

12943

original

D 65

ATTESTATION PAPER.

No.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.



QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Norman Yelland
 2. In what Town, Township or Parish, and in what Country were you born?..... London Ont
 3. What is the name of your next-of-kin?..... Mable Yelland (wife)
 4. What is the address of your next-of-kin?..... 834 box Port Hope Ont
 5. What is the date of your birth?..... May 31st 1890
 6. What is your Trade or Calling?..... Clerk
 7. Are you married?..... yes
 8. Are you willing to be vaccinated or re-vaccinated?..... yes
 9. Do you now belong to the Active Militia?..... no
 10. Have you ever served in any Military Force?.. 46th reg 7 years
If so, state particulars of former Service.
 11. Do you understand the nature and terms of your engagement?..... yes
 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } yes
- Norman L. Yelland (Signature of Man).
W. H. Walker (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date 27th Feb 1915 Norman L. Yelland (Signature of Recruit)
W. H. Walker (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Norman Yelland, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date 27th Feb 1915 Norman L. Yelland (Signature of Recruit)
W. H. Walker (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 Port Hope this sixth day of March 1915

J. W. Saunders (Signature of Justice)

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

[Signature] (Approving Officer)

Description of Norman Yelland on Enlistment.

Apparent Age 24 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..9..ins.

Chest measurement { Girth when fully expanded.....33½..ins.
 Range of expansion.....35..ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Light

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



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.....27th Feb.....1915.

Place.....Port Hope

R. H. Shells
 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.

.....Norman Yelland.....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.

A. Weston.....Lt.-Col. (Signature of Officer)
 Commanding 39th Battalion, C. E. F.

Date.....MAR 6 - 1915.....1915.

REGIMENTAL DOCUMENTS

NAME

N I Norman

REGT. NO.

412943

UNIT

4th Regt, 12th

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)

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

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

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

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

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

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

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

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

Miss

R+U-6045

GADE 5009A

Misc Card

DEATH

Category

DISCHARGE

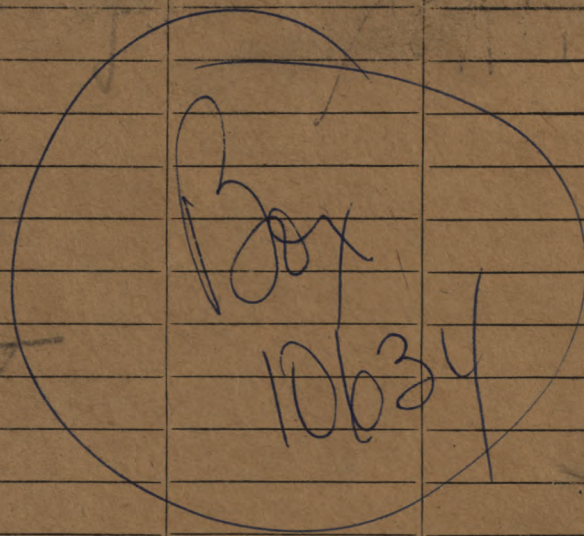
Category

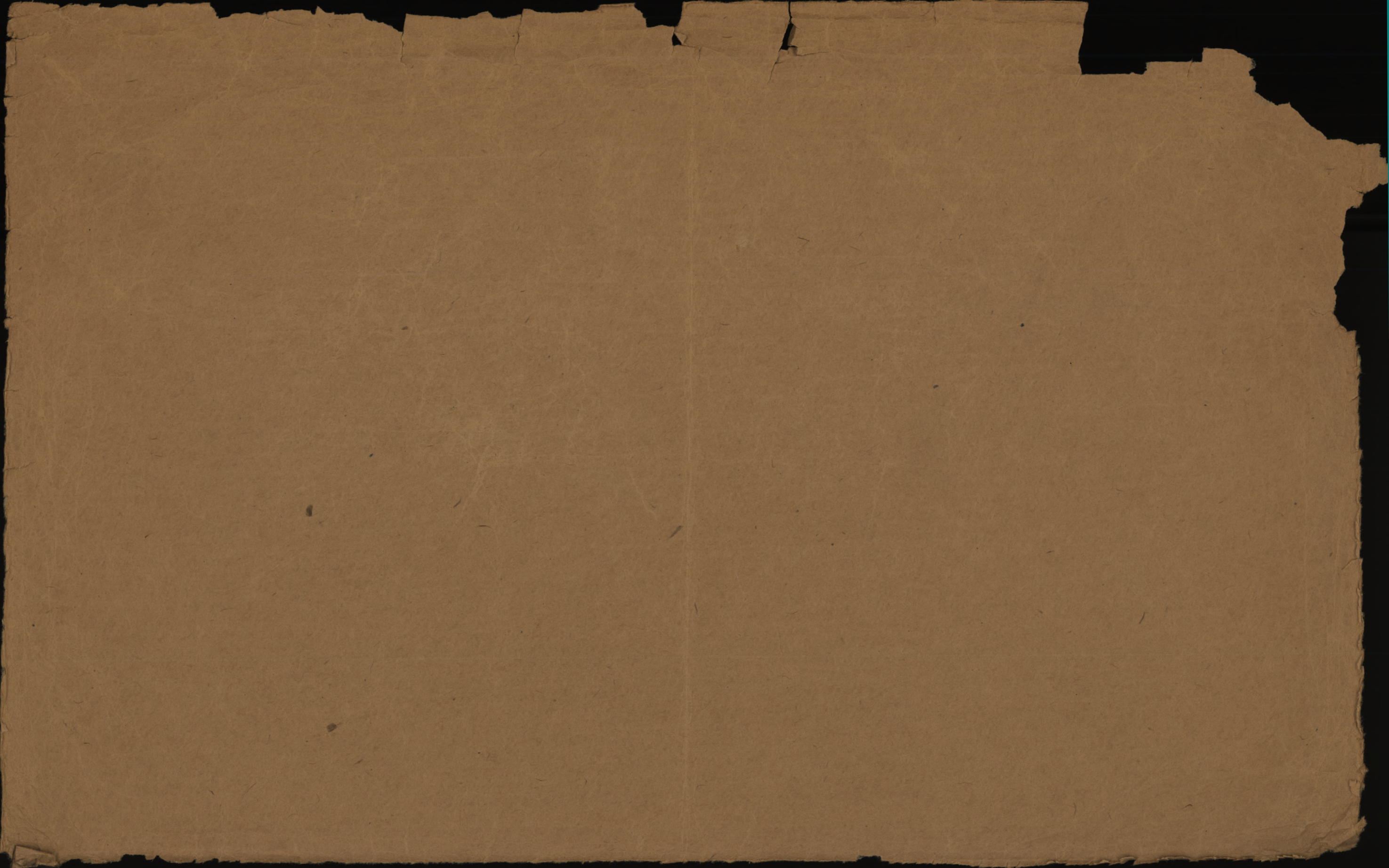
Demof.

DESERTION

Deceased 26-11-51

00532





412943

I.D. number
No. d'identification

YELLAND

Surname
Nom de famille

DEC'0 26-11-51

NORMAN LEGER

Given names
Prénoms

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location

Lieu

10634

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»



700
Wae

13

Number.. *412943* Rank. *Serjt*

Surname.. *YELLAND*

Christian Names.. *Norman*

Unit.. *39th BN Can Inf* Theatre of War *England*

Date of Service.. *3/7/15*

Remarks,

Latest Address.. *379 Hamilton Road*
London

Roll No. *a* 338 Lyle St., London, Middlesex Co. *Ont.*
Ont. *Ont.*

Page 193.

JUN 2 1919

Sept

34269

H. Q.

M. D. No.

Surname T. O. S. 19

Christian names D. O. Pt. II of

Regtl. No. Rank S. O. S. 19

Unit Reason

Auth.

Next of kin Relationship

Address Also notify:

BORN—Place Date

ATTESTED—Place Date

O/S R/C

SURNAME.

Yelland,

1369

CARD NO.

CHRISTIAN NAMES

Norman.

*Sgt. [unclear] 2007/19
No. 243 of 1919
Sgt 31-8-19 sent Bw.
Do 305 of 1-11-19
600*

REGL. NO.

412943

RANK

Pte.

UNIT

39d.

FORMER CORPS

46th. Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Yelland, Mrs Mabel.

RELATIONSHIP TO SOLDIER

wife

ADDRESS

P. O. Box. 824, Port Hope, Ont.

COUNTRY OF BIRTH

Canada, London, Ont.

DATE

May 3rd. 1890

PLACE OF ATTESTATION

Port Hope, Ont.

DATE

Mar. 6th. 1915

L. L. 94504. M. & D. 6512.

of 8.17/6/15. $\frac{128}{18}$

M. F. W. 22. 250M-2-16. H. Q. 1772-39-339.

R/C 23/8/19 $\frac{398}{50}$

From Montreal per ss Missionable 17/6/15.

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

clerk

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

24

YEARS

—

MONTHS

HEIGHT

5

FEET

9

INCHES

CHEST MEASUREMENT

33 1/2

INCHES

EXPANSION

2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Light.

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Port Hope, Ont

DATE

Feb. 27th. 1915

Present address, not stated.

No. *12943*

RANK

Pte

NAME

Yelland N.

T. O. S.

UNIT

*37th Battalion*M. D. *3*

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---------------------|--|----------------------|---|---------------------|
| | | | PARTICULARS | AUTHORITY |
| <i>1915 May</i> | <i>1915 May 31 June July</i> | <i>✓ ✓ ✓</i> | <i>To be L/Sept 3/15</i> | <i>May pay list</i> |

UNIT SAILED
JUN 24 1915



Casualty Form—Active Service.

Regiment or Corps 39th Battalion C.E.F. Regimental Number 412943
 Rank Pte Surname Yelland Christian Name Norman
 Religion Presbyterian Age on Enlistment 24 years 1 months.
 Enlisted (a) 29-2-15 Terms of Service (a) D of War Service reckons from (a) 29-2-15
 Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate Berk

Signature of Officer i/c Records.

| Date | Report From whom received | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents |
|----------------|---|---|--------------------|------------------|--|
| | | Embarked ... | <u>Montreal</u> | <u>24-6-15</u> | |
| | | Disembarked... | <u>Plymouth</u> | <u>4-7-15</u> | |
| <u>19-5-15</u> | <u>O.C. 39th Bn. appointed</u> | <u>Acting Lance Sergeant</u> | <u>Bellville</u> | <u>3.5.15</u> | <u>Order No. 70</u> |
| <u>21.3.16</u> | <u>appointed</u> | <u>Sergeant</u> | <u>to Sandling</u> | <u>2.3.16</u> | <u>" = 70</u> |
| <u>4-1-17</u> | <u>O. 639th</u> | <u>transferred 6th Res Bn</u> | <u>to Sandling</u> | <u>4-1-17</u> | <u>PII 3</u> |
| | | | | | <u>CAPT. & ADJ.</u> |
| <u>4-1-17</u> | <u>O. 66th Res</u> | <u>taken on strength 6th Res</u> | <u>Widening</u> | <u>4-1-17</u> | <u>PII 1.</u> |
| <u>3-1-19</u> | <u>O. 66th Res</u> | <u>is granted for pay as clerk</u> | <u>Witley</u> | <u>14-11-18</u> | <u>PII B03</u> |
| <u>16-8-19</u> | | <u>S. O. S. ON PROCEEDING TO CANADA.</u> | <u>ad Khan</u> | | <u>LIEUT.</u> |
| | | <u>PII 5 u No. 129.</u> | | | |

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-smith, &c.
 (B99130) W 15012-5156 J. P. & Co., Ltd. Forms/B103/3. [P.T.O.]

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

**DIRECTIONS TO
DENTAL OFFICERS**

NAME OF SOLDIER (Block Letters) Yelland N.L.
412943

REGIMENT 6 Res RANK CSM. No. 588155

Date of Examination in England 21-3-19 Date of Examination in France _____

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



PRESENT DENTAL REQUIREMENTS

- | | |
|----------------|------|
| 1. FILLINGS | 5 |
| 2. EXTRACTIONS | Nil. |
| 3. CROWNS | 2 |
| 4. DENTURES | |
| (a) Full Upper | Nil |
| (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 | Nil. |
| (c) In France | |

Signature of Dental Officer [Signature]
Capt

THE DOOM OF THE

YELL AND THE
FLOODS
BY
WILLIAM
CORNWALL
LONDON

1850

WILLIAM
CORNWALL

WILLIAM
CORNWALL

WILLIAM
CORNWALL

1850

1850

1850

1850

WILLIAM
CORNWALL

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE



THIS IS TO CERTIFY that No. 412943 (Rank) C. S. M.

Name (in full) YELLAND, Norman Nigel enlisted in
the 39th Bn.

CANADIAN EXPEDITIONARY FORCE at Port Hope on the 27th
day of February 1915

HE served in 6th Res Bn in England.

and is now discharged from the service by reason of Canada
Demobilization: medically unfit for general service
Medical Unfitness.

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

Age 29

Height 5' 10"

Complexion Fair

Eyes Blue

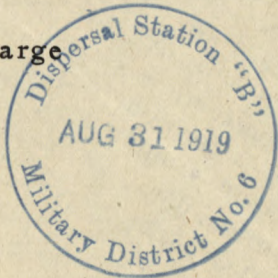
Hair Light

N. L. Yelland
Signature of Soldier.

Marks or Scars

scars R knee
2nd toe R foot missing

Date of Discharge



[Signature]
Major
Dispersal Station "B"
Issuing Officer.

Rank

HALIFAX, N.S. AUG 24 1919
Date

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.



- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days authorized in writing, or when daily wearing of uniform renders him liable to usual military discipline.
- 3.—That if on the strength of a unit.

Rank *Plc* Name ^{A.} YELLAND Norman

Reg'l No. 412943

Unit 39th BN. If in perm. Corps, What Unit?

Married or Single Married

Place and Date of Enlistment Port Hope. Ont. 27th Feb. 1915. Place of Birth London. Ont.

Name and Address, Next-of-Kin Mable Yelland, 83^{1/2} Box. Port Hope. Ont.

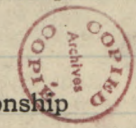
Relationship Wife.

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship



X 432

Discharge, Date and Place Reason Character

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Rank | Place | Date | REMARKS Taken from Official Documents |
|---------|---------------------|--|----------------|-------------------|--------------------|--|
| Date | From whom received | | | | | |
| | | Arrived | England | 3 ^{7/15} | | |
| | | To be actg. Lt/Corp. Shorncliffe 13^{9/15} Oct. 29th 1915 | | | | |
| 21-3-16 | OC 39 th | To be actg. Sergeant | | W Sandling | 21 ^{3/16} | 4 ¹¹ 70 |
| 4-1-17 | 39 th | S.O.S. to 6 th Res Bn | | | 4-1-17 | 3 ✓ |
| 4.1.17 | 6th Res Bn | Taken on Strength | Shorncliffe | 4.1.17 | Pt. II. O. | 1 |
| 3-1-19 | 6 th Res | n/c/o. i/c Reg. Accounts in | | a/spt Witley | 14-11-18 | " 3 and HQ CRO. |
| | | graded for pay as clerk | 5074. 17-12-18 | | | |
| 23.6.19 | " " | S.O.S. in post. 3 R.D.G. & att C.M.G.D. for pay & R. | | Seaford | 23.6.19 | - 141 |
| 9-8-19 | " Wing | T.O.S. pdg ret to Canada | | Witley | 8-8-19 | - 121 |

7 APRIL 1922 d/14-7-19 of FOR.

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Rank | Place | Date | REMARKS Taken from Official Documents |
|--------|--------------------|--|------|-------|------|--|
| Date | From whom received | | | | | |

102-B-52 *Sailing* 16-8-19

6-9-19 EOR.D. S.O.S. to Canada ASST. Worthy 168-19 DD. 204 -



47
12943

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Yelland Christian Name Norman

Examined { on 27 day of Feb 1910
at Paul Hope

Approved by Rh Shields

Birthplace { City or Town London
County London

Rank Serjeant M.O.

Apparent age 29

Trade or occupation clerk

Height 5 Feet 9 Inches

Weight 135 Lbs.

Chest measurement { Minimum 33 1/2 inches

{ Maximum expansion 30 inches

Physical development fair

Small-Pox Marks none

Vaccination Marks { Arm Right Left X

{ Number one

When Vaccinated last 7 years

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection

2nd toe on R foot amputated no impairment of function

| 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>3-8-10</u> | <u>neg.</u> | <u>Rh Shields</u> M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|----------------|-----------|---------------------------------|
| <u>10-5-5</u> | <u>FB</u> | <u>Bl Carron</u> M.O. |
| <u>25-5-5</u> | <u>FB</u> | M.O. |
| <u>26/7/17</u> | <u>cc</u> | <u>James Duxbury</u> M.O. |

Enlisted on 7 day of Feb 1910 at Paul Hope

| JOINED ON ENLISTMENT | CORPS. | REG'TL NUMBER. | HABITS. | DATE. |
|----------------------|-----------------------|----------------|---------|---------------|
| | <u>39th Bn</u> | <u>412943</u> | | |
| Transferred to.. | <u>6. L. Inf. Bn.</u> | | | <u>4-1-17</u> |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION. | DATE. | DISEASE. | RESULT. |
|---------------------|-----------------|--------------------------------------|--|
| <u>Seaford</u> | <u>2-6-18</u> | <u>Hernia L. eye</u> <u>D.A.H</u> | <u>Br J. J. Martin</u> Capt <u>PRESIDENT,</u> <u>STANDING MEDICAL BOARD.</u> |
| <u>Milford Camp</u> | <u>14-11-18</u> | | <u>A. J. W. Gregor</u> Lt |
| <u>Seaford</u> | <u>3-4-19</u> | <u>Hernia Left eye</u> | <u>Br J. J. Martin</u> Capt <u>Br J. J. Martin</u> Capt |

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.

322

(Wife)

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTSM. F. W. 12.
20m.—5-15.
H. Q. 1772-39-819.

To Whom Mrs. M. Yelland

By Whom Assigned Yelland M.

Address R.F.D. No. 3
Port Hope
Ont

Regtl. No. 4129431

Rank Pte

Corps 39 Batt. "C" Co

Rate \$ 20⁰⁰ JUL 1 1915

PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|-------|------|------------|------------------|---------|
| Aug. | 1914 | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | Q3929 | 20 ⁰⁰ | |
| Aug. | | R.4823 | 20 [—] | |
| Sept. | | 24114 | 20 [—] | |
| Oct. | | V6267 | 20 [—] | |
| Nov. | | Q3066 | 20 [—] | |
| Dec. | | Y7264 | 20 [—] | |
| Jan. | 1916 | Z9880 | 20 [—] | |
| Feb. | | K.12913 | 20 [—] | |
| March | | N16065 | 20 [—] | |

20 - \$180⁰⁰

420
16
—
40

MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 60m.—12-15.
 1772—39—819.

OVERSEAS CONTINGENTS

Sheet No. Mrs M. Yelland

Wife
 PAYMENTS.

Name of Soldier Yelland, M.
H12943 C. Co. 39th Batt

L. L. Job 89002.—Reg. 6213.

#2000

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|-------------------------------|---------------|---|
| | | <u>amt forward</u> | <u>180.00</u> | |
| April | 1916 | <u>12475</u> | <u>20</u> | |
| May | | <u>55835</u> | <u>20</u> | |
| June | | <u>74496</u> | <u>20</u> | |
| July | | <u>C7743</u> | <u>20</u> | |
| Aug. | | <u>6815664</u> | <u>20</u> | |
| Sept. | | <u>219363</u> | <u>20</u> | |
| Oct. | | <u>23993</u> | <u>20</u> | |
| Nov. | | <u>A29564</u> | <u>20</u> | |
| Dec. | | <u>34008</u> | <u>20</u> | <u>Cancelled 12/13/16 Contd Reverts etc</u> |
| Jan. | 1917 | <u>34263</u> <u>N42874</u> | <u>20</u> | |
| Feb. | | <u>48013</u> | <u>20</u> | |
| March | | <u>B34401</u> | <u>20</u> | |
| April | | <u>D5983</u> | <u>20</u> | <u>20</u> <u>(W)</u> |
| May | | <u>D12372</u> | <u>20</u> | |
| June | | <u>R19354</u> | <u>20</u> | <u>20</u> |
| July | | <u>25864</u> | <u>20</u> | |
| Aug. | | <u>S33889</u> | <u>20</u> | |
| Sept. | | <u>H40837</u> | <u>20</u> | |
| Oct. | | <u>X46057</u> | <u>20</u> | |
| Nov. | | <u>V52585</u> | <u>20</u> | |
| Dec. | | <u>L64389</u> | <u>28</u> | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

\$600.00

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

27-2-15.

412943

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs. Mabel Yelland

Name of Soldier Yelland Norman L.

Address R. M. W. #13.
Port Hope
Ont.

Regtl. No. 3/5/15 / P.M.R. 4/6/15

Rank ~~Private~~

Corps 39th. Batts.

Relation to Soldier

To what Corps belonging

wife, child or mother

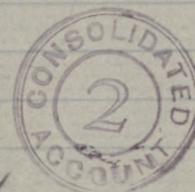
} wife

when called out

} ✓

PAYMENTS

| Month | Year | Cheque No. | Amount | REMARKS |
|-------|------|------------|--------|-----------------|
| Aug. | 1914 | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| Apl. | | | | |
| May | | N. 6006 | 62 | 62 ✓ |
| June | | M 833 | 29 | 29 ✓ |
| July | | Q 1086 | 25 | 25 |
| Aug. | | 714182 | 25 | 25 |
| Sept. | | Q 11045 | 25 | 25 |
| Oct. | | Q 13428 | 25 | 25 |
| Nov. | | M 3704 | 25 | 25 |
| Dec. | | M 16240 | 25 | 25 |
| Jan. | 1916 | Q 20703 | 25 | 25 |
| Feb. | | N 24659 | 25 | 25 |
| March | | Q 28731 | 25 | 25 |
| | | | 316 | Carried forward |



1000

1000

1000

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mabel Yelland. *Wife.*

Name of Soldier

Yelland, Norman L.

L. L. Job 89002.-Req. 6213.

PAYMENTS.

Sgt.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|-----------------------|----------------|---|
| | | <i>Bright Forward</i> | <i>\$16.00</i> | |
| April | 1916 | <i>O. 4341</i> | <i>25-</i> | <i>25-</i> |
| May | | <i>P 5872</i> | <i>25-</i> | <i>25-</i> |
| June | | <i>U 7536</i> | <i>25-</i> | <i>25-</i> |
| July | | <i>39903</i> | <i>25-</i> | <i>25-</i> |
| Aug. | | <i>Z 13162</i> | <i>25-</i> | <i>25-</i> |
| Sept. | | <i>G 18237</i> | <i>25-</i> | <i>25-</i> |
| Oct. | | <i>M 21923</i> | <i>25-</i> | <i>25-</i> |
| Nov. | | <i>E 24323</i> | <i>25-</i> | <i>25- Remailed to Bk of Ill. Post Hope, 4/12/16.</i> |
| Dec. | | <i>S 27811</i> | <i>25-</i> | <i>25-</i> |
| Jan. | 1917 | <i>M 29863</i> | <i>25-</i> | <i>25-</i> |
| Feb. | | <i>T 33884</i> | <i>25-</i> | <i>25-</i> |
| March | | <i>U 36475</i> | <i>25-</i> | <i>25-</i> |
| April | | <i>W 3141</i> | <i>25-</i> | <i>25-</i> |
| May | | <i>T 6555</i> | <i>25-</i> | <i>25-</i> |
| June | | <i>T 9809</i> | <i>25-</i> | <i>25-</i> |
| July | | <i>T 13068</i> | <i>25-</i> | <i>Bo</i> |
| Aug. | | <i>H 16299</i> | <i>25-</i> | <i>T</i> |
| Sept. | | <i>L 19667</i> | <i>25-</i> | <i>Bo</i> |
| Oct. | | <i>S 22163</i> | <i>25-</i> | <i>B</i> |
| Nov. | | <i>H 25999</i> | <i>25-</i> | <i>M</i> |
| Dec. | | <i>W 21990</i> | <i>25-</i> | <i>Mae</i> |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

\$ 841.00

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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

Rank _____ Name **YELLEND, Norman** Reg'l No. **A 12943**
 Unit **39th BN.** If in perm. Corps, What Unit? _____ Married or Single **Married**

Place and Date of Enlistment **Port Hope, Ont. 27th Feb. 1915.** Place of Birth **London, Ont.**

Name and Address, Next-of-Kin **Mable Yelland, 837, Box, Port Hope, Ont.**

Relationship **Wife.**

Assigned Pay Monthly \$ **20⁰⁰/₁₀₀** Payable to **Next of kin**

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

| Date | | PAY | | | Field Allowance | | | Other Credits | Total Credits | Voucher | | Cash Payments | Assigned pay | Other Charges | Total Debits | Balance | Remarks, Casualties, etc. |
|---------|----------|-------------|------|---------------|-----------------|------|--------|---------------|-------------------|---------|-----------|---------------|---------------|---------------------------------|--------------|---------|--|
| From | To | No. of Days | Rate | Amount | No. of Days | Rate | Amount | | | No. | Date | | | | | | |
| July 1 | July 31 | 31 | 1.10 | 34.10 | 31 | .10 | 3.10 | 37.20 | 31 | 10 00 | 20 00 | 50. | 7.20 | | | | |
| Aug 1 | Aug 31 | 31 | 1.15 | 34.10 | 31 | .10 | 3.10 | 42.0 | 74 | 9 73 | 20 00 | 43.11 | 564 | 1.56 day of each | | | |
| Sept 1 | Sept 30 | 30 | 1.15 | 34.50 | 30 | .15 | 4.50 | 62.0 | 115 | 13 38 | 20 00 | 35.09 | 1167 | x 1/2 req from July 1st to 20th | | | |
| Oct 1 | Oct 31 | 31 | 1.15 | 35.65 | 31 | .15 | 4.65 | 40.30 | | | 20 | 20 | 3197 | | | | |
| 11/1/15 | 30/11/15 | 30 | 1.15 | 34.50 | 30 | .15 | 4.50 | 39. | | | 27 49 20. | 47.49 | 23.48 | | | | |
| 1.12.15 | 31/12.15 | 31 | 1.15 | 35.65 | 31 | .15 | 4.65 | 40.30 | | | 10 46 20 | 80.46 | 33.32 | | | | |
| Jan 1 | 31 | 31 | 1.15 | 35.65 | 31 | .15 | 4.65 | 40.30 | | | 5 36 20 | 25.36 | 48.26 | | | | |
| Feb 1 | Feb 29 | 29 | 1.15 | 33.35 | 29 | .15 | 4.35 | 37.70 | 849 | | 25 31 20 | 45.31 | 40.65 | | | | |
| Mar 1 | Mar 31 | 11 | 1.35 | 14.85 | 31 | .15 | 4.65 | 42.50 | | | 17 28 20 | 37.28 | 45.87 | | | | 30 x 21.3.16 take Act Self from 21.3.16 |
| | | 20 | 1.15 | 23.00 | | | | | | | | | | | | | |
| | | | | 315.35 | | | | 38.15 | 647.359.97 | | | 134.10 | 180.00 | 314.10 | 45.87 | | |

| | | | | |
|---------------------------------|--------------------|-----------------------|--------------------|------------------------------------|
| ASSIGNED PAY | ENGLAND OR CANADA. | SEPARATION ALLOWANCE. | ENGLAND OR CANADA. | NAME:- YELLAND <i>N.L.B</i> |
| EFFECTIVE DATE:- <i>1.7.18</i> | | EFFECTIVE DATE:- | | NUMBER:- <i>412943</i> |
| AMOUNT:- <i>20⁰⁰</i> | | AMOUNT:- | | |

| | | | | | |
|---|--|---|--|------------------------------------|------------------------|
| 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. | | PARTICULARS OF RANK OR APPOINTMENT | |
| <i>Name Yelland Box 837 Port Hope Ont</i> | | | | AUTHORITY | DATE EFFECTIVE |
| <i>Stopped Effective 1.8.19</i> | | | | <i>B03 2/1/18</i> | <i>21/1/18</i> |
| | | | | <i>B03 3/1/19 6th Res</i> | <i>14/1/19 6th Res</i> |
| | | | | UNIT AND TRANSFERS | |
| | | | | ORIGINAL UNIT:- <i>39th Bn</i> | |
| | | | | DATE ACCOUNT FIRST OPENED:- | |
| | | | | AUTHORITY | DATE EFFECTIVE |
| | | | | | |
| | | | | DATE LEDGER SHEET 'S' D | UNIT TRANSFERRED TO |
| | | | | | <i>6th Res</i> |

| 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 |
| <i>1.7.18</i> | <i>3444</i> | <i>S Ford</i> | <i>£ 10</i> | | | | |
| | | | <i>4867</i> | | | | |
| | | | | DAILY RATES OF PAY AND ALLOWANCES | | | |
| | | | | AUTHORITY | PAY | F.A. | P.F.A. |
| | | | | <i>B03 3/1/19 6th Res</i> | <i>135</i> | <i>15</i> | |
| | | | | | <i>150</i> | <i>20</i> | |
| | | | | | | | <i>Red</i> |

| PARTICULARS OF RENDERING NON-EFFECTIVE: <i>his 6th Res 1.8.19 NR 11974 MD1-2.2.7.19 Seaford 6th Res (2-9-19) 4961</i> | | | | | | | | | | | | |
|---|--|---------------|------|---------------------------------------|---------------|------|------|------------|---------------|----------|------------|--|
| MONTH | PARTICULARS | CR 1 | CR 2 | PARTICULARS | DR 1 | DR 2 | DR 3 | DR 4 | BALANCE | DEFERRED | SEPARATION | |
| <i>Mar 31</i> | <i>Bac. Fer</i> | | | | | | | | <i>4814</i> | | | |
| <i>Apr</i> | <i>Sgt. P.</i> | <i>45</i> | | <i>C.A.P.</i> | | | | <i>20</i> | | | | |
| | | | | <i>NR 198 19/4/18. 6th Res.</i> | <i>4867</i> | | | | | | | |
| | | | | <i>+ 155 15/4/18 ✓</i> | | | | | <i>2447</i> | | | |
| <i>May</i> | <i>Sgt. P.</i> | <i>46.50</i> | | <i>C.A.P.</i> | <i>4867</i> | | | <i>20</i> | | | | |
| | | <i>46.50</i> | | <i>NR 821 21/5/18 6th Res</i> | <i>2673</i> | | | <i>20</i> | <i>2664</i> | | | |
| <i>June</i> | <i>✓</i> | <i>45</i> | | <i>C.A.P.</i> | <i>2673</i> | | | <i>20</i> | | | | |
| | | <i>45</i> | | <i>NR 1238 11/6/18. ✓</i> | <i>2673</i> | | | <i>20</i> | <i>2731.9</i> | | | |
| <i>July</i> | <i>✓</i> | <i>46.50</i> | | <i>C.A.P.</i> | <i>2673</i> | | | <i>20</i> | | | | |
| | | <i>46.50</i> | | <i>✓ 2678 27/7/18 ✓</i> | <i>2673</i> | | | <i>20</i> | <i>2948</i> | | | |
| <i>Aug</i> | <i>✓</i> | <i>46.50</i> | | <i>C.A.P.</i> | <i>2673</i> | | | <i>20</i> | | | | |
| | | <i>46.50</i> | | <i>✓ 3870 30/8/18 ✓</i> | <i>2673</i> | | | <i>20</i> | <i>3165</i> | | | |
| <i>Sept</i> | <i>✓</i> | <i>45</i> | | <i>C.A.P.</i> | <i>2673</i> | | | <i>20</i> | | | | |
| | | <i>45</i> | | | | | | <i>20</i> | <i>5665</i> | | | |
| <i>Oct</i> | | | | <i>C.A.P.</i> | | | | <i>20</i> | | | | |
| | | <i>46.50</i> | | <i>5262 10.10.18 6 Res</i> | <i>4867</i> | | | <i>20</i> | | | | |
| <i>Nov</i> | | <i>46.50</i> | | <i>C.A.P.</i> | <i>4867</i> | | | <i>20</i> | <i>3448</i> | | | |
| | | <i>45</i> | | <i>6415 12.12.18</i> | <i>430</i> | | | <i>20</i> | | | | |
| | | | | <i>4091 19.12.18 6th Res</i> | <i>4867</i> | | | | | | | |
| <i>Dec 1918</i> | | | | | | | | | | | | |
| <i>Jan 1919</i> | <i>2 m/s</i> | <i>43</i> | | <i>2 m/s C.A.P.</i> | | | | <i>40</i> | <i>5651</i> | | | |
| | | <i>38</i> | | | | | | <i>60</i> | | | | |
| <i>Feb</i> | <i>under 14/1/19-31/1/19 Tgd @ 200</i> | <i>1580</i> | | <i>over credited 30 days Apr-1917</i> | | | | | | | | |
| <i>Mar</i> | <i>2 m/s 14/1/19 Pay</i> | <i>10030</i> | | <i>2nd Sgt.</i> | | | | <i>600</i> | | | | |
| | | | | <i>4933 22.1.19 6th Res</i> | <i>5840</i> | | | | | | | |
| | | | | <i>C.A.P. 2 m/s</i> | | | | <i>40</i> | | | | |
| | | <i>116.10</i> | | <i>4802 21.3.19 Seaford</i> | <i>4867</i> | | | <i>40</i> | <i>1954</i> | | | |
| | | | | | <i>107.67</i> | | | <i>600</i> | | | | |

IMPRINTED BY *Red Floyd*
CHECKED BY *Red Floyd*

NUMBER 412943 RANK a/Sgt NAME YELLAND RL

| MONTH | PARTICULARS | CR. 1. | CR. 2. | PARTICULARS | DR. 1 | DR. 2 | DR. 3 | DR. 4. | BALANCE | DEFERRED | STANDARD |
|-------|---------------------------------|--------|--------|----------------------|-------|-------|-------|--------|---------|----------|----------|
| | | | | | | | | | 19.54 | | |
| Apr | Club Sgt | 51- | | Leap | | | | 20 | | | |
| May | " | 5270 | | | | | | 20 | | | |
| | | | | absent 10/15/19 6 R. | 5840 | | | | 2484 | | |
| June | " | 10370 | | Leap | 5840 | | | 40 | 10370 | | |
| | | 51- | | AR 1919 46 6 R. | 3895 | | | 20 | 7653 | | |
| July | ✓ | 5270 | | Cap | | | | 20 | 4961 | | |
| | | 10370 | | | 3895 | | | 40 | | | |
| | | | | 3444 14.7.19 S'ford. | 4867 | | | | 94 | | |
| | | | | | 4867 | | | | | | |
| 1930 | | | | | | | | | | | |
| July | Sub all: June 23 1/2 July 24/19 | | | | | | | | | | |
| | PM 9 day 2025 32 days 50 | | | | | | | | | | |
| | 6/11. 2.V.575. | | 48 00 | | | | | | 4894 | | |
| | P 868 new 5/2/20 | | | | | | | | | | |
| | | | | | | | | | | | |

5016/9 sh 102

I hereby give my consent for my
husband to join the overseas contingent
Nabel V. Yelland.



1851
1851

1851

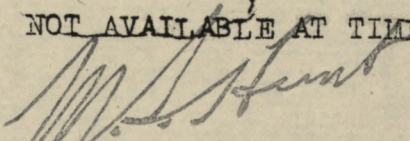
1851

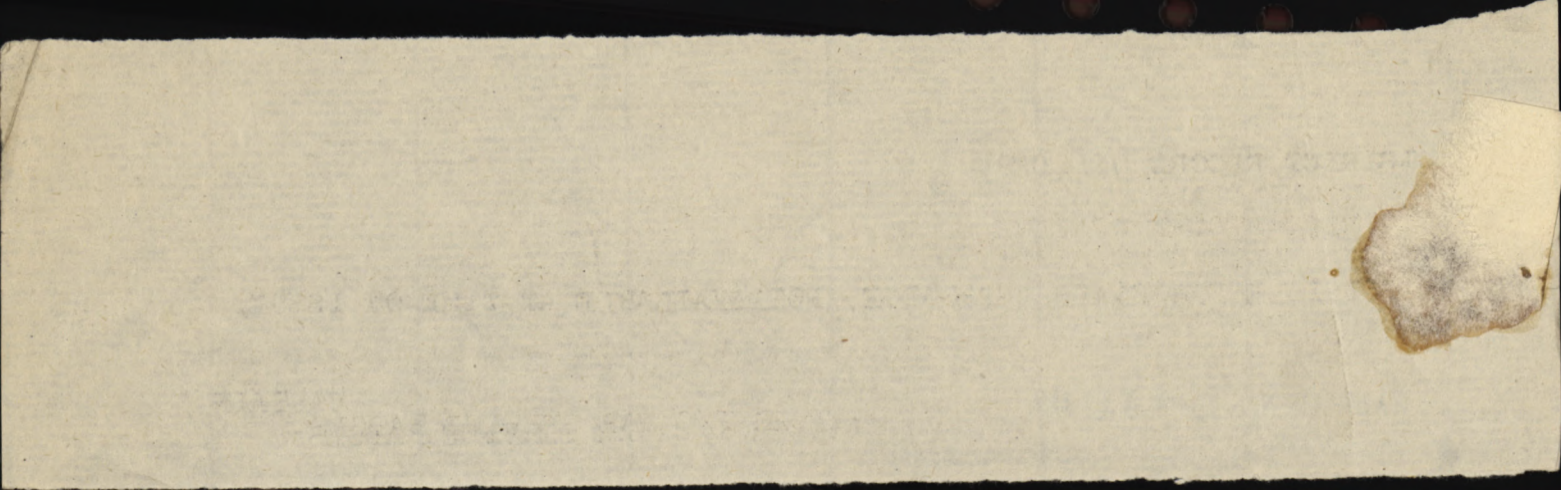


DISTRICT RECORD OFFICER,
MILITARY DISTRICT #6
HALIFAX, N. S.

ELIGIBLE FOR CLASS "C" BADGE, NOT AVAILABLE AT TIME OF ISSUE.

HALIFAX, N. S. AUG 24 1919


CAPTAIN,
OFFICER I/C WAR SERVICE BADGES



27-2-15

Separation and Assigned Pay Branch

July 1-15

OVERSEAS CONTINGENTS

Y 134

RATE OF SEPARATION ALLOWANCE

| | | | |
|----|----|--|--|
| 25 | 30 | | |
|----|----|--|--|

1-9-18
PC 2753
42595

RATE OF ASSIGNMENT

| | | | |
|----|--|--|--|
| 20 | | | |
|----|--|--|--|

PARTICULARS OF SEPARATION ALLOWANCE

No. 4129431
 Rank Pte Promoted Sgt Reverted Discharge
 Soldier's Name N.L. Yelland
 Battalion 39th BATTN "C" Co.
 Beneficiary Mabel Yelland
 Relationship Wife
 Address M.F.W. 2554 - 29-7-1885

PARTICULARS OF ASSIGNMENT

Name Mrs M. Yelland
 Address R.M.W. no 3, Port Hope Out
 Change of Address
 1
 2
 3
 4

| Date 1917 | Cheque No. | Amount S/A | Amount A/P | Total | REMARKS |
|-----------|------------|------------|------------|---------|---|
| Dec 31 | | 841.00 | 600.00 | 1441.00 | 19167-2-6. |
| Jan 1918 | 473058 | 25 | 20 | 45 | M.F.W. 2554. Ret'd OK |
| Feb 18 | 73073 | 25 | 20 | 45 | S.A. says: Sgt - 3/5/15 P.M.L. 4/6/15 |
| March | 92446 | 25 | 20 | 45 | S.A. says: player's name Norman L Yelland |
| Apr | 10693 | 25 | 20 | 45 | |
| May | 20916 | 25 | 20 | 45 | |
| June | 24648 | 25 | 20 | 45 | |
| July | B29739 | 25 | 20 | 45 | |
| Aug | X 36636 | 25 | 20 | 45 | |
| Sept | W 45305 | 25 | 20 | 45 | |
| Oct | O 50092 | 25 | 20 | 45 | |
| Nov | S 58701 | 25 | 20 | 45 | |
| Dec | P 65273 | 45 | 20 | 65 | |
| Jan | R 73024 | 30 | 20 | 50 | |
| Feb | X 77738 | 30 | 20 | 50 | |
| May | O 84632 | 30 | 20 | 50 | |
| Apr | W 3556 | 30 | 20 | 50 | |
| May | V 7003 | 30 | 20 | 50 | |
| June | V 11111 | 30 | 20 | 50 | |
| July | W 13011 | 30 | 20 | 50 | |
| Aug | W 14547 | 30 | 20 | 50 | |
| | | 1401 | 1000 | 2401 | |

M. F. W. 128
400M-6-17-1772-39-141
L. L. 2320-M. & D. 1383.

AUDITED

At Closed 31

Ret'd per

Date

Clerk

Belgic
 M.F.W. 187
 23/14
 M.F.W. 187
 11/15 2016



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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

RATE OF ASSIGNMENT

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

277

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128
 400MG-6-17-1772-38-1141
 L. L. 22320-M. & D. 7883.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Seaford: 4th June 1916

No. 412943 Rank A/SGT Name YELLAND, N.

Local Unit 6th Res. Bn. orig Overseas Unit 39th Bn. Age 27

Examination held at Medical Board office, Seaford.

DISABILITY: HERNIA ING LEFT D.A.H.
Overseas—Local.
(scratch one out)

PRESENT CONDITION.

Complaints

- (1) Palpitation of heart and shortness of breath on exertion.
- (2) Pain in the ing region

Exam

- (1) Heart 120-130 at rest, increased on exertion, regular
- (2) no enlargement apex beat within nipple line
- (3) ing hernia lt complains of pain many times. Hernia not large.

BOARD RECOMMENDS:—

- 1. Fit for Duty B II Resound¹¹⁻¹¹⁻¹⁸ & found fit for ~~general~~ service
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....weeks.
- 4. Fit for Permanent Base Duty.....
- 5. Discharge.....

Signatures:—

Members { E.W. Mackie Capt. President.
F.G. Martin Capt.
H.T. Amstrong Capt.

APPROVED 5 - JUN 1918

Dated at Seaford, Sussex. 1916 U. Wallace

APPROVED.

Captain For A.D.M.S.
for A.D.M.S., Canadians,

PROCEEDINGS OF A MEDICAL BOARD

2018

Dated at 1918
No. Rank Name
Local Unit Overseas Unit Age
Examination held at

DISABILITY
Overseas Local
(attach one out)

PRESENT CONDITION

BOARD RECOMMENDS:—

- 1. Fit for Duty
- 2. Fit for duty after weeks physical training
- 3. Fit for Temporary Base Duty weeks
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signatures —

President
Members
.....

APPROVED 5-JUN-1918

Dated at 1918

for A.D.M. Candidates
Captain For A.D.M.S.

APPROVED

Belgie 23.8119
 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
 DAILY RATE OF PAY AND ALLOWANCES

AUDITOR *[Signature]* PAYMASTER *[Signature]*

M. OR S.

REGT. NO. 412943 RANK *A/Sgt.* NAME (IN FULL) *Yelland, A.*
 ORIGINAL UNIT C.E.F. *80ND* IF IN P.F. WHAT UNIT? *[Blank]*
 (BLOCK LETTERS SURNAME FIRST)

RELATIONSHIP *[Blank]* PARTICULARS *ms* EFFECTIVE DATE *16-8-19* AUTHORITY *les 245*

IS SEPARATION ALLOWANCE PAID? *30⁰⁰* DATE EFFECTIVE *1-9-19*

TO WHOM PAID *James W. P.* RELATIONSHIP *[Blank]*

ADDRESS *[Blank]*

PLACE OF ATTESTATION *[Blank]* TRANSFERRED TO *[Blank]* DATE *[Blank]* AUTHORITY *[Blank]*

DATE OF ATTESTATION *[Blank]* TRANSFERRED TO *[Blank]* DATE *[Blank]* AUTHORITY *[Blank]*

ASSIGNED PAY \$ *20⁰⁰* DATE EFFECTIVE *1-9-19*

PAYABLE TO *Mrs M Yelland* RELATIONSHIP *[Blank]* ANY CHANGE IN ASSIGNEE OR ADDRESS *[Blank]*

ADDRESS *140#3 - Port Hope*

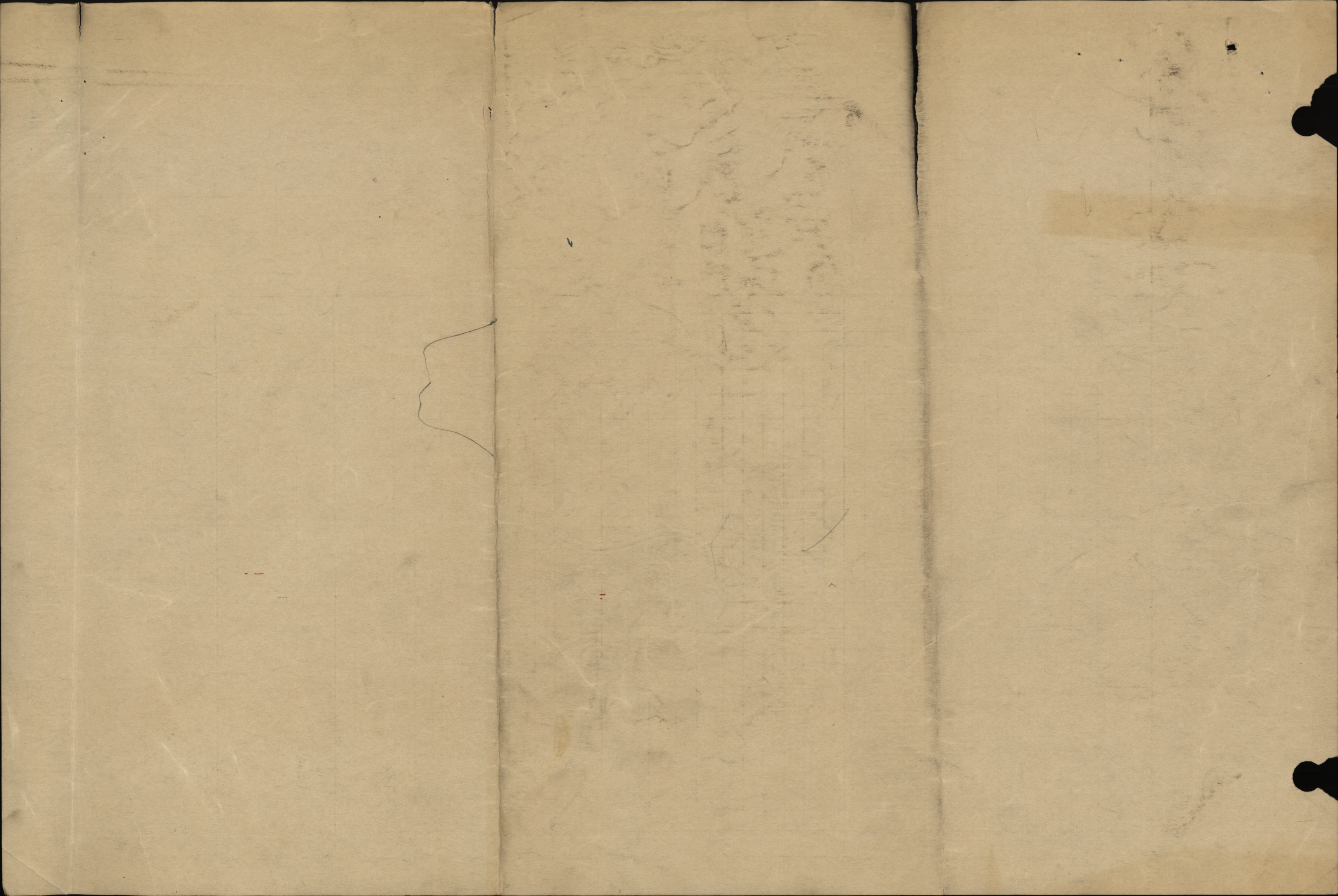
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE *[Blank]* EFFECTIVE *[Blank]*

DISCHARGED *[Blank]* PLACE *[Blank]* DATE *31-8-19* REASON *Widow London, Ont.* AUTHORITY *les 204* IF ENTITLED TO POST DISCHARGE PAY *[Blank]*

| MONTH | NO. OF DAYS | 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. | AMOUNT | NO. | AMOUNT | NO. | AMOUNT | COL. NO. 1 | COL. NO. 2 | COL. NO. 3 | COL. NO. 1 | COL. NO. 2 | COL. NO. 3 | NO. | AMOUNT | NO. | AMOUNT | NO. | AMOUNT | NO. | AMOUNT | DEBIT | CREDIT | |
| | | | \$ C. | \$ C. | \$ C. | \$ C. | \$ C. | NO. | DATE | NO. | DATE | NO. | DATE | \$ C. | \$ C. | \$ C. | \$ C. | \$ C. | \$ C. | \$ C. | \$ C. | \$ C. | \$ C. | |
| 31-7-19 | 31 | 70 | 52 70 | 94 | 35 00 | 158 64 | | | | | | | | | | | | | | | | | | <i>Bank of Montreal Col, Richmond & Wellington Sts</i> |
| Aug. | 31 | 70 | 34 70 | | 70 00 | 158 64 | | | | | | | 487 | 5 00 | 128 77 | 20 00 | | | | | 158 64 | | | <i>Widow London, Ont.</i> |
| | 183 | | | 420 | 180 | 600 | | | | | | | | | | | | | | | | | | <i>WAR SERVICE GRATUITY W.S.G. S.A.</i> |
| | | | | | | | | | | | | | | | | | | | | | | | | <i>WAR SERVICE GRATUITY W.S.G. S.A.</i> |
| | | | | | | | | | | | | | | | | | | | | | | | | <i>1st Payment to D.S.B.R. unit</i> |
| | | | | | | | | | | | | | | | | | | | | | | | | <i>10-10-19, #1509356</i> |
| | | | | | | | | | | | | | | | | | | | | | | | | <i>17-10-19, #1509824-5</i> |
| | | | | | | | | | | | | | | | | | | | | | | | | <i>180, S. I.S.C. (see 4 Dec)</i> |
| | | | | | | | | | | | | | | | | | | | | | | | | <i>1784577, 27/11/20 to D.S.B.R. unit</i> |
| | | | | | | | | | | | | | | | | | | | | | | | | <i>1916 352 25/2/20 to D.S.B.R. unit</i> |
| | | | | | | | | | | | | | | | | | | | | | | | | |

Certified that all payments due on this acct. have been paid.
[Signature]
 CAPT.
 or Officer Pay Services, M. T. 6

OCT 6 1919





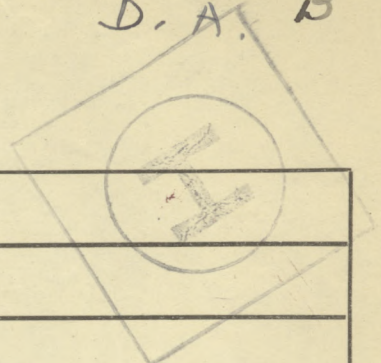
SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

12-12-32

O G. 23
D. A. B



1. No. 412943

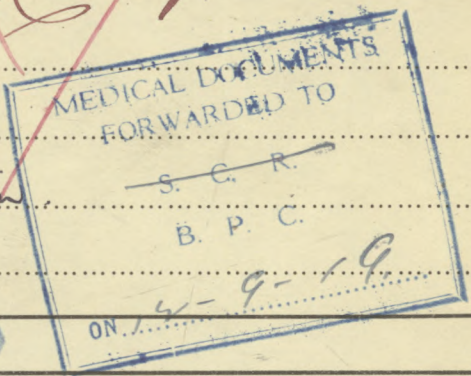
2. Rank. C. S. M.

3. Name. Yelland Norman Lege

4. Unit. 4th Res Bn

5. Date of Discharge 31 8 19 Place Halifax, N.S.

6. Reason for Discharge
 on Demobilization
 Med. Unfit
 R.O. 1420



7. Authority.

8. Proposed Residence after Discharge.....
 379 Hamilton Road London, Ont

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.?

Yelland
 Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place..... HALIFAX, N.S. AUG 24 1919

Date.....
Emb S.S. Belgium
Swissport 16-8-19

Signature..... [Signature] Major
 Dispersal Station "B"
 (O. C. Discharging Unit.)

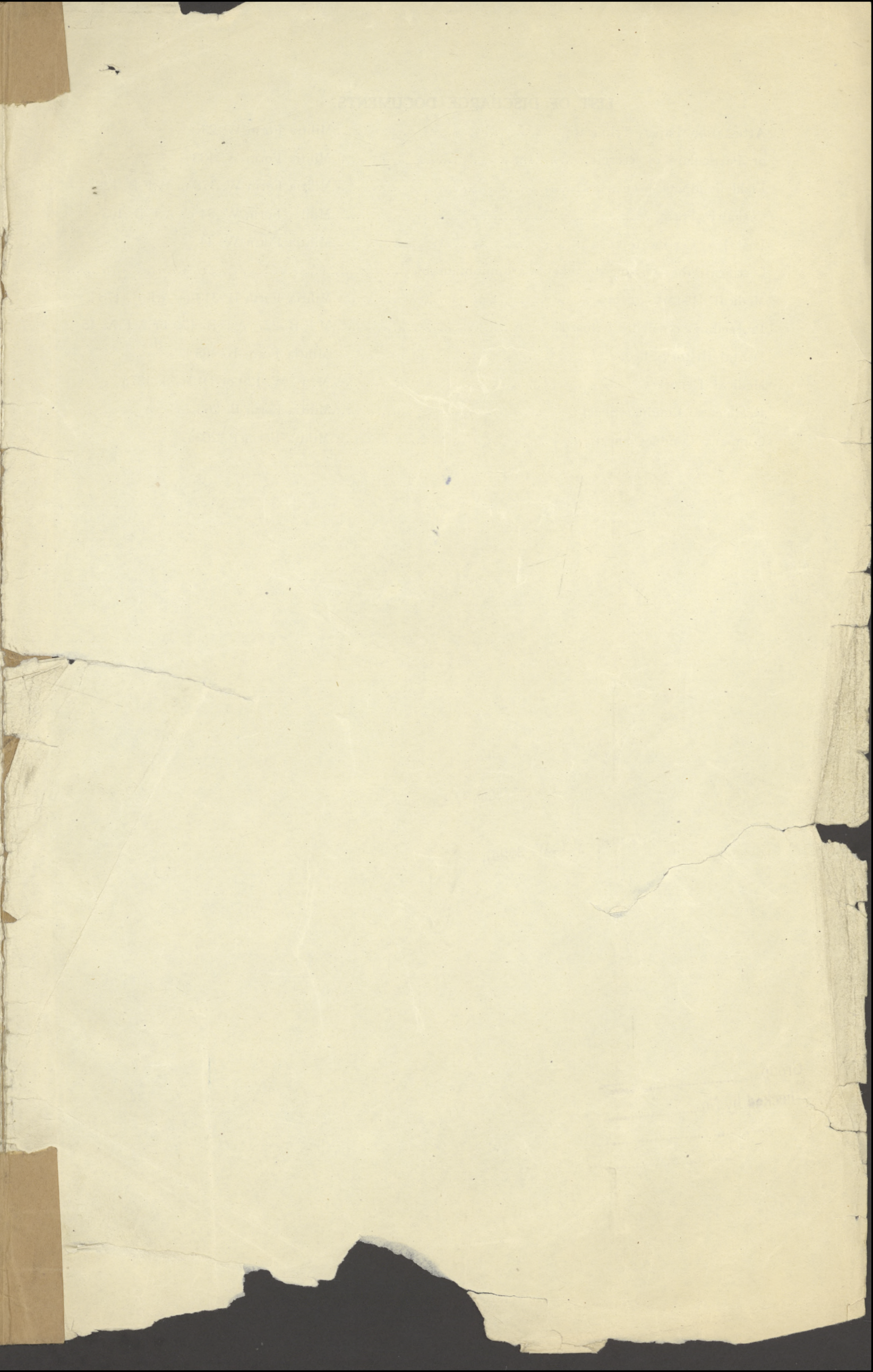
19-52 AS

A.C.D 23-1-20

PROCEEDINGS OF THE
COMMISSIONERS OF THE
LAND OFFICE

STATE OF NEW YORK
IN SENATE
JANUARY 18, 1884

REPORT OF THE
COMMISSIONERS OF THE
LAND OFFICE
FOR THE YEAR 1883



LIST OF DISCHARGE DOCUMENTS.

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

189

1. Triplicate Attestation Paper (M.F.W. 23) or Particulars of Recruit (M.F.W. 133).
 2. Casualty Form (A.F.B. 103).
 3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
 4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
 5. Dental Certificate (C.A.D.C. 5009a).
 6. Field Conduct Sheet (A.F.B. 122).
 7. Proceedings on Discharge (M.F.B. 218a).
 8. Discharge Certificate (M.F.W. 44) (enclosed in special envelope (260M)).
 9. Copy of Discharge Certificate (M.F.W. 39a).
 10. Personal Certificate (C.D.S.).
 11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Clothing.
 12. Last Pay Certificate (P. 851).
 13. Pay Book (A.B. 64).
 14. War Service Gratuity (Form M.F.W. 2595).
- Sundry Documents.

Group B
 Checked by No. 30
 Date 1-8-19

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Seaford 4th June 1916.

No. 412943 Rank A/Sgt. Name YELLAND N

Local Unit 6th Res. Bn. orig Overseas Unit 39th Bn. Age 27

Examination held at Medical Board office Seaford.

DISABILITY.
Overseas—Local.
(scratch one out)

HERNIA ING LEFT. D A H.

PRESENT CONDITION.

Complaints

- (1) Palpitation of heart and shortness of breath on exertion.
- (2) Pain in the ing region

Exam

- (1) Heart 120-130 at rest increased on exertion regular.
- (2) No enlargement of the heart within the chest.
- (3) Eng hernia at umbilicus of pain during tense abdomen not large

BOARD RECOMMENDS:—

1. Fit for Duty B IT
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks. FT. CAMP
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

Members

G.W. Mackell Capt President.

G.J. Martin Capt.

W. Thompson Capt

5 - JUN 1918

APPROVED

Seaford, Sussex.

Dated at.....1916.

APPROVED.

For A.D.M.S.
Captain. C.A.M.C.
for A.D.M.S., Canadians,

PROCEEDINGS OF A MEDICAL BOARD.

R. 2. 0. 2013 P. 1000

Dated at 1918
Name Rank
Local Unit Overseas Unit Age
Examination held at

DISABILITY.
Overseas—Local.
(attach one out)

PRESENT CONDITION

BOARD RECOMMENDS—

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training
- 3. Fit for Temporary Base Duty.....weeks
- 4. Fit for Permanent Base Duty.....
- 5. Discharge.....

Signatures—

.....President

Members

5 - JUN 1918

APPROVED

Seaford Sussex

Dated at

APPROVED

1st A.D.M.S., Canadians
Captain, C.A.M.C.
For A.D.M.S.

THIS FORM SHALL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION SEAFORD DATE 3/7/19

1. 1 (a) Unit 6th Res (b) Regimental No. 412943 (c) Rank L & M
 (d) Surname YELLAND (e) Christian name NORMAN LEGER
 (f) Home address 379 Hamilton Rd London Ont Canada
 (g) Next of Kin Mrs W H Yelland (h) Relationship Mother
 (i) Address of Next of Kin (same as above)
2. Age last birthday 29 Date of birth 31st May 1890
3. Enlistment, or Appointment (if an Officer) (a) Place Port Hope Ont (b) Date 28/2/15
4. Personal description:
 (a) Height 5' 10" (b) Weight 151 lb (c) Complexion Fair
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scar on R. knee: 2nd toe R. foot missing.
Mainie Diver

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

| | Years | Days |
|--|-----------|-------------|
| | <u>4.</u> | <u>127.</u> |

| | PERIODS | |
|---------------------------------|----------------|---------------------|
| | From | To |
| Canada | <u>27/2/15</u> | <u>24/6/15</u> |
| England | <u>4/7/15</u> | <u>Present date</u> |
| France or other theatres of War | <u>nil</u> | <u>nil</u> |

7. Original disease, or injury Left Inguinal Hernia

- (a) Date of origin July 25/15 (b) Place of origin England
 (c) Cause Strain

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

left inguinal hernia

9. Present condition—(a) Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

General condition is good.

Has a slight inguinal hernia on left side, which is well held by truss.

Objective

no complaints while wearing truss.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

| | | | | | |
|--------------------------------|----|---|----|---------------------------------------|----|
| Nervous System..... | no | Cardio-Vascular System..... | no | Genito-Urinary System..... | no |
| | | (If pulse rate is abnormal, B. P. will be taken.) | | (Albumen and Sugar will be excluded.) | |
| Special Senses..... | no | Respiratory System..... | no | Integumentary System..... | no |
| Disturbances of Mentality..... | no | Digestive System..... | no | Muscular System..... | no |
| Osseous and Joint Systems..... | no | Any other general condition..... | no | | |

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

While unpacking heavy boxes at Leeds in Kent (July/15) patient strained himself causing left inguinal hernia. Boarded in 2/6/18 for DAW & left inguinal hernia + marked B.H. Heart condition is normal.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Frontal Sinusitis June 11/15'

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

as in 4 (f)

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

no.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

not applicable.

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

The regimental documents will be referred to.

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

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

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

truss supplied.

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

16. Can the former trade or occupation be resumed? yes. (If not, briefly state why)

17. Recommendations

C. Douglas Hewson M.D. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Norman Leger Yelland have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Norman L. Yelland Rank. Signature of invalid examined. 6.5.16.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

yes

19. Is the ^{*O.A.*} invalid fit for
(a) General service, (Category A) (~~Yes~~ or No.)
(b) Service abroad, not general service, (" B) (~~Yes~~ or ~~No.~~) *BT*
(c) Home service (Canada only), (" C) (~~Yes~~ or ~~No.~~)
(d) Temporarily unfit. (" D) (~~Yes~~ or ~~No.~~)
(e) Unfit for service in Categories A, B and C (" E) (~~Yes~~ or ~~No.~~)

20. It is certified that the ^{*O.A.*} invalid
(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)
(b) Does not require treatment.
(c) ~~Should pass under his own control.~~
(d) ~~Should not pass under his own control.~~
(Strike out condition ^{*O.A.*} not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)
Boarded for return to Canada Authority, A. G. Seligman
90 83 of 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *Seaford.* *Freid M. ...* President.
C. Douglas ... Members
DATE *3-4-1919*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.
Witness..... Signed.....
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE.....
DATE.....
} Members
President.

APPROVED BY *J. ...* Assistant Director of Medical Services. DATE.....
APPROVED BY *Director-General of Medical Services.* DATE.....

