

NAME *Battle Charles*

REGIMENTAL DOCUMENTS



REGT. NO. *931768*

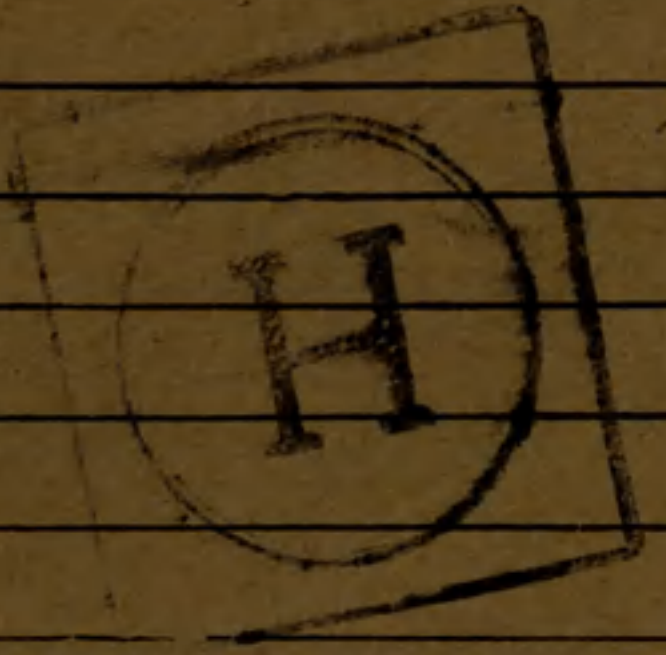
UNIT *2nd Coast Bn*

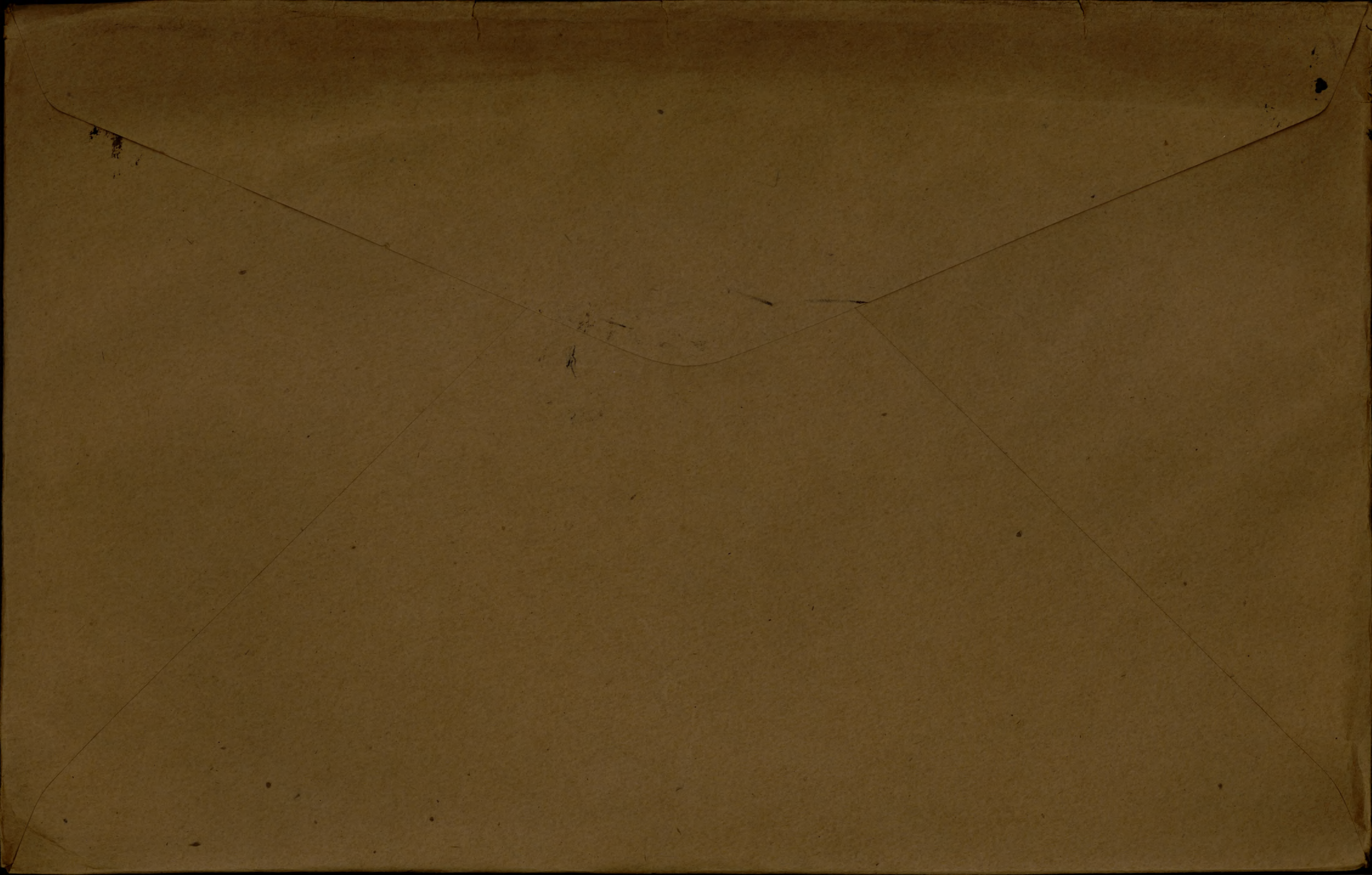
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1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
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1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
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2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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<i>M 20 192</i>					
<i>M 20 192</i>					





ATTESTATION PAPER.
No. 2 CONSTRUCTION, D. I. C. E. A.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No.
Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname? Jackson Battle
1a. What are your Christian names? Johnnie Charles
1b. What is your present address? Detroit, Michigan, U S A
2. In what Town, Township or Parish, and in what Country were you born? Richmondray County, Missouri, U S A
3. What is the name of your next-of-kin? Mrs. May Webster
4. What is the address of your next-of-kin? Richmond, Ray County, Missouri
4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? July 4th, 1877
6. What is your Trade or Calling? Laborer
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Johnnie Battle, 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.

Johnnie Battle (Signature of Recruit)

Date January 27th 1917 W. C. Humphrey (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Johnnie Battle, 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.

Johnnie Battle (Signature of Recruit)

Date January 27th 1917 W. C. Humphrey (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, Ont this 27th day of January 1917

James H. Chapman (Signature of Justice)

Charles
Description of Johnnie Battle on Enlistment.

Apparent Age.....39.....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).

Height.....5 ft.....4 ins.

Chest measurement. { Girth when fully expanded.....31 ins.
Range of expansion.....34 ins.

Complexion.....Colored

Eyes.....Brown

Hair.....Black

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

Both Eyes 20/20/

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 27th.....191 7

Place.....Windsor, Ont

[Signature]
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Charles Johnnie Battle.....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] Robert for
Lieut. Col.
No. 2 Construction Battalion, C. E. F. (Signature of Officer)
(a.o.w)

Date.....January 27th.....191 7

COPY ONLY
CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. 931768 (Rank) PRIVATE

Name (in full) BATTLE, Charles enlisted in
the 2nd CONSTRUCTION BATTALION, C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at WINDSOR, ONT. on the TWENTY-SEVENTH
day of JANUARY, 1917.

HE served in FRANCE (with 2nd CONSTRUCTION BATTALION)

and is now discharged from the service by reason of ON DEMOBILIZATION

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

Age 41
Height 5 - 4
Complexion COLORED
Eyes BROWN
Hair BLACK

Marks or Scars
SCAR LEFT INDEX FINGER AND
LEFT CHEEK

Signature of Soldier

DISCHARGE SECTION
JAN 31 1919
No. 1 District Depot

Date of Discharge

[Signature]
Issuing Officer

O. C. Discharge Section, No. 1 D. D.
Rank

Appointment

Signed at LONDON, ONT. this THIRTY-FIRST day of JANUARY 19

in Military District No. ONE

File Reference No. IDD-10-E-479

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

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

H.M.

Rank _____ Name **BATTLE, Charles.** Reg'l No. **931768**
 Unit **No. 2 Const. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Windsor Ont. 27th Jan 1917.** Place of Birth **Richmond Ray, County Missouri, U.S.A.**
 Name and Address, Next-of-Kin **Mrs May Webster.**
Richmond, Ray County, Missouri, U.S.A. Relationship **Mother.**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship **PTE**
 Relationship _____

N/E. R.B. N. **5918**
 File R.L. _____
 Category **OR CAN**



Discharge, Date and Place _____ Reason _____ Character _____

H. W. & V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
<i>Arrived in England via S.S. Southland</i>				<i>7.4.17</i>	<i>Quartermaster</i>
<i>14-6-17</i>	<i>#2 C.C.C.</i>	<i>Arrived in France</i>	<i>Field</i>	<i>17-5-17</i>	<i>115</i>
<i>16.12.18</i>	<i>NSRD</i>	<i>TOS from 2" CCC</i>	<i>pl Bshott</i>	<i>14.12.18</i>	<i>SO 305 & 71 2/19.12.18 2" CCC.</i>
<i>27.12.18</i>	<i>H.S.R.D</i>	<i>ofc to P.D.D. Rhyll</i>		<i>27.12.18</i>	<i>- 313</i>
<i>19 JAN. 1919</i>	<i>NSRD</i>	<i>SOS to CEF 17</i>	<i>Pte Bshott</i>	<i>9 JAN. 1919</i>	<i>PT200 16</i>
		CANADA			

A.F.B. 103 CHECKED
28 MAY 1919

LAST PAY CERTIFICATE

1 Pm-10-Ba-95
 Regt.No. *931768* Rank *pte* Name *BATTLE Charles*
 Corps *2nd Const Bde* was *discharged*
 on *31-1-19* to

The following is a statement of the account of the above named
 from *1-1-19* to *31-1-19*

from mon. of Bal Dr from L.P.C.		from mon. of Bal. Cr. from L.P.C.	
ASSIGNED PAY:		Regt. Pay <i>31</i> dys. @ <i>10</i>	<i>31 00</i>
SEPARATION ALLOWANCE:		F'ld. All. <i>31</i> dys. @ <i>10</i>	<i>3 10</i>
OTHER CHARGES:		OTHER CREDITS:	
PAYMENTS:		Clothing Allowance	<i>35 00</i>
	<i>1120 4</i>	Subsistence,	
Bal. Credit (to be pd.)	<i>366 89</i>	Bal. Dr. (to be deducted)	
		(from soldier \$)	
		(from Dependent \$)	
<i>Overseas PDP</i>	<i>366 89</i>		<i>366 89</i>

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ _____ per month	at \$ _____ per month	Subscribed \$ _____
has been <i>Nil</i> to	has been <i>Nil</i> to	Pd. by other Units \$ _____
		Pd. by this Unit \$ <i>Nil</i>

Dependent or Beneficiary: *Nil*
 Address:

REMARKS:
No 30 discharged 31-1-19 Remob
 Date of Enlistment *27-1-17*
 If married and if Separation Allowance card submitted *No No*

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

Date:
 London, Ontario,
J. D. Patterson Captain.
 Paymaster No.1 District Depot.

ORIGINAL
MEDICAL HISTORY SHEET
 ORIGINAL

931768

Surname Battle Christian Name Johnnie *Chaves*

Examined { on 27th day of January 1917
 at Windsor, Ont

Approved by Dau Murray
 Rank Capt. C. G. M. O.

Birthplace { City or Town Richmond, Ray Co.,
 County Missouri, U S A

Apparent age 39 yrs 7 mos

Trade or occupation Laborer

Height 5 feet 4 Inches

Weight 144 lbs.

Chest measurement { Minimum 32 inches
 Maximum expansion 34 inches

Physical development

Small-pox Marks

Vaccination Marks { Arm Right Left
 Number

When Vaccinated last 1907

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Both Eyes 20/20

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS
<u>3/3/17</u>	<u>DR S.S.S.</u>	M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/2/17</u>	<u>DR S. Shepley</u>	M.O.
<u>4/3/17</u>	<u>DR Dau Murray</u>	M.O.
<u>4/4/17</u>	<u>DR Dau Murray</u>	M.O.

Enlisted on 27th day of January 1917 at Windsor, Ont.

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>#2 Construction</u>	<u>931768</u>		<u>27/1/17</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Windsor, Ont.</u>	<u>JAN 29 1917</u>	<u>on enlistment</u>	<u>Fit</u>
<u>S. Sweet</u> Major, A. M. C.		<u>Major</u> Capt., A. M. C.	<u>Capt. M. O.</u>

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

INSTRUCTIONS

1. On examination the words in the patient's mouth must be marked on the chart as follows:

2. On first visit or at first visit or more to be made on this chart as well as on the chart of the patient's mouth.

3. On second or subsequent visit.

4. On third or fourth visit.

5. On fifth or sixth visit.

REMARKS

DATE

EXAMINER

ADDRESS

PHONE

AGE

SEX

DEPT.

CLINIC

HOSPITAL

CITY

STATE

COUNTRY

ZIP

TELEPHONE

TELETYPE

FAX

100

100

100

100

100

100

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. 931768 Rank .. Pte. Surname .. Battle
(Given name in full)

..... Charles

Unit or Corps .. I. D. D. Birthplace ... Richmond, Missouri, ...

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

1. GENERAL DESCRIPTION:

Physique Good Weight 139 lbs. Height 5 ... ft. 5 ... in. Colour of Eyes Dark ...

Nutrition Good

Pulse 70

Condition of arteries... Good

Vision Rt... 20x20 Left... 20x20

Hearing (conversational voice) Rt 21 ... ft.

Left 21 ... ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
 1 vaccination right arm.
 V scar left index finger.
 Scar left cheek at angle of eye.

Opinion as to general health and physical condition Good .. Category A2

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.

No service disability.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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 *London Ont.*.....(Canada)

Date *29-1-19* Signed *C.M. Stafford 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 *John Bathe*

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

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

[OVER]

DUPLICATE

To be made out in duplicate.

H.Q. 51-21-23-53

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, B'n, C.E.F.*

(2) Regimental Number... *931768*

(3) Full Name of Soldier... *Charles*

(4) Place of Birth... *Ballle*
Missouri

(5) Are you married, or not? ... *Single*

(6) If married, state,
(a) Full name of your wife... *7*

(b) Present Postal Address...

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

(8) Have you any children? ... *✓*

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

Also their names and ages...

(9) Is your Father alive? no
If so, state name and address x

(10) Is your Mother alive? yes
If so, state name and address Mrs May Battle
Richmond, Missouri

(11) If your Mother is a widow yes
Are you her sole support, or not? no

(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.
x

(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.
x

(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.
x

(15) Are you insured? yes
If so, in what Company? Unknown
Have you made arrangements for payment of your Insurance premium? yes
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Stawie
Capt. for Lieut. Col.
No. 2 Construction Officer Commanding.

Date MAR 19 1917

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.

NO. 1 DISTRICT DEPT

Unit, Regiment or Corps.

Regimental No. 931768 Rank Pte Name Battle Charles
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<u>10-1-19</u>	<u>Summit</u>	<u>Taken on strength No. 1 District Depot</u>	<u>London D.D.</u>	<u>29</u>	
<u>JAN 31 1919</u>	<u>Discharged</u>	<u>LONDON, ONT.</u>	<u>LONDON, ONT.</u>		
		<u>ON DEMOBILIZATION</u>			

F. G. Herman Lieut

Assoc. NO. 1 DISTRICT DEPT

J. D. Fletcher Lieut
O. C. Discharge Section, No. 1 D. D.

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

[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				

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

M. F. W. 54. (A. F. B. 103.)

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps #2 Construction Battalion CEF.

Regimental No. 93168 Rank Pte. Name Battle, Charles
C. E. F.

Enlisted (a) 27/1/17 Terms of Service (a) Duration of war Service reckons from (a) 27/1/17

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)

CERTIFIED CORRECT.
6 JUN 1917
CAN. ENGINEERS, LONDON.

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: 17/5/17 From whom received: O'Brien Constn	Embarked Canada Disembarked England Proceeded O.S.	Halifax N.S. Innapool Seaford	25/3/17 7/4/17 17/5/17	Seaford. Pte 204 2227 Quartermaster for Capt + adjt
21/5/17 O.C.	Forfeits 5 days pay for M. King v. v. y with Iron Rations	Landed in France Hd.	17-5-17 21/5/17	N.R. B2069 P. 119. 25/7/17
6.6.17 O.C.	Forfeits 20 days pay Drunk in Camp	Hd.	5.6.17	B2069 P. 20 122. 7/8/17
2.8.17 O.C.	4 Days F.P. #1 for Stocking a Comrade with an axe	Hd.	28.8.17	B2069 R. 131 of 13/10/17

(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.]

CASUALTY REPORT

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				
5-1-18	Account	on command to 1 Dist Lt Col Alencon		30-12-17	B 213
24-8-18	28 C.O.C.	Granted 14 day leave.	uk.	24-8-18	B 213 p 50 of Sept 1918
14-9-18	oo	Returns from leave	India	11-9-18	B 213
11 ¹² / ₁₄	Mag	Trans to Reg & posted to N.S. Reg Depot Bramshott		14 ¹² / ₁₉	KR 344
					<p>ba Hewitt Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.</p>
17-12-18	N.S.R.D.	T.O.S. and att'd 2nd bld for Quarters & Rations	Bramshott	14-12-18	D.O. 305
	NSRD	ON COMMAND TO C.D.P. Kinnaird Rhyll BRAMSHOTT			PART II D.O. N.S.R.D. 313 27 ¹² / ₁₈
26/12/18	CAD	T.O.S. M.D. 1 Conc Wing Rhyll.			<p>ba. Knight LIEUT. OFFICER in RECORDS, NOVA SCOTIA REGTL. DEPT. A. G. A. A. A. A. for Lieut AA DC wing</p>

Name **BATTLE, Charles** Rank **Pte.** Regtl. No. **931768**

Fyle Depot **IDD 10-B-479**

Original unit **#2 Cons. Bn.** Present unit **#2 Cons. Bn.** M/ or S. Age **42** Religion **Meth.** Ref. H.Q. **ID 30-B-1646**

Port, ship and date of arrival **Halifax, Olympic, 17-1-19.**

Next of kin **(Mother) Mrs. May Webster, Richmond, Ray County, Nissouri.**

Address on leave **504 Russell St., Detroit, Mich.**

Address on discharge **40 Katherine St, Detroit, Mich.**

Transportation issued Yes No Date Character on discharge

Previous occupation **Labourer** Date and place of enlistment **Windsor, 27th Jan. 1917.**

Diagnosis **N.A.** Date of Medical Boards **LondapOnt. 29-1-19.**

Date.	Remarks.	Pt. 2 Order No.
T.O.S.		
10-1-19	No. 1 D.D.	
20-1-19	Posted to Cas. Coy. and granted furlough with sub.	
	to 7-2-19.	29

Date.

Remarks

Pt. 2 Order No.

29-1-19

Ceases to draw sub-allowance having returned before expiration of furlough.

29

31-1-19

Discharged from H.M.S. On Demobilization(P.D.P.)

30

No. 931768 RANK Pte

NAME Battle Johnnie

T. O. S. 27-1-17.

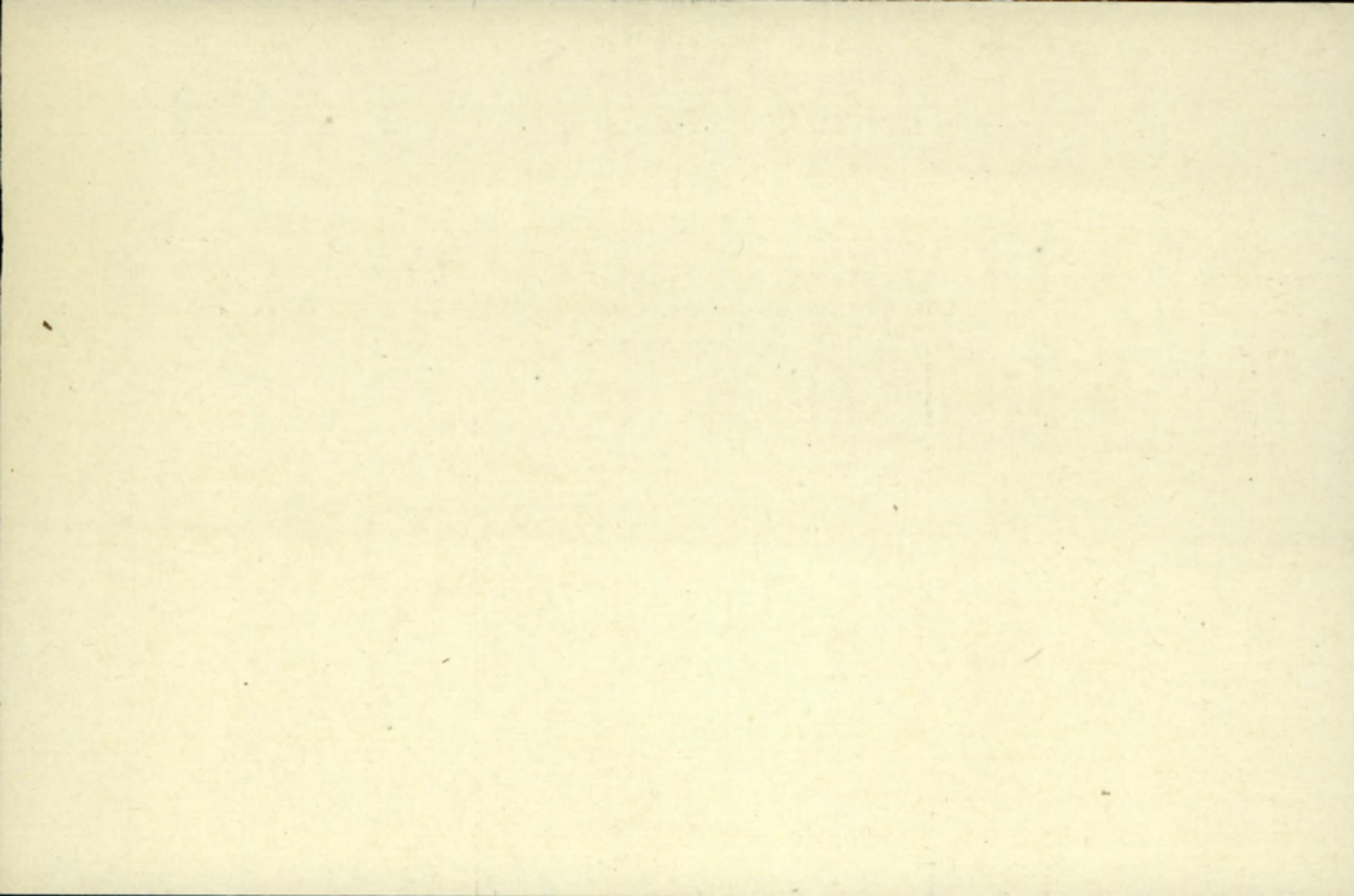
UNIT

No 2. Construction Battalion

D.O. 32.6.2.17.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917. Jan 27.	1917. Feb 29	✓		
	Mar.	n.		



SURNAME.

Battle

CARD NO.

27

CHRISTIAN NAMES

Charles

SOS. 31/1/19. I. demot
DD. 30. FOLL. 30/1/19.
1 DD.

REGL. NO.

931768

RANK

Pte.

UNIT

No 2 Construction Bn.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Webster, Mrs, May

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Richmond, Mo, U.S.A.

COUNTRY OF BIRTH

U.S.A. Richmond, Mo

DATE

July 4th. 1877

PLACE OF ATTESTATION

Windson Out.

DATE

Jan. 27th. 1917

018 28-3-17

From Halifax, per S.S. Southland 28-3-17.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

labourer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

39

YEARS

MONTHS

HEIGHT

5

FEET

4

INCHES

CHEST MEASUREMENT

32

INCHES

EXPANSION

2

INCHES

COMPLEXION

colored

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Windsor Ont.

DATE

Jan. 27th. 1917

Present address, Detroit, Mich. U.S.A.

FT Number *931768*

Rank

~~*Plt*~~ *Spr.*

P Surname *BATTLE*

Christian Name

Charles

Units

AORCC

Theatre of War

France

Date of Service

17-5-17

Remarks

Latest Address

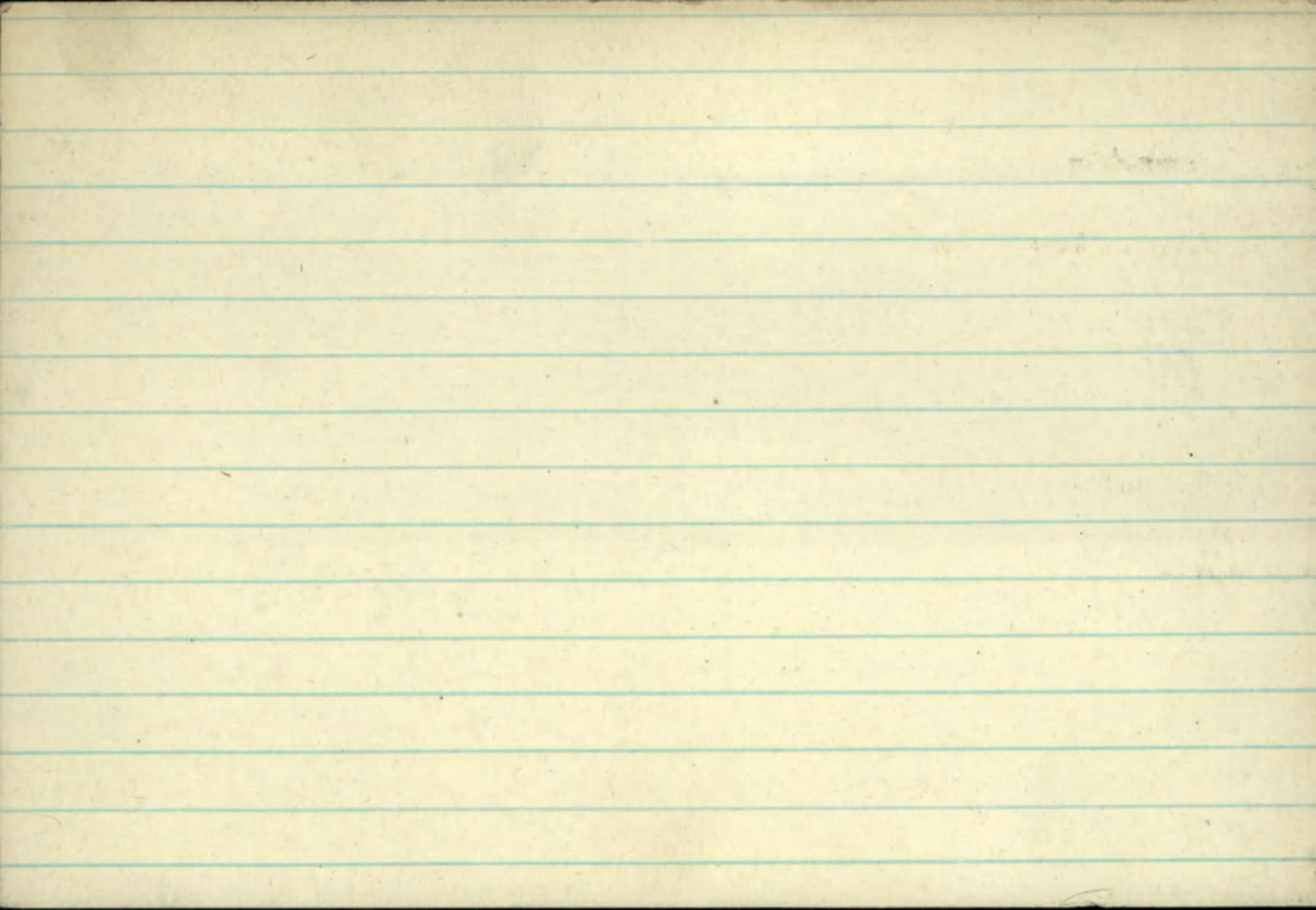
40. Katherine St.

Detroit - Mich

Roll No.

B Page 21490.

200m.-6-21.



List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Company }	
Copies of Convictions, by C. P. in MS.	
Med. Hist. Sheet, Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Medical Report for Invalid* " B. 227.	(a) Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(b) Attestation.
	(c) Medical History Sheet (in the event of such having been prepared.)

*Only if discharged "Medically unfit."

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.

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.	931768
Rank	PRIVATE
Surname	BATTLE
Christian Name	Charles
<small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	2nd CONSTRUCTION BATTALION, C.O.M.F.
Date of Discharge	JAN 31 1919 D.O. #304/30.1.19
Place of Discharge	LONDON, ONT.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age	41 years..... months.
Height	5 feet..... 4 inches.
Complexion	COLORED
Eyes	BROWN
Hair	BLACK
Trade	Laborer
Intended place of residence <small>(To be given as fully as practicable.)</small>	40 Katherine St., Detroit, Mich.
2. The above-named man is discharged in consequence of	
ON DEMOBILIZATION	
<small>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.</small>	
3. Conduct and character while in the service have been, according to the records, etc.	
<small>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.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

100M.—1-17.
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 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.

(Place) **LONDON, ONT.** *John Burt* (Signature of Soldier.)

(Date) **JAN 31 1919** *[Signature]* (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) **LONDON, ONT.**

(Date) **JAN 31 1919**

[Signature]
O. C. Discharge Section, No. 1 D. D.
(Signature)

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.)

[Signature]
John Burt

Reg. Conduct Sheet
Statement of Man's Account on Transfer and Last Pay Certificate
Medical History Sheet (to be returned to the doctor if discharged "Medically unfit")
Medical Report for Invalidity
Statement of Man's Account on Transfer and Last Pay Certificate
Copies of Certificates by C.O.
Proceedings on Discharge
Proceedings on Discharge
Medical History Sheet (to be returned to the doctor if discharged "Medically unfit")

P. 550
MARRIED OR SINGLE

S.

PLACE OF BIRTH

Richmondry Co. Lussouri

NAME AND ADDRESS OF NEXT OF KIN

Mr. Ray Webster

RELATIONSHIP OF NEXT OF KIN

brother

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

REG'L No. 931768 RANK

NAME

Battle John

IF IN PERM. CORPS
WHAT UNIT

UNIT

2nd Lt

TRANSFERRED TO

DATE

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

Windsor Ont

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

27th Jan 1957

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

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

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED

DATE DISCHARGED

V. CR A.

NAME OF HOSPITAL

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 \$	c.	No. OF DAYS	RATE				AMOUNT \$	c.	1	2	3	4	1	2				3	4				CREDIT
									29 60	29 60										29 60						Bal from Canada
MAY	15	31	34	10					33 00	34 10	57	105			973					62 60		15	47 60			
JUN	1	30	33	00					33 00	34 10	79	145			4 87					14 66	82 10	30	52 10			
JULY	1	31	34	10					34 10	34 10							5 50		5 50	138 83	60	75 83				Ampl 5 do. pay 21.5.47 Do. 119-25-47.
AUG	1	31	34	10					34 10	34 10							22 00		22	150 93	75	75 93				for 20 do pay 5.6.47, Do 122, 75.47
SEP	1	20	33						33	33									14 27	169 66	90					
			201	30					29 60	230 90					19 47		14 27		27 50	61.24	169 66					
MONTH PARTICULARS		CR.1	CR.2	PARTICULARS		DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SER. ALICE ENG.														
Sep Bal			90							169 66																
Oct RP.			34 10	Sick 7 do FPI 28.2.47 20.12.1947			7 70																			
			34 10	AR 56. 27.11.2. Canada on att etc			3 57			192 49 105																

CAN/DIN
ASSIGNED PAY AUDITED
no asset
R. J. Hornal
AUDIT CLERK
DATE 14.5.49

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: BATTLE Charles
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- 931768
AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
				<i>Pte</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- **2nd Construction Bn**

DATE ACCOUNT FIRST OPENED:- **1st April 1917**

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

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
9/12/18	6604	France 75	466				
24/12	3365	L 2000	973				
25/12	6604	London					

DAILY RATES OF PAY AND ALLOWANCES

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

Dis to Canada 31/11/18 *7/161 1/11 7/18* *Led Bal 357 05*
L.P. 337 66

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar	BALANCE FORWARD								299 69	164	
Apr	P.P.	33		AR 114 6/4 CFC 221	3 57				325 55	183	
				" 296 20/4 - -	3 57						
May	P.P.	33			7 14						
				AR 491 7/5 CFC 1	2 68						
				" 719 22/5 - -	4 46				352 51	194	
Jun	P.P.	34 10			7 14						
				AR 906 7/6 CFC 1	3 57					209	
July	P.P.	33		AR 1102 22/6	3 57				378 37		
					7 14						
				AR 1292 6/7 CFC 1	3 57						
				AR 1501 22/7	3 57				405 33	224	
Aug	P.P.	34 10			7 14						
				AR 1696 6/8 CFC 1	3 57						
				CP 26682 25/8 LIN	97 33						
				CP 27777 28/8 LIN	2 43						
				AR 2489 22/8 CFC 1	97 33						
				AR 1944 22/8	3 57				235 20		
Sep	P.P.	34 10			204 23					239 00	
				AR 3791 10/9 9th Det	1 78						
				AR 2440 23/9 CFC 1	3 57				262 85	254	
Oct		33			5 35						
				2677 7/10	3 73				293 22	69	
				2929 23/10	3 73				289 49		
NOV		34 10			7 46						
				3096 21/11	3 73						
				3303 23/11	13 06						
				6604 10/12 Pte	4 66						
					21 45						

10-Ba-95

AUDITOR PAYMASTER

4033

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

REGT. No. 931768 RANK Pte NAME (IN FULL) BATTLE Charles S

M. OR S.

Form with fields for NEXT OF KIN, ADDRESS, RELATIONSHIP, PARTICULARS, EFFECTIVE DATE, AUTHORITY, ORIGINAL UNIT, C.E.F., PLACE OF ATTESTATION, TRANSFERRED TO, DATE OF ATTESTATION, ASSIGNED PAY, PAYABLE TO, STOP PAYMENT FORM, DISCHARGED, PLACE, DATE, REASON, AUTHORITY, IF ENTITLED TO POST DISCHARGE PAY.

Table with columns: MONTH, NO. OF DAYS, RATE, AMOUNT, OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS (COL. NO. 1-3), CASH PAYMENTS (COL. NO. 1-3), ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE (DEBIT, CREDIT), PARTICULARS OR REMARKS.

WAR SERVICE GRATUITY