C.E.F. REGIMENTAL DOCUMENTS

NAME ALLISON, WILLIAM PTE. REGT. No. 931198 UNIT 2 CONST. BN. Q. FILE No. 6684

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
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MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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H

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

931198

ORIGINAL

ATTESTATION PAPER.

No.

No. 2 CONSTRUCTION, B'n. C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Allison
1a. What are your Christian names?..... William
1b. What is your present address?..... Mapleton Hants Co N S
2. In what Town, Township or Parish, and in what Country were you born?..... " " "
3. What is the name of your next-of kin?..... Albert Allison
4. What is the address of your next-of-kin?..... Mapleton, Hants Co, N.S.
4a. What is the relationship of your next-of-kin?. Father
5. What is the date of your birth?..... Feby 4th 1897
6. What is your Trade or Calling?..... Lumberman
7. Are you married?..... Single
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... yes
9. Do you now belong to the Active Militia?..... .....
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, William Allison, 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.

William Allison (Signature of Recruit)

Date Aug 22 — 1916 P. M. Fielding (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Allison, 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.

William Allison (Signature of Recruit)

Date Aug 22 — 1916. P. M. Fielding (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 Windsor N.S. this 22nd day of August 1916.

Ralph R Dimock (Signature of Justice)

Justice of Peace in & for the County of Hants

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of William Allison on Enlistment.

Apparent Age 19 years ..... 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).

weight 175 lbs

Height	5 ft 10½ ins.
Chest measurement. Girth when fully expanded	34 ins. 37
Chest measurement. Range of expansion	3 ins.
Complexion	Black
Eyes	Brown
Hair	Black
Religious denominations. Church of England	
Presbyterian	
Methodist	
Baptist or Congregationalist	Bapt
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date aug 23 1916

Place Pictou D H B Murray
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.

Wm Allison 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.

D. H. Sutherland (Signature of Officer)

SEP 13 1916

Date 191 .

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 93198 (Rank) Private

Name (in full) William Allison enlisted in

the 2nd Construction Bn

CANADIAN EXPEDITIONARY FORCE at Windsor NS on the 22nd

day of august 1916

HE served in France

and is now discharged from the service by reason of demobilization

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

Age 22 years

Height 5ft. 10½ in

Complexion Black

Eyes Brown

Hair Black

Marks or Scars Scar on left knee

William Allison

Signature of Soldier

B W MacAloney CAPTAIN.

Issuing Officer.

O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

Rank

Appointment

Date of Discharge February 24, 1919

Signed at Halifax NS this 22nd day of February 1919

in Military District No. Lii

File Reference No.

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. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....

Name of Officer

.....

Rank

.....

Appointment

On demobilization the holder is entitled to a free railway warrant to the particulars called for on the back of this certificate. Application for warrant will not be considered unless this certificate is completed.

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G. O. C. District.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

33

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names William ..... 2. Surname Allison .....

3. Rank Pte ..... 4. Original Unit #2 Cons: Bn ... 5. Reg. No. 931198 ..

6. Address, in full, to which future payments of gratuity are to be forwarded .....

..... Three Mile Plains .....

..... Hants Co. N.S. .....

7. Date of enlistment in the C.E.F. ..... Aug. 22, 1916 ....

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..... Not applicable .....

9. Relationship of such dependent ..... do .....

10. Address, in full, of such dependent ..... do .....

....

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? .. Not applicable

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:—

Yes :- #2 Con: Bn. 7-4-17 to 14-12-18 .....

....

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 ? No .....

14. Were you on active service only in Canada or the United States ? If so, give particulars of unit and dates of such service ..... No: .....

....

....

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 From 22-8-1916 .....
#2 Cons: Bn (Con. Eng & France), N.S.R.D. (Eng)
..... do .....

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

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... Nil .....

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 ? A 76088

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 ..... Not applicable .....

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? No

(b) If so, was such reversion in consequence of misconduct or inefficiency? Not applicable

24. Are you now serving in the C.E.F. ..... If not, give:—(a) Date of discharge 24-2-19 (b) Reason for discharge Demobilized

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 No.

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit..... Yes. - E #2 Cons Bn (17-5-17 to 14-12-18

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? No

(b) If so, are you in receipt of full pay and allowances from that Department? Not applicable

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: Allison Williams

Place of Residence: Three Mile Plains, Hants Co. NS.

Declared before me at: Halifax, NS.

This 22nd day of February 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

G W Thomas Capt
a Commissioner of Oaths

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
9/c Clear	Nil		153 days	28.00
70.00 1st Pay	W.S. Gratuity			

Certified Correct. H W Raymond

District Paymaster.

FEB 21 1919

Paymaster No. 6 District Depot

D.M.S. 1375.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

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

Rank Ste. Name allison Surname William A.

Unit or Corps 17th Reserve. (If a soldier) Regtl. No. 93198

Born at Windsor Hants Nova Scotia date Feb. fourth 1898

Signature (for identification) William a. Allison

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

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

Weight 197 lbs.

Height 5 ft. 10 ins.

2. **NUTRITION AND DIATHESIS?** Good

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

3. **NERVOUS SYSTEM?** nil

4. **RESPIRATORY SYSTEM.** nil

5. **HEART?**

Abnormal Sounds? nil

Abnormal Size? nil

Pulse Rate? 66 Intermittence or irregularity? nil

6. **ARTERIES.**—Any hardening? nil

7. **DIGESTIVE SYSTEM?** nil

8. **GENITO-URINARY SYSTEM?** nil

Urinalysis—S.G.? 1018 Reaction? ac Albumen? nil Sugar? nil

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

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

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

Examined at Kinmel Park

Date 2 1 19

Signed ..... M.O.

Signed ..... M.O.

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

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF 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. 93.11.98 Rank Pte Surname Allison
(Given name in full) William

Unit or Corps D.D. # 6 Birthplace Windsor N.S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 180 lbs. Height 5 ft. 10½ in. Colour of Eyes Dark brown

Nutrition Good

Pulse Normal

Condition of arteries Normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 15 ft.

Left 15 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

Scar on left knee.

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 No Digestive System No

Osseous and Joint System No Any other general condition No

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.

Nil

183 Market St., Halifax, N.S.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....(Overseas)

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 Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at Halifax (Canada)

Date 19/12/19 Signed W A Rumbell 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 Alison Williams

(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.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

ORIGINAL

931198

MEDICAL HISTORY SHEET

Surname Allison *Christian Name* William

Examined { on 23 day of Aug 1916
at Pte Hun

Birthplace { City or Town Mapleton
County Hants Co

Apparent age 19

Trade or occupation Labourer

Height 5' feet 10½ Inches

Weight 175 lbs.

Chest measurement { Minimum 32 inches
Maximum expansion 3 inches

Physical development Good

Small-pox Marks none

Vaccination Marks { Arm Right Left
Number Eng

When Vaccinated last

(*a*) Marks indicating congential peculiarities or previous disease None

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

Approved by D Mowbray

Rank A A M C M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
			M.O.
18/3/16	Y	Dalhousie	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
25/10/16	E.C.R	H.V. Kent Major and	M.O.
1/11/16	E.C.R	H.V. Kent Major and	M.O.
8/11/16	E.C.R	H.V. Kent Major and	M.O.

Enlisted on 22 *day of* August 1916 *at* Windsor N.S.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment		931198		22/8/16
Transferred to				

No. 2 CONSTRUCTION, B'n. C.E.F.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname..... Christian Name.....

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 93198 Rank Spr. Name Wm Allison

Corps M.T.C.A.S.C. who was* Discharged

On 24/2/19 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191...

to 24-2-19 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month L.P.C.	37	55	Balance Cr. from prev. month	11	15
Advances by Cheques No. 14328	10	00	Regt'l. Pay 55 days at $ 1 c.	55	00
No. W.S. Fraternity	70	00	Field Allow. 55 days at $ 10	5	50
Assigned Pay and Sep'n Allce. No. 852	15	00	Separation Allowances* (Monthly)		
Other charges			Other Allowances* Clo. allce	35	00
Payment on transfer or discharge No. 36	44	10	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	70	00
Total	176	65	Total	176	65

*Give particulars.

A monthly stoppage of $15.00 (†) has been ~~not~~ rqd (‡) been paid on account of Assigned Pay for the month of Feb 19... and Sep'n Allce. for month of Mch 191... (to) Assignee Mrs. E. Allison

(Address) 3 Mile Plains N.S.

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

On Transfer of an Officer.

Out Allowance of $..... has been paid by Paymaster, Military District No. Made by:

Checked:

REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted Nil

(3) cause of discharge Demob authority Do 53

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit

Date 24-2-19

Place Halifax N.S.

Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

PAY CERTIFICATE

M.D. No. 23

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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 No 2 Construction Battalion

(2) Regimental Number 931198

(3) Full Name of Soldier William Allison

(4) Place of Birth 3 Mile Plains Windsor N.S.

(5) Are you married, or not ? no

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

(b) Present Postal Address ~~3 Mile Plains Windsor N.S.~~

(7) Are you a widower ? no.

(8) Have you any children ? no

If so, give number of boys and girls —

Also their names and ages —

M. F. W. 67.

200M.—3-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes

If so, state name and address Albert Allison 3 Mile Plains, Windsor, N.S.

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

If so, state name and address 3 Mile Plains, Windsor N.S.

(11) If your Mother is a widow no

Are you her sole support, or not ?

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

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

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

(15) Are you insured ? Yes

If so, in what Company ? doesn't know

Have you made arrangements for payment of your Insurance premium

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

C. H. Reis Capt
for *Officer Commanding.*

SEP 13 1916

Date

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ALLISON W.A. MD 6

REGIMENT No 2 Construction Co RANK Pte No. 931198

Date of Examination in England 31/12/18 | Date of Examination in France

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.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper Ful.
   - (*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

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer J. H. Amerinlle Capt

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				
4-6-18	O/mnt	Skill unfit unit	Enid	4/6/18	M.R. & S. 18/11784
9-7-18	Jura Hosp	M.J.S. adm.	Jura Hosp	9-7-18	W 6837/5829
11-7-18	Jura Hosp.	Abrasion of penis Sick.	Enid.	11-7-18	W 6937/5923
13-7-18	OC/unit	admitted to Hospital	"	9-7-18	B213
13-7-18	"	Rejoined from Hospital	"	11-7-18	B213
3-8-18	OC/unit	To Hospital.	Enid.	28-18	B213
28-8-18	Jura Hosp. ~~To unit.~~	V.D.S. admitted	~~Jura Hosp~~ Jura Hosp	28-18	W6792/96751.
27-8-18	Jura Hosp	V.D.S. Discharged.		27-8-18	41769.
31-8-18	OC/unit.	Rejoined from Hospital	Enid.	27-8-18	B213
31-8-18	"	Forfeits Enid Allowance is placed under stoppage of pay from 2-8-18 to 27-8-18 (26 days)			B213 para 5 of Sept 1918
24-9-18	OC	Granted 14 days leave	Ad.	24-9-18	B213 para 56 of Dec 1918
12-10-18	OC	Rejoin from leave	Enid	10-10-18	B213
25 11/18.	OC Hpl.	V.D.S.	Adm.	25 11/18	W3285.
1/12/18	" "	Discharged V.D.S	Hosp.	1/12/18	M9160.
25-11-1918	OC/unit.	V.D.S. admitted	—	25-11-18	B213.

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

Awards

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, ~~Regiment or Corps~~ No 2. Construction Batt. C.E.F.

Regimental No. 931198 Rank Pte. Name Williams Allison

Enlisted (a) 22-8-16 Terms of Service (a) period of war and Six months after C. E. F. & 6 months Service reckons from (a) 22-8-16

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)

Report: Date	Report: From whom received	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.
17/5/17	OC # 2 Const Bn	Embarked from Canada Disembarked England Proceeded Overseas	Halifax NS Liverpool Seaford	25/3/17 7/4/17 17/5/17	Leaves A.2. L.O. # 2227 A Cuppage Capt. for Capt. Adjt
		Landed in France 17-5-17 N.R.			
6.6.17.	O.C.	Awarded 10 day F.P. No 2. 1/6/17. 1. Hesitating to obey an order 2. Making an improper reply to an N.C.O	Field	1/6/17.	B 2069. P. 2. O. 122. 7/8/17
11/6/17	as	10 days F.P. No 2. for Neglect of duty in so far as he failed to groom his horse properly on the 11th inst.	Field	8/6/17	B 2069 P/- 123. 14/8/17
16.5.18	OC. unit.	7 Days F.P. No. 2 for wilful neglect of duty; - failing to groom his horses in a proper manner on May 11th and 12th.		14.5.18	B 2069. O/C. 31. d/ 28.5.18.

(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.

CERTIFIED TRUE COPY
6 JUN 1917
CAN. RECORDS, LONDON.

Army Form B. 103. Regimental Number 931198

Casualty Form—Active Service.

Regiment or Corps No. 2 Can. Const. Coy.

Rank Pte. Surname Allison Christian Name William

Religion ..... Age on Elistment .....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			
11/12/18	A. A. D.	Transferred to Eng. r/posted.			
		To N.S. Reg. Depot. r/Bramshott		14/12/18.	K.R. 314
		O.C. Hewett Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.			
17-12-18.	N.S.R.D.	T.D.S. attached to 2nd C. C. D. for Qrs & Rations	Bramshott.	14-12-18.	D.O. 305.
					P.R.S. 313 27 4/18 PART II D.O. .....
	NSRD	ON COMMAND TO Cdo Kimmel Pk BRAMSHOTT			
		Khyl			
					O.C. Knight LIEUT, OFFICER i/c RECORDS, NOVA SCOTIA REGTL. DEPT.

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

(*b*) Signaller, Shoeing-Smith, &c.

W. 5527—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B/103 E/1553

P.T.O.

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				
		S.O.S. O.M.F.6 on			
		transfer to C.E.F.			
12/1/19		Discharge Canada Sailing No 4	Richmond Lent Hummel Park		
		Embarked for Canada		12.1.19	
12.1.19	O'seas T/O/S. No.6 D.D. 6 Hfx.		Cary Co. 22.1.19.	Do 24.	W. Stevenson Lieut ASST. ADJT. No. 6 DISTRICT DEPOT
24-2-19	DISCHARGED at Halifax, N.S.	D.D.53		for D.C. Hughes LIEUT D.C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT	

*Name Allison, Wm Rank Pte Regtl. No 931195

Fyle Depot

Original unit 2 Engr. Bn Present unit 2 Engr. Bn M. or S. Age 22 Religion Baptist Ref. H.Q

Port, ship, and date of arrival Halifax. "Empress of Britain". 22/1/19.

Next of kin Albert Allison. Father

Address on leave 183 ~~Hollis~~ Market St. Halifax

Address on discharge 3 Mile Plains, N.S.

Transportation issued Yes / No Date Character on discharge

Previous occupation Quarryman Date and place of enlistment Aug. 22/16. Windsor N.S.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
22/1/19	S. D.S. No 6 District Depot.	D 29
22/1/19.	Proceed to Truro, Co.	D 29
24/2/19	Discharged at Halifax	D 53.

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

D.M.S. 1300 50M-21- 1 17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Allison	W.	931,198

RANK Pte. UNIT N.D. (2 Con) CO. TROOP BATTY.

HOSPITAL DATE OF ADMISSION

1. C. F. C. H. Jura. HOSP. 9.7.18
2. Can. For. Corps La Joux Jura HOSP. 2-8-18
3. Can F C Do Do HOSP. 25.11.18
4. HOSP.

DIAGNOSIS

1. Abrasion Genio. R
V.W.S. 10.
2. r D S.R.
3.

DISPOSITION

18. 7. 18 A/267.
9.8.18 @286
4.9.18 A 309 3.
3.12.18 A 386 1
11.12.18 A 393.

DATE

REMARKS

Dis:- 11- 7- 18.
Dis. 27.8.18
Dis. 1.12.18.

A.M.D. 2 Dept.
Bch. of D.G.M.S.O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

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

O. H. M. S.

POSTAGE
FREE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

H. Q. Reference

No. 931198 Rank Pte Unit #2 Construion

Surname Allison

Christian names William Albert

Kindly forward Medals, to which I am entitled by reason of my service in England and France

(Theatre of War)

with #2 Construion Batt

(Unit with which served in Theatre of War)

No.....

Street.....

Town 3 Mile Plains

County Hants County

William Albert Allison

(Signature)

931198

50M-12-33

(WRITE IN BLOCK LETTERS AND IN INK)

No. 931198 Rank Pte Name Allison. Williams

T.O.S. 22-8-16 Unit No 2 Construction Battalion

D.O. 18. 26-8-16

M.D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Aug 22	Aug 31	"		
	Sept.	"		
	Oct.	"		
	Nov.	✓		
	Dec.	✓		
1917	Jan 1917	✓		
	Feb.	"		
	Mar.	"		

a.m.m.

Number 93198 Rank ~~Pvt~~ Spec 1

Surname Allison

Christian Name William

Units C.O.R.C.C. Theatre of War France

Date of Service 17-5-17

Remarks

Latest Address 3 mile Plains, Mis

Roll No. Page 21902

200m.-6-21.

(This form to be filled in by all ranks on voyage to Canada.)

.....

R	RANK	SURNAME	INITIALS	UNIT
.....	.....	.....	.....	.....

l address.....
(Street) (City or Town) (Province)

one person to be notified of arrival.....

.....

Station in Military District to which a furlough warrant is required.....

..... Railway.....

, is your wife on board.....Number of children on board.....

ination.....

REGD. DEC 30 1925 No. 1

Number..... .....Rank.....

Surname.....

Christian Name.....

Units .....Theatre of War..... .....

Date of Service.....

Remarks..... .....

Latest Address.....

.....

Roll No.....

200m.-6-21....

(This form to be filled in by all ranks on voyage to Canada.)

.....

	RANK	SURNAME	INITIALS	UNIT
.....	.....	.....	.....	.....

l address.....
(Street) (City or Town) (Province)

ne person to be notified of arrival.....

.....

tation in Military District to which a furlough warrant is required.....

..... Railway.....

, is your wife on board.....Number of children on board.....

ination.....

(Sgd.)

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 266	Can Tor Corps: La Joux Jura	9-7-18.	D.Y.D.
A267.	Disc	11-7-18	Abrasion Penis
A 286.	Can Tor Corps: " " "	2-8-18	D.D.S.
A309	Disc	27-8-18	" " "
A393-1	Disch.	11-12-18	42

NAME Allison, W.

REGT'L No. 931198

H. Q. FILE No. 649.

RANK AND CORPS Pte. 2 Con. N.S. Regt.

CABLE	
NO.	DATE

NATURE OF CASUALTY

FOLLOWS

NO.

FOLLOWS

L. L. 26138. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

Form R. 149.

Williams

Name ALLISON Rank Pte. Reg. No. 931198

Unit 2 Can. Const Co.

Next of Kin Canada.

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
9-7	C.F.C.H. La Joux		V.D.I.	A 266		2576/20
11-7	Discharged	Abrasion Penis		A 267	E	2585/18
2-8	C.F.C.H. La Joux		V.D.S.	A 286		2987/17
27-8	Discharged			A 309		3212-9
25-11-18	L.F.S. St Jura.		42.	A. 386		5969-2
7-12-18	Discharged.		"	A. 393		6448-4

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

NAME Addison, W. REGT. No. 931198

RANK AND UNIT Pte N. S. Regt.

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 386-1	Cau. Foiy Cor. La Jout Jura	25-11-18	4 2

(This form to be filled in by all ranks on voyage to Canada.)

M.D. No. 6

NUMBER	RANK	SURNAME	INITIALS	UNIT
931198	Pte	Allison	W	NSRD No 2 Con B

Full postal address Halifax N.S.
(Street) (City or Town) (Province)

Name of one person to be notified of arrival Mother Mrs. C. Allison

Address 183 Market St. Halifax NS.

Railway Station in Military District to which a furlough warrant is required Nil

Nil Railway Nil

If married, is your wife on board No Number of children on board —

Their destination —

(Sgd.) William Allison

M. F. W. 2502
50 M.—4-18
1772—39—1269

Civic occupation Labour.

Form R 122.
2353—100M—9-12-16.

J.P; Rank Name ALLISON, William Reg'l No. 931198.

Unit No2 Construction Bn. If in perm. Corps What Unit? Married or Single Single.

Place and Date of Enlistment Windsor. N.S. 22nd Aug.1916. Place of Birth Mapleton HantsCo. N.S.

Name and Address, Next-of-Kin Albert Allison.

Mapleton Hants Co. N.S. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. N.S. 6573
File R.L. OR CAN
Category

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	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.
		Arrvid in England via S.S. Southland		7.11.17	A.F.B. 103 CHECKED 28 MAY 1917 A.W.W.V.
14.6.17	No2, C.C.C.	Arrvid in France	Field	14.6.17	& to Do 115
16-12-18	NSRD	TOS from CC Coy	Bblstt	14-12-18 + 305 + 71 d/ 19-12-18	
27.12.18	D.S.R.D.	O/C to Do Rhyl	" Pk	27.12.18 D.O. 313	2 CC Coy
25.1.19	N.S.R.D.	ceases O/C to Rhyl & S.O.S. to C.E.F. Canada	To Report.	12.1.19 — 18.	

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.				

L-L.Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom Mrs Cassie Allison. By Whom Assigned Allison, Wm.

Address 3 Mile Plains, Regtl. No. 93198.
Nova Scotia. Rank Pte.

Corps #2 Constrn Btn.

Rate $15.00 APR 1917

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				

consolidated Accounts

MILITIA AND DEFENCE

M. F. W. 12a.
50m.—7-16
1772—39—819.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. Mrs Cassie Allison (Assignee)

PAYMENTS. Name of Soldier Allison, Wm.

93198 - Pte - 2 Constru Btn.

I. L. Job 5470—Req. 6888.

$15.00

APR 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		Z 4653	15 -	
May		H 6265	15 -	3/15-Th
June		H 13023	15 -	15-Ca
July		~~H 20074~~ H 20075	~~15~~ 15 -	~~Ca~~ H 22074 Cancelled
Aug.		d 27265	15 -	b
Sept.		33987	15 -	d
Oct.				90.
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 16/5/19

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

A

Date of Assignment 1954 April 1/17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.			

PARTICULARS OF SEPARATION ALLOWANCE

No. 931198

Rank Pte Promoted Reverted Discharge

Soldier's Name Wm. Allison

Battalion #2 Construction Bn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Cassie Allison

Address 3 Mile Plains, Nova Scotia

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept 30. 17			90	#90	
Oct	L 50763		15	15	
Nov.	D 51918		15	15	Br.
Dec.	C 60278		15	15	Br.
Jan 18	C 65311		15	15	m
Feb	B 91857		15	15	
March	G 99080		15	15	
April	G 8845		15	15	e
May	A 11806		15	15	e
June	B 14684		15	15	e
July	X 27659		15	15	/
Aug	a 30169		15	15	D.
Sept.	a 36830		15	15	D.
Oct.	a 48467		15	15	
NOV	4 51563		15	15	
Dec	B 63449		15	15	e
JAN 1919	b 70908		15	15	
FEB			330	330.	

A/c Closed

Ret'd per Emp. of Britain

Date 22-1-19 M.F.W.187 29-1-19.

No 62588 Mo. 6.

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 16/5/16

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7883.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7493.

AUDITOR | PAYMASTER

24/2/19

M. OR S. E of B.

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

REGT. No. 931198 RANK

NAME (IN FULL) Allison Wm (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN

RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No.

DATE EFFECTIVE

TO WHOM PAID

RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
1		
10		

ORIGINAL UNIT C.E.F. N.S.R.

IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION

TRANSFERRED TO

DATE 33

AUTHORITY

DATE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY $ 15.00

DATE EFFECTIVE 1-2-19

PAYABLE TO Mrs. C. Allison

RELATIONSHIP

ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS
3 Mile Plains
N.S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

EFFECTIVE

DISCHARGED

PLACE

DATE ~~1/2/19~~ 24/2/19

REASON

AUTHORITY 0033

IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	BALANCE CREDIT $ C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																							No Subs 29
				11 20		11 20											05			05		11 15	
													143 25		159 36	158 52							
1-1-19 24/2/19	55	1 10	60 50	35 00	11 15	106 65							10 00		44 10	15 00		37 55					
														159 55 70 00						176 65	70 00		
			350			350							War Service Gratuity										
	153		280			280							March 8/19 5295		70			70				210	W S G.
															70							140	155187 32/4/19
															70							70	589653 23-5-19
															70							Nil	598385 17-6-19
						350 -									280 -			70 -		350			

All payments made.
H A Allum Lt. 29/10/19

93

93

x Error on L.P.b.
P.M 6-a- 550
1780414 6-12-19

30M-11-18.—L.L. 50877—M. & D. 9553.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1st April 1917	EFFECTIVE DATE:-	
AMOUNT:-	15.00	AMOUNT:-	

NAME:- Allison. William

NUMBER:- 931198.

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 Cassie Allison
3 Mile Plains N.S.

Stopped 1-1-19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2nd Construction Bn

DATE ACCOUNT FIRST OPENED:- 1st April 1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			Canada Section

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
2982	4/12/18	6FC	4 46	P&D	issued 9/3/18		
3562	8/12/18	11DG	9 73				
						82272 New Book France. 15 9	

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dischg to Canada 3/9/18. Auth AR 16 17/9/18. Ledger 41 4th Bde 27 05

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	BALANCE FORWARD.								99 53		
April	Pay & A	33 -		Ass'd Pay				15			
				AR 1 3/4. C.F.C Jura	3 57						
				AR 263 2 3/4 - " -	3 57				110 39		
May	P. Pay	33 -		ass Pay	7 14			15 -			
		34 10						15 -			
				AR 404 9/5 C.F.C Jura	3 57						
				AR 429 23/5 - " -	1 78						
				7 Days #2 - 14/5/18 - for neglect of duty in failing to groom horses properly on Wag Wan 12th - B031 25/5 2 Cons Pay	- -	7 70 L			116 44		
		34 10			5 35	7 70		15 -			
June	P.P.	33 -		C.A.P.				15			
				AR 705 4/6 C.F.C 5	3 57						
				✓ 867 27/6 ✓	3 57				127 30		
July	P.P.	33			7 14			15			
		34 10		C.A.P.				15			
				AR 945 10/7 C.F.C. 5	3 57						
				AR 1089 25/7 ✓	3 57				139 26		
		34 10			7 14			15			
Aug	P.P.	34 10		Can. A.P.				15			
				AR 1252 10/8 C.F.C 5	3 57						
				AR 1479 25/8 ✓	1 78				153 01		
Sep.	P.P.	34 10		Can A.P.	5 35			15			
		33						15			
				AR 1669 5/9 C.F.C 5	3 57						
				2-8-18 / 27-8-18 26 days C. 60		15 60					
				B031 51 2 Cons 13/9/18							
				CP 37925 28/9 London.	48 67						
				AR 2014 24/9 C.F.C 5	7 14						
				CP 89945 30/9 L/N	9 73						
				AR 5074 23/9 C.F.C 5	97 33				1103		15/10
		33			166 44	15 60		15			

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal. For.								11 03		
Oct	0 0	34 10		Cal				15-			
				ar 2314 26-10-18 C7C	3 73				14 34		
		34 10			3 75			15-			
Nov	1 P.	33-		Cal				15			
Dec	" "	34 10		Cal				15	11 44		
				ar 2982 3/12/18 2 Con Co.	3 73						
				ar 3562 18-12-18 "	9 73				27 98		
		67 10			13 46			30			
				ar 8 10-1-19 Endorsed on Tele	9 73				18 25		
					9 73						
				S.o S. — Canada — 20	18-2	7/19			12-1-19.		

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 16/5/19

P. 550
MARRIED OR SINGLE S.

PLACE OF BIRTH Shapleton Hants Co. N.S.

NAME AND ADDRESS OF NEXT OF KIN Aunt Allison
Shapleton Hants Co. N.S.

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. 931198 RANK NAME Allison W Wm

IF IN PERMT. CORPS WHAT UNIT } UNIT 2 Nova Bn TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Windsor N.S. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 22nd Aug 1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $1.50 DATE EFFECTIVE 11/4/17

PAYABLE TO Mrs Cassie Allison, 3 Mile Plains N.S. RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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
																																2 85			Bal from Canada
Apr 1/30	30	1.10	33	00											33 00													15 -	7 70	22 70	7 45			7 45	7 days Pay. c.w.o.l. D.O.74, 15-3-17
MAY 1-31	31	"	34	10											34 10	34 1-5 / 11 15-4								4 87 / 4 86				15		24 73	16 82			16 82	
JUNE 1-30	30	"	33	00											33 00	58 14/5								4 87				15 -		19 87	29 95			29 25	
July 1-31	31	"	34	10											34 10													15 -		15 -	49 05			49 05	for late falling in on parade S/M 10 dd F.P. 2, 8-6-17, D.O. 123, 14-8-17
Aug 1-31	31	"	34	10											34 10											3 57		15 -	8 80 / 11 00	34 80	48 35			48 35	" 10 " " " 1-6-17 D.O. 122, 7-8-17
Sep 1-30	30	"	33	-											33 -											3 57 / 3 57 / 4 57		15 -		29 28	52 07				Hospital to pay an order S/M 10 dd F.P. 2 giving number reply to Ho.
			201	30											201 30									14 60		14 28		90 -	27 50	146 38	52 07	2 85			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER. RED. PAY	SER. ALLCE. ENG.
Sep	Bal	~~52 07~~ dd							52 07		
Oct	P.P.	34 10		A.R. 566 27/7 2 Convalescent ale C.F.C.	3 57		- 15.				
		34 10		" 45 15/9 " " " "	3 57 / 7 14		15	64 03			

Pte 931198 Allison. W 15.00

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
MONTH	PARTICULARS				CR. 1	CR. 2	PARTICULARS							DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFR. PAY	SEP. ALLCE. ENG.															
	Oct Bal																	64 03																
Nov.	P.P.				33 -													15																
							AR 815. 25 9/17. CFC.							3 57																						
							" 839. 12 10/17 "							3 57																						
							" 961. 25 10/17 "							3 57																						
DEC	.. ..				34 10		" 1079. 10 11/17 "							3 57				15	86 85																
					67 10									14 28				30																
JAN	1918 P.P.				34 10		AR 14											15																
							AR. 1249. 23 11/17 2 Canadian Bn.							12 49																						
							DN. AR 6015 11 8/17 C.F.C.							3 57																						
							AR. 1423. 21. 17/17 2 Can. "							7 14																						
					34 10	- -								23 20	- - -			15	82 75																
FEB					30 80		Assigned Pay											15																		
							CR. 1549. 4 1/18. C.F.C.							3 57																						
							"1593 4/1/18 Jura							3 57																						
					30 40									7 14				15	91 41																
MAR 1918	"				34 10		Assd Pay											15																		
	3 Days Ptn 9/Class Pay forfeiture				3 30		AR 2009. 14 7/18 C.F.C. Jura							7 14																						
					37 40		" 2376. 18 3/18 "							7 14				15	99 53																
					37 40									14 28																						

CANADIAN
ASSIGNED PAY AUDITED
W. E. Bruce
AUDIT CLERK
DATE 16/5/19

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper or Particulars of Recruit	Militia Form W. 23 " W. 133
Squadron / Battery / Company } Conduct Sheet, or Field Conduct Sheet	" B. 263a " W. 178	Proceedings on Discharge	" B. 218
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

War Service Badge
Class "A" # 76898
issued

This space to be for numbers.

Proceedings on Discharge.

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

No. 931198

Rank Pte

Surname Allison

Christian name William

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 2nd Coast Bn

Date of discharge February 24, 1919

Place of discharge Halifax

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 22 years ... months.
Height 5 feet 10½ inches.
Complexion Black
Eyes Brown
Hair Black
Trade Quarryman
Intended place of residence (To be given as fully as practicable.) 3 mile Plains Nova Scotia

Descriptive marks

Scar on left knee

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

Demobilization

Authority for discharge.....

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

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

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

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

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery,* and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

.....

Commanding.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Halifax N.S. William Allison *(Signature of Soldier.)*

(Date) Feb 22nd 19 Thos Garrick *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) Halifax, N.S.

(Signature) LIEUT. COL. No. 6 DISTRICT DEPOT

(Date) February 24. 1919.

Reservations referred to at Para. 8.

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

Nil. William Allison