| 432426 | ALLEN | William |
|---|---|---|
| **I.D. number**<br>**No. d'identification** | **Surname**<br>**Nom de famille** | **Given names**<br>**Prénoms** |

# NATIONAL PERSONNEL RECORDS CENTRE
# CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

## PERSONNEL RECORDS ENVELOPE
## ENVELOPPE DES DOSSIERS DU PERSONNEL

**Location**
**Lieu** ///

**"CONTENTS CONFIDENTIAL"**
**"CONTENU CONFIDENTIEL"**

ARC-1048(86/06)

C.E.F. REGIMENTAL DOCUMENTS

NAME ALLEN WILLIAM ..... 2426 ..... UNIT 49 BTN ..... H. Q. FILE No. 6325

| CONTENTS | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE |
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| 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) | | | | |
| FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) | | | | |
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| MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) | | | | |
| MEDICAL EXAMINATION (M.F.W. 129) | | | | |
| 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) | | | | |
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| PARTICULARS OF CHARACTER (A.F.W. 3226) | | | | |
| COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) | | | | |
| CARDS | | | | |
| PAY-SHEETS | | | | |

NON-EFFECTIVE BY

DEATH

CATEGORY

DISCHARGE

CATEGORY

DEMOB

MED

UNFIT

DESERTION



M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

432426

Olympia

# ATTESTATION PAPER.

No. ~~432426~~

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

~~A~~ 432426

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

4

(ANSWERS).

| | |
|---|---|
| 1. What is your name? | WILLIAM ALLEN |
| 2. In what Town, Township or Parish, and in what Country were you born? | Glasgow, Scotland |
| 3. What is the name of your next-of-kin? | Daughter, Katherine Allen |
| 4. What is the address of your next-of-kin? | Fordham, Essex, Eng. |
| 5. What is the date of your birth? | 4th December 1871 |
| 6. What is your Trade or Calling? | Hammerman |
| 7. Are you married? | Widower |
| 8. Are you willing to be vaccinated or re-vaccinated? | Yes |
| 9. Do you now belong to the Active Militia? | No |
| 10. Have you ever served in any Military Force? If so, state particulars of former Service. | Army Service Corps 13 yrs.C.Q.M.S. Regulars. Kings & Queens Medal |
| 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 |

Wm Allen (Signature of Man).

E. Turner (Signature of Witness).



## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Wm Allen (Signature of Recruit)

Date January 7th 1915 E. Turner (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, WILLIAM ALLEN, 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.

Wm Allen (Signature of Recruit)

Date January 7th 1915 C. Y. Weaver (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 Edmonton this 7th day of January 1915

C. Y. Weaver (Signature of Justice)

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

Geo. F. Snider Lieut. (Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841.

# Description of WILLIAM ALLEN on Enlistment.

Apparent Age 43 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 5¾ ins.

Chest measurement: Girth when fully expanded ..... 36 ins.
Range of expansion ..... 3 ins.

Complexion ..... fair

Eyes ..... grey

Hair ..... fair

Religious denominations:
- Church of England .....
- Presbyterian ..... yes
- Wesleyan .....
- Baptist or Congregationalist .....
- Other Protestants ..... (Denomination to be stated.)
- Roman Catholic .....
- Jewish .....

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).



## 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 ..... January 7th ..... 191 5

Place ..... Edmonton

..... 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.

WILLIAM ALLEN ..... 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 of Officer)
Lieut-Col.

Date ..... January 7th ..... 1915.

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 255543

THIS IS TO CERTIFY that No. 432426 (Rank) Private

Name (in full) William Allen enlisted in

the 49th Battalion

CANADIAN EXPEDITIONARY FORCE at Edmonton on the 7th

day of January 1915

HE served in France in 49th Batt. & 3rd Div. Headquarters

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness.~~ Medically unfit for further general service

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

| | | | |
|---|---|---|---|
| Age | 47 years | Marks or Scars | |
| Height | 5 ft. 5 3/4 in | | nil |
| Complexion | fair | | |
| Eyes | Grey | | |
| Hair | Fair | | |

Wm Allen
Signature of Soldier

W A Fonseller
Issuing Officer Capt. for Lt.-Col.
O. C. Clearing Services Command.

Rank

Date of Discharge

QUEBEC, DEPOT
JUL 6 1919
Clearing Services Command

Date JUL 6 - 1919 19

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.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

No. 432426. Sergt. William Allen. 49th Battalion.

14

**WILL**

In the event of my Death I give the whole of my property and Effects to Eliza Newman.
Ford Street
Aldham
Near Colchester
Essex
England

The same to be divided equally between my children.

October 8th 1915 William Allen
Sergeant No. 432426 of
49th Btn. C E F

Mr Alfred Arnold

33

44

"Scandinavian" A

P. 880.

877

DEPARTMENT OF MILITIA AND DEFENCE.

# WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names William 2. Surname Allen.

3. Rank Pte. 4. Original Unit 49th Bn 5. Reg. No. 432426.

6. Address, in full, to which future payments of gratuity are to be forwarded G.P.O. Edmonton Alta.

7. Date of enlistment in the C.E.F. 7-1-1915.

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Miss, Catherine Allen.

9. Relationship of such dependent daughter

10. Address, in full, of such dependent G.P.O. Edmonton Alta.

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? no.

~~12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—~~

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?

~~14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service~~

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 5 mos in Can with 49th Bn 6½ mos in Eng with 49th Bn and A.R. Depot. 41 mos in France with 49th Bn and 3rd Can Div. Hdqrs.

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department no.

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? no

5434. Wt. /30P. 250,000(8). 2/19. S.O.,F.Rd.
6111. Wt. /P17. 25,000. 4/19. S.O.,F.Rd.

M. 5243.

181 11
105
76.11

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. No.

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. No.

~~20. Have you been issued with a War Service Badge? If so what class?~~

21. Have you, during the present war, served in the Imperial Forces? No.

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. No.

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? Yes.

(b) If so, was such reversion in consequence of misconduct or ~~inefficiency?~~

~~24. Are you now serving in the C.E.F.? If not, give: (a) Date of discharge~~ 6/7/19 ~~(b) Reason for discharge~~

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit

~~27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?~~

(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: Wm. Allen

Place of Residence: G.P.O. Edmonton Alta.

Declared before me at: Buxton, Eng.

This 13 day of May 1919.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

A. Woodhead Capt

QUESTIONS 12, 13 14, 20, 24, 25, 26 & 27 UNANSWERED

EXAMINED BY

REMARKS

ATTESTED 7-1-19

DISCHARGED 6-7-19

MUSTER 6-8-19

INTERVIEWED

## POST DISCHARGE PAY.

| Date paid. | Paid Soldier. | Paid Dependent | War Service Gratuity | Net amount due |
|---|---|---|---|---|
| | Nil | | $200 | $600 00 |
| | | | SA/80 | |

Certified Correct

District Paymaster.

GENERAL AUDITOR'S DEPT. AUDITED

DISTRICT AUDITOR

PBR

ORIGINAL

4 26.

# MEDICAL HISTORY SHEET.

*Surname* Allen *Christian Name* William

Examined { on 7 day of January 1915 at Edmonton

Approved by L G Harris

Rank Major M.O

Birthplace { City or Town Glasgow County Scotland

Apparent age 43

Trade or occupation ~~Worker~~ Hammerman

Height 5 Feet 5 3/4 Inches.

Weight 134 Lbs.

Chest measurement { Minimum 33 inches. Maximum expansion 3 inches.

Physical development Good

Small-Pox Marks nil

Vaccination Marks { Arm Right. Left. Number 1

When Vaccinated last Infancy

(*a*) Marks indicating congenital peculiarities or previous disease nil

(*b*) Slight defects but not sufficient to cause rejection nil

| Date | Fit or Unfit | Examined for Re-engagement, |
|---|---|---|
| | | M.O |
| | | M.O |
| | | M.O |
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Vaccinations. |
|---|---|---|
| 26/4/18 | + | L G Harris M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| 10/3/18 | + | L G Harris M.O. |
| 20/3/18 | + | L G Harris M.O. |
| | | M.O. |

*Enlisted on* 7 *day of* January 1915 *at* Edmonton.

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | 49th Battn 6.C.F. | 424 426. | | |
| Transferred to.. ..... | | | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station. | Date. | Disease. | Result. |
|---|---|---|---|
| Refron | 13-4-19 | Osteo Arthritis B knee joints | B i Permanent G Lyon Maj |

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.

M. F. B. 313.

50M—9-14.
H. Q. 1772-39-439.

Surname Allen Christian Name Allan

| STATION. | Date of Arrival at the Station. | Dates of Admission into Hospital. Day | Month | Year | Dates of Discharge from Hospital. Day | Month | Year | 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. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| No 10 Can. Fd. Amb. | | 3 | 8 | 16 | 8 | 8 | 16 | Rheumatism | 5 | Rej: unit | A228-232 |

C.A.D.C. 5009A

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

# DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

**DIRECTIONS TO DENTAL OFFICERS**

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

NAME OF SOLDIER (Block Letters) Ahlen. W.

REGIMENT A.R.D. RANK Pte. No. 432426

23-419

Date of Examination in England _____ Date of Examination in France _____





## PRESENT DENTAL REQUIREMENTS

1. FILLINGS 21
2. EXTRACTIONS —
3. CROWNS —
4. DENTURES
   - (a) Full Upper —
   - (b) Part Upper —
   - (c) Full Lower —
   - (d) Part Lower —

HAS HE EVER REFUSED DENTAL TREATMENT? No

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 —
- (c) In France —

*Signature of Dental Officer* J. E. Thompson, Capt.

C.A.D.C. 5009A

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

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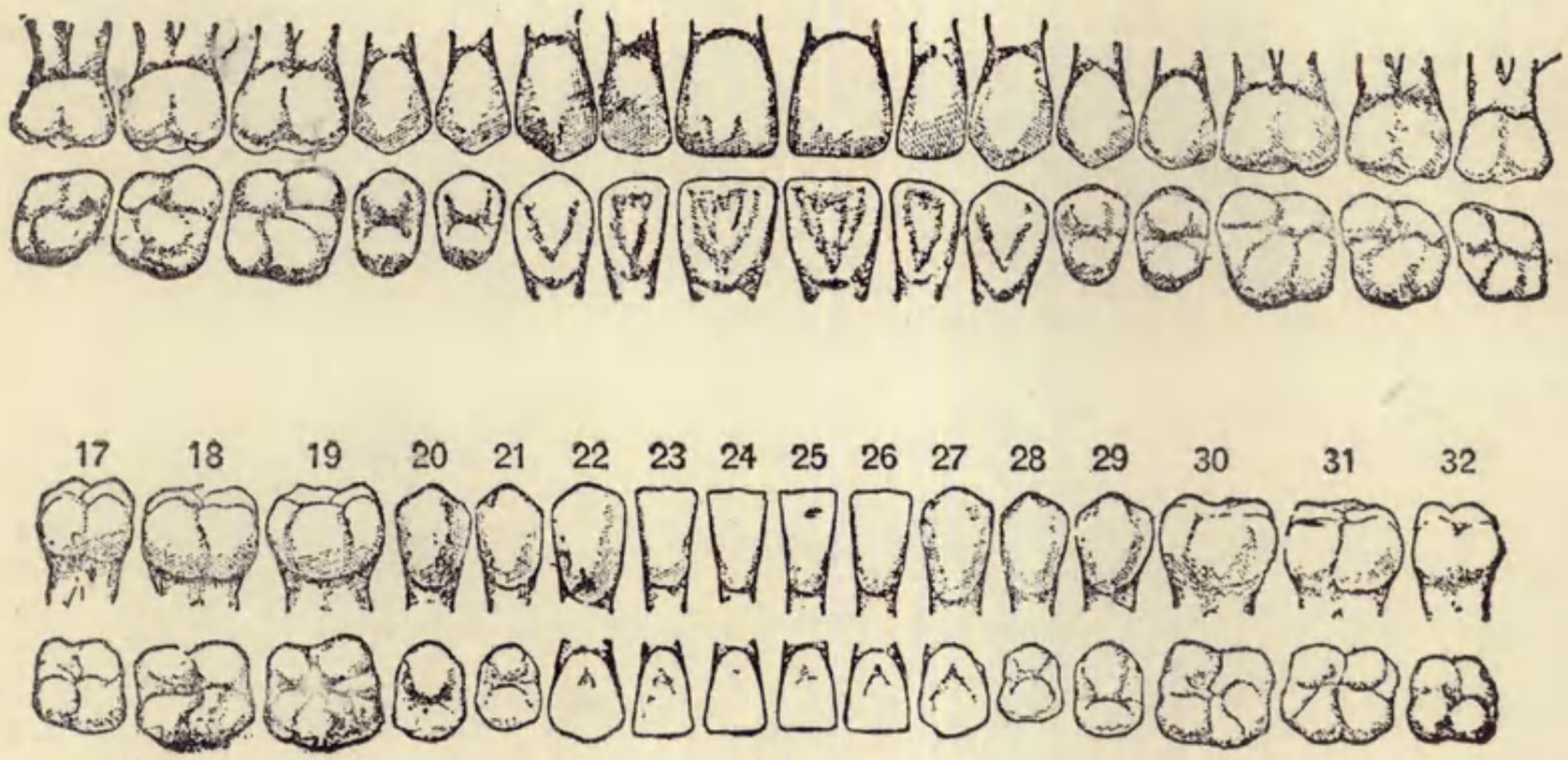
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

NAME OF SOLDIER (Block Letters) ALLEN WILLIAM

REGIMENT 3rd CON Div HQ Pde Staff Pte. RANK ___ No. 432426

Date of Examination in England ___ Date of Examination in France January 17/1919




## PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? No

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
- (*c*) In France

*Signature of Dental Officer* G H Chapellow Capt

(641)—Wt. W1751-1403.—500,000.—5-15.—C. & G. Forms B. 103/1.

Army Form B. 103.

Certified Correct
R.A. 101/Inf/1911

# Casualty Form—Active Service.

Regiment or Corps 4th Battn. C.E.F.

Regimental No. 432426 Rank ~~Sergt~~ Name Allan W.

Enlisted (a) 7/1/15 Terms of Service (a) Duration of War Service reckons from (a) 7/1/15

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

Extended _____ Re-engaged _____ Qualification (b) _____

| 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 | | | | |
| 9.10.15 | OC 4th Bn | DISEMBARKED BOULOGNE 9 10 15 | | | Nom Roll 101/Inf/4911 |
| 12.1.16 | do. | attached 3rd Divnl. Battn as N.C.O. S/C. | Field | 7.1.16 | B213 |
| 13.7.16 | do | Reduced to the ranks | do | 27.6.16 | A.F.B 20by. Pt. II orders 31 of 9/8/16. |
| 5.8.16 | o/c. 8.C.F.A | Rheumatism adm. trans. | 8.C.F.A 3 D.R.S. | 1-8-16. 3-8-16. | A36 DCS. 184 of 16-8-16 |
| 6.8.16. | o/c 10.C.F.A. | Arthritis l. knee adm. | 10 C.F.A. | 3.8.16 | A36 DCS. of |
| 20.8.16 | o/c Unit | Rejoined Unit | Field | 8-8-16 | B213 " 190 of 23.8.16. |
| 12-8-16. | 3rd Can Div H.Q. | attached 3rd Div. Hqrs. I.M. as fatigueman. | Field. | 8-8-16 | B213. Pt II Gd. 34 of 31-8-16. Ref file 101/372 K.I. |
| 31-10-16 | AAG | Granted 10 days leave | do | 30-9-16 | Pt 2 Gd. 81 of 31-10-16 |
| 14-10-16 | [illegible] | Rejd from leave | do | 10.10.16 | B213. |
| 24-3-17 | do | Granted 10 days leave | do | 19-3-17 | B213. Part II orders No 36 of 7-4-17 |
| 7-4-17 | do | Returned from leave | do | 31-3-17 | B213 |
| 8-8-16. | AA&QMG Sect. HQ 3rd Echelon | Transferred to 3rd Canadian Headquarters. | Divisional | 7-8-16. | B213. Part II Order No 76 of 3-7-17. K.I. 16/11735 |
| 8.8.16. | do | Taken on Strength 3rd Can D.H.Q. as Batman | Field. | 8.8.16 | K.I. 16/11735 Pt II O. 29. of 6.7.17 |

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

COPIED Adjutant General's Office

# 432426 Pte. Allan W.

| 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 | | | | |
| 9.8.17 | G.O.C. 3rd Can Div. | Sentenced to 7 days F.P. No 1. for "When on Active Service using insubordinate language to a superior officer. 31.7.17. | | 3.8.17 | B2069 Part II O. 37 d/22.8.17 |
| 29.12.17 | do | Granted 14 days leave | U.K. | 23.12.17 | B213 Pt II O. 3 d/15.1.18 |
| 12.1.18 | do | Returned from leave | Field | 8.1.18 | B213 Pt II O. 4 d/22.1.18 |
| 28.9.18 | do | Granted 14 days leave | U.K. | 22.9.18 | B213 Pt II O. 46 d/9.10.18 |
| 12.10.18 | do | Returned from leave | 3rd Div HQ | 11.10.18 | B213 |
| 3.10.18 | War Office | Granted extension of leave | to. | 9.10.18 | List. Pt II O. 48. 23.10.18 |
| 17.10.18 | A.I.D. 6 Lpts. | Classified "B3" by medical Board (Myalgia, aged) | | 17.10.18. | A7W.3339 (782) Pt II O. |
| 21/2/19 | 3rd GHQ 1st Echn | Granted 14 dy leave to U.K. | | 7/2/19 | Pt. II D.O. 7 |
| " | " | S.O.S. 3rd Cl Hy. and posted to 6th Can Depot, Witley On Exp. of leave | | 21/2/19 | Pt. II D.O. 7 |

Lieut.
for Lt. Col., A.A.G.,
Canadian Section

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

M. F. W. 54. (A. F. B. 103:
500M.—9-16
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No. 432426 Rank Plé C. E. F. Name Allen Wm.

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

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

Extended..... Re-engaged..... Qualification (*b*)..

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| 24-7-19 | Gen. Dpo Pers. | So Sof OM Fl. to | Canada | 21-6-19 | AO 1 |
| | | | | | A. Lapierre for D of R |

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(*b*) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 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 | | | | |
| | | | | | |

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP1150 1M 5/18 G.W.P.Co (3490)

# SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103—I.
Part I.

| (1)*Substantative rank<br>*Acting rank<br>*[To be entered in pencil to facilitate alteration.] | (2) Regiment or Corps | (3) Regtl. No. |
|---|---|---|
| (4) Surname | | |
| (5) Christian Names | | |
| (6) Army Form, number of, Attestation Form or Record of Service paper | | |
| (7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918] | | |
| (8) Date of birth as stated on enlistment | | |
| (9) (*a*) | | |

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

(Authority) (*date*)

Initials and Rank of an Officer.

| (15) Category | Date | Medical Authority | Initials and Rank of an Officer |
|---|---|---|---|
| | | | |

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place) (Signature of Posting Officer

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(22) Extended { (23) Re-engaged {

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

Allen W.

| (A) Report | | (B) | (C) | (D) | (E) | (F) |
|---|---|---|---|---|---|---|
| Date. | From whom received | Authority of Part II. of Orders | Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named. | Place of casualty | Date of promotion, reduction, reversion, casualty, &c. | Remarks, and initials and rank of an officer |
| 28.2.19 | AKD | DO#11 | T.O.S. posted B Coy | Reform | 26.2.19 | |
| 5.5.19 | AKD | DO#103 | On Command to Buxton | | 5.5.19 | |

R. E. Appleby

LT. O.I/c RECORDS
ALBERTA REGIMENTAL DEPOT

Nothing to be written in this margin.

6/5/19 Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 111

21/6/19 Ceases to be attached C.D.D. Buxton on proceeding to Canada, Part 11 Order No. 144

S. Vickers Lt. ~~Capt.~~
For OFFICER COMMANDING
CANADIAN DISCHARGE DEPOT

30/6/19 Disembarked R.M.S. Scandinavian R. L. Shortell Lt & adj U.S.T.A.S.

27-6-19 T. O. S. Quebec Depot Clearing Services Command
Part 11. Order No. 182

6-7-19 S. O. S. Quebec Depot, Clearing Services Command, on being discharged from the Service under Demob'n.
RO-1420
Daily Orders Pt. 11 No. 182

R. Mutt LIEUT
OFFICER IN CHARGE RECORDS
CLEARING SERVICES COMMAND

26 RANK Pte. NAME Allen, Wm.

7/1/15 (D.O. 8 of 8/1/15) UNIT 49th. Battalion C.E.F.

M. D. 13

| PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|
| | | PARTICULARS | AUTHORITY |
| 1915 Jan. 31 | ✓ | | |
| Feb. | ✓ | Prom. Sgt. 7-1-15. | (D.O. 49 of 18-2-15) |
| Mar. | ✓ | | |
| Apr. | ✓ | | |
| May | ✓ | | |
| June | ✓ | | |

UNIT SAILED
JUN 4 1915

880. CS 186. W.503/P.36. 20,000 Pads. 10/17. N.P.A. Ltd. E. 1955.

Army Form W. 3172.
(In pads of 50)

Ripon Military Hospital.

Ward _____ No. of Bed _____ Date 4. 4. 19.

| Regl. No. | Rank and Name. | Corps. | Part to be X-Rayed. |
|---|---|---|---|
| 432426 | Pte Allen W. | A.R.D. | Both Knees |

SHORT HISTORY OF CASE.
(To be completed by M.O. i/c case.)

Signature of M.O. _____

Date _____

REPORT ON RESULT OF X-RAY EXAMINATION.
(To be completed by Radiographer.)

No. of Plate 8161

Considerable bony lipping about knee-joint & superior tibio-fibular articulation — all bones affected — femur. patella. tibia & fibula. Calcification of synovial fringes at back of left knee.
"Osteo-arthritis".

Signature of Radiographer P. W. Hampton
Major RAMC

Date 5. 4. 19.

D.M.S. 1800.

| Surname | Christian Name or Names | Reg. No. |
|---|---|---|
| Allen | W. | 432426 |

| Rank | Unit | Co. | Troop | Batty. |
|---|---|---|---|---|
| Pte. | 49. Batt. | | | |

Hospital: #3 Div. Rest Station — Date of Admission: 3-8-16

Transferred #10 Can. Field Ambl. Hosp. 3.8.16

Hosp.

Hosp.

Hosp.

Diagnosis: Rheumatism

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Rejoined unit 8-8-16 — Date

C.L. 22.8.16. A228 ①

C.L. 22.8.16. A228 ②

CL 26-8-16 A232

REMARKS

A.M.D. 2 DEPT.

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

20 M

# EPITOME OF HOSPITAL TREATMENT.

| | Hospital | Adm. |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

Rank ~~Sergt.~~ Pres Name ALLEN, William Reg'l No. 432426

Unit ~~2~~ 49th Bn. If in perm. Corps, What Unit? Married or Single Widower,

Place and Date of Enlistment Edmonton Alta 7th Jan. 1915 Place of Birth Glasgow, Scot.

Name and Address, Next-of-Kin Katherine Allen.

Fordham, Essex, Eng. Relationship Daughter

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place TOS 3rd Div Reason Character



| 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 England | | 14/6/15 | |
| | | Embarked for France. | | 9 OCT 1915 | |
| 14-3-16. | OC 49th | Attached to 3rd Can Div Baths for duty from 11-1-16. Auth message 49 3rd Can Div SC 915 d 9/1/16 AAG Can Sect 949 3rd Tch KE 1111 Inf/49/15 | France | 11-1-16 | |
| 7.8.16 | — . — | under arrest awaiting trial 3/6/16. Tried & convicted by F.G.C.M. of — "Embezzling public money" and "Obtaining money under false pretences" & sentenced to be reduced to the ranks 27.6.16; confirmed by maj-gen. G.J. Elliott G.O.C. 3rd Can Div. | Field | 7/2.6.16 | Pt II 031. |
| 22.8.16 | — . — | NO 3 Div Rest Station | — . — | 3.8.16 | Cl A 226. Rheumatism 70 |

| 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 | | | | |
| 22.8.16 | D C 49th | N010 Ldn Field Amb | Field | 3.8.16 | Let A 226 Rheumatism |
| 26.8.16 | — " — | Rejoined unit | — " — | 8.8.16 | — " — 232 — " — |
| 31.8.16 | — " — | attd to Div HQ for duty as fatigue man | — " — | 8.8.16 | Pt II O 34. |
| 31.8.16 | — " — | attd 3rd Div HQ as fatigue | Field | 8.8.16 | Pt II O 33 ? 76.37/17 |
| 6.7.17 | ~~HQ~~ 3rd Div | 2 O.S from 49th Div | — | 8.8.16 | ~ 29. |
| 20.2.19 | 3rd Div HQ | Granted 14 days leave & passed to Gen Depot on expiration | " — do | 21-2-19 | ~~To S Gen Dep Do 98 of 5-5-19~~ — 4th Cancelled by G.D. Do 120 of 4th 19. |
| 5-5-19 | G R D | Ceases to be att to #1 Reg. Depot Group and will be shown on Comm to C D D Buxton M013 pending embarkation to Can. W/E | Ripon | 5-5-19 | DO 103 Cbs 26 4 19 |
| | | D-19-S.2 | Sailing | 21.6.19 | |
| 28-2-19 | ~~Attd~~ G R D | To S from 49th & attchd to Reg Dep Group I for all purposes & posted to B coy. | — ~~Leptd.~~ Ripon | 26-2-19 | DO 47. |
| 24.7.19 | Gen Dep | 1 O.S. to Canada | London | 21.6.19 | AO 1. |

L. L. Job 71782—M. & D. 5292.

M. F. W. T2
75m.-12-14.
H. Q. 1772—39-819.

7-1-15

127

MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

Name Mrs Catherine M Allen

Address Ford Street. Fordham.
Nr Colchester Essex.
England.

Relation to Soldier wife, child or mother: Children's Guardian

Name of Soldier: Allen. William

Regtl. No. 432486

Rank: Sergt

Corps: 49th Battn.

To what Corps belonging when called out:

PAYMENTS

ENGLISH

| Month | Year | Cheque No. | Amount | | REMARKS |
|---|---|---|---|---|---|
| Aug. | 1914 | | | | Duplicate sheet sent to England for payment. |
| Sept. | | | | | |
| Oct. | | | | | |
| Nov. | | | | | |
| Dec. | | | | | |
| Jan. | 1915 | | | | |
| Feb. | | | | | |
| March | | | | | |
| Apl. | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| Aug. | | | | | |
| Sept. | | | | | |
| Oct. | | | | | |
| Nov. | | | | | |
| Dec. | | | | | |
| Jan. | 1916 | | | | |
| Feb. | | | | | |
| March | | | | | |

Rank Sergt. Name ALLEN, William Reg'l No. A.32426

Unit 49th Bn. If in perm. Corps, What Unit? Married or Single Widower.

Place and Date of Enlistment Edmonton Alta 7th Jan. 1915 Place of Birth Glasgow, Scot.

Name and Address, Next-of-Kin Katherine May Allen.
Ford Ct, Aldhaw, Nr. Colchester.
C/o Mrs Newman ~~Fordham~~, Essex, Eng. Relationship Daughter

Assigned Pay Monthly $ 20. Payable to Mrs Catherine May Allen

~~20c Mrs Helen G White, 8 University Campus, Edmonton~~ Relationship Daughter
Alta.

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

| Date From 1915 | Date To | PAY No. of Days | PAY Rate | PAY Amount | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount | Other Credits | Total Credits | Voucher No. | Voucher Date | Cash Payments | Assigned pay | Other Charges | Total Debits | Balance | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| June 1 | 30 | 30 | 1.35 | 40 50 | 30 | 15 | 4 50 | | 45 | | | 20 | 20 | | 40 | 5 | |
| July 1 | 31 | 31 | 1.35 | 41 85 | 31 | 15 | 4 65 | | 46 50 | | | 25 | 20 | | 45 | 6 50 | Attd 17th Bty from nature from July 10 DO 202. |
| | | Adjustment of Exchange | | | | | | 1 20 | 1 20 | | | ~~#5~~ | | | | 7 70 | |
| Aug 1 | 31 | 31 | 1.35 | 41 85 | 31 | 15 | 4 65 | | 46 50 | | | 21 89 | 20 | | 41 89 | 12 31 | |
| Sept 1 | 30 | 30 | 1.35 | 40 50 | 30 | 15 | 4 50 | | 45 | | | 19 47 | 20 | | 39 47 | 17 84 | |
| Oct 1 | 31 | 31 | 1.35 | 41 85 | 31 | 15 | 4 65 | 17 84 | 64 34 | | | 10 09 | 20 | | 30 09 | 34 25 | |
| Nov. 1 | 30 | 30 | 1.35 | 40 50 | 30 | .15 | 4 50 | 34 25 | 79 25 | | | 15 94 | 20 | | 35 94 | 43 31 | |
| Dec. 1 | 31 | 31 | 1.35 | 41 85 | 31 | .15 | 4 65 | 43 31 | 89 81 | | | 34 99 | 20 | | 54 99 | 34 82 | |
| 1916 Jan. 1 | 31 | 31 | 1.35 | 41 85 | 31 | .15 | 4 65 | 34 82 | 81 32 | | | 5 23 | 20 | | 25 23 | 56 09 | |
| Feb. 1 | 29 | 29 | 1.35 | 39 15 | 29 | .15 | 4 35 | 56 09 | 99 59 | | | 19 47 | 20 | | 39 47 | 60 12 | |
| Mch. 1 | 31 | 31 | 1.35 | 41 85 | 31 | .15 | 4 65 | 60 12 | 106 62 | 146 3 DHQ<br>137 3 HBSS<br>26 3 OCB<br>108 16th KM<br>216 3 DHQ | 5 23<br>5 23<br>5 23<br>5 23<br>5 23 | 20 | | | 46 15 | 60 47 | attached 3rd Ch Battn for duty 11/1/16. DO 12 of 14/3/16 |
| | | | | 411 75 | | | 45 75 | 1 20 | 458 70 | | | 198 23 | 200 | | 398 23 | 60 47 | |

| Date | | PAY | | | Field Allowance | | | Other Credits | Total Credits | Voucher | | Cash Payments | Assigned pay | Other Charges | Total Debits | Balance | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| From | To | No. of Days | Rate | Amount | No. of Days | Rate | Amount | | | No. | Date | | | | | | |

0349

# MILITIA AND DEFENCE
## ASSIGNED PAY

To whom ~~Catharine May Allen~~

Address c/o Mrs S Newman
(Guardian) Ford St.
Aldham
Nr Colchester

Rate 20.00.

Date to Commence 1st June/15

By whom assigned Allen. Wm

Regtl. No. 32426

Rank Sgt.

Corps, &c. Hq Battalion "6" Co.

S.a being paid Mrs S Newman (Guardian)

## PAYMENTS.

| Month | Year | Cheque No. | Amt. | REMARKS |
|---|---|---|---|---|
| Aug. | 1914 | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| Apl. | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | 35876 | 60 | Pay 60.00 |
| Sept. | | 35899 | 20 | |
| Oct. | | 49157 | 20 | |
| Nov. | | 64171 | 20 | |
| Dec. | | 80684 | 20 | |
| Jan. | 1916 | | | |
| Feb. | | | $140 | Carried |
| March | | | | |

RECEIVING SEPARATION ALLOWANCE $ 25.
EFFECTIVE Jan. '15
RELATIONSHIP Guardian

# ASSIGNED PAY.

By whom assigned Allen Wm

Regtl. No. 432426 Sgt. C. Coy. 49th Battn.

| Month | Year | Cheque No. | Amt. ASSIGNED PAY | Pay Sheet | SEPARATION ALLOWANCE | REMARKS. |
|---|---|---|---|---|---|---|
| | | | 140 | | | |
| Jan. | 1916 | 100228 | 20 | | | |
| Feb. | | 121733 | 20 | | | |
| March | | 144252 | 20 | | | |
| Apl. | | 264 | 20 | | | |
| May. | | 26271 | 20 | | | |
| June | | 53783 | 20 | | | |
| July | | 85846 | 20 | | | |
| Aug. | | 118353 | 20 | | | |
| Sept. | | 157880 | 20 | | | |
| Oct. | | 187898 | 20 | | | |
| Nov. | 360[52] | 224906 | 20 | | | |
| Dec. | | 265424 | 20 | | | |
| Jan. | 1917 | 306965 | 20 | 545 | | TOTAL SEP. ALL. PAID TO 31 JAN. 1917, FROM SEP. ALL. LEDGER. |
| Feb. | | 347486 | 20 | 25 | | |
| March | | 390493 | 20 | 25 | | |
| Apl. | | | 440 | 595 | | A.P. and Sa. checked & found correct |
| May | | | | | | Pay Sgt. 21/3/17 |
| June | | | | | | |
| July | | | | | | |
| Aug. | | | | | | |
| Sept. | | | | | | |
| Oct. | | | | | | |
| Nov. | | | | | | |
| Dec. | | | | | | |

L. L. Job 71782—M. & D. 5292.

M. F. W. Yt
25m.-12-14.
H. Q. 1772—39-819.

Sep. 3 1916

Duplicate

7-1-15.

MILITIA AND DEFENCE

2ND CANADIAN CONTINGENT

# SEPARATION ALLOWANCE

2503

Name ~~Miss Catherine M Allen~~ Mrs E. Newman

Address Ford. Street, Fordham. Nr. Colchester. Essex England.

H. O. Fordham.

Relation to Soldier wife child or mother — Children's Guardian

Name of Soldier Allen William

Regtl. No. 432, 426.

Rank Sergt.

Corps 49th Battn.

To what Corps belonging when called out

PAYMENTS a/c D. 20.00 29/5/16

| Month | Year | Cheque No. | Amount | REMARKS |
|---|---|---|---|---|
| Aug. | 1914 | | | Birth certificates produced. |
| Sept. | | | | Catherine May Born 28/1/98. |
| Oct. | | | | J. Elizabeth Whyte - 1/3/00. |
| Nov. | | | | Wm Mathew Whyte - 25/12/05. |
| Dec. | | | | Robt Jas. W. - 13/12/06 |
| Jan. | 1915 | | | alex Thos. W. - 27/2/05. J.W.D. |
| Feb. | | | | Marriage certificate produced. 19/4/16 |
| March | | H.5029. | 40 | Married. 15-6-03. |
| Apl. | | | | ~~40~~ ~~75~~ |
| May | | | | |
| June | | | | cc 1 053301/13 |
| July | | | | |
| Aug. | | | | |
| Sept. | | | 75 — | cc 1 114596/608 |
| Oct. | | | | |
| Nov. | | | 75 — | cc 1 214400/12 |
| Dec. | | | | |
| Jan. | 1916 | | | |
| Feb. | | | | cc 1 339574/586 |
| March | | | 75 | |

Auth 901 app 15/5/a 30 od by Buxton for May 1916

MILITIA AND DEFENCE.

# SEPARATION ALLOWANCE.



Name of Dependant Mrs E. Newman
Relation to Soldier Guardian.
1 Forest St Aldham.
Mr Colchester Essex
P.O.
2
P.O.

3
P.O.
4
P.O.

Name of Soldier Allen. Wm.
Regtl. No. 432426
Rank Sergt.
Corps 49th Battalion.
To what Corps belonging when called out

| Month. | Year. | Cheque No. or Postal Draft Book No. | Amount. $ c. | Amount. £ s. d. | Date. | £ s. d. | REMARKS. |
|---|---|---|---|---|---|---|---|
| | | Brought Forward ... | 295 | | | | |
| Apl. | 1916 | C 1020 | 25 00 | | | | |
| May | | C 1856 | 25 - | | | | |
| June | | C 3248 | 25 - | | | | |
| July | | C4414 | 25 | | | | |
| Aug. | | C5634 | 25 | | | | |
| Sept. | | C6922 | 25 | | | | |
| Oct. | | C8244 | 25 | | | | |
| Nov. | | C9803 | 25 | | | | |
| Dec. | | C11633 | 25 | | | | |
| Jan. | 1917 | C13029 | 25 | | | | |
| Feb. | | | $ 545 | | | | Total Separation Allowance paid to end of January, 1917. |
| Mar. | | | | | | | |
| Apl. | | | | | | | |
| May | | | | | | | |
| June | | | | | | | |
| July | | | | | | | |
| Aug. | | | | | | | |
| Sept. | | | | | | | |
| | | Carried Forward ... | | | | | |

TRANSFERRED TO ASSIGNED PAY LEDGER

ENTERED

CHECKED

REGT'L No 432426.

H. Q. FILE No. 649-

NAME Allen W.

RANK AND CORPS Pte. 49th Bn.

| FOLLOWS |
| --- |
| NO. |
| FOLLOWS |

| CABLE | |
| --- | --- |
| No. | Date |
| | |

NATURE OF CASUALTY

L. L. Job 90581—M. & D. 6314.

M F. W. 42—50M—1-16.
H. Q. 1712-39-893.

| LIST No | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---|---|---|---|
| a 228[1] | #3 Div. Rest Station | 3-8-16 | Rheumatism |
| a 228[2] | #10 Can. Fld. Amb. | 3-8-16 | " " |
| a 232 | Rejoined unit | 8-8-16 | Rheumatism |

R. 149.

Name Allen. William. Rank Pte. Reg. No. 4332426.

Unit 4th Batt.

Next of Kin Katherine Allen, Fordham, Essex.

| Date 1916 | | Movement | Place | Casualty | List No. | Notified N/K. O. | | W.O. List |
|---|---|---|---|---|---|---|---|---|
| 3 | 8 | H.O.3. Div. Rest Stn. | | Rheumatism | 1228 | | | |
| 3 | 8 | H.O.10 Con Field | | " | 1228 | | | |
| 8 | 8 | Returned Unit. | | | 1232 | | | |

| Date | | Movement | Place | Casualty | List No. | Notified N/K O. | | W.O. List |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

## 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) 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. 5003a).
6. Field Conduct Sheet (A.F.B.122)
7. Proceedings on Discharge (A.F.B.218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260.4) ).
9. Copy of Discharge Certificate (M.F.W.39a).
10. Dispersal Certificate (C.D.S.)
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P.851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group 6
Checked by No. 4
O.S.H.
Date 13 6 19

NUMBER OF DEPENDENTS 3



Dispersal Area 513

24-8

Next of Kin Daughter

## SHORT FORM.

## PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Pres.

1. No. 132426

War Service Badge Class "A" No. 255543

2 Rank. Private

3. Name. ALLEN Wm

4. Unit. C.A.M.C. 19th Battn

5 Date of Discharge JUL 6 - 1919 Place QUEBEC

6 Reason for Discharge Demob. & Medically Unfit B.1. for further General Service

Trade Shipping Clerk Occupational Group 3

Service in France. 2 years 6 months

7. Authority. Routine Order 1420

8. Proposed Residence after Discharge ~~Demobilization~~

G.P.O. Edmonton Alta

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

M. Allen
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

JUL 6 - 1919

Place Medical documents forwarded to B.P.C. 15-7-19

Date 4.7.19

Signature W. A. Goodeve
(O. C. Discharging Unit.)
Capt. for Lt.-Col.
O. C. Clearing Services Command.

M.F.B. 218a—300M.-11-18—1772-39-113.

Comp 11-11-19 BB

## 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.)~~ -- Bi. Permanent. |
| (*c*) Home service (Canada only), | ( " C) | ~~(Yes or No.)~~ |
| (*d*) Temporarily unfit. | ( " D) | ~~(Yes or No.)~~ |
| (*e*) Unfit for service in Categories A, B and C | ( " E) | ~~(Yes or No.)~~ |

20. It is certified that the invalid

(*a*) ~~Does require treatment.~~ - (Give the nature of the condition and of the treatment required and its probable duration.)

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

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

Boarded for return to Canada.

Authority A.G. Telegram 9083 dated 11-11-18.

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.

T. Lyon. Maj. — *President.*

PLACE Ripon. Yorks. — W.H. Wilson. Capt. } Members

DATE 14.4.19.

### TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness..... Signed.....

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

*President*

PLACE..... } Members

DATE.....

CERTIFIED TRUE COPY

APPROVED BY E. Shoudice — *Assistant Director of Medical Services.*

CAPTAIN, C.A.M.C. For A.D.M.S., CANADIAN TROOPS, RIPON CAMP, YORKS.

DATE 14 Apr 1919.

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

DATE.....

THIS FORM WILL BE USED FOR ALL RANKS

57

# 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 Ripon. Yorks. DATE 14. Apr 1919.

1. 1 (*a*) Unit A.R.D. (*b*) Regimental No. 432426. (*c*) Rank Pte.

(*d*) Surname ALLEN. (*e*) Christian name WILLIAM.

(*f*) Home address Edmonton. Alta.

(*g*) Next of Kin Miss Catherine Allen. (*h*) Relationship Daughter.

(*i*) Address of Next of Kin Edmonton Alta.

2. Age last birthday Forty seven. Date of birth 4. Dec. 1871.

3. Enlistment, or Appointment (if an Officer) (*a*) Place Edmonton Alta. (*b*) Date 7. Jan. 1915.

4. Personal description:

(*a*) Height 5'7½" (*b*) Weight 142 lbs. Est. (stripped) (*c*) Complexion Fair.

(*d*) Colour of hair Fair (*e*) Colour of eyes Grey (*f*) Identification marks, Scars, etc.

On enlistment tatto mark posterior middle left forearm.

5. Former trade or occupation Clerk.

| 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 |
|---|---|---|
| | Four | 97. |

| | Periods From | Periods To |
|---|---|---|
| Canada | Jan 7. 1915. | May 29. 1915. |
| England | June 14. 1915. | Oct. 9. 1915. |
| | Feb. 7. 1919. | to date. |
| France or other theatres of War | Oct. 9. 1915. | Feb. 7. 1919. |

7. Original disease, or injury Osteo Arthriris of both knees.

(*a*) Date of origin Aug. 1916. (*b*) Place of origin France.

(*c*) Cause Conditions of active service.

M. F. B. 227.
400M.—11-18.
1772-30-117.

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.)

(Osteo Arthritis of both knees.)

Partial loss of functions of noth legs.

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.)

Objective. X Ray Specialist's Report;-Considerable bony lipping about knee joint and superior tibia fibular articulation. All bones affected femur patel tibia and fibula. Calcification of synovial fringes back of left knee. Oseo arthritis" Both knees enlarged but of equal size. (sd. P. W. Hampton Major RAM Hypertrophy of both internal condyles of tibia which are tender to pressure. Both legs cannot be flexed beyond a right angle and when forcibly trying to flex them pains are felt at point of internal condyles of tibia and in popliteal region. Crepitation present in flexion. Abolition of Knee reflexes.

Subjective. Man states that he has general pains in both knees and legs which occasion weakness. Cannot march with pack more than three miles without any serious trouble. Then knees stiffen and unable to flex them to any degree and pains radiate to feet. Has to rest some time before doing any more exercise. Cannot kneel down as body will fall forwards if not supported, attributed to incomplete flexion of knees. Cannot stand erect for any length of time, even for a five minutes duration as knees stiffen feel numb and useless. Both knees swell after strenuous exercise.

(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 (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System: No (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: No — Any other general condition: No

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

Arthritis both knees 1.8.16. to 8.8.16. Classified B3. by Medical Board (Myalgia Aged.) 17.10.18. A.I.D.C. Cns. Boarded Bi. Debility 17.1.19. Field ADMS. 3rd. Can. Divn/ Since Aug. 16. has been employed as Batman.



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).)

Enteric fever 1900. No disability.

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

Nil.

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

Not applicable.

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

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

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

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

Hospital and local treatment
See Sect 10 (a)

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No
(If the answer is "yes" state nature of treatment required and probable duration)

Hospital and local treatment. See Sect. 10a.

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

17. Recommendations Bi.

J. J. Trudel Capt.
*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 William Allen. 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

Wm. Allen Pte. Rank.
*Signature of invalid examined.*

5. MEDICAL HISTORY. Enlisted 7.1.15 Came to France 9.10.15

Documentary evidence:- nil

Soldiers Statement:- Never laid up in hosp in lines No accident wound or injury. Eats + sleeps well. Bowels regular. Sees and hears well. Feels fit but not as active as in younger years.
Smokes 10 cigarettes drinks very moderately no venereal history Had typhoid in 1901: laid up 10 weeks: No sequelae other than foregoing negative history prior to enlistment
Was boarded 17.10.18. for over age categorised B iii

6. PRESENT CONDITION. Weight 150 lbs
Well developed fairly well nourished skin and mucous of good color. Looks his age. Appears worn out but exhibits fair health
Circulatory Respiratory alimentary Locomotory Glandular Nervous and G.-U. Systems normal
Special senses normal
Urinalysis negative
Category given on account of age

7. OPERATION. (*i.*) Was one performed ? No (*ii.*) If so, state what. ✓

(*iii.*) Was one advised and declined ? ✓

*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 ? No

(*ii.*) If so, describe. ✓

9. DO YOU RECOMMEND :—

(*a*) Fit for duty ? (*state category*) yes B1

(*b*) Invalid to Canada ? No

(*c*) Discharge from the Service as permanently unfit ? No

Date of Report 7.1.19 1919

Station Field

Signed H. Francesby Capt. C.A.M.C.
*Officer in medical charge of case.*

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

Officer i/c Hospital (S.M.O. Brigade) Strike out one of these

Dated at Kinmel Hospital Station, on ..... 191.....

*Delete if inapplicable.



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

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

yes

11. Is the cause of the disability fully described in Part 1. (2) ?
If not, describe it.

yes

12. From the medical information now adduced, was the disability caused or aggravated by :—

(*a*) Negligence of the Soldier { Caused ? / Aggravated ? } No

(*b*) Misconduct of the Soldier { Caused ? / Aggravated ? } No

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

—

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 ? NA

17. Can the former trade or occupation be resumed ?

yes

18. REMARKS :—

AG.1.9083 11/11/18

19. RECOMMENDATION :—

(*a*) Fit for duty ? (*state category*) yes "B"

(*b*) Invalid to Canada ? No

(*c*) Discharge from Service as permanently unfit ? No

Date of Board 7/1/19

Station Field

Signatures of the Board { W. J. MacLennan Major CAMC (President.) / A. McDonnell Capt CAMC }

Approved C. P. Lumpleton Col. A.D.M.S.

Dated at Station 191

PART III

## Statement of the Soldier

*(This is to be completed only in the case of the Soldier taking his Discharge in England.)*
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....
*Signature of Soldier examined.*

## Instructions to Medical Officers

**Question 1.**—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease ; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions, and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

**Question 2.**—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

**Questions 3 and 4.**—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war (since the 4th August, 1914).

**Question 5.**—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the Soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

**Question 6.**—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O.C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

### ENTRIES OF RECATEGORIZATION

| Date | Station | Category | Signature of M.O. | Date | Station | Category | Signature of M.O. |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

PART I — No documents available

A.F.B. 179 Canada (Revised 1918) 100m. 25/11/18. D.495

Reserved for M.H.C.

Regt. No. 432426 Rank Pte Surname ALLEN Christian Name WILLIAM

Unit or Corps (*a*) Overseas from United Kingdom 30 Cdn Div Sty (*b*) in United Kingdom Cdn Gen Base Depot

Born at—Town Renfrew County or Province Lanarkshire Country Scotland

Date of Birth—Day 4 Month December Year 1871 Age 47 yrs. 1 months.

Joined at Edmonton Alta Date 7.1.15

Former trade or occupation Farmer

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

Tattoo forearm Lt. of clasped hands & heart & initial J. F. M.
Hairy mole on back between scapulae

Height—feet 5 inches 8 Color of eyes Grey

Signature of Soldier (*for identification purposes*) William Allen

## 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*): Debility.

Disabilities Group (*b*): ✓

Disabilities Group (*c*): ✓

2. CAUSE OF DISABILITY.

| | | Place of origin. | Date of origin. |
|---|---|---|---|
| (*i*) As to Group (*a*) above. | General service conditions and age | France | 15-18. |
| (*ii*) As to Group (*b*) above. | ✓ | ✓ | ✓ |
| (*iii*) As to Group (*c*) above. | ✓ | ✓ | ✓ |

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

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

(*ii*) As to Group (*b*) above ? ✓ — If yes, has Active Service aggravated it ? ✓

(*iii*) As to Group (*c*) above ? ✓ — If yes, has Active Service aggravated it ? ✓

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

(*i*) As to Group (*a*) above ? Yes

(*ii*) As to Group (*b*) above ? ✓

(*iii*) As to Group (*c*) above ? ✓

Scandinavian Disch. 1-4-19

AUDITOR | PAYMASTER

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

M. OR S. M

REGT. NO. 432426 RANK Pte. NAME (IN FULL) ALLEN. Wm. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP
ADDRESS
IS SEPARATION ALLOWANCE PAID? yes | DATE EFFECTIVE
TO WHOM PAID Assignee | RELATIONSHIP
ADDRESS
Pay to Soldier

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| c/o Can Patriotic Fund<br>912-913 McLeod Bld.<br>Edmonton | | |
| ~~Sa GPO Edmonton~~ | | |
| All payments to Soldier as Guardian | | |

Certified opening entries on this Ledger Sheet have been audited by G Date 24.7.19

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT?
PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY
DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY
ASSIGNED PAY $ 15.00 | DATE EFFECTIVE
PAYABLE TO ~~Mrs. E. Newman~~ | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS ~~Ford St. Oldham~~ ~~Nr. Colchester. Essex~~ | G. P. O. Edmonton Alta.
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE
DISCHARGED PLACE Quebec DATE JUL 6 1919 REASON Dem. AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

| MONTH | PAY AND F.A. NO. OF DAYS | RATE | AMOUNT | OTHER CREDITS | | TOTAL CREDITS | ACQUITTANCE ROLLS COL. NO. 1 | COL. NO. 2 | COL. NO. 3 | CASH PAYMENTS COL. NO. 1 | COL. NO. 2 | COL. NO. 3 | ASSIGNED PAY | REGIMENTAL CHARGES | OTHER CHARGES | | TOTAL DEBITS | BALANCE DEBIT | BALANCE CREDIT | PARTICULARS OR REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BALANCE FROM PREVIOUS ACCOUNT 30-6-19 | | 1.25 | | | | | | | | | | | | | | 101 24 | 101 24 | 101 24 | | Bal. Eng. L. P. C. |
| | | | | 35<br>70 | | 105 00 | BOAT | TRAIN | CR. 150352 | 4 87 | 5 | 70 | | | | | 79 84 | 76 11 | B/c Down | Clothing Allowance $35.00.<br>1st Payment W. S. G. $70.00<br>Y/S Funds for Ck 150352 $40 — |
| | | | | 105 00 | | 105 00 | | | | 4 87 | 5 00 | 70 00 | | | | 101 24 | 181 11 | 76 11 | | |

Certified opening entries on this Ledger Sheet have been audited by Date 1/10/19

WAR SERVICE GRATUITY

| MONTH | PAY AND F.A. NO. OF DAYS | RATE | AMOUNT | OTHER CREDITS | | TOTAL CREDITS | ACQUITTANCE ROLLS COL. NO. 1 | COL. NO. 2 | COL. NO. 3 | CASH PAYMENTS COL. NO. 1 | COL. NO. 2 | COL. NO. 3 | ASSIGNED PAY | REGIMENTAL CHARGES | OTHER CHARGES | | TOTAL DEBITS | BALANCE DEBIT | BALANCE CREDIT | PARTICULARS OR REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 420 - | 180 - | 600 00 | | | | | | | | | 70 00<br>46 11 | | | | | 1st Payment W. S. G. $70.00 Paid<br>Bal a/c Down $46.84 |
| | | | | | | | | | | | | | | | | | 146 11 | | | |
| | | | | 7 50 | | ~~6~~07 50 | | | | | | | | | | 24 - | 24 00 | 281 39 | 156 - | Gr. Pa 1.25 1- 6.7.19<br>S.A. 7- 30.7.19 |
| | | | | | | | | | | | | | 57 39 | 36 | | | 93 39 | 224 - | 170 - | 973004 + 005 6-8-19. |
| | | | | 15. | | 15 00<br>~~677 50~~ | | | | | | | | | | | | 239 | 120. | Cr. 15.00 a.P. July Cancelled.<br>Auth: a.P. 0239-W-152 |
| | | | | | | | | | | | | | 71 | 30 | | | 101 00 | 168 | 90 | 973407-8 6.9.19 |
| | | | | | 45 | 45 00<br>~~667 50~~ | | | | | | | | | | | | 168 | 135 | Cr. 45.00 auth. M.O. 67. 10.7.19 |
| | | | | | | | | | | | | | | 45. | | | 45 00 | 168 | 90 | 1108685 26.9.19 |
| | | | | | | | | | | | | | 56 | 30 - | | | 86 00 | 112 - | 60 - | £1466244-5 6-10-19 |
| | | | | | 36 - | 36 00<br>~~713 50~~ | | | | | | | | | | | | 112 - | 96. | Cr. 36.00 R.G. Draft 2159 for Cheque 973005. |
| | | | | | | | | | | | | | | 36 | | | 36 00 | 112 | 60 - | £1466482 3-10-19 |
| | | | | | | | | | | | | | 56 | 30 | | | 86 00 | 56 - | 30 | £1475621-2 5.10.19 |
| | | | | | | | | | | | | | 56 - | 30 - | | | 86 00 | | | 1478428 1478929 6-12-19<br>5248 |
| | | | | 442.50 | 261.00 | 703.50 | | | | | | | 296.39 | 237.00 | 146.11 | 24.00 | 703.50 | | | |

All Payments Due on This Account Have

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

P. 559

Married or Single: Widower.

Place of Birth: Glasgow. Scotland.

Name and Address of Next of Kin: Catherine May Allen c/o Mrs Newman. Ford St. Oldham Nr Colchester Essex.

Relationship of Next of Kin: Daughter.

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ 25.00 Effective (Date)

Payable to: Mrs E Newman Ford St Oldham Nr Colchester.

Relationship of Dependant: Guardian

**Casualties, Promotions, &c.**

| Particulars | Effective Date | Authority |
|---|---|---|
| | | |

**Admissions to Hospital, &c.**

| Date Admitted | Date Discharged | V. or A. | Name of Hospital |
|---|---|---|---|
| | | | |

Reg'l No. 432426 Rank Pte Name Allen W.

If in Permt. Corps What Unit } Unit 49th Bn Transferred to 3 C D. HQ's Date 26. 9 17 Authority Debit notes

Permanent Force Allowances Transferred to Date Authority

Place of Attestation Edmonton Alta. Transferred to Date Authority

Date of Attestation 4. January 1915 Transferred to Date Authority

Assigned Pay Monthly $ 15.00 Date Effective 1/4/18.

Payable to Mrs E. Newman. Ford St. Oldham. Nr Colchester Essex. Relationship Guardian

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)

| Month | Particulars | Pay No. of Days | Pay Rate | Pay Amount $ | Pay Amount c. | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount $ | Field Allowance Amount c. | Working or Special Pay No. of Days | Working or Special Pay Rate | Working or Special Pay Amount $ | Working or Special Pay Amount c. | Assigned Pay Credits | Other Credits | Total Credits | Acquittance Rolls 1 No. | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date | 4 No. | 4 Date | Cash Payments 1 | 2 | 3 | 4 | Assigned Pay | Other Charges | Total Debits | Balance Credit | Balance Debit | Pay Withheld or Deferred | Pay Available for Issue | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | CR. 1 | CR. 2 | PARTICULARS | | | | | | | | | | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | Defer. Sep. Acc. Allce. Pay Eng. | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | 32 60 | | | | | | | | | | | | | | | | | |
| Mar | 1 P | 38 75 | | B 65601 AR 9 4 11 | | | | | | | | | | | | 20 | | 38 75 | | | | | | | | | | | | | | | | 25 | |
| | | | | | | | | | | | | | | | | | | 71 35 | | | | | | | | | | | | | | | | | |
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| | | | | AR 3117 15/2/18 3 DSeq | | | | | | | | | | 4 | 46 | | | | | | | | | | | | | | | | | | | | |
| | | | | " 1763 4/3/18 42 Bn | | | | | | | | | | 4 | 46 | | | | | | | | | | | | | | | | | | | | |
| | | | | AR 1885 27 3 18 3 DSeq | | | | | | | | | | 9 | 73 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | 18 | 65 | | | | | | | | | | | | | | | | | | | | |
| | | | | AR 3091 17/3/18 3 DSeq | | | | | | | | | | 4 | 46 | | | 28 24 | | | | | | | | | | | | | | | | | |
| | | 38 75 | | | | | | | | | | | | 23 | 11 | 20 | | | | | | | | | | | | | | | | | | 25 | |

| 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 | | | | | | | | | | | | |

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

| ASSIGNED PAY. | * ENGLAND OR ~~CANADA~~. | SEPARATION ALLOWANCE. | * ENGLAND OR ~~CANADA~~. |
|---|---|---|---|
| EFFECTIVE DATE:- 1/4/18 | | EFFECTIVE DATE:- 1/12/17 11/9/18 | |
| AMOUNT:- 15-00 | | AMOUNT:- 25-00 30 | |

NAME:- ALLEN William

NUMBER:- 432426.

PARTICULARS OF RANK OR APPOINTMENT

| AUTHORITY | DATE EFFECTIVE | RANK OR APPOINTMENT |
|---|---|---|
| B.O. 31 7/9/16 | 24/6/16 | Private |

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 E Newman. A2m | Same. |
| Ford St. Oldham | |
| Nr. Colchester. Essex. eff 1/4/19 | |
| Cancelled a23m 18/6/19 | Sailed 2/4/19 |
| ~~Completed 1/12/19~~ | |
| | S.A. to Guardian ceases 13.2.22 |

UNIT AND TRANSFERS

ORIGINAL UNIT:- 49 Bn.

DATE ACCOUNT FIRST OPENED -

| AUTHORITY | DATE EFFECTIVE | DATE LEDGER SHEET T'SF'D | UNIT TRANSFERRED TO |
|---|---|---|---|
| | | | 3 D.M.G.S.S. |

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 |
|---|---|---|---|---|---|---|---|
| ~~25/2/19~~ | ~~1495~~ | | ~~9 95~~ | | | Leave Cr 40 69 | ~~9 41~~ |
| ~~May & June A.P. Buxton~~ | | | ~~30 00~~ | | | | |
| ~~3/6/19~~ | ~~2428~~ | | ~~9 73~~ | | | L.S.P.C. Dr 57 414 | ~~19 41~~ |
| ~~24/6/19~~ | ~~1635~~ | | ~~48 67~~ | | | Rend 11/6/19 | |
| ~~2/6/19~~ | ~~2661~~ | | ~~9 73~~ | | | | |
| | | | 68 13 | | | Discharge Canada 1/7/19 Auth NR.4237. Ripon to Ripon 1/10/19 | |

DAILY RATES OF PAY AND ALLOWANCES

| AUTHORITY | PAY | F.A. | P.F.A. | SUBS'CE ALL'CE |
|---|---|---|---|---|
| | 1 00 | 25 | | |

PARTICULARS OF RENDERING NON-EFFECTIVE:- ~~Sick Hospital to Canada 1/7/19 AR 4237 Ripon to Ripon 3/10/19~~

| MONTH | PARTICULARS | CR. 1 | CR. 2. | PARTICULARS | DR. 1 | DR 2. | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 31/3/18 | Bal forward | | | | | | | | 28 24 | ✓ | |
| Apl. | P P | 37 50 | | ar Sa. 8 4 5 A 48497 | | | 15 | | | | 25 |
| | | | | ar 34 6.4.18 3 D Sig | 8 92 | | | | | | |
| | | 37 50 | | | 8 92 | | 15 | | 41 92 | | 25 |
| May | P Pay | 38 75 | | a 88289 8 4 5 | | | 15 | | | | 25 |
| | | | | aR 464 15 5 18 3 D Sig | 4 46 | | | | | | |
| | | | | aR 485 5 5 18 " | 4 46 | | | | | | |
| | | | | RR 507 5 5 18 " | 19 47 | | | | 34 18 | ✓ | |
| | | 38 75 | | | 28 39 | | 15 | | | | 25 |
| June | P Pay | 37 50 | | arSa 8. 4.5 B 25381 | | | 15 | | | | 25 |
| | | | | RR 534 4/6/18 3 D Sig | 14 60 | | | | | | |
| | | | | aR 1091 5/6/18 " | 5 35 | | | | | | |
| | | | | " 1313 15/6/18 " | 4 46 | | | | 35 27 | | |
| | | 37 50 | | | 24 41 | | 15 | | | | 25 |
| July | P Pay | 38 75 | | 67069 8 4 5 | | | 15 | | | | 25 |
| | | | | aR 1584 27/7/18 3 D Sig | 8 92 | | | | | | |
| | | | | RR 585 25/7/18 3 D Sig | 9 73 | | | | 40 37 | | |
| | | 38 75 | | | 18 65 | | 15 | | | | 25 |
| Aug. | P Pay | 38 75 | | b 66385 8 4 5 | | | 15 | | | | 25 |
| | | | | aR 2390 28/8/18 3 D Sig | 4 46 | | | | | | |
| | | | | " 2391 4/8/18 " | 4 46 | | | | 55 20 | | |
| | | 38 75 | | | 8 92 | | 15 | | | | 25 |
| Sept | P P | 37 50 | | D 1174 | | | 15 | | | | 25 |
| | | | | HR 2605 1/9 ✓ | 8 03 | | | | | | |
| | | | | HR 595 5/9 | 19 47 | | | | | | |
| | | | | HR 575 19/9 H6 3 Div | 34 04 | | | | | | |
| | | | | 3002 22/9 3 D Sig | 8 92 | | | | 7 21 | | |
| | | 37 50 | | | 70 49 | | 15 | | | | 25 |

NUMBER H32426 RANK Pte NAME ALLEN Wm

| MONTH | PARTICULARS | CR. 1. | CR. 2. | PARTICULARS | DR. 1 | DR. 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1918 | | Forward | | | | | | | 7 21 | | |
| Oct | | 38 75 | | D 55611 8-4-5 | | | 15 | | 30 96 | | 75 |
| | | | | C Paymaster 8/10/18 (9) | 9 73 | | | | 21 23 | | |
| | | | | 3300 14/10/18 3 do Sig (25) | 8 39 | | | | 12 84 | | |
| | | 38 75 | | | 18 12 | | 15 | | | | |
| Nov | | 37 50 | | | | | | | 50 34 | | |
| | | | | D 99410 | | | 15 | | 35 34 | | 40 |
| | | | | 3645 1/11/18 3 do (15) | 3 73 | | | | 31 61 | | |
| | | | | 3872 1/11/18 do (15) | 9 33 | | | | 22 28 | | |
| | | | | 4394 19/11/18 do (22) | 3 73 | | | | 18 55 | | |
| | | | | 4223 7/11/18 do (23) | 7 46 | | | | 11 09 | | |
| | Dec Pay | 38 75 | | E 56510 | | | 15 | | 34 84 | | 30 |
| | | | | 4825 3/12/18 do (32) | 8 39 | | | | 26 45 | | |
| | | | | ~~[illegible]~~ | ~~[illegible]~~ | | | | 19 15 | | |
| | | | | F 18910 Jan | | | 15 | | 4 15 | | 30 |
| Jan 19. | | 38 75 | | | 32 64 | | 45 | | 50 20 | | |
| | | 115 | | 6199 13/1/19 28 S.Ley 6. | 4 66 | | | | 45 54 | | |
| | | | | 5455 27/12/18 " 14 | 9 33 | | | | 36 21 | | |
| | | | | 5609 31/1/19 " 17 | 3 73 | | | | 32 48 | | |
| Feb | | 35 | | 5220 17/12/18 " 3 | 4 66 | | | | 67 48 | | |
| | | | | 6544 18/1/19 " 26 | 3 73 | | | | 62 82 | | |
| | | | | | | | | | 59 09 | | |
| | | | | D 99563 | | | 15 | | 44 09 | | 30 |
| | | | | 6976 2/2/19 " 52 | 4 66 | | | | 39 43 | | |
| | | | | 6637 25/1/19 " 48 | 9 33 | | | | 30 10 | | |
| | | | | 7185 7/2/19 " 63 | 9 33 | | | | 20 77 | | |
| | | | | London Payment 10/2 68 | 24 33 | | | | 356 | | |
| | | | | do 9/2/19 68 | 14 60 | | | | 18 16 | | |
| Mar | | 38 75 | | | | | | | 20 59 | | |
| | | | | Marchas Pay G2023 | | | 15 | | | | 30 |
| | | | | April do G2023. | | | 15 | | 9 41 | | 30 |
| | | | | 4475 28/2 R.G. 13. | 9 73 | | | | 19 14 | | |
| | | 73 75 | | | 98 09 | | 45 | | | | 90 |
| | | | | 6/5229 4/5. Cod | 9 73 End | | | | 28 84 | | |
| | | | | 66/94814 24/3 R R 29. | 9 73 End | | | | 38 60 | | |
| | | | | 41/6766 15/5 Buxton | 9 73 | | | | 48 33 | | |
| | | | | 12/1294 22/4 1 RDG. | 9 73 End | | | | 58 06 | | |
| | | | | | 38 92 | | | | | | |
| June | Apl May & June Pay D 1 25 91 days | 113 75 | | ~~A 98802~~ S | | | ~~15~~ S | | | | ~~30~~ S |
| | | | | July. Chy 49882 6 Cancelled | | | ~~15~~ | | 40 69 | | ~~30~~ |
| | | | | May. APrSa paid Buxton 46901 | | | 15 | | 55 69 / 40 69 | | 30 |
| | | | | 11/3428 3/5. 1 RDG | 9 73 | | | | 30 96 | | |
| | | | | June APrSa Buxton A 52254 | | | 15 | | 15 96 | | 30 |
| | | | | 25/3035 23/5 Bux | 14 60 | | | | | | |
| | | | | 25/9661 2/6 " | 9 73 | | | | 42 44 | | |
| | | | | 38/3035 18/6 " End | 14 60 | | | | 54 04 | | |
| | | | | 42/2133 16/6 " | 29 20 | | | | 86 24 | | |
| | | 113 75 | | | 111 93 | | 30 | | | | 60 |

Pd 68 18/4/19

SS 12 Dig 21/6

Married or Single: Widower

Place of Birth: Glasgow, Scotland.

Name and Address of Next of Kin: Catherine May Allen c/o Mrs. Newman, Ford St., Aldham, nr. Colchester, Essex.

Relationship of Next of Kin: Daughter

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ 25.00 Effective (Date) Jany/15

Payable to: Mrs. E. Newman. Ford St, Aldham Nr. Colchester

Relationship of Dependant: Guardian

S.A. + a.P. checked & found correct. A.W. Lawes. Pay Sgt 21/3/17.

## Casualties, Promotions, &c.

| Particulars | Effective Date | Authority |
|---|---|---|
| Reduced to the ranks | ~~24/6~~ 27/6/16 | B.O. 31. 7/9/16 |

## Admissions to Hospital, &c.

| Date Admitted | Date Discharged | V. or A. | Name of Hospital |
|---|---|---|---|
| | | | |

Reg'l No. 432426 Rank ~~Sgt~~ Pte Name Allen, William

If in Perm. Corps What Unit: Unit 49th Bn. Transferred to 3 Can Div A.Q. S/S. Date 26-9-17 Authority Debs 1010

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation: Edmonton, Alta. — Transferred to — Date — Authority

Date of Attestation: 7 January 1915 — Transferred to — Date — Authority

Assigned Pay Monthly $ ~~20.00~~ 15.00 Date Effective 1-6-15. 1.4.48 R.

Payable to ~~Miss Catherine M. Allen to Mrs.~~ E. Newman. Ford St. Aldham. Nr. Colchester Essex Relationship ~~Daughter~~ Guardian

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)

C1

| Date | Pay: No. of Days | Pay: Rate | Pay: Amount $ | Pay: Amount c. | Field Allowance: No. of Days | Field Allowance: Rate | Field Allowance: Amount $ | Field Allowance: Amount c. | Working or Special Pay: No. of Days | Working or Special Pay: Rate | Working or Special Pay: Amount $ | Working or Special Pay: Amount c. | Assigned Pay Credits | Other Credits | Total Credits | Acquittance Rolls 1: No | 1: Date | 2: No. | 2: Date | 3: No. | 3: Date | 4: No. | 4: Date | Cash Payments 1 | 2 | 3 | 4 | Assigned Pay | Other Charges | Total Debits | Balance: Credit | Balance: Debit | Pay Withheld or Deferred | Pay Available for Issue | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 31/3/16 | | | 41 | 75 | | | 45 | 75 | | | | | | 120 | 458 | 70 | | | | | | | | 198 | 23 | | | 200 | | 398 | 23 | 60 | 47 | | | |
| | | | 40 | 50 | | | | 4 | 50 | | | | | | 45 | – | | | | | | | | | | | | | | | | | | | |
| 1-30/4/16 | 30 | 1.15 | 34 | | 30 | .15 | 4 | | | | | | | | 34 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May 1-31 | 31 | 1.15 | 41 | 85 | 31 | .15 | 4 | 65 | | | | | | | 46 | 50 | | | | | | | | | | 42 | 80 | | 1460 | 20 | | 34 | 60 | 70 | 87 |
| June | 30 | | 40 | 50 | 30 | | 4 | 50 | | | | | | | 45 | – | | | | | | | | | | 5 | 23 | | | 20 | | 69 | 03 | 48 | 34 |
| | | | 34 | | 34 | | 3 | | | | | | | | 34 | | | | | | | | | | | 5 | 11 | | | 20 | | 38 | 73 | 54 | 61 |
| | – | | – | | | | – | | | | | | | | | | | | | | | | | | | 5 | 11 | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | 8 | 51 | | | | | | | | |
| | | | | | | | | | | | | | | | | | 1478 | 7/7/16 | | | | | | | | 1 | 74 | | | | | | | | |
| July 1-31 | 31 | | 41 | 85 | 31 | | 4 | 65 | | | | | | | 46 | 50 | 1507 | 7/7/16 | | | | | | | | 3 | 49 | | | 20 | | 25 | 23 | 75 | 88 |
| Aug 1-31 | 31 | 1.25 | 41 | 85 | 31 | 10 | 4 | 65 | | | | | | | 46 | 50 | | | | | | | | 261 | | | | | | 20 | 13 60 | 36 | 21 | 86 | 17 |
| Sept | 30 | 1 | 30 | | 30 | | 3 | | | | | | | | 33 | – | 1714 | 4/9 1715 | 4/8 | | | | | 174 | | 2 | 62 | | | | | | | | |
| | – | – | – | | – | | – | – | | | | | | | – | – | | | | | | | | 436 | | 5 | 11 | 24 | 33 | 20 | | 63 | 39 | 55 | 78 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | 61 | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | 62 | | | | | | | | |
| Oct | 31 | | 31 | | 31 | | 3 | 10 | | | | | | | 34 | 10 | | | | | | | | | | 38 | 93 | | | 20 | | 64 | 17 | 25 | 71 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | 62 | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | 62 | | | | | | | | |
| Nov | 30 | | 30 | | 30 | | 3 | | | | | | | | 33 | | | | | | | | | | | 5 | 23 | | | 20 | | 25 | 23 | 33 | 48 |
| Dec | 31 | | 31 | | 31 | | 3 | 10 | | | | | | | 34 | 10 | | | | | | | | | | 5 | 23 | | | 20 | | 52 | 04 | 15 | 54 |
| | | | 80 | 90 | | | 80 | 90 | | | | | | | | | | | | | | | | | | 12 | 31 | | 1460 | | | | | | |
| 1917 | | | 35 | 15 | | | 35 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 821 | 20 | | | | | | | | | | 120 | 822 | 40 | | | | | | | | 206 | 94 | 152 | 79 | 53 | 53 | 380 | 13 60 | 806 | 86 | | | |

Nil

Nil

Dr. 34 days C to 4th ager paid June & July 1916.

# 432426 Pte Allen W.

| Date | Pay No. of Days | Pay Rate | Pay Amount $ | Pay Amount c. | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount $ | Field Allowance Amount c. | Working or Special Pay No. of Days | Working or Special Pay Rate | Working or Special Pay Amount $ | Working or Special Pay Amount c. | Assigned Pay Credits | Other Credits | Total Credits | Acquittance Rolls 1 No. | 1 Date | 2 No. | 2 Date | 3 No. | 3 Date | 4 No. | 4 Date | Cash Payments 1 | 2 | 3 | 4 | Assigned Pay | Other Charges | Total Debits | Balance Credit | Balance Debit | Pay Withheld or Deferred | Pay Available for Issue | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 821 | 20 | | | | | | | | | | 1 20 | 822 40 | | | | | | | | | 206 94 | | 152 79 | 53 53 | 380 | 13 60 | 806 86 | 15 54 | | | | |
| | | | | | | | | | | | | | | | | | | | | 1402 | 3rd DHoSS 14/12 | | | | | 4 36 | | | | | | | | | |
| Jan | 31 | 1/10 | 34 | 10 | | | | | | | | | | | 34 10 | | | | | 1558 | " " 30/12 | | | | | 3 49 | | 20 | | 27 85 | 21 79 | | nil | | |
| | | | | | | | | | | | | | | | | | | | | 3 DHoSS | | | | | | | | | | | | | | | |
| Feb | 28 | | 30 | 80 | | | | | | | | | | | 30 80 | | | | | 1710 | 27/1 | | | | | 3 49 | | 20 | | 23 69 | 29 10 | | nil | | |
| | | | | | | | | | | | | | | | | | | | | 3394 | 4 SS | | | | | | | | | | | | | | |
| | | | | | | | | 1972 | 3/1 | | | | | | | | | | | 1622 | 14/12 | | 18 4n | | | 3 49 | | | | | | | | | |
| Mch | 31 | | 34 | 10 | | | 5 95 | | | | | | | | 62 9 10 | | | | | 6 95 | 19/3 | | | | | 3 47 | 19 47 | 20 | 5 95 | | 57 79 | 5 41 | | Nil | | Total SA to 31.3.17 |
| | | | | | | | | | | | | | | | | | | | | 1945 | 11/3 | | | | | 1 74 | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | 1945 | 11/3 | | | | | 2 62 | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | 8955 | 18/3 | | | | | | | | | | | | | | |
| April | 30 | | 33 | | | | 25 | | | | | | | | 58 | | | | | | | 473831 | | | | | | 20 | 25 | 12 80 | 57 80 | 5 61 | | | | Ob 12 49th Div Aug 16 underfire on reversion Other Cities Aug 16 shd be 35 days diff: 1 day = 2.04 now charged. |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | 31 | | 34 | 10 | | | 25 | | | | | | | | 59 10 | | | | | | | A14564 | | | | | | 20 | 25 | ~~12~~ 80 | 45 | 19 71 | | | | |
| | | | | | | | | | | | | | | | | | | | | 3 Cir Sig Co | | | | | | | | | | | | | | | |
| | | | | | | | | 127 | 2/4 | | | | | | | | | | | | | | | | | 4 36 | | | | | | | | | |
| June | 30 | | 33 | | | | ~~25~~ | | | | | | | | 58 | | | | | 31 | 15/4 | A50504 | | | | 3 49 | | 20 | 25 | | 52 85 | 24 76 | | ✓ | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ~~3 Div Sig Co 29/4~~ 15/4 |
| July | 31 | | 34 | 10 | | | ~~10~~ | | | | | | | | 3 44 10 | | | | | | | A84503 | | | | | | 20 | ~~10~~ | | 20 | 38 96 | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 Aug 7 P.1 3 DHoSS B.O. 37 27/8/17 |
| Aug | 31 | | 34 | 10 | | | 10 | | | | | | | | 44 10 | | | | | 337 | 2/5 | A137203 | | | | 3 57 | 24 33 | 20 | 10 | 7 70 | 65 60 | 17 46 | | | | |
| | | | | | | | | | | | | | | | | | | | | 3 Div Sig Co | | 9R388 | 1/8 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | Arg 5 8 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 Sept 7 P.1 3 DHoSS B.O. 37 27/8/17 |
| Sep | 25 | | 27 | 50 | | | 10 | | | | | | | | 37 50 | | | | | | | | | | | | | 20 | 10 | | 30 | 24 96 | | Nil | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Debit Note |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 6105 Sp. F.S.R. 25.9.17 - 414 days less 7 days |
| Oct 1/10 | 5 | 1/25 | 6 | 25 | | | | | | | | | | 61 05 | 67 30 | | | | | 969 | 7/8 | | | | | 4 46 | | | | 4 46 | 87 80 | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Stoppage from 48 Bde. pay Arr = 407 days at 1/- B.O. 39. 6.7.17 |
| | | | 1122 | 25 | | | 690 | | | | | | | 62 25 | 1874 50 | | | | | | | | | 206 94 | | 198 33 | 97 33 | 560 | 690 | 34 10 | 1786 40 | | | | |

| Month | Particulars | Cr. 1 | Cr. 2 | Particulars | Dr. 1 | Dr. 2 | Dr. 3 | Dr. 4 | Balance | Deferred Pay | Ser. Allce. Eng. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Bal 30.9.17 | ~~87 82~~ | | | | | | | 87 80 | | |
| Oct | P Pay | 38 75 | | | | | 20 | | | | 10 |
| | | | | A 218736 | | | | | | | |
| | | | | RR 2536 16/10/14 | 14 60 | | | | | | |
| | | | | AR 1447 19.9.17 3 DSig | 4 46 | | | | | | |
| | | | | DN 848 19.7.17 49 Bde | 4 46 | | | | | | |
| | | | | " 234 10.5.17 3 DSig | 7 14 | | | | | | |
| | | | | " 479 10.6.17 " | 8 92 | | | | | | |
| | | | | " 710 7.7.17 " | 3 56 | | | | | | |
| | | | | " 541 17.6.17 " | 7 14 | | | | 56 27 | | |
| | | 38 75 | | | 50 28 | | 20 | | | | 10 |
| Nov | P Pay | 34 50 | | A.P. 4.2.2 / SA 2 1 1 B16865. | | | 20 | | | | 10 |
| Dec | " | 38 75 | | AR 987 16/10/14 3 DSig. | 13 38 | | | | | | |
| | | | | " 1637 4/10/14 3 DSig | 4 46 | | | | | | |
| | | | | " 1450 19/9/14 " | 4 46 | | | | | | |
| | | | | DN AR 1201 26/8/14 " | 4 46 | | | | | | |
| | | | | Dec Alloc 9.2.3 B Eng 58. | | | 20 | | | | 24 36 |
| | | | | AR 1409 5/11/14 3 DSig | 4 46 | | | | 61 30 | | |
| | | 76 25 | | | 31 22 | | 40 | | | | 34 36 |

| Month | Particulars | Cr. 1 | Cr. 2 | Particulars | Dr. 1 | Dr. 2 | Dr. 3 | Dr. 4 | Balance | Deferred Pay | Ser. Allce. Eng. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | 61 30 | | |
| 1916 Jany | P. Pay | 38 75 | | AR 59.H.11 C44258 | | | 20 | | | | 25 |
| | | | | CPM 42498 23.12.14 | 19 47 | | | | | | |
| | | | | AR 2056 1.1.17 3 Sig Coy | 4 46 | | | | | | |
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See next Ledger Sheet