931559 | BOWEN | COLUMBUS

I.D. number / No. d'identification | Surname / Nom de famille | Given names / Prénoms

# PERSONNEL RECORDS CENTRE
# CENTRE DES DOCUMENTS DU PERSONNEL

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

**Location**
**Lieu** Box : 948

## "CONTENTS CONFIDENTIAL"
## "CONTENU CONFIDENTIEL"

ARC-1048 (r. 87/05)

21
29.3.19

REGIMENTAL DOCUMENTS

NAME BOWEN COLUMBUS Pte REGT. NO. 931559 UNIT #2 Con Bath. H. Q. FILE NO.

| | CONTENTS | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE | NON-EFFECTIVE BY |
|---|---|---|---|---|---|---|
| | ATTESTATION PAPER (M.F.W. 23, 133, or 51) | | Comp to B.O.C | 18/9/19 | BOC Spec 759 | DEATH |
| | CASUALTY FORM (M.F.W. 54 or A.F.B. 103) | | | | | Category |
| | TRAINING HISTORY SHEET (M.F.W. 113) | | | | | |
| 1 | FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) | | | | | |
| | REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) | | | | | |
| | COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) | | | | | |
| 2 | MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) | | | | | DISCHARGE |
| | DENTAL HISTORY SHEET (M.F.B. 465) | | | | 32552. | Category |
| | MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) | | | | | Demobelegation |
| 1 | MEDICAL EXAMINATION (M.F.W. 129) | | | | | |
| 1 | TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) | | | | | |
| | PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) | | | | | |
| | DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) | | | | | DESERTION |
| 1 | LAST PAY CERTIFICATE (M.F.W. 44) | | | | | |
| 1 | PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) | | | | | |
| | PARTICULARS OF CHARACTER (A.F.W. 3225) | | | | | |
| 1 | COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) | | | | | |
| 1 | CaDC 5009a | | | 948 | | (1) |
| 1 | DMS 1375 | | | | | 1-8 |
| 1 | BPC 167 | | | | | 25-11 |
| 1 | MOW 192 | | | | | 22-11 |
| 2 | Certificate | | | | | 1 |
| 1 | MOW 67 | | | | | |

W. 2539
100M-11-18
1772-39-1277

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

**This is to Certify** that No. 931559 (Rank) Private.

Name (in full) Columbus BOWEN enlisted in

the No. 2 Construction Battalion (O)

CANADIAN EXPEDITIONARY FORCE at Edmonton, Alberta, on the Twenty-fifth

day of September 1916.

HE served in FRANCE.

and is now discharged from the service by reason of "Demobilization"

M.O. #1420, 12-12-18.

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

Age 23 Years, 8 Months.

Height 5 Feet, 7 Inches.

Complexion Dark.

Eyes Brown.

Hair Black.

Marks or Scars

Bowen C.
Signature of Soldier

W. MacEwan Lt.
Issuing Officer

Rank

Appointment

Date of Discharge February 18, 1919.

Signed at Calgary, Alberta, this Eighteenth day of February 19 19.

in Military District No. 13.

File Reference No. 13 D-B. 425.

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

Pleased to certify that the bearer has conducted himself to the satisfaction of his superiors during the period of his service with the Canadian Expeditionary Force. This certificate will not be considered by the Militia Council as a discharge.

# EPITOME OF HOSPITAL TREATMENT

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

FORM D M.S. 1300.

| SURNAME | CHRISTIAN NAME OR NAMES | REG. No. |
|---|---|---|
| Bowen. | C. | 93155-9. |

| RANK | UNIT | CO. | TROOP | BATTY. |
|---|---|---|---|---|
| Pte. | M.S. 2 Con. | | | |

HOSPITAL — DATE OF ADMISSION

Jura St. Champagnole-Jura. 4.12.17.

1. ..... HOSP. .....

2. ..... HOSP. .....

3. ..... HOSP. .....

4. ..... HOSP. .....

DIAGNOSIS Cont. R. foot-Ho

1

2-

3

DISPOSITION — DATE

Bh. 18.12.17 A89 (2) — Dec. 17-12-17

29-12-17 R 98-2 — REMARKS

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

| Date. | Remarks | Pt. 2 Or[redacted] No. |
|---|---|---|
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M. F. W. 192
150m.—5 18
1772-39-1243

LOCAL CARD

*Name BOWEN Colombus. Rank Pte Regtl. No. 931559

Fyle Depot I3.D. B-425

Original unit 2nd Con. Present unit 2nd Con. M. or S. S Age 21 Religion Meth. Ref. H.Q.

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

Next of kin Father. Columbus. Bowen. Paxson. Alta.

Address on leave Same

Address on discharge Paxton Alta

Transportation issued Yes / No Date. Character on discharge.

Previous occupation Farmer. Date and place of enlistment 6-8-16. Edm.

Diagnosis Fit Date of Medical Boards 5-2-19

| T.U.S. Date. | Remarks. | Pt. 2 Order No. |
|---|---|---|
| 10-1-19. | Posted to Cas Co Edmonton. 23-1-19. | 24 |
| | Granted leave with Subistence. to 6-2-19. | 24 |
| 10-2-19 | Discharged from H.M. service | 49 |

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

(over)

| LIST No. | HOSPITAL | DATE OF ADMISSION | REMARKS |
| --- | --- | --- | --- |
| A69 | Jura Champagnole | 4-12-17 | Cond. R. Doob |
| A98 | Disch Jura | 17-12-17. | " " " (Nova Scotia) |

REGT'L No. 931539

NAME Bowen C.

H. Q. FILE No. 649.

RANK AND CORPS Pte. 2. C. on.

| CABLE | |
|---|---|
| NO. | DATE |
| | |

NATURE OF CASUALTY

FOLLOWS NO.

FOLLOWS

L. L. 26438. M. & D. 8207.

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

SURNAME. Bowen

CHRISTIAN NAMES Columbus.

REGL. No. 931 559. RANK Pte.

UNIT No. 2. Construction

FORMER CORPS Nil.

CARD NO. 13

SOS. 18-2-19

FOLL. Edmob

DO 49-18/2/19

130 D

Bn

NEXT OF KIN.

NAMES IN FULL Bowen, Columbus.

RELATIONSHIP TO SOLDIER Not stated.

ADDRESS Paxton, Alta.

CHANGE OF ADDRESS

COUNTRY OF BIRTH U. S. A. Guthrie, Lincon Co. Okla. DATE May 30th, 1895.

PLACE OF ATTESTATION Edmonton, Alta. DATE Sept. 26th, 1916

R/C 17/1/19 254/175 Pte.

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-338.

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

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Farmer. RELIGION Baptist.

DESCRIPTION.

APPARENT AGE 21. YEARS 4. MONTHS

HEIGHT 5. FEET 7. INCHES

CHEST MEASUREMENT 35. INCHES EXPANSION 2 INCHES

COMPLEXION Coloured. EYES Brown. HAIR Black.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Edmonton, Alta. DATE Sept. 25th, 1916

Present Address. Not stated.

DEBP. MAY 1919
REGN. NO. 18

E. M. H.

Number 931559 Rank Pte. Spr.

Surname BOWEN

Christian Name Columbus

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

Date of Service 17/5/17

Remarks

Latest Address Paxton

Ala.

Roll No. Bridge 19640

200m.-6-21.

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| | | | | | | |
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FORM R. 149.
7106—250m—7/2/17.

Name BOWEN N. Rank Pte Reg. No. 931539

Unit 2 Construction Bn

Next of Kin Canada

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| 4-12-17 | 17170 Fwd to Etaples | | Cont Foot | | | |
| | | Etaples | R Lr 8 4 | | | |
| 17-12-17. | Discharged:- 17666 | | do | 998 | | |

No. 931559 Rank Pte. Name Bowen-Columbus.

T. O. S. 25-9-16. Unit No 2. Construction Battalion

D.O.S. 14-10-16

M. D. 6

| PAID FROM | PAID TO | SIG. OR REC'T |
|---|---|---|
| 1916 | 1916. | |
| Sept. 25. | Oct. 31. | x. |
| | Nov. | ✓ |
| | Dec. | ✓ |
| 1917 | Jan. 1917 | ✓ |
| | Feb. | ✓ |
| | Mar. | x |

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

| PARTICULARS | AUTHORITY |
|---|---|

Date of Enlistment

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

B 9991

Date of Assignment Oct 1/17

RATE OF SEPARATION ALLOWANCE

| | | | |
|---|---|---|---|
| | | | |

RATE OF ASSIGNMENT

| | | | |
|---|---|---|---|
| 15 | | | |

## PARTICULARS OF SEPARATION ALLOWANCE

No. 931559

Rank Pte Promoted Reverted Discharge

Soldier's Name C. Bowen

Battalion 2nd Const. Battn.

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name Mrs. Minnie Bowen,

Address ~~9409 108th Ave, Edmonton,~~

Change of Address 6/8 X13 Alta.

1 Paxson alta

2

3

4

1922-6-6

| Date | Cheque No. | Amount S/A | Amount A/P | Total | |
|---|---|---|---|---|---|
| 30.11.17 | A 38198 | | 30 | 30 | |
| Dec | F 57484 | | 15 | 15 | |
| Jan | D 69216 | | 15 | 15 | |
| Feb. | C 93458 | | 15 | 15 | |
| March | A 100738 | | 15 | 15 | |
| apr | C 4649 | | 15 | 15 | |
| may | C 11459 | | 15 | 15 | |
| June | D 19462 | | 15 | 15 | |
| July | X 33839 | | 15 | 15 | |
| AUG. | C 31337 | | 15 | 15 | |
| SEP | D 37589 | | 15 | 15 | |
| OCT. | B 49392 | | 15 | 15 | |
| NOV | B 52980 | | 15 | 15 | |
| DEC | C 66264 | | 15 | 15 | |
| JAN - 1919 | D 76434 | | 15 | 15 | |
| | | | 240 | 240 | |

REMARKS

M.O. Destroy 622441

2 M 15-10-17

A/c Closed 31/1/19.

Ret'd per Olympia

Date 17-1-19. M.F.W.187 22-1-19.

Closed M.O.13.

CANADIAN ASSIGNED PAY AUDITOR

AUDIT CLERK

DATE 21/5/19

A SECOND CHQ HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128.
400M. 6-17—1772-30-1141
L. L. 22320—M. & D. 7893.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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—1732-39-1141
L. L. 22320—M. & D. 7693.

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs Minnie Bowen (Assignee)

Name of Soldier Bowen C.

Pte 931559. 2nd Canst Battn

L. L. Job 5470—Req. 6888.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|---|---|---|---|---|
| April | 1916 | | | 15.00 Oct 1/17. |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1917 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | A 38198 | 30 - | Can 61c |
| Dec. | | | | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 21/5/19

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. | | | | |

L. L. 28912. M. & D. 8368.

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m.—10-17.
H. Q. 1772-39-819.

To Whom Mrs Minnie Bowen

Address 9409-108th Ave
Edmonton Alta

Rate 15th Oct 1/17

By Whom Assigned Bowen C.

Regtl. No. 931555

Rank Pte

Corps 2nd Const. Bn

## PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|---|---|---|---|---|
| Aug. | 1914 | | | 2M 15-10-17 Jab 24-10-17 |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1916 | | | |
| Feb. | | | | |
| March | | | | |

CONSOLIDATED ACCOUNT 8

Awds.

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

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, B'n. C.E.F.

Regimental No. 931559 Rank Pte Name Columbus Bowen

Enlisted (a) 25-9-16 C. E. F. Terms of Service (a) ~~Period of war~~ ~~6 months~~ Service reckons from (a) 25-9-16

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. |
|---|---|---|---|---|---|
| 17/6/17 | O.C. #2 Const Bn | Embarked, Canada<br>Disembarked, England<br>Proceeded O'seas | Halifax N.S<br>Liverpool<br>Seaford | 25/3/17<br>9/4/17<br>7/5/17 | Pte 2 A.C.A<br>A Sayer Capt<br>for Capt & Adjt |
| 31.5.17 | C.C. | Forfeits 5 days pay for Making Savvy with Iron Rations | Landed in France 17-5-17 N.R.<br>Fld | 31.5.17 | B209 Pte 119 25/7/17 |

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

(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 | | | | |
| 13/9/17. | OC | 10 days FF 2nd Lt absent without leave from 10 pm 9/9/17 to 7 am 10/9/17. (9 hrs) (Forfeits 1 days pay under Rule) | | 13/9/17. | B2069. P 134 19/10/17 |
| June 8/12/17. 8/12/17. 18-12-17. | OC OC Juna hosp. | adm Lt Foot R adm to Juna hosp Contusion foot Slt. (R) | Slt. Juna Discharged | 4/12/17 4/12/17 17-12-17. | B 3034/6 7009 B 213. B 3034/6 876. |
| 22-12-17. | OC Unit | Discharged from hosp | | 4th/12-17 | B213 |
| 20/6/18. | Do. | Admonished and placed under stoppage to make good the value of lost articles. 3/10. for 4 WOAS. Losing by neglect articles of clothing 1 Pr. Puttees. 3/10 | | 13/6/18 | B 2069 Pte 5. 39 July 1918 |
| 20.7.18 | OC Unit | Granted leave to ukd from 18.7.18 to 1-8-18 | | | B213 1850. 457 August 1918 |
| 10-8-18 | Ho | Repond from leave | Dueid | 6.8.18 | B213 |
| 11/12/18. | A.A.G. | Trans. to England & posted to N.S. Reg. Depot | Bramshott | 14/12/18 | K.R. 344 |

C A Hewett
Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F

Army Form B. 103—II.
Part II.

# (SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 2 Construction Bn C.E.F. Regimental Number 931559

*Substantative Rank Pte Surname Bowen Christian Names Columbus

*Acting Rank

(* To be entered in pencil to facilitate alteration.)

| (A) Report: Date. | (A) Report: From whom received. | (B) Authority of Part II. of Orders | (C) 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. | (D) Place of casualty | (E) Date of promotion, reduction, reversion, casualty, &c. | (F) Remarks, and initials and rank of an officer |
|---|---|---|---|---|---|---|
| 17.12.18 | N.S.R.D. | 305 | T.O.S. attached to 2 C.C.D. for Qrs & Rations | 305 | 14.12.18. | |
| | | | | | | |
| | | | | | | |
| | T.L.R.D. | | ON COMMAND TO C.O.D. Cumm. Lk. R.Ry C. | BRAMSHOTT | PART II D.O. | T.S.R.P. 31327 17/18 |
| 27-12-18 | O.C. Dlo. | 305 | from C.C.D. | K.R.C. | 27.12.18. | Pte |
| 8-1-19 | " " | T.S. to C.E.F. Canada | | " " | 8-1-19 | " " |
| | | | | A.C. McKenna Lt for O.C. | | |

To be folded on this line.

Nothing to be written in this margin.

W1889—PP1150 500,000 5/18 G.W.P.Co.(3490)

LIEUT,
OFFICER i/c RECORDS,
NOVA SCOTIA REGTL. DEPOT.

| (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 |
| 10-1-19 | | | TAKEN ON STRENGTH OF DISTRICT DEPOT 13, PART 2 ORDER NO. 24 Lieut. Col. Officer Commanding District Depot No. 13 | | | |
| 18/2/19 | | | DISCHARGED FROM THE SERVICE BY DISTRICT DEPOT NO. 13, PART 2 ORDER NO. 49 AUTHORITY P.C. 1420 Dated Ottawa 12/12/18 Lieut. Col. Officer Commanding District Depot No. 13 | | | |

Nothing to be written in this margin.

DUPLICATE

To be made out in duplicate.

H.Q. 51-21-20-53

# 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 ..... 931539

(3) Full Name of Soldier..... Columbus Bowen

(4) Place of Birth..... Oklahoma U. S. A.

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

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

(b) Present Postal Address..... ×

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

(8) Have you any children ?..... ×

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

Also their names and ages..... ×

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes: Columbus Bowen,

If so, state name and address Paxton, Alberta.

(10) Is your Mother alive? No

If so, state name and address ×

(11) If your Mother is a widow ×

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? No

If so, in what Company? ×

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.

A. Davie Capt for Lieut.-Col.
No. 2 Construction Battn. C. E. F.
*Officer Commanding.*

No. 2 Construction Battalion
Orderly Room
MAR 16 1917

Date

# DECLARATION OF DISABLED MEMBER OF FORCES RE WIFE AND CHILDREN.

Form to be filled in and signed by a disabled man at the time he is medically examined for discharge and pension.

(Note:-At the time of medical examination this form is to be handed to the Officer or Soldier and when filled in is to be attached to completed M.F.B.227 or other form used for medical examination.

======oOo======

I, 93555 Private
Regimental Number Rating or Rank

BOWEN. Columbus
Full Name

2nd Construction Batt.
Ship or Unit

hereby declare as follows:-

1. That I am married and my wife is alive.
Attach marriage certificate if possible.

If you are not married write the words"NOT MARRIED" on next line.

Not Married

2. And that the following are the true particulars of my living children, boys under sixteen and girls under seventeen years of age.
Attach birth certificates if possible.

| Names of Children | Sex | Dates of Birth | Place of Residence | By whom Maintained |
|---|---|---|---|---|
| | | | | |

Note:- If you have no children write the words "NO CHILDREN" across the above space.

-Bowen C.
Signature of Officer or Soldier.

Witness:

Member of Medical Board.

Note:- If the marriage and birth certificates mentioned above are not forwarded with this form you will be requested to secure and forward them at a later date. The certificates will be returned to you after perusal.

B.P.C.Form 167. 25m.-5-18.

ORIGINAL

# 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. 931559 Rank Pte. Surname BOWEN
(Give name in full)
Columbus.
Unit or Corps 2nd. Const. Birthplace Oklahoma, U.S.A.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 135 lbs. Height 5 ft. 7 in. Colour of Eyes Black.

Nutrition Good

Pulse 72

Condition of arteries Normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left. 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
None.

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.

Address: Paxton, Alta.

(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...Edmonton.....(Canada)

Date .....Feb. 5th. 1919..... Signed H L McInnis CAPT. C. A. M. C. 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 C. B. Bower .....

(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]

M.F.W. 129.
1038 (D.P.) 500M-11-18.
1772-39-1142.

C.A.D.C. 5009 A

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

# DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.P. 13.

NAME OF SOLDIER (Block Letters) BOWEN -Jo.

REGIMENT 2 Const RANK Pte No. 931559

Date of Examination in England 28/2/18 | 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 Fit
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~~

KINMEL PARK, NORTH WALES.

*Signature of Dental Officer* W. Kennedy Capt

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

Rank Pte. Name Bowen. Surname Columbus.

Unit or Corps No. 2 - Constr.. (If a soldier) Regtl. No. 931559

Born at Vancouver. B.C. Canada on, date May 30th 1896.

Signature (for identification) Columbus Bowen

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

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

nil

Weight
140 lbs.

Height
5 ft. 6 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? 64 Intermittence or irregularity? nil

**6. ARTERIES.**—Any hardening? nil

**7. DIGESTIVE SYSTEM?** nil

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

Urinalysis—S.G.? 1020 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 Signed W Stephen Capt M.O.

Date 2 - 1 - 19 Signed [illegible] 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.*

ORIGINAL

# MEDICAL HISTORY SHEET.

*Surname* Bowen *Christian Name* Columbus

Examined { on 20 day of March 1917
at Truro N. S.

Birthplace { City or Town Guthrie
County Oklahoma

Apparent age 19

Trade or occupation Farmer

Height 5 Feet 7 Inches.

Weight 135 Lbs.

Chest measurement { Minimum 32 inches.
Maximum expansion 34 inches.

Physical development Good

Small-Pox Marks None

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

When Vaccinated last ~

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

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

Approved by Dan Murray
Rank Capt. A.M.C.

| 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. |
|---|---|---|
| 20/3/17 | | Dan Murray M.O. |
| 24/4/17 | L.S.P.R. | Dan Murray M.O. |
| | | M.O. |

| Date. | Result. | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| 20/3/17 | L.S.P.R. | Dan Murray M.O. |
| 6/4/17 | L.S.P.R. | Dan Murray M.O. |
| 29/4/17 | L.S.P.R. | Dan Murray M.O. |

*Enlisted on* 25th *day of* September 1916 *at* Edmonton, Alta

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | No. 2 CONSTRUCTION, Bn. C.E.F. | 931559 | | 25th Sept 1916 |
| Transferred to | | | | |

## EXAMINED ~~OR DISCHARGED~~ BY A MEDICAL BOARD.

| Station. | Date. | Disease. | Result. |
|---|---|---|---|
| Edmonton, Alta. | 20/3/17<br>5/2/19 | Dan. Lobar Pneu.<br>M.T.W. 129 | Dan Murray<br>Capt. A.M.C.<br>J.L. Robertson<br>CAPT. C. A. M. C. |

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.
400M.—1-16.
H. Q. 1772-39-439.

Christian Name Columbus

Surname Brown

| STATION. | Date of Arrival at the Station. | DATES OF Admission into Hospital Day | Month | Year | 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. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

B 1473

POST DISCHARGE
FEB 28 1919
M. D. No. 13

DEPARTMENT OF MILITIA AND DEFENCE.

# WAR SERVICE GRATUITY.

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 Columbus 2. Surname BOWEN

3. Rank Private 4. Original Unit 2nd Con. Batt. 5. Reg. No. 931559

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

7. Date of enlistment in the C.E.F. 25th September 1916 Overseas

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge None

9. Relationship of such dependent None

10. Address, in full, of such dependent None

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:—
Not Applicable

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 2½ years enlisted 2nd Con Batt. 25/9/16 served in France with said unit from 17/4/17 to 4/12/18

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.

MAR 3 - 1919

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 ? ..... No

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 ? ..... No
(b) If so, was such reversion in consequence of misconduct or inefficiency ? ..... No

24. Are you now serving in the C.E.F.? ..... No If not, give:—(a) Date of discharge 18-2-19. ..... (b) Reason for discharge ..... Demobelization

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 ..... District Depot 13 Edmonton .....

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 ..... with 2nd Construction Batt. from 17/4/17 to 4/12/18 .....

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 ? ..... No

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: Bowen C.

Place of Residence: - Patson Alle

Declared before me at: Edmonton, Alta.

This Sixth. day of February 19 19.

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

## POST DISCHARGE PAY.

| Date paid. | Paid Soldier | Paid Dependent | War Service Gratuity | Net amount due |
|---|---|---|---|---|
| | Nil. | | 350 00 | 350 00 |

Certified Correct.

J. L. P.

C. Edwards Capt.

District Paymaster.

GENERAL ACCTS. & DISB. BR.
MAY 13 1919
District Accountant M. D. 13

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. | 931559 |
| Rank | Pte. |
| Surname | BOWEN |
| Christian name | Columbus |
| NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority. | |
| Corps (Squadron, Battery or Company) | 2nd Con. Bn., C.E.F. |
| Date of discharge | February 18, 1919. |
| Place of discharge | Calgary, Alta. |

1. DESCRIPTION AT THE TIME OF DISCHARGE.

| | | Descriptive marks |
|---|---|---|
| Age | XX 23 years 8 months. | |
| Height | 5 feet 7 inches. | |
| Complexion | Dark | |
| Eyes | Brown | |
| Hair | ~~xmxmxm~~ Black. | |
| Trade | Farmer | |
| Intended place of residence (To be given as fully as practicable.) | Paxson, Alta. | |

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

Authority for discharge R.O. #1420, 12-12-18.
13DD-Part 11 DO 49, 18-2-19.

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)

McA

**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) Edmonton Bowen C. *(Signature of Soldier.)*

(Date) 5/2/19 Geo. Howald *(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) Calgary, Alta.

*(Signature)* W. MacEwan Lt

(Date) 18-2-19.

Offcr i/c Discharge Section District Depot M. D. 13

# List of Discharge Documents.

| | | | |
|---|---|---|---|
| Reg. Conduct Sheet, | Militia form B. 263 | | |
| Squadron / Battery / Company } Conduct Sheet, | " | B. 263a | |
| or | | | |
| Field Conduct Sheet | " | W. 178 | |
| 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.

| | | |
|---|---|---|
| Attestation Paper | Militia Form W. 23 | |
| or | | |
| Particulars of Recruit | " | W. 133 |
| Proceedings on Discharge | " | B. 218 |

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.*

## 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.)

Pay as per paybook balance. —Bowen C.

DEMOBILIZATION
PAY DIVISION, M. D. No. 13

**CANADIAN EXPEDITIONARY FORCE.**

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-39-903.

# LAST PAY CERTIFICATE

Regimental No. 931559 Rank Pte. Name BOWEN C.
(Surname first)

Unit 2nd. Con. who was* discharged

On 18-2-19 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 to 18-2-19 191... the inclusive date of transfer or discharge.

| | Dr. | | Cr. | |
|---|---|---|---|---|
| Bal. Dr. or Cr. from prev. month Enc. L.P.C. | | | 92 | 98 |
| Regimental Pay 49 days at $1.00 c | | | 49 | 00 |
| Field Allowance 49 days at $.10 c | | | 4 | 90 |
| Separation Allowance | | | | |
| Clothing Allowance | | | 35 | 00 |
| Post Discharge Pay | | | | |
| *Other Credits Sub. DO 24 23-1-19 to 6-2-19 = 41 days @ 80 c | | | 12 | 00 |
| | | | | |
| Advances A.R. 311 7-2-19 | 50 | 00 | | |
| Separation Allowance and Assigned Pay Cheque No. | | | | |
| *Other Charges A.P. paid by Ottawa Jan. | 15 | 00 | | |
| | | | | |
| Balance on transfer or on discharge, cheque No. A.3363 | 128 | 88 | | |
| Total | 193 | 88 | 193 | 88 |

*Give particulars.

A monthly stoppage of $ 15.00 (†) has ..... (‡) been chgd on account of

Assigned Pay for the month of Jan. 191.....
and Separation Allce. for month of nil 191.....

(to) Assignee Miss M. Bowen, Paxson, Alta.

(Address) .....

(†) 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.

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

REMARKS:—

State (1) date of enlistment ..... married or single single

(2) Separation Allowance, entitled or not .....(3) Reason for discharge.....

(4) Authority for discharge or transfer DD 13

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

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

Date 18-2-19

Place Calgary

.....
LIEUT.
PAYMASTER - DEMOBILIZATION PAY DIVISION, M. D. No. 13
*Paymaster.*

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1807, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

LGW.

## CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

| Date | Place | Cheque No. A.R. No. or Other Particulars. | AMOUNT | | Signature of Officer Making Payment |
|---|---|---|---|---|---|
| | | | Dr. | Cr. | |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |
| ..... | ..... | ..... | ..... | ..... | ..... |

AUDITOR | PAYMASTER

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

M. OR S. Single | REGT. No. 931559 | RANK Pte | NAME (IN FULL) BOWEN. C. (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 |
|---|---|---|
| | | |

ORIGINAL UNIT C.E.F. 2nd Can'y | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 1500 | DATE EFFECTIVE 1-2-19

PAYABLE TO Miss M. Bowen | RELATIONSHIP Sister

ADDRESS Pacaon Alta

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE CALGARY, ALTA. | DATE FEB 18 1919 | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

| MONTH | PAY AND F.A. NO. OF DAYS | PAY AND F.A. RATE | PAY AND F.A. AMOUNT $ | PAY AND F.A. AMOUNT C. | OTHER CREDITS $ | OTHER CREDITS C. | $ | C. | TOTAL CREDITS $ | TOTAL CREDITS C. | ACQUITTANCE ROLLS COL. NO. 1 NO. | ACQUITTANCE ROLLS COL. NO. 1 DATE | ACQUITTANCE ROLLS COL. NO. 2 NO. | ACQUITTANCE ROLLS COL. NO. 2 DATE | ACQUITTANCE ROLLS COL. NO. 3 NO. | ACQUITTANCE ROLLS COL. NO. 3 DATE | CASH PAYMENTS COL. NO. 1 $ | CASH PAYMENTS COL. NO. 1 C. | CASH PAYMENTS COL. NO. 2 $ | CASH PAYMENTS COL. NO. 2 C. | CASH PAYMENTS COL. NO. 3 $ | CASH PAYMENTS COL. NO. 3 C. | ASSIGNED PAY $ | ASSIGNED PAY C. | REGIMENTAL CHARGES $ | REGIMENTAL CHARGES C. | OTHER CHARGES $ | OTHER CHARGES C. | $ | C. | TOTAL DEBITS $ | TOTAL DEBITS C. | BALANCE DEBIT $ | BALANCE DEBIT C. | BALANCE CREDIT $ | BALANCE CREDIT C. | PARTICULARS OR REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BALANCE FROM PREVIOUS ACCOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Bal 132 85 Emg LP & C. |
| 31/12/18 | | | | | | | 132 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | 132 | 85 | | | Boar 10/1/19 | | Train 16/1/19 | | Chey 16/1/19 | | 4 | 87 | 5 | 00 | 30 | 00 | | | | | | | | | 39 | 87 | | | 92 | 98 | |
| 1/1/19 | | | | | | | 100 | 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D 15.00 a/c Pay & Q. Estate A. Jan 1924 Subsistence 13 days 12.00 23/11/19 62/19 |
| 18/2/19 | 49 | 1.10 | 53 | 90 | 35 - 12 00 | 93 | 08 | 193 | 88 | 311 | 7/3/19 | | 356 | 17/3/19 | 5000 | | 12888 | | | | 15 | 00 | | | 193 | 88 | | | | | | | | | | | | Clothing Allowance 35.00 |
| | | | 53 | 90 | 47 00 | 132 | 85 | 233 | 75 | | | | | | | | 54 | 87 | 5 | - | 158 | 84 | | | 15 | - | | | | | 233 | 75 | | | | | DISCHARGED FEB 18 1919 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Gratuity |
| | | | | | Certified opening entries on this Ledger Sheet [illegible] 13/5/19 | | | | | | | | | | | | POST DISCHARGE PAY | | | | | | | | | | | | | | | | | | | | | | |
| | | | W S & S A. | | | | | | | | | | | | | | W S & S A. | | | | | | | | S A Charges | | | | | | | | Balance Sold | | Deposit | |
| 153 days | | | 350 | 00 | | | 350 | 00 | | | | | | | | | 70 | 00 | | | | | | | | | | | | | 280 | 00 | | | | Cheque 3335 - 3-3-19 |
| | | | | | | | | | | | | | | | | | 70 | - | | | | | | | | | | | | | 210 | - | | | | Cheque 13,447.12 - 3-4-19 |
| | | | | | | | | | | | | | | | | | 70 | - | | | | | | | | | | | | | 140 | - | | | | $143898 - 3-5-19 |
| | | | | | | | | | | | | | | | | | 70 | - | | | | | | | | | | | | | 70 | - | | | | $187160 - 3-6-19 |
| | | | | | | | | | | | | | | | | | 70 | - | | | | | | | | | | | | | - | | | | | $84470 - 18-6-19 |
| | | | 350 | - | | | 350 | - | | | | | | | | | 350 | - | | | | | | | | | | | | | 350 | - | | | | All Payments Due on This Account have been completed. |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Caldwell Lieut. Paymaster War Service Gratuity [illegible] |

30M-11-18.—L.L. 50877-M. & D. 9553.

541

| MONTH | PAY AND F.A. | | | | OTHER CREDITS | | | | TOTAL CREDITS | | ACQUITTANCE ROLLS | | | | | | CASH PAYMENTS | | | | | | ASSIGNED PAY | | REGIMENTAL CHARGES | | OTHER CHARGES | | | | TOTAL DEBITS | | BALANCE | | | | PARTICULARS OR REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | NO. OF DAYS | RATE | AMOUNT | | | | | | | | COL. NO. 1 | | COL. NO. 2 | | COL. NO. 3 | | COL. NO. 1 | | COL. NO. 2 | | COL. NO. 3 | | | | | | | | | | DEBIT | | CREDIT | | |
| | | | $ | C. | $ | C. | $ | C. | $ | C. | NO. | DATE | NO. | DATE | NO. | DATE | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | $ | C. | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

P. 550

MARRIED OR SINGLE S

PLACE OF BIRTH Smithville Oklahoma

NAME AND ADDRESS OF NEXT OF KIN Columbus Bowen Papson Alta

RELATIONSHIP OF NEXT OF KIN Father

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. 931559 RANK NAME Bowen Columbus

IF IN PERMT. CORPS } WHAT UNIT } UNIT 2 Can Bn

| | TRANSFERRED TO | DATE | AUTHORITY |
|---|---|---|---|
| PERMANENT FORCE ALLOWANCES | | | |
| PLACE OF ATTESTATION Edmonton Alta | | | |
| DATE OF ATTESTATION 8 Sept 16 | | | |

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1st Oct. 1917.

PAYABLE TO Mrs Minnie Bowen. 9409-108 Ave. Edmonton, Alberta, Canada RELATIONSHIP Sister

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)

69

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | 30 60 | 30 60 | | | | | | | | | | | | | | | | 30 60 | | | | Brot from Canada |
| Apr 30 | 20 | 11 00 | 33 00 | | | | | | | | | | | | 33 00 | | | | | | | | | | | | | | | | 63 60 | | 15 -- | 48 60 | |
| MAY 1-31 | 31 | " | 34 10 | | | | | | | | | | | | 34 10 | 44 15 | | | | | | | 3 74 | | | | | | | | | | | | |
| JUN 1-30 | 30 | " | 33 00 | | | | | | | | | | | | 33 00 | 17 15.4 | | | | | | | 4 87 | | | | | | | 14 61 | 83 09 | | 30 00 | 53 09 | |
| July 1-31 | 31 | - | 34 10 | | | | | | | | | | | | 34 10 | 72 14/5. | | | | | | | 4 86 | | | | | | | 4 86 | 111 23 | | 45 - | 66 23 | |
| Aug 1-31 | 31 | " | 34 10 | | | | | | | | | | | | 34 10 | | | | | | | 54 30/5. | | | | | | | | | | | | Impfds 5 dc pay 21-8-17 D.O. 119. 25-7-17 |
| Sep 1-30 | 30 | - | 33 - | | | | | | | | | | | | 33 - | | | | | | | 12/3 12/4 6/8 25/6 2/6 7/7 25/8 23/7 | | 3 57 | | | | | | | | | | | |
| | | | 201 30 | | | | | | | | | | | 30 60 | 231 90 | | | | | | | | | 1947 | | 17 85 | | | | 5 50 | 42 82 | 189 08 | | | |

| MONTH | PARTICULARS | CR. 1 | CR. 2 | PARTICULARS | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | DEFERRED PAY | SE... BAL... |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Sep | Bal | ~~189 08~~ 25 | | | | | | | 189 08 | | |
| Oct | PP | 34 10 | Slz 10 da FP 2 13 9/17 4 1da pay R.W. 20 13 8/17 18 10/17 | | | 12 10 | | - 15. | | | |
| | | | AR. 567. 27 8/17. 2 Gonale Bay. alt e F.C. | | 3 57 | | | | | | |
| | | | - 456 13 8/17 " " " " | | 3 57 | | | | 188 94 | | |
| | | 34 10 | | | 7 14 | 12 10 | | 15 | | | |

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 31-5-19

Pte 931559. Bowen. C 15th

| 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 | OTHER SER. ASSIGN. PAY | SER. ALLOT. ENG. | | | | | | | | | | | | | | | |
| | Ord Bal | | | | | | | | | | | | | | | | | 188 94 | | | | | | | | | | | | | | | | | |
| Nov. | P.P. | | 33 - | | | | | | | | | | | | | | | 15 | | | | | | | | | | | | | | | | | |
| | | | | | | AR. 80. 12 10/17 C.F.C. | | | | | | | | 3 57 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | " 616 11 9/17 " | | | | | | | | 3 57 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | " 962 25 10/17 " | | | | | | | | 3 57 | | | | | | | | | | | | | | | | | | | | | | | |
| DEC | " | | 34 10 | | | " 1080. 10 11/17 " | | | | | | | | 3 57 | | | | 15 | 211 76 | | | | | | | | | | | | | | | | | |
| | | | 67 10 | | | | | | | | | | | 14 28 | | | | 30 | | | | | | | | | | | | | | | | | |
| JAN | 1918 P.P. | | 34 10 | | | | | | | | | | | | | | | 15 | | | | | | | | | | | | | | | | | |
| | | | | | | AR. 1250. 23 11/17 2 Comuti. Pay | | | | | | | | 12 49 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | " 1424. 21 12/17 " " | | | | | | | | 7 14 | | | | | 211 23 | | | | | | | | | | | | | | | | | |
| | | | 34 10 | | | | | | | | | | | 19 63 | | | | 15 | | | | | | | | | | | | | | | | | |
| FEB | " | " | 30 80 | | | Assigned Pay | | | | | | | | | | | | 15 | | | | | | | | | | | | | | | | | |
| | | | | | | AR. 1549. 24 1/18. C.F.C. | | | | | | | | 3 57 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 30 80. | | | " 1593 4/1/18 Jura | | | | | | | | 3 57 | | | | 15 | 219 89 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | 7 14 | | | | | | | | | | | | | | | | | | | | | |
| MAR | 1918 " | | 34 10 | | | Ass Pay | | | | | | | | | | | | 15 | | | | | | | | | | | | | | | | | |
| | | | | | | AR 2009 - 14 7/18. C.F.C. | | | | | | | | 7 14 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | " 2376 - 18 31/18 " | | | | | | | | 7 14 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 34 10 | | | | | | | | | | | 14 28 | | | | 15 | 221 71 | | | | | | | | | | | | | | | | | |

NUMBER RANK NAME

| MONTH | PARTICULARS | CR. 1. | CR. 2. | PARTICULARS | DR. 1 | DR. 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | 115 29 | | |
| Oct | R Pay | 34 10 | | Car | | | | 15 | | | |
| | | | | 2284 17/10 Sole. | 3 73 | | | | 1269 | | |
| | | | | 2315 26/10 ✓ | 373 | | | | 1083 | Refd | |
| | | 34 10 | | | 746 | | | 15 | | | |
| NOV | PP | 33 | | Car | | | | 15 | | | |
| | | | | 2679 11/11 ✓ | 373 | | | | | | |
| Dec | - | 34 10 | | 2897 26/11 ✓ | 1306 | | | | | | |
| | | | | Car | | | | 15 | | | |
| | | 67 10 | | 6605 10/12 - Base | 466 | | | | | | |
| | | | | 3567 18/12 N&R | 973 | | | | 132 85 | ✓ | |
| | | 67 10 | | | 3118 | | | 30 | | | |

S O S Canada 9/1/19
Bale 19/1/19. N&R

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

| ASSIGNED PAY. | * ~~ENGLAND or~~ CANADA. | SEPARATION ALLOWANCE. | * ENGLAND OR CANADA. |
|---|---|---|---|
| EFFECTIVE DATE:- | 1st Oct 1917 | EFFECTIVE DATE:- | |
| AMOUNT:- | 150 | AMOUNT:- | |

NAME:- BOWEN. Colombus.

NUMBER:- 931559.

PARTICULARS OF RANK OR APPOINTMENT

| AUTHORITY | DATE EFFECTIVE | RANK OR APPOINTMENT |
|---|---|---|
| | | Pte |
| | | |
| | | |
| | | |

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 Minnie Bowen Sister
9409- 108 Ave. - Edmonton
Alberta Canada
Sept. E.E. 1.19

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2nd Construction Bn

DATE ACCOUNT FIRST OPENED:- 1st Apl 1917.

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

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 |
|---|---|---|---|---|---|---|---|
| 7/11 | 2679 | 20 Trs | 3 3 ✓ | | | | |
| 25/11 | 3897 | 70 Trs. | 8 06 ✓ | | | | |
| 9/12 | 6605 | 25 Trs. | 4 6 | | | | |
| 15/12 | 8564 | L & D Draft. ✓ | 9 73 | | | | |
| | | | 31 18 | | | | |

DAILY RATES OF PAY AND ALLOWANCES

| AUTHORITY | PAY | F.A. | P.F.A. | SUBS'CE ALL'CE |
|---|---|---|---|---|
| | 1 - - | 10 | | |
| | | | | |
| | | | 164 03 | 137 8 57 |

PARTICULARS OF RENDERING NON-EFFECTIVE Dr/Canada 31/12/18 (auth 16/12 NSR) L & D Bal ~~150~~ 164 03 L/C Bal ~~150~~

| 1918 MONTH | PARTICULARS | CR. 1 | CR. 2. | PARTICULARS | DR. 1 | DR 2. | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| MAR | BALANCE FORWARD | | | | | | | | 224 71 | | |
| apl | Pay + a | 33 - | | Ass Pay | | | | 15 - | | | |
| | | | | aR 1. 9/4. C.F.C Jura | 3 57 | | | | | | |
| | | | | aR 263. 22/4 - " - | 3 57 | | | | 235 57 | | |
| May | P.R | 33 - | | | 7 14 | | | 15 - | | | |
| | | 34 10 | | Ass Pay | | | | 15 - | | | |
| | | | | aR 404 9/5 C.F.C Jura | 3 57 | | | | | | |
| | | | | aR 418 - 23/5 - " - | 3 57 | | | | 247 53 | | |
| | | 34 10 | | | 7 14 | | | 15 - | | | |
| June | P.P | 33 - | | Ass Pay | | | | 15 - | | | |
| | | | | aR 705 - 7/6 C.F.C 5 | 3 57 | | | | | | |
| | | | | ✓ 867 27/6 ✓ ✓ | 3 57 | | | | 258 39 | | - |
| | | 33 | | | 7 14 | | | 15 | | | |
| July | P.P. | 34 10 | | Ass Pay | | | | 15 | | | |
| | | | | aR 945 10/7 C.F.C 5 | 3 57 | | | | | | |
| | | | | GR 7949 22/7 L/N | 77 87 | | | | | | |
| | | | | aR 1317 17/7 C.F.C 5 | 97 33 | | | | | | |
| | | | | aR 1089 25/7 ✓ | 7 14 | | | | 9158 | | |
| | | 34 10 | | | 185 91 | | | 15 | | | |
| Aug | P.P | 34 10 | | Can aP | | | | 15 | | | |
| | | | | aR 3813 5/8 Can Det Paris | 2 68 | | | | | | |
| | | | | aR 1479 25/8 C.F.C 5 | 3 57 | | | | 104 43 | | |
| | | 34 10 | | | 6 25 | | | 15 | | | |
| Sep | P.P | 33 | | Can aP. | | | | 15 | | | |
| | | | | aR 1669 5/9 C.F.C 5 | 3 57 | | | | | | |
| | | | | aR 2014 24/9 ✓ | 3 57 | | | | 1152 9 | | |
| | | 33 | | | 7 14 | | | 15 | | | |

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 21.2.19

# MILITARY HISTORY SHEET.

1. Service at Home and Abroad (including former service of re-enlisted men, when allowed to reckon towards Deferred Pay or Pension).

| COUNTRY | FROM | TO | YEARS | DAYS | N. B.—The country only to be shown—it is not necessary to show separately the services in the different stations of the same country. |
|---|---|---|---|---|---|
| | | | | | |

2. Passed classes of Instruction .....

3. Campaigns.....

4. Wounded .....

5. Effects of wounds

6. Special instances of gallant conduct.....

7. Medals, Decorations and Annuities .....

Initials of Officers.

9. Particulars as to Marriage.....

| (a) Christian and surname of woman to whom married and whether spinster or widow; (b) Place and date of marriage; (c) Name of officiating Minister or Registrar, and (d) Name of two Witnesses. | | | | Date of being placed on Married Roll | Initials of Officers. |
|---|---|---|---|---|---|
| (a) | (b) | (c) | (d) | | |
| | | | | | |

10. Particulars as to Children .....

| Christian Name | Date and Place of Birth | Date and Place of Baptism, and Name of Officiating Minister |
|---|---|---|
| | | |

NOTE.—These entries are to be made from time to time as they occur, and initialled by the officer making the entry.

DUPLICATE

# ATTESTATION PAPER

931559

No. 931559
Folio

"....." .....of.....

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

1. What is your name ?..... Bowen. ..... =Columbus=
2. In what Township or parish, and in or near what Town and in what County or Country were you born ?..... In or near the Town of Guthrie in the County of Lincoln in State of Oklahoma
3. *What is the name of your next of kin ?..... Columbus Bowen.
4. *What is the address of your next of kin ?..... Brason Alberta
5. What is the date of your birth ?..... May 30 1895
6. What is your trade or calling ?..... Farmer
7. Are you an apprentice ?..... No
8. Are you married ?..... No
9. Are you willing to be vaccinated or re-vaccinated? ..... Yes
10. Do you now belong to the Active Militia ?..... No
11. Have you ever served in His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police ? †† ..... No

†† If so, state particulars of former Service, and produce Certificate of Discharge. or transfer to Army Reserve.

12. Do you understand that enlistment into the Permanent Force does not involve your discharge from the Army Reserve, but that if required for duty as an Army Reservist you will be discharged from the Permanent Force ? .... Yes
13. Have you ever been rejected as unfit for His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police?.... No
14. Do you understand the nature and terms of your engagement?.. Yes
15. Are you willing to be attested to serve in the Canadian Expeditionary Forces ..... Yes

or for General Service for the term of.....

(Signature of Man) C Bowen

(Witness) C M Neil

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Columbus Bowen, do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; and that I am willing to be attested for the term of....., provided His Majesty should so long require my services, or until legally discharged.

Columbus Bowen { Signature of Man. } C M C Neil { Signature of Witness. }

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Columbus Bowen, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to his Majesty.

Witness my hand.

(Signature of Man) C Bowen

(Witness Present) C M C Neil

The above questions were asked of the said Columbus Bowen and answered by him in my presence, as herein recorded ; and the said ..... made the above Declaration and Oath before me at Edmonton this 25 day of September One Thousand Nine Hundred Sixteen at 12-20 o'clock P M.

† Signature of Commanding Officer of Squadron, Battery or Company, or Justice of the Peace. } A K Ruttan Captain

* To be verified in the month of January in *each year*.
† But only at the Headquarters of the Corps for Permanent Units, and in cases where the Commanding Officer has taken the same oath before a Justice of the Peace. (*See* K. R. & O. for the C. M., and the Militia Act.)

M. F. R. 235.

25M.-2-16.
H. Q 1772-39-87.

13

[OVER]

93/337 31559

## Description of Bowen Columbus on Enlistment.

Apparent Age 21 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 7 ins.

Weight 132½ lbs.

Chest measurement — Girth when fully expanded 35 ins.

Chest measurement — Range of expansion 2 ins.

Complexion Colord

Eyes Brown

Hair Black

Religious denomination.
- ~~Church of England~~
- ~~Presbyterian~~
- ~~Methodist~~
- Baptist and Congregationalist yes
- Roman Catholic
- Jewish
- Other Protestants (Denomination to be stated.)

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).

None

### 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 Permanent Force,

Date Sept 25 1916.

Place Edmonton

H H Collins
Medical Officer.

*Insert here "fit" or "unfit."

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

### CERTIFICATE OF OFFICER COMMANDING OR ADMINISTERING THE CORPS

Columbus Bowen 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.

C W Reis Capt (Signature of Officer)

Date OCT 24 1916 191 .

## Statement of the Services of No. Name

| Corps | Squadron, Battery or Company, etc. | PROMOTIONS, DEDUCTIONS CASUALTIES, &c. | RANK | DATE | Service towards Deferred Pay | | Service towards completion of engagement | | Signature of Officers certifying correctness of Entries. |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Years. | Days | Years | Days | |
| | | Services towards engagement reckons from..... Joined at | | | | | | | |
| | | | | | | | | | |
| | | Total Services as above ... | | | | | | | |

(OVER)