✓		
	April	✓		
	May	✓		
	June	✓		
	July	✓		

UNIT SAILED

JUL 23 1916



NAME
RANK AND CORPS

Wearing Thos

Plt 3rd Bn form 109th Bn

REG'TL No. 725143
H. Q. FILE No. 649.

FOLLOWS
No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

Prof 11

172-5

#255-

18-8-18

Mrs Anna Wearing (Mother)
Secumseh place Toronto Ont-

adm 3rd Gen & Rouen Aug 9th 1918
G.S.W. upper extremities

153

WS m

30-8-18

no 2. band. Depot Rouen. Flesh
wound upper right extremity.

153-

WS m

30-8-18

no 2. band. Depot Rouen. Flesh
wd. upper Rt. Extremity.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 292-3.	5. Gen. Raven.	9-8-18.	Gsw. Upper. Extrem. R. Ilesh.
a 294-4.	No 2. Conv. Depot Raven.	12-8-18	" " " " Ilesh
a 313-5	No 11. Conv. Dep. Bucky	15-8-18	Gsw. Upper Extrem
a 322-6.	Discharged	9-9-18	" " "

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Wearing Y

728143.

RANK

UNIT

Co.

TROOP

BATTY.

Plt 160.3.

HOSPITAL

DATE OF ADMISSION

5 Gen Bowen.

9.8.18

1. *2 Coy Sep Route
11 C.D. Bucky*

HOSP. *12-8-18.*

15-8-18

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Blw upp. Extrem Rv Flesh

1.

2.

3.

DISPOSITION

DATE

15.8.18 A292-3

Dis 9-9-18

17.8.18 294.4

REMARKS

7-9-18 313 @

18-9-18 322 @

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.	
2.	
3.	
4.	
5.	
6.	
7.	

J.M. Rank Name WEARING, Thomas. ✓ Reg'l No. 725143 ✓
 Unit 109th Bn. If in perm. Corps, }
 What Unit? } Married or Single Single. ✓
 Place and Date of Enlistment Lindsay, 12th Jan 1916. ✓ Place of Birth Lancaster, Lancashire ✓
 Co., Eng. ✓
 Name and Address, Next-of-Kin Mrs Anna Wearing. ✓
 Pecumseh Place, Toronto, Ont, Canada. ✓ Relationship Mother. ✓

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

N/E. R.B. N. 29589
 File R.L.
 Category CAN-LOR

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.				
C Arrived in England per H. M. T. 2810 31-7-16					
8-12-16	Ob 10942	SO from 124 th Bn	Whitley	8-12-16	P+I DD 343
9-12-16	Ob 124	SO from 109 th			365
4-4-17	12 th Kes	SO from 124 th Bn	E Sandj	24-17	86 (124 th Kes) 254/37
4-12-17	"	On Com. to 3rd Kes Bn	"	4-12-17	296 + 338 d/12
12-17-17	3rd Kes	became com. 3rd Kes	"	12-12-17	343 + 304 d/12
21-12-17	12 th Kes	SO. S. to 3rd Bn of	"	21-12-17	P+40311 + 132 d/27
16-8-18	1 COR	wounded		9-8-18	PLA 292
24-3-19	3 Bn	Proc. to England	"	22-3-19	DD 24/107 27319 C.C.C. C. Whig
9-7-19	3 rd Bn	SO. S. to Canada	Pt. Whitley	14-4-19	after order 5

49-i-168
 14-4-19

CANADIAN EXPEDITIONARY FORCE

War Service Badge

DISCHARGE CERTIFICATE

Class "A" No.

THIS IS TO CERTIFY that No. 725 143 (Rank) PTE

Name (in full) WEARING THOMAS enlisted in
the 109th Bⁿ.

CANADIAN EXPEDITIONARY FORCE at Lindsay Ont. on the 13th
day of January 1916

HE served in 3rd Can Inf. Bⁿ

and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

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

Age 21

Height 5 ft 7 1/2 ins

Complexion Fair

Eyes Blue

Hair Dark Brown

Marks or Scars _____

Scar on right hip and thigh.

J. Wearing
Signature of Soldier

[Signature]
Issuing Officer

For

O.C. No. 2 District Depot.

Rank

Date of Discharge

No. 2 DISTRICT DEPOT

APR 24 1919

TORONTO

Date APR 24 1919 1919

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

THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (in full) _____ enlisted in _____

the _____

CANADIAN EXPEDITIONARY FORCE on the _____ day of _____ 19____

He served in _____

and is now discharged from the service by reason of _____

Medical Certificate _____

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

Age _____	Marks or Scars _____
Height _____	Complexion _____
Build _____	Hair _____
Complexion _____	Signature of Soldier _____
Build _____	Date of Discharge _____
Signature of Soldier _____	_____
Signature of Officer _____	_____
Rank _____	_____
Date _____	_____

N.B. - As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unopened envelope to the Secretary, Military General, Ottawa, Canada.

8

To be made out in duplicate.

110. 54-21-23-53

DUPLICATE

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

INSTRUCTIONS.

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

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

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number 725143

(3) Full Name of Soldier..... Thomas Wearing

(4) Place of Birth..... Lancashire England

(5) Are you married, or not? No

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

(b) Present Postal Address.....

(7) Are you a widower? No

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

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

Also their names and ages.....

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

If so, state name and address Thomas Wearing Muskoka Sanitarium Ont.

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

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

.....I Tecumseh Place Toronto.....

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

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

(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.

\$ 35 per month Father has Consumption.....

(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.

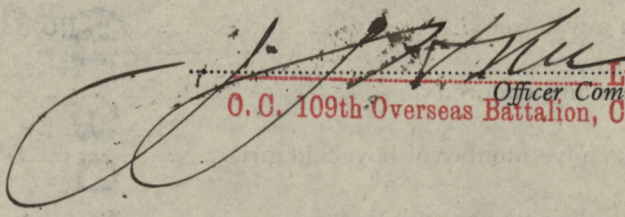
15) Are you insured?.....Yes.....

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

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.....July 7th 1916.....


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

W. S. B. CLASS. A.

Casualty Form—Active Service.

Regiment or Corps *3RD CAN BN*

Rank *Pte.* Surname *Wearing* Christian Name *J.*

Religion Age on Enlistment years months

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

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)

or Corps Trade and Rate

Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
SEP 21 1918	3 RD CAN BN	JOINED UNIT		SEP 20 1918	B 213.
<i>28.12.18.</i>	"	GRANTED 14 DAYS LEAVE <i>U.K.</i>		<i>27.12.18.</i>	<i>PL 11 No. 2. d/ 8.1.19.</i>
<i>25.1.19.</i>	"	RETURNED FROM LEAVE		<i>18.1.19.</i>	<i>B.213.</i>
	Emb. Camp.	Proceeded to England.		MAR 22 1919	N.R. Pt. 2 O. No. d/
OLYMPIC	<i>S.O.S.</i>	PROCEEDED TO CANADA		<i>part II 12/12 13/19.</i>	LIEUT. FOR LI-COL. A. A. G.
SOUTHAMPTON					
<i>15.4.19</i>	<i>[Signature]</i>	<i>[Signature]</i>			CAPT. & ADJT. 3 RD CANADIAN BN TORONTO REGIMENT

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c
 (17591.) Wt. W.1887-P.1124. 1,000,000. 6/18. D & S. Form B/103. (E.1256.)

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

Casualty Form—Active Service.

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

Unit, Regiment or Corps

109th OVERSEAS BATTALION, C. E. F.

Regimental No. 25143 Rank Private Name Wearing Thomas

Enlisted (a) 2-1-16 Terms of Service (a) D of W Service reckons from (a) 2-1-16

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

Extended _____ Re-engaged _____ Qualification (b) Driller of Castings

Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received			

	Embarked Canada	Halifax	24.7.16.	
	Disembarked England	Liverpool	31.7.16.	✓
8-12-16	O.C. 109th Bn.	Transferred to 124th Bn.	Whitley	8-12-16 D.O. Pt. II # ³ 443, <u>Adjutant</u> <u>100th Overseas Battalion, C.E.F.</u>
9-12-16	124th Bn.	Taken on strength of 124th Bn., C.E.F.	Witley Camp	8-12-16 Part II Orders 265 ✓ <u>Adjutant</u> <u>124th BATTALION C.E.F.</u>
³ 2/4/17	124th Bn.	Transferred to the 12th Reserve Bn.	Witley Camp	2/4/17 <u>PC 85</u> ✓ O.C. Base Coy 124th Can Pnr Bn.
4-4-17	12th Bn.	T.O.S, 12th Reserve Bn	East Sandling,	2-4-17. Part 2,86. ✓
21-12-17	12th Bn.	S.O.S, to 3rd Battn.	do	21-12-17. Part 11 311 ✓ <u>Adjutant</u> <u>12th Res Bn</u>

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

(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Adjutant 12th Res Bn

725143 Ste Wearing J.

CERTIFIED CORRECT
 CAN. CORPUS REINF. CAMP
 28 DEC 1917

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				
4-12-17	12 th Res. Bn.	On "Com" to 3 rd Res. Bn.	C. Dilling	4-12-17	Part II - 296
7-12-17	3 rd " "	att. from 12 th " "	W. " "	" "	" " 338
12-12-17	" " "	cease att. from 12 th Res. Bn.	" "	12-12-17	" " 343
13-12-17	12 th " "	" " to 3 rd " "	C. " "	" "	" " 364
22-12-17	C. B. D.	ARRIVED C. B. D.	FRANCE	22-12-17	N. R. D. _____ PART II ORDERS No 132 D 21-12-17
26-12-17	C. B. D.	LEFT C. B. D. CAN. CORPUS REINF. CAMP		26-12-17	N. R. 850.
29-12-17	O. C. BN	ARRIVED CAN. CORPUS REINF. CAMP	B. N. FIELD	27-12-17	B. 213 D. _____
13-4-18	3 RD CAN BN.	JOINED UNIT		27-12-17	B 213.
4-5-18	do.	Attd. 1 st C. I. B. Hqrs.		31-3-18	"
10-8-18	do.	(Capt. Bde. Wire. S. C. 940. of 30-3-18)		2-5-18	"
8-8-18	do.	Rejoined Unit.		8-8-18	"
13-8-18	1 Lt. F. H. M.	WOUNDED IN HOSPITAL		8-8-18	"
9-8-18	5 Lt. F. L. S.	J. W. Arm. R. Adm. 8-8-18.		8-8-18	A/6824.
12-8-18	5 Lt. F. L. S.	do. Adm. 8-8-18.		9-8-18	H. 289.
12-8-18	2 Lt. F. L. S.	do. Adm. 8-8-18.		9-8-18	G 7860.
15-8-18	11 Lt. F. L. S.	do. Adm. 8-8-18.		12-8-18	G 8655.
15-8-18	9-9-18	do. Adm. 8-8-18.		12-8-18	G 8882.
11-9-18	do.	do. Adm. 8-8-18.		15-8-18	W. 85.
18-9-18	do.	do. Adm. 8-8-18.		15-8-18	W. 2425.
18-9-18	do.	do. Adm. 8-8-18.		9-9-18	Pl. 274.
19-9-18	do.	do. Adm. 8-8-18.		11-9-18	M. R. 443.
	do.	do. Adm. 8-8-18.		18-9-18	M. R.
	do.	do. Adm. 8-8-18.		18-9-18	"
	do.	do. Adm. 8-8-18.		19-9-18	"

R. Hooper Lieut.
for Lt Col 1/c Records COMF

LEFT FOR UNIT

CANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

**DIRECTIONS TO
DENTAL OFFICERS**

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) WEARING, T.
 REGIMENT 3 Can Bde RANK PLt No. 725143
 Date of Examination in England 25-3-19 Date of Examination in France _____

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

14-I



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 14, 30
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT? _____

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada _____
- (b) In England Yes
- (c) In France _____

**BRAMSHOTT CAMP
HANTS.**

Signature of Dental Officer *[Handwritten Signature]*



1

725143.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname: Wearing Christian Name: Thomas

Examined { on 12th day of January 1916 Approved by J. McCulloch Capt.
 { at Lindsay Medical Officer
 Birthplace { City or Town Lancaster Rank 109th Overseas Battalion, C. F. C.
 { County Lancashire England

Apparent age 18 years
 Trade or occupation Casing driller
 Height 5 Feet 7 1/2 Inches. M.O.
 Weight 120 Lbs. M.O.
 Chest measurement { Minimum 31 inches. M.O.
 { Maximum expansion 34 inches. M.O.
 Physical development Good M.O.
 Small-Pox Marks none M.O.

Vaccination Marks { Arm Right none Left Two
 { Number Two
 When Vaccinated last January 26th 1916 26.1.16 J. McCulloch M.O.
 (a) Marks indicating congenital peculiarities or previous disease none M.O.

(b) Slight defects but not sufficient to cause rejection Slightly flatfooted 27.7.17 J. McCulloch M.O.
 Date Result ANTI-TYPHOID INOCULATIONS, ETC.
 25.5.16 Good J. McCulloch M.O.
 15.5.16 Good J. McCulloch M.O.
 25.5.16 " J. McCulloch M.O.

Enlisted on 12th day of January 1916 at Lindsay

Corps.	REG'T NUMBER.	HABITS.	DATE.
<u>109th Bn</u> <u>C. F. C.</u>	<u>725143.</u>		<u>12.1.16.</u>
Transferred to..... <u>124th OVERSEAS BATTALION C.E.F.</u> <u>12th Res Bn</u> <u>3rd Battn. 21-12-17.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Worley</u>	<u>15.2.17.</u>	<u>Immature</u>	<u>AIV</u> <u>J. C. C. Capt.</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.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 725143 Rank Pte. Surname WEARING
(Given name in full)

THOMAS

Unit or Corps 3rd Batt Birthplace Lancaster, England

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique Good Weight 140 ^{Est.} lbs. Height 5 ft. 11 ^{1/2} in. Colour of Eyes Blue

Nutrition Good

Pulse 72 - Regular

Condition of arteries Soft

Vision Rt. 6/10 Left 6/10

Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
2 vac. scars outer aspect L. arm.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System yes Digestive System no
 Osseous and Joint System no Any other general condition yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

G.S.W. Rt. Arm 8-8-18 to 11-9-19. No disability
Do not think he has flat feet.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Bramshott (Overseas)

Date 26-2-19 Signed E. C. Arthur, Capt M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature J. Wearing

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

1-7-16.

SEPARATION ALLOWANCE

Name <i>Anna Wearing,</i> Address <i>1, Tupper Place,</i> <i>Toronto,</i> <i>Ontario,</i> Relation to Soldier } <i>Mother</i> wife, child or mother }	Name of Soldier <i>Wearing, Thomas</i> Regtl. No. <i>725-143,</i> Rank <i>Pvt.,</i> Corps <i>109th, O.S. Batten,</i> 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				



1-7-16

MILITIA AND DEFENCE

M. F. W. 11a.

SEPARATION ALLOWANCE

50m.-4-16.
1772-39-818.

Sheet No. 2.

Wearing A.

OVERSEAS CONTINGENTS

Mother,
PAYMENTS.

Name of Soldier

Wearing, Thos.,
Pty

L. L. Job 310.-Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		1411 90 40	40	X 14190 Canceled
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

- 1-3-16 -

MILITIA AND DEFENCE

M. F. W. 11.

50m.—4-16.

H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name *Mrs Anna Weaving* Name of Soldier *Weaving Thomas*
 Address *#1 Tecumseth Place* Regtl. No.
Toronto Rank *Pte*
Out Corps *109th O.S. Batten*
 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				



.....

21

22

23

24

-1-3-16-

MILITIA AND DEFENCE

M. F. W. 11a.

SEPARATION ALLOWANCE

50m.-4-16.
1772-39-818.

OVERSEAS CONTINGENTS

Sheet No. 2

L. L. Job 310.-Req. 57.

Mrs Anna Bearing

Widowed Mother
PAYMENTS

Name of Soldier

Bearing Thomas
76

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.	1916	214281	120	120 <i>X 14190 cancelled</i>
Sept.		1174 50	20	20
Oct.		W 20860	20	20
Nov.		E 23867	20	20
Dec.		U 21275	20	20
Jan.	1917	J 30553	20	20
Feb.		H 33890	20	20
March		E 37311	20	20
April		D 2240	20	20
May		E 6889	20	20
June		E 10207	20	20
July		E 13628	20	20
Aug.		G 16844	20	20
Sept.		U 18956	20	20
Oct.		A 11931	20	20
Nov.		P 25334	20	20
Dec.		K 28670	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

340 ↑

440 09
M 13

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

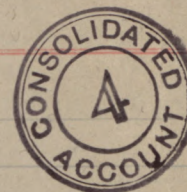
To Whom *Mrs Anna Pearing*
 Address *McCurnsch Place*
Toronto,
Ont

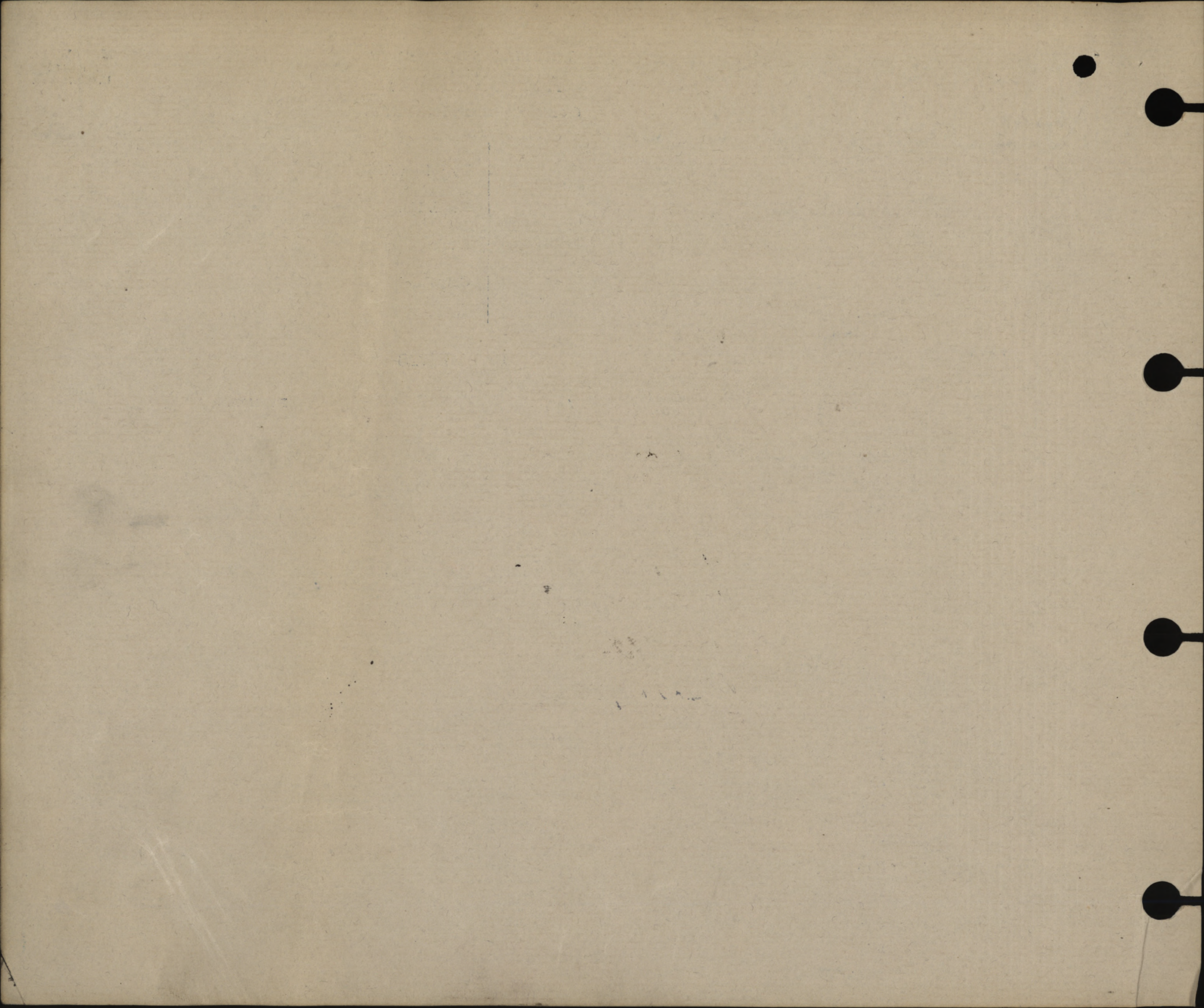
By Whom Assigned *Pearing Thos.*
 Regtl. No. *725-143*
 Rank *Pte*
 Corps *109th Batt, Bny*

Rate *20⁰⁰* **AUG 1 1916**

PAYMENTS

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





MILITIA AND DEFENCE
ASSIGNED PAY

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

Sheet No. 2. *Mrs Anna Dearing*
 OVERSEAS CONTINGENTS
 PAYMENTS.

Name of Soldier *Dearing Fox*
425143 Pte 109th Batt

L. L. Job 310.-Req. 6374.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>2000</i>
				AUG 1 1916
April	1916			
May				
June				
July				
Aug.		<i>V 15299</i>	<i>20</i>	
Sept.		<i>V 20072</i>	<i>20</i>	
Oct.		<i>V 25221</i>	<i>20</i>	
Nov.		<i>Z 28928</i>	<i>20</i>	
Dec.		<i>J 36268</i>	<i>20</i>	
Jan.	1917	<i>J 41695</i>	<i>20</i>	
Feb.		<i>E 48672</i>	<i>20</i>	
March		<i>F 53808</i>	<i>20</i>	
April		<i>H 5768</i>	<i>20</i>	<i>20R</i>
May		<i>H 12267</i>	<i>20</i>	
June		<i>G 19204</i>	<i>20</i>	<i>S</i>
July		<i>F 25472</i>	<i>20</i>	
Aug.		<i>N 33306</i>	<i>20</i>	
Sept.		<i>C 40267</i>	<i>20</i>	
Oct.		<i>N 45938</i>	<i>20</i>	
Nov.		<i>W 51934</i>	<i>20</i>	
Dec.		<i>K 61351</i>	<i>20</i>	
Jan.	1918			
Feb.				<i>34000</i> <i>MVB</i>
March				
April				
May				
June				
July				

W.B.

W.B.

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.				

Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE: 18/16		EFFECTIVE DATE: -	
AMOUNT: 20		AMOUNT: -	

NAME: WEARING Thomas
NUMBER: 725143

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.

Mrs. Wearing (Mother)
Tecumseh Place
Toronto Ont

Stopped at 11/14/19

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

UNIT AND TRANSFERS

ORIGINAL UNIT: 109 Bn
DATE ACCOUNT FIRST OPENED: 18/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SFO	UNIT TRANSFERRED TO
			3rd Bn

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
11/19	3214	Field Sken. 20f.	5 45				
27/19	1058	Offing. 2.15.	7 2				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALLCE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: 3/3/19 Discharged to Canada N.R. 2 5542. 2/1/19 Bchelt. to Bchelt (M.D. 2) Bchelt. Tol. # 60

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31/18	B.F.								16 95		
Apr.	P - Gay	33		13 8/4 1 Bn.	4 46						
				99 2/4 ✓	3 57			20			
May	✓ ✓	33 34 10		15 3 3/4 ✓	8 03			20	21 92		
				208 1/4 ✓	4 46						
June	✓	34 10 33		269 1/4 ✓	3 57			20	27 99		
				398 6/4 ✓	8 03			20			
July	✓	33 34 10		48. 2. 1st Bde 2718	4 46			20	32 95		
				256 2/7 ✓	3 57						
Aug	✓	34 10 34 10		29 25 12/8 g. H. P. 3rd Bde	8 03			20	39 03		
				596 2 15/8 11 con. Tol.	3 57						
Sept	✓	34 10 33		7094 20/8 ✓	4 46			20	49 56		
				1841 9/12 c. S. B. D.	3 57			20			
				2013 15/9 c. c. H. P.	11 49				50 97		7c Agreed
Oct.	P. Pay	34 10		CAP				20			
				683 7/10 1st Bn 2	3 73						
				861 25/10	3 73			20	57 61		
		34 10			7 46						
Nov.	✓	33		AR 1091. 24/18 3rd Bn	3 73						
				BAR.				20			
	Forward	33		AR 1385 - 20/11/18 ✓	3 73			20			
					4 46						

NUMBER 425143 RANK Pte. NAME

Wearing J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Bal Forward					57 61		
	Pro Forward	33 -		Pro	4 46			20 -			
Dec	P. Pay	34 10		C.A.P.				20 -			
Jan		34 10						20 -	91 35		
		101 20			7 46			60 -			
Feb		30 80		AM. 1695 - 24/2/18 312n	2 60						
March		34 10		✓ 165 24/2/18 (L. 2nd)	58 40						
				✓ 1688 27/1/18	9 08						
				✓ 1542 16/12/18	9 08						
				✓ 19/11/18 32	28						
				✓ 2185 27/1/19	9 33						
				✓ 2982 11/2/19	3 73						
				✓ 2954 24/2/19	3 49						
				C.A.P.				20 -			
								20 -			
				✓ 3131 5/3/19	3 73						
				✓ 3217 14/3/19	3 73				12 56		
		64 90			103 69			40 -			
Apr				AR 1058 - 27/3/19 Closing	73 -				60 44		
					73 -						
				SOS CANADA \$ 49 14/4/19 2NDY							

agreed 13/3/19

total 60

P. 559
MARRIED OR SINGLE

Single
PLACE OF BIRTH *Lancaster, Eng.*
NAME AND ADDRESS OF NEXT OF KIN *Mrs Anna Wearing
Secumseh Place Toronto
Ont*
RELATIONSHIP OF NEXT OF KIN *Mother*
NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN
SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L No. *725143* RANK *Pte* NAME *Wearing Thomas*
 IF IN PERM. CORPS | UNIT *109 Bn* TRANSFERRED TO *124 Bn* DATE *21.1.17* AUTHORITY *11/343*
 WHAT UNIT |
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *12 Revc Bn* DATE *21/4/17* AUTHORITY *B.O.S. 3/18*
 PLACE OF ATTESTATION *Lindsay Ont* TRANSFERRED TO *3rd Bn. as.* DATE *1/2/18* AUTHORITY
 DATE OF ATTESTATION *Jan 12th 1916* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *20⁰⁰/₁₀₀* DATE EFFECTIVE *Aug 1st 1916*
 PAYABLE TO *Anna Wearing Secumseh Place* RELATIONSHIP *Mother*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE *Toronto Ont*
 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)

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	CREDIT	DEBIT						
			\$	C.			\$	C.			\$	C.																					No.	DATE	No.
<i>1916</i>																																			
<i>July 31</i>																																			<i>Balance from Canada</i>
<i>Aug 31</i>	<i>31</i>	<i>1⁰⁰</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>						<i>3410</i>		<i>19/16</i>		<i>974</i>				<i>20</i>						<i>2974</i>	<i>222</i>							
<i>Sept 30</i>	<i>30</i>	<i>30</i>					<i>3</i>						<i>33</i>		<i>82</i>	<i>19/16</i>	<i>730</i>				<i>20</i>						<i>2730</i>	<i>792</i>							
<i>Oct 31</i>	<i>31</i>	<i>31</i>					<i>310</i>						<i>3410</i>	<i>121</i>	<i>16</i>	<i>161</i>	<i>487</i>				<i>20</i>						<i>2731</i>	<i>1471</i>							<i>Q4005-210 3-11-16</i>
<i>Nov 30</i>	<i>30</i>	<i>30</i>					<i>3</i>						<i>33</i>	<i>189</i>	<i>31/16</i>		<i>487</i>				<i>20</i>	<i>416</i>					<i>2903</i>	<i>1868</i>							
<i>Dec 31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>30</i>			<i>310</i>						<i>3410</i>	<i>242</i>	<i>11/16</i>		<i>249</i>				<i>20</i>						<i>2486</i>	<i>2792</i>							<i>20045-8.12.16. 2/11/17</i>
<i>Jan 20</i>	<i>10</i>	<i>22</i>											<i>22</i>				<i>2101</i>				<i>20</i>	<i>416</i>					<i>20</i>	<i>2992</i>							
<i>21-31</i>	<i>11</i>	<i>1⁰⁰</i>	<i>12</i>	<i>10</i>									<i>1210</i>	<i>427</i>	<i>15/1</i>	<i>478</i>	<i>973</i>				<i>20</i>						<i>1460</i>	<i>2742</i>							
<i>Feb 28</i>	<i>10</i>	<i>30</i>	<i>80</i>										<i>3080</i>	<i>553</i>	<i>15/2</i>	<i>605</i>	<i>487</i>				<i>20</i>						<i>2973</i>	<i>2849</i>							
<i>Mar 31</i>	<i>31</i>	<i>34</i>	<i>10</i>										<i>3410</i>		<i>11/3</i>	<i>125</i>	<i>730</i>				<i>20</i>						<i>4434</i>	<i>1825</i>							
<i>April 20</i>	<i>20</i>	<i>22</i>											<i>22</i>		<i>27/16</i>		<i>973</i>				<i>20</i>						<i>20</i>	<i>2025</i>							<i>Trans 12 Revc Bn 21/4/17</i>
<i>Apr 27</i>	<i>10</i>	<i>11</i>											<i>11</i>															<i>3125</i>							
<i>May 31</i>	<i>31</i>	<i>34</i>	<i>10</i>										<i>3410</i>								<i>20</i>	<i>116</i>					<i>2116</i>	<i>4419</i>							<i>Q4005. #838 - 19.4.17</i>
			<i>334</i>	<i>40</i>									<i>334</i>			<i>40</i>					<i>200</i>	<i>746</i>					<i>29021</i>	<i>4419</i>							

147328

EXAMINATION

BY

Wiley

STANDING MEDICAL BOARD, BRAMSHOTT.

No. *725143* Rank *pte* Name *Wearing T.* 191 *7.*

Local Unit _____ Overseas Unit _____ Age *17.5/12.*

Examination held in Bramshott area.

DISABILITY.

Immature

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

No disability



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.
5. Discharge.

Fit

Signatures :

J.H. Cook Capt. Pres.
H. Wallace Capt. Members

Approved. *Wiley Feb 15th*
Bramshott _____ 191

J. Baughall Major

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT

191

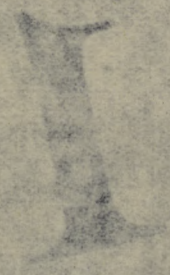
No. _____ Rank _____ Name _____
Local Unit _____ Overseas Unit _____

Examination held in Bramshott area.

DISABILITY

Overseas—Local
(Stretch out out)

PRESENT CONDITION



Board recommended

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

Pres

Members

Approved

Bramshott

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

No. 725143 Rank pte Name Wearing T. ^{15.2.} 191 7.
Local Unit 124 Overseas Unit _____ Age 17.5/12.

Examination held in Bramshott area.

DISABILITY.

Overseas—Local.
(scratch one out)

Immature

PRESENT CONDITION.

No disability

14

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.
5. Discharge.

Air

Signatures :

Members { *Mr. Cook Capt* Pres.
T. W. ... Capt

Approved.

W. T. ...
Bramshott 7 Feb 15th 191

Samuel ...
for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT

191

No. _____ Rank _____
Local Unit _____ Overseas Unit _____
Examination held in Bramshott area _____

DISABILITY

Overseas—Local
(Scratch one out)

PRESENT CONDITION

I

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
5. Discharge

Signature: _____

Pres. _____

Members _____

Approved _____

Bramshott _____

War Service Badge
Class "A" No. 264319

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

29-4-41
D.A. 1
O.G. 13

M

1. No.	725143	
2. Rank.	PTE	
3. Name.	WEARING THOMAS	
4. Unit.	3rd Can Inf. Bn	
5. Date of Discharge	APR 24 1919	Place Toronto
6. Reason for Discharge	Demobilisation	
7. Authority.	No. 2 District Depot, Part II, D.O. No. 119	
8. Proposed Residence after Discharge	Victoria Park Place, Toronto	
9.	<p>CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W.?</p> <p><i>J. Wearing</i> Signature of Soldier.</p>	
10.	<p>CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place: [Stamp: APR 24 1919 No. 2 DISTRICT DEPOT]</p> <p>Date: [Stamp: APR 24 1919 No. 2 DISTRICT DEPOT]</p> <p>Signature: <i>[Signature]</i> (O. C. Discharging Unit.)</p>	

SHORT FORM
PROCEEDINGS ON DISCHARGE

(Demobilization)

1. No.	2. Rank	3. Name	4. Unit	5. Date of Discharge	6. Reason for Discharge	7. Authority	8. Proposed Residence after Discharge
		WERRING THOMAS	3rd Co. 4th Bn.	Apr 2 1919	Resubscribed		

CERTIFICATE TO BE SIGNED BY SOLDIER

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

M. W. W.

Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Place

Date

Signature

(O. C. Discharging Unit)

LIST OF DISCHARGE DOCUMENTS

- Attestation Paper, Triplicate
- or Particulars of Receipts
- Field Conduct Sheet
- Casualty Form
- Last Pay Certificate
- Certificate that missing documents are unobtainable
- Medical History Sheet
- Proceedings of Medical Board
- Dental History Sheet
- Medical Report
- Regimental Conduct Sheet
- Company Conduct Sheet

- 1. Triplicate Attestation Paper (Form W. 21)
- 2. Particulars of Receipts (Form W. 22)
- 3. Casualty Form (Form W. 23)
- 4. Medical History Sheet (Form W. 24)
- 5. Dental History Sheet (Form W. 25)
- 6. Field Conduct Sheet (Form W. 26)
- 7. Proceedings on Discharge (Form W. 27)
- 8. Discharge Certificate (Form W. 28)
- 9. Enclosed in special envelope (Form W. 29)
- 10. Copy of Discharge Certificate (Form W. 30)
- 11. Discharge Certificate (Form W. 31)
- 12. Discharge Certificate (Form W. 32)
- 13. Discharge Certificate (Form W. 33)
- 14. Discharge Certificate (Form W. 34)
- 15. Discharge Certificate (Form W. 35)
- 16. Discharge Certificate (Form W. 36)
- 17. Discharge Certificate (Form W. 37)
- 18. Discharge Certificate (Form W. 38)
- 19. Discharge Certificate (Form W. 39)
- 20. Discharge Certificate (Form W. 40)

Checked by No. _____

Group _____

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)),
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G, Form (D.O.S, 2).
- ~~12. [unclear] (P. 851).~~
- ~~13. [unclear] (P. 851).~~
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
 Checked by No. 15
 Date 11.4.19.

"OLYMPIC" 21-4-19

DISPERAL "T" W 2936

AUDITOR PAYMASTER

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

REGT. No. 725143

RANK *1st Lt.*

NAME (IN FULL)

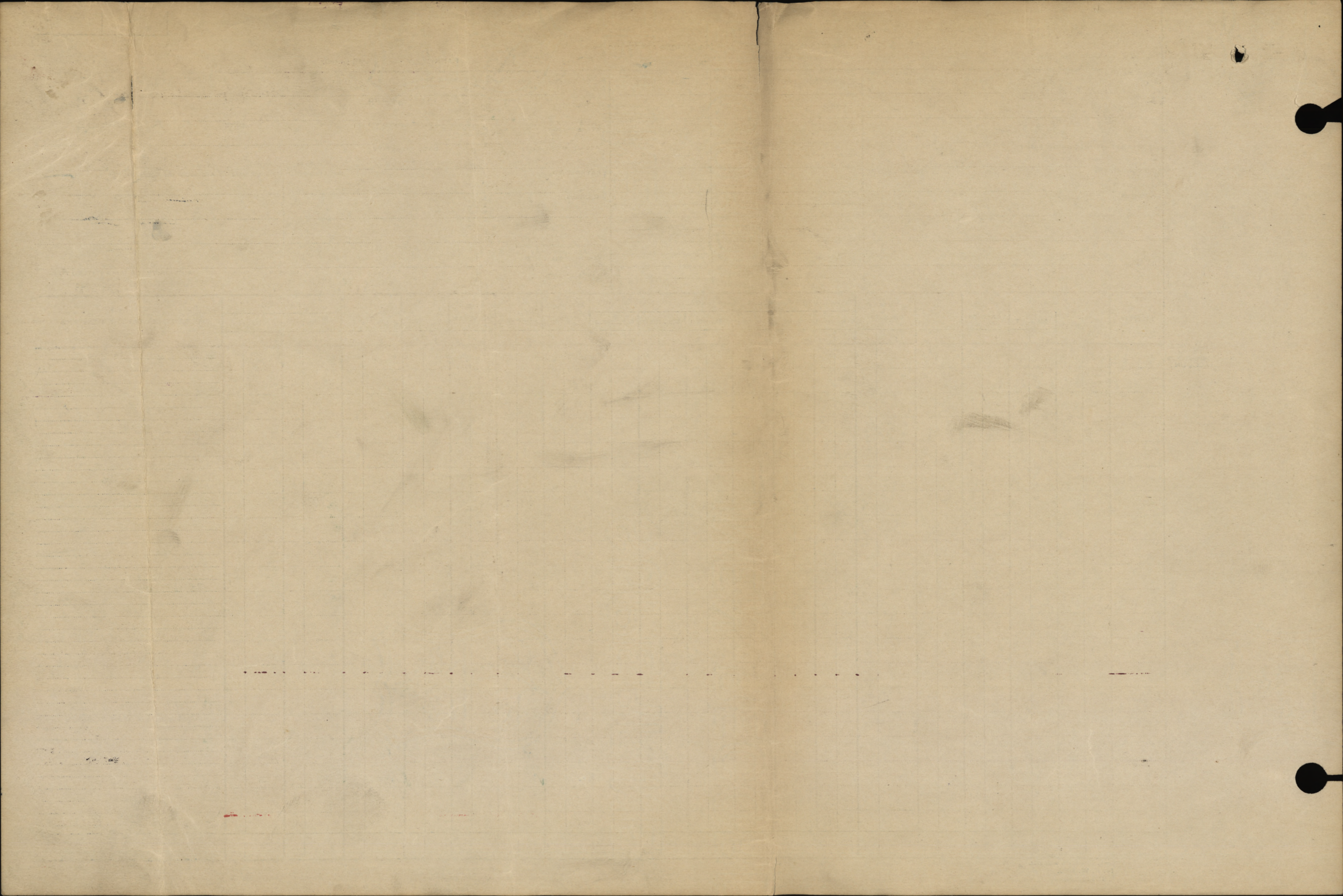
WEARING, T.

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					<i>1st Lt. CORD</i>		<i>Same</i>
					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE	
<i>Closed by Ottawa</i>	<i>30-4-19</i>				<i>20.</i>	<i>Closed by Ottawa</i>	<i>30/4/19</i>
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					<i>Mrs Anna Wearing</i>		
					ADDRESS		
					<i>1 Secumach place</i>		
					<i>Toronto</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE	REASON AUTHORITY
						<i>Toronto 24-4-19</i>	<i>Demob DU 119</i>

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS				
	NO. OF DAYS	RATE	AMOUNT		NO.	DATE	NO.	DATE	NO.	DATE	\$	C.					\$	C.		\$	C.	\$	C.
			\$	C.																			
<i>31-3-19</i>																			<i>60 40</i>	<i>60 40</i>	<i>60 40</i>	<i>Red Dr & DC</i>	
<i>29-4-19</i>	<i>79</i>	<i>110</i>	<i>2 90</i>																			<i>pa 1-4-19-29-4-19</i>	
				<i>25</i>																		<i>April</i>	
				<i>70</i>																		<i>clothing</i>	
																						<i>1st W.S.G.</i>	
																						<i>Grain & boots</i>	
																						<i>W.S.G. as above</i>	
<i>183 days</i>			<i>W.S.G. 1.0</i>																			<i>5 days of a pa</i>	
			<i>420 - 1780 -</i>																			<i>Soldier Dep. to O.C. USA</i>	
																						<i>1st W.S. paid by #2 D. D. D.</i>	
																						<i>W.S.G. PAID IN FULL</i>	
																						<i>May 20 289314</i>	
																						<i>June 19 381910</i>	
																						<i>July 15 730530</i>	
																						<i>Aug 14 727111</i>	
																						<i>Oct 17 1039649</i>	
																						<i>114 50</i>	
																						<i>11 50 174 = 600 - 13M.</i>	



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

Separation and Assigned Pay Branch

Aug/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00 1-12-17	30	
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W

3319

RATE OF ASSIGNMENT

20			
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PARTICULARS OF SEPARATION ALLOWANCE

No. **725143**
 Rank **Pte** Promoted Reverted Discharge
 Soldier's Name **Thos. Wearing**
 Battalion **109 Batta.**
 Beneficiary **Mrs. Anna Wearing**
 Relationship **Wife MFW 2554 31-7-18**
 Address **no. 1 Tecumseth Place Toronto Ont.**

PARTICULARS OF ASSIGNMENT

Name **Mrs. Anna Wearing**
 Address **#1 Tecumseth Place, Toronto Ont.**
 Change of Address

1917 Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31	—	440	340	780	✓ MFW 2554 ret'd OK
Jan 18	L 71984	30	20	50	✓
Feb	R 94199	25	20	45	✓
Mar	X 90999	25	20	45	✓
Apr	W 13114	25	20	45	✓
May	W 18914	25	20	45	✓
June	R 26732	25	20	45	✓
July	B. 22030	25	20	45	✓
Aug.	V. 36154	25	20	45	✓
Sept.	V. 46406	25	20	45	✓
Oct	K 50235	25	20	45	✓
Nov	O 61799	25	20	45	✓
Dec	P 62489	45	20	65	✓
Jan	N 73007	30	20	50	✓
Feb	V 78200	30	20	50	✓
Mar	N 88275	30	20	50	✓
April	V 611	30	20	50	✓

File 18909-7-15

M. F. W. 123.
400M-17-1772-33-1141
L. L. 22320-M. & D. 7493.

A/c Closed 30-4-19
 Ret'd per... "Olympic"
 Date 21-4-19 M.F.W. 187 29-4-19
 Closed M.D. #2

M.R.D. Des. 8578 issued 29/4/19
 A STENCIL
 HAS BEEN MADE
 FOR THIS ACCOUNT

528 W11
gp

