

931681

TRIPPLICATE

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Brown
- 1a. What are your Christian names? Andrew
- 1b. What is your present address? 286 Rawdon St. Brantford, Ont.
- 2. In what Town, Township or Parish, and in what Country were you born? Brantford Ont.
- 3. What is the name of your next-of-kin? Agnes Brown
- 4. What is the address of your next-of-kin? 286 Rawdon St. Brantford Ont.
- 4a. What is the relationship of your next-of-kin? Mother
- 5. What is the date of your birth? January 4th 1898
- 6. What is your Trade or Calling? Laborer
- 7. Are you married? Single
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- 9. Do you now belong to the Active Militia? No
- 10. Have you ever served in any Military Force?
If so, state particulars of former Service. No
- 11. Do you understand the nature and terms of your engagement? Yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Andrew Brown (Signature of Recruit)

Date 28th December 1916 Corneilus Brook (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Andrew Brown, 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.

Andrew Brown (Signature of Recruit)

Date 28th December 1916 Corneilus Brook (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Windsor Ont. this 28th day of December 1916

James G. Chynoweth (Signature of Justice)

Description of Andrew Brown on Enlistment.

Apparent Age.....19.....years.....3.....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.....8.....ins.

Chest measurement { Girth when fully expanded.....33.....ins.
 { Range of expansion.....2.....ins.

Complexion.....Dark.....

Eyes.....Black.....

Hair.....Black.....

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him* fit for the **Canadian Overseas Expeditionary Force.**

Date.....28th December.....1916.....

Place.....Windsor Ont......

[Handwritten Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Andrew Brown.....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.

[Handwritten Signature].....LT COL.
 Comd'g No. 2 Construction Battalion, C.E.F. (Signature of Officer)

Date.....28th December.....1916.....

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931661 (Rank) Pte.

Name (in full) BROWN, Andrew James enlisted in
the 2nd. Con. Bn.

CANADIAN EXPEDITIONARY FORCE at Windsor on the 20th.
day of December 19 16

HE served in ENGLAND AND FRANCE

and is now discharged from the service by reason of MEDICAL UNFITNESS

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

Age 18

Height 5' 9"

Complexion Dark.

Eyes Black

Hair Black.

Marks or Scars

None seen left arm

A. J. Brown
Signature of Soldier

L. L. L.
Issuing Officer

For

District Depot
Rank

Date of Discharge March 1st. 1919

Appointment

Signed at Toronto, Ont. this 1st. day of March 1919

in Military District No. 2

MAR 1 1919

L.L.

File Reference No. DISTRICT DEPOT

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

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

P. 878.

Extract D.O. No. 8

MT-QRD

Unit:- **QRD**

Date.-

Reg. No.

Rank

Name

SAILING LIST

931681

PTE

BROWN.

Canada

A J

Struck off Strength of O.M.F. of C.
on transfer to C.E.F. Canada. **MD 2.**

29/1/19

Acted on

Ledger Ck.

~~2 M~~

24 - 8 - 20
JMS

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 931681 Rank Pte Name Brown aj
 Unit No. 2 District Depot who was* DISCHARGED (Surname first)
 On MAR 1 1919 1919, to SCR Outpatient
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan 1 to MAR 1 1919 1919 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month	7466	
Regimental Pay <u>60</u> days at \$ <u>1</u> c. <u>10</u>		6000
Field Allowance <u>60</u> days at \$ <u>1</u> c.		600
Separation Allowance		3500
Clothing Allowance		7000
Post Discharge Pay <u>was</u>		1200
*Other Credits <u>Subs</u>		
Advances		
Separation Allowance and Assigned Pay Cheque NO.		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>25282</u>	10834	
Total	<u>19300</u>	<u>18300</u>

*Give particulars.

A monthly stoppage of \$ 70 (†) has Sub (‡) been paid on account of
 Assigned Pay for the month of Jan 1919 (to) Assignee Mrs Agnes Brown
 and Separation Allee. for month of Jan 1919
 (Address) 286 Rodden St Brantford Ont
 (†) 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.....
 (2) Separation Allowance, entitled or not no (3) Reason for discharge.....
 (4) Authority for discharge or transfer 10058

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 FEB 25 1919
 Place TORONTO, ONT.

Malcolm MacRae CAPT.
 PAYMASTER, No. 2 DISTRICT DEPOT

- 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. 1307, 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 purposes 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 Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

FORM OF WILL

I, Andrew Brown (Name in full)

Regimental Number 931681 serving in No. 2 Construction B'n. C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

My Mother **bequeath**
I ~~devise~~ all my real estate unto

Mrs. Agnes Brown
286 Rawdon St.,
Brantford, Ont.

Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

My Mother
Mrs. Agnes Brown.

Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT NOTE

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

this 17th. day of March A.D. 191 7

Andrew Brown Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness..... Lionel Cross

Address of Witness..... San Pdo., Trinidad, B.W.I.

THE TWO
WITNESSES

Occupation of Witness..... Journalist.

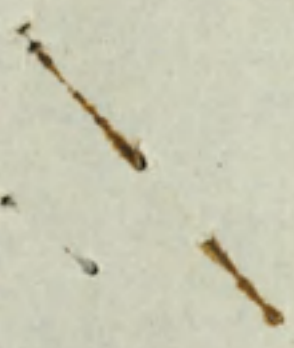
MUST
SIGN HERE

Signature of Second Witness..... Ancil Bennett.

Address of Witness..... Shelbourne, N.S.

Occupation of Witness..... Labourer.

FORM OF WILL



I, _____ of the County of _____ State of _____ do hereby certify that the within and foregoing is a true and correct copy of the original of the within and foregoing will of _____ of the County of _____ State of _____ as the same appears from the records of the _____ Court of said County and State.

Witness my hand and seal of office this _____ day of _____ 19____.

Notary Public for said County and State.

IMPORTANT
NOTICE
TO ALL
PARTIES
INTERESTED
IN THE ESTATE OF _____

Whereas _____ of the County of _____ State of _____ has died and the within and foregoing is a true and correct copy of the original of the within and foregoing will of _____ of the County of _____ State of _____ as the same appears from the records of the _____ Court of said County and State.

Therefore notice is hereby given to all parties interested in the estate of _____ to appear at the _____ Court of said County and State on the _____ day of _____ 19____ at _____ o'clock of the said day to show cause why the within and foregoing will of _____ of the County of _____ State of _____ should not be admitted to probate.

Given under my hand and seal of office this _____ day of _____ 19____.

NOTARY PUBLIC

286 Rawdon St
Brentford Ont.

FORM OF WILL.

I, Andrew Brown (Name in full)

Regimental Number 931681 serving in No. 2 CONSTRUCTION, B'n. C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

My Mother I bequeath all my real estate unto

Mrs Agnes Brown
286 Rawdon St.
Brentford Ont.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

My mother Mrs Agnes Brown

Name and Address of person or persons to receive personal estate* (See note).

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 17th day of March A. D. 191 7

Andrew Brown Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness D. Lionel Cross

Address of Witness San Fdo. Trinidad B.W. I.

THE TWO WITNESSES MUST SIGN HERE

Occupation of Witness Journalist

Signature of Second Witness Amicil Bennett

Address of Witness Shelburne Ont.

Occupation of Witness Labourer

(9) Is your Father alive?.....Yes.....

If so, state name and address James A. Brown 236 Rawdon ST. Brantford Ont,

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

If so, state name and address Mrs. Agnes Brown

#236 Rawdon ST. Brantford Ontario

(11) If your Mother is a widow.....No......

Are you her sole support, or not?.....

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

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

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

(15) Are you insured?.....Yes.....

If so, in what Company?.....Metropolitan Life Insurance Coy,.....

Have you made arrangements for payment of your Insurance premium.....Yes.....

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

D. K. Southland..... LT. COL.
Comd'g No. 2 Construction Battalion, C. E. F.
.....
Officer Commanding.

Date.....Jan, 4/1/17,.....

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 #2 Const Batta C.E.F.

(2) Regimental Number 931831

(3) Full Name of Soldier Andrew Brown

(4) Place of Birth Brantford Ontario

(5) Are you married, or not? No.

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

(b) Present Postal Address A

(7) Are you a widower? No.

(8) Have you any children? No.

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

Also their names and ages.....

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

2

NAME OF SOLDIER

Brown Andrew James

REGIMENT

Pte

No.

931681



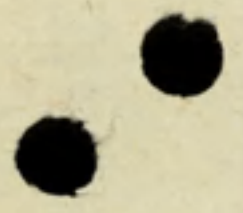
INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
<i>Discharge Exam. At Exhibition Camp Date. FEB 21 1919</i>																					<i>Certificate issued for</i>
																					<i>Fit</i>
																					<i>H. U. Sample Major</i>



13
10

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—light, 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.)

Partial loss of function of right foot.

Partial loss of function of muscles of back.

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.)

(1) Objective. Slight enlargement of meta tarso phalangeal joint

of great toe of right foot. Very slight tenderness. Gait normal.

Movements of toe normal. Walked 9 miles with full pack just before

leaving England in Jan. 1919.

Subjective. Complains of pain and soreness after walking 4 miles.

in meta tarso phalangeal joint. Does not complain of pain when standing

on toes.

(2) Objective. Slight tenderness on pressure of lumbar muscles.

Can touch toes without difficulty.

Subjective. Complains of pain in small of back when standing or

sitting for one hour.

Heart and lungs are normal.

(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.....Yes.
(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.

Has occasional incontinence of urine, present prior to enlistment.

No service aggravation.

No Hernia, Piles, Goitre, Varicose veins, Varicocele,

Urinalysis. Albumen and Sugar. No.

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

(1) M.H.S. Negative. States railway tie fell on toe in Feb. 1918.

Treated by M.O. of unit ~~for~~ for 2 months. States toe has been

troubling him since.

(2) M.H.S. negative. States he has had "Sore Back" since Dec. 1918.

when he was at Bramshott.

THIS FORM WILL 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..... Ex. Camp. Toronto DATE..... Feb. 21. 1919.

1. 1 (a) Unit. # 2. D.D. (b) Regimental No. 931681. (c) Rank. Pte.
 (d) Surname. BROWN. (e) Christian name. Andrew James.
 (f) Home address. 286 Rawdon St. Brantford. Ont.
 (g) Next of Kin. Mrs. Agnes Brown (h) Relationship. Mother.
 (i) Address of Next of Kin. 286 Rawdon St. Brantford. Ont.

2. Age last birthday. 18. Date of birth. Jan. 4. 1880.

3. Enlistment, or Appointment (if an Officer) (a) Place. Windsor. (b) Date. Dec. 28. 16.

4. Personal description:
 (a) Height. 5' 9" (b) Weight. 133½ (c) Complexion. Dark. Colored man.
(stripped)
 (d) Colour of hair. (e) Colour of eyes. (f) Identification marks, Scars, etc. Small
POX marks on arms and chest. 2 vcco left arm.

5. Former trade or occupation. Laborer.

	Years	Days
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).	2.	55.

	PERIODS	
	From	To
<u>2nd. Battn. B.C.</u>		
Canada	<u>Dec. 28. 1916.</u>	<u>Apr. 7. 1917.</u>
England.....	<u>Apr. 7. 1917.</u>	<u>May 17. 1917.</u>
France or other theatres of War.....	<u>May 17. 1917.</u>	<u>Dec. 14. 1918.</u>
<u>England and Canada.</u>	<u>Dec. 14. 1918. b</u>	<u>To date.</u>

7. Original disease, or injury. (1) Injury to meta tarso Phalangeal, joint of great toe right foot. (2) Myalgia.

(a) Date of origin. (1) Feb. 1918. (2) Dec. 1918. (b) Place of origin. (1) France. (2) England.
 (c) Cause. (1) Railway tie fall on toe. (2) Unknown.

ORIGINAL ORIGINAL

731681

MEDICAL HISTORY SHEET.

Surname Brown Christian Name Andrew

Examined { on 28th day of Dec. 1916
at Windsor Ont.

Approved by D. S. Stewart

Birthplace { City or Town
County

Rank Capt AMC

Apparent age 19

Trade or occupation Laborer

Height 5 Feet 8 Inches

Weight _____ Lbs.

Chest measurement { Minimum 30 inches.
Maximum expansion 33 inches.

Physical development _____

Small-Pox Marks _____

Vaccination Marks { Arm Right Left
Number

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or previous disease _____

(b) Slight defects but not sufficient to cause rejection

Both Eyes 20/20

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
<u>13/4/17</u>	<u>Fit</u>	<u>S. S. Shepley</u>
		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>23/2/17</u>	<u>good</u>	<u>Dr. Wm. Zulicher</u>
<u>2/3/17</u>	<u>good</u>	<u>Dr. Wm. Zulicher</u>
<u>9/3/17</u>	<u>good</u>	<u>Dr. Wm. Zulicher</u>
		M.O.
		M.O.
		M.O.

Enlisted on 28th day of December 1916 at Windsor Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				
<u>No. 2 CONSTRUCTION, B'n. C.E.F.</u>		<u>931681</u>		<u>12/28/16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Windsor, Ont.</u>	<u>29/12/16</u>	<u>on enlistment</u>	<u>Fit</u>
<u>St. Owen's</u>		<u>Major, A.M.C.</u>	<u>D. S. Stewart</u>
<u>Ex. Camp Toronto</u>	<u>21/2/19</u>	<u>① Oedema of feet</u> <u>② Myalgia</u>	<u>Am. Knorr</u> <u>Cap't.</u>

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

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 *Clt.* Name *A. Brown* Surname *Andrew James*
 Unit or Corps *2nd Biv B.C. 2nd R.D.* (If a soldier) Regtl. No. *931681*
 Born at *Brantford Ont.* on, date *Jan 4 1898*
 Signature (for identification) *Andrew Brown*

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

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

Weight *145* lbs.
 Height *5 8* ft. *8* ins.

no

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?**

no

4. **RESPIRATORY SYSTEM.**

no

5. **HEART?**

Abnormal Sounds? *no*
 Abnormal Size? *no*
 Pulse Rate? *74* Intermittence or irregularity? *no*

6. **ARTERIES.**—Any hardening?

no

7. **DIGESTIVE SYSTEM?**

no

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g.? *1026* Reaction? *oc* Albumen? *5* Sugar? *2*

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

no

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

no

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

Good

Examined at *Kinnaird Park* Signed *J. A. Loeche* M.O.
 Date *29/12/18* Signed *A. Q. Saben* 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.

GENERAL SERVICE OF SOLDIER IN THE ARMY

1898

James Brown

142

1000

100

100

100

100

100

100

100

100

1000

100

100

100

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).)

Had Typhoid fever in childhood. Recovered. Has had incontinence of urine ever since. Had Chicken pox and small pox in childhood. Few pox marks xxx on arms and chest. Present condition good.

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

See (4) (f) and 9 (a).

11.—(a) Did the disabling condition have its origin before enlistment? (1) No. (2) 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.)

(1) Not applicable. (2) Not applicable.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (1) (a) No. (b) No. (2) 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? (1) 1 month. (2) one month.

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

(1) Emprovements and bandages. (2) Nil.

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. C3.

H. J. Bennett Capt. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

I, the undersigned, Andrew James Brown, 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

A. J. Brown Pte. Rank. Signature of invalid examined.

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.

#13. (2) Three months (1) 6 months.

16. Not at present on account of condition of right foot and back.

Otherwise we concur.

15 - (1) No (2) yes - outpatient (1 month) massage and medicinal treatment.

17 cat D₃ for further treatment under I.S.C as out-patient otherwise we concur.

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, (" B) (Yes or No.)
- (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.)

yes D₃

20. It is certified that the invalid

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

Does require treatment for "Myalgia" - Out-patient 1 month.

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

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

Returned to duty and placed in Category C3.

Cat D₃ - for further treatment under I.S.C. as Outpatient

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.

[Signature] President.

PLACE Ex. Camp. Toronto.

DATE Feb. 21. 1919.

[Signature] } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

President.

PLACE.....

DATE.....

Members

APPROVED BY

APPROVED BY

APPROVED
Assistant Director of Medical Services.
FEB 24 1919
[Signature] CAPT.
FOR A. D. M. S. M. D. 2

DATE

DATE

Assistant Director of Medical Services.

Director-General of Medical Services.

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) BROWN, A. J. MD 2

REGIMENT 2ND CONST. BATT RANK PTE No. 931681

Date of Examination in England 30/12/18 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 2 it
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES _____
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? _____

- HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)
- (a) In Canada
 - (b) In England
 - (c) In France

KINMEL PARK, NORTH WALES.

Signature of Dental Officer [Signature]
Capt.

Brown, A. J.
M.D. 5
1905

1905

(1) in 1905
(2) in 1906
(3) in 1907

1905

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

Ad W W

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *#2 Construction Battalion, C E F*

Regimental No. *951681* Rank *Private* Name *Andrew Brown*
C. E. F.

Enlisted (a) *28/12/16* Terms of Service (a) *Duration of War* Service reckons from (a) *28/12/16*

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) *Labourer*

CERTIFIED CORRECT.
 17/5/17
 JUN. 1917
 CAN. RECORDS, LONDON.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked, Canada	Halifax N.S.	25/3/17	
		Disembarked, England	Liverpool	7/4/17	
		Proceeded Oseas	Seaford	17/5/17	<i>Pt 2 1st</i> <i>Transfer Capt</i> <i>for Capt & adjt</i>
			Landed in France	17-5-17	N.R.
23.6.17	OC	7 days F.P. 17. 1. Absent from Parade 6.20 am 2. malingering.	Hld.	21/6/17	Brsg. Pt II. 0 122. 7 1/2
5-1-18	OC	att to 1 Dist CTC Almon		30-12-17	B 2 1/2
7-9-18	38 Coy	trawled 14 days leave	uk.	3-9-18	A 213 1450. 52 of Sept 1918
28-9-18	do	Repans from leave.	uk	19-9-18	A 213

(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, Shoering 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				
11 12/18	MAH	Train to Reg reported to N/S Reg Depot Bramshott	Bramshott	14 12/18	KR 344 211/R b.a. Hewett Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
17-12-18.	N.S.R.D.	I.O.D. and attached to 2nd bld for Quarters & Rations.	B. Shott	14-12-18.	D.O. 305
	NSRD	ON COMMAND TO CDD Kinmel Park Rhyf	BRAMSHOTT		PART II D.O. NSRD 313 27 12/18 b.a. Knight LIEUT. OFFICER in RECORDS, NOVA SCOTIA REGTL. DEPOT.
29, 1. 19		Attached C.C.C. Kinmel Park for return to Canada. Part 11 Orders No. _____ Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part 11 Order No: _____ Commanding _____ Wing, Kinmel Park Camp.		28 12/18	w. P. Sully CAPT Battie
		Sailed from Liverpool			

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

Casualty Form—Active Service.

Unit, Regiment or Corps.....
 Regimental No. 931681 Rank PC Name Brown, Andrew
 C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
JAN 29 1919	O. S.	O. S. No. 2 DISTRICT DEPOT	BROWN	19 PART II D. O. 42	
1/3/19	S.O.S. (Discharged)	No. 2 District Depot		58	Lieut. For O. C. No. 2 District Dep.
1919	1898				
	21				

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

Date

Remarks

Pt. 2 Order No.

M. F. W. 192

150m.—5-18

1772-39-1243

B.
Name..... BROWN Andrew James Rank Pte. Regtl. No. 931681

Original unit..... Present unit 2nd Bn CRD M. or S. Age 21 Religion Meth Ref. H.Q. Fyle Depot 24-BR-509

Port, ship and date of arrival..... Halifax Baltic 6-2-19

Next of kin..... Mother Mrs. Agnes Brown 286 Rawdon St. Brantford Ont.
Same

Address on leave.....

Address on discharge..... Same

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation Labourer Date and place of enlistment Windsor Dec. 28-16

Diagnosis Injury to meta tarso phalangeal joint of great toe rt. foot, Myalgia. Date of Medical Boards 21-2-19

Date. T.O.S.	Remarks.	Pt. 2 Order No.
29-1-19	Posted to Cas. Co. (Ex. Camp) 6-2-19.	
	Leave & Subs. from 9-2-19 to 23-2-19.	42
1-3-19	SOS DISCHARGED "MED.UNFIT" entitled to w.s.g.153 days to take OUT-Pat. treat't with Dept. of S.C.R	58

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

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Reg. No. 931681 Name Brown, Andrew James
 Rank Pte Corps S. C. R. Age 18 Service 6³/₁₂ E¹¹/₁₂ J¹⁸/₁₂
 Ledger No. _____ Serial No. _____

HOSPITALS

DATE

DIAGNOSIS

Brant Mill Burlington
also to S. C. R.

7-4-19
12-4-19

Bronchitis

695

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

Swamp

26657

9.

am
MB

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

B

Number

931681

Rank

~~*Spr*~~ *Spr*

Surname

BROWN

Christian Name

Andrew

Unit

C.O.R.C.

Theatre of War

France

Date of Service

1-7-5-17

Remarks

198 GREY, ST.

Latest Address

286 Bawdson St.

Brantford, Ont.

Roll No.

B. Page 4168

M

27A.

Scroll Desp. 22⁵/3 Reqn. No. 33-971

Plaque Desp. 22⁵/23 Reqn. No. 49240

BROWN, Andrew James - Pte. - #931681 - 2nd Con. Bn.

not elig. for stars

Medals & Decs. (Mother) Mrs. Agnes Brown,
198 Grey St.,
Brantford, Ont.

Plaque & Scroll (Father) Mr. A. J. Brown,
(Same address as above)

(Ser. #985090.)

Memorial Cross (Mother) (As above 20330)

80.R death. not in list

Resp. AUG 28 1920

(M) C 20385



No. 931681. RANK Pte

NAME Brown Andrew.

T. O. S. 28.12.16

UNIT No 2. Construction Battalion

D. O. 2. 2-1-17

M. D. 6

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916 Dec 28	1917 Jan 31	✓		
	Feb.	✓		
	Mar	✓		

From Halifax per S.S.

"Southland" 28-3-17.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

19 YEARS

MONTHS

HEIGHT

5 FEET

8 INCHES

CHEST MEASUREMENT

33 INCHES

EXPANSION

2 INCHES

COMPLEXION

Dark

EYES

Black

HAIR

Black

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Dec. 28th 1916.

Present address: 286 Rawdon St., Brantford, Ont.

SURNAME.

Brown

CARD NO.

2 *4*

CHRISTIAN NAMES

Andrew

REGL. No.

931681

RANK

Pte.

UNIT

No. 2 Construction Bn.

FORMER CORPS

nil

Los. 1-3-19.
FOLL. M. U.
Pvt. 58-27/2/19

D $\frac{26}{12}$ $\frac{19}{19}$
Disch 26.12.19 No 2
with SCR 225 9-52
30.12.18

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Brown, Mrs. Agnes

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

*286 Rawdon St., Brantford
Ont.*

COUNTRY OF BIRTH

Canada, Brantford, Ont.

DATE

Jan. 4th 1898

PLACE OF ATTESTATION

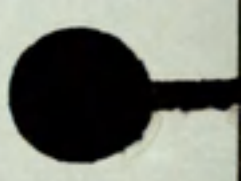
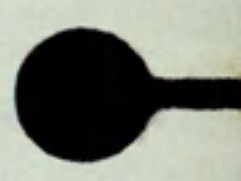
Windsor, Ont.

DATE

Dec. 28th 1916

1465-2-19 262 Pte
26

8



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs Agnes Brown* By Whom Assigned *Brown A*
 Address *286 Rawdon St* Regtl. No. *931681*
Brantford Rank *pte.*
Ont Corps *2 Con Bn.*
 Rate *\$ 25⁰⁰*

SPECIAL REMITTANCE

PAYMENTS

Sched 462-20.11.17

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916	<i>477 55</i>	<i>25</i>	<i>Mailed 20.12.17</i>
Feb.	1918	<i>2677</i>	<i>25</i>	<i>1523. 113. 3.4.15.</i>
March				

APP'D A. 1918 SA.

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.				

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2
(Assignee)

Mrs. Agnes Brown

PAYMENTS.

Name of Soldier

Brown Andrew
Pte no 2 const Bn

I. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15⁰⁰</i>
April	1916			<i>APR 1917</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>Z 4698</i>	<i>15</i>	
May		<i>H 6992</i>	<i>15</i>	<i>15.45</i>
June		<i>P. 13575</i>	<i>15</i>	<i>15.6</i>
July		<i>J 20684</i>	<i>15</i>	<i>Pa</i>
Aug.		<i>N 27807</i>	<i>15</i>	<i>Pa</i>
Sept.		<i>M 37220</i>	<i>15</i>	<i>Lu</i>
Oct.		<i>L 47823</i>	<i>15</i>	<i>#105.00 ✓</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MA

HP 115 12

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. Agnes Brown*
 Address *286 Rodden st*
Brantford
Ont.
 Rate *15⁰⁰*

By Whom Assigned *Brown Andrew*
 Regtl. No. *931887*
 Rank *Pte*
 Corps *no 2 const Bn.*

APR 1917

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



JM

Rank _____ Name **BROWN, Andrew.** Reg'l No. **931681**
 Unit **No. 2 Const. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Windsor Ont. 28th Dec 1916.** Place of Birth **Brantford, Ont.**
 Name and Address, Next-of-Kin **Agnes Brown.**
286 Rawdon St., Brantford, Ont. Relationship **Mother.**

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

N/E. R.B. No. **7052**
 File R.L. _____
 Category **OR CAN**

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England via S.S. Southland		7.4.17	
14-6-17	#2 C.C.C.	Arrived in France Field		17-5-17	115
16-12-18	NSRD	TOS from 2 nd coy	Brantford	14-12-18	305471 d. 19-12-18 2 nd coy
27.12.18	H.S.R.D.	ofc to C.D.D. Rhyl		27.12.18	-313
18-2-19	NSRD	ceases % to CDD. Rhyl	Rypon	29-1-19	-38
		S.O.S. to M.D. 2. Canada		R.L. 23-6 Vol 21	
				8/R.1. [3: 15219)	

Pres
 A.F.B. 103 CHECKED
 28 MAY 1917
Curran

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

PARTICULARS OF ASSIGNMENT

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary _____

Relationship _____

Address _____

Name _____

Address _____

Change of Address _____

1 _____

2 _____

3 _____

4 _____

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

M. F. W. 128
 400M-6-17-1772-38-1141
 L. L. 23320-M. & D. 7893.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

B

12868

Apr. 1/17.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15.</i>	<i>20⁰⁰</i>		
------------	------------------------	--	--

0 1-4-18

PARTICULARS OF SEPARATION ALLOWANCE

No. *931681*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Andrew Brown*
 Battalion *No. 2 Const. Batta.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Agnes Brown m.*
 Address *286 Rodden St.*
 Change of Address *Brantford, Ont.*
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Oct 31/17</i>			<i>105</i>	<i>105</i>	
<i>Nov.</i>	<i>B 54725</i>		<i>15</i>	<i>15</i>	
<i>Dec</i>	<i>D 60461</i>		<i>15</i>	<i>15</i>	<i>Pr.</i>
<i>Jan/18</i>	<i>E 54277</i>		<i>15</i>	<i>15</i>	<i>Hd</i>
<i>Feb</i>	<i>C 96140</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>A 103428</i>		<i>15</i>	<i>15</i>	
<i>Apr.</i>	<i>X 11915</i>		<i>20</i>	<i>20</i>	<i>b.</i>
<i>May</i>	<i>S. 78224</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>June</i>	<i>E 14357</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>July</i>	<i>V 29914</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Aug.</i>	<i>C 34093</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Sept.</i>	<i>D 40497</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Oct</i>	<i>F 44312</i>		<i>20</i>	<i>20</i>	
<i>Nov</i>	<i>B 55874</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Dec</i>	<i>C 68260</i>		<i>20</i>	<i>20</i>	
<i>Jan</i>	<i>H 71689</i>		<i>20</i>	<i>20</i>	
<i>Feb</i>	<i>I 80663</i>		<i>20</i>	<i>20</i>	
			<i>400</i>	<i>400</i>	

02251 A 159

0 2M 26/3/18 etc. 30/3/18. MR. 0 1B. 30/3/17

M. F. W. 128
400M-6-17-1772-33-141
L. L. 22230-M. & D. 1933.

A/c Closed *28/2/19*
 Ret'd per *Battie* *M. G.*
 Date *6/2/19* *M.F.W. 187* *11/2/19*
 Hook Closed *M. R. G. 67479.*



List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	or Particulars of Recruit	" W. 133
or Field Conduct Sheet	" W. 178	Proceedings on Discharge	" B. 218
Copies of Convictions, by C. P.	in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
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	(a) Proceedings on Discharge	
Duplicate Discharge Certificate	" W. 39A	(b) Attestation.	
‡Form of Will	" W. 82	(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.

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.)

L.L.

No.	931681
Rank	Pte.
Surname	BROWN, Andrew James
Christian name	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2nd. Con. Bn. (#2 D.D.)
Date of discharge	March 1st. 1919
Place of discharge	TORONTO, ONT.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age	18 years.....months.
Height	5' feet 9".....inches.
Complexion	Dark
Eyes	Black
Hair	Black.
Trade	
Intended place of residence	286 Rawdon St. Brantford, Ont.,
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.	
Authority for discharge D.O.D.D.#2 Pt.11 #58	
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.	
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.

War Service Badge
Class
No. 89406 issued
War Service Badge.
Class
No. 84912 issued

House
14/12

(OVER)

40.
145-58

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) TORONTO, ONT. Andrew James Brown (Signature of Soldier.)

(Date) March 1st. 1919 [Signature] (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) TORONTO, ONT.

(Signature).....

(Date) March 1st. 1919

O.C. No. 2 District Depot.

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.)

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

REGT. No. 931681

RANK Pte.

NAME (IN FULL) BROWN, A.J.

M. OR S. S

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. C.E.	IF IN P.F. WHAT UNIT? Same
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID? mit	DATE EFFECTIVE				DATE OF ATTESTATION 28-12-16.	TRANSFERRED TO DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY, \$ 20 ⁰⁰	DATE EFFECTIVE 1.3.19
ADDRESS					PAYABLE TO Mrs. Agnes Brown. Mother	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS 286 Rodden Street, Brantford, Ont. (Rowden)	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					OUTPATIENT DISCHARGED PLACE TORONTO, ONT.	DATE MAR 1 1919 REASON mu
						AUTHORITY 2058 IF ENTITLED TO POST DISCHARGE PAY 153

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL 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								
Balance from previous account	31-12-18	1 ¹⁰			251															
							13/1/19			487										
							29/1/19			243										
							30/1/19			487										
							6/2/19			5 00										
							6/2/19			20 00			40 00							
	1-1-19	60/1 ¹⁰	66	35	70	183	25282			1083 41					74 66		77 17	74 66		Jan. Feb 19. ew.
	1-3-19																183 00			T.O.S. D.O. 1/2
																				SUBS. 9/2 TO 23/2 D.O. 1/2
	153dys	wsq.	350		350					Nov	70						70	280		Dec Soldier
										MAR 28 241057	70						140	210		st W. S. G. Paid by #2 D. D.
										APR 30 248566	70						210	140		cheque mailed 28/3/19.
										MAY 28 348826	70						280	70		Out-Patient Class I 2/6/19
										Stop payments S.C.R.							350			80. No of Oct Ottawa.
										AR 723 Dec 241711455	70						350			W.S.G. PAID IN FULL
																	350			CAPTAIN

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-	1 st April 1918.	EFFECTIVE DATE:-	
AMOUNT:-	20 ⁰⁰	AMOUNT:-	

NAME:- **BROWN Andrew**
NUMBER:- **931681**

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 Agnes Brown mother
286 Rawdon Street
Brantford Ont.

Stopped Effect 1/1/19

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Pte</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- *2 Construction Bn*
DATE ACCOUNT FIRST OPENED:- *1st April 1917*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			<i>Canada</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>9/12/18</i>	<i>6600</i>	<i>Food 25⁰⁰</i>	<i>4 66</i>				
<i>15/12/18</i>	<i>3535</i>	<i>BRDG. 22⁰⁰</i>	<i>1 73</i>				
			<i>14 39</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>-</i>	<i>10</i>	

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dist. Canada 1/1/19 Auth. A.S.R.D. from Roll 151-17/12/18. Fed Bal 16.90 L.P.C. Bal 2.51*

1918 MONTH	PARTICULARS	Cr. 1	Cr. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
MAR	<i>Bal Ford</i>								<i>72 32</i>		
apl	<i>Pay + w.</i>	<i>33</i>		<i>Ass Pay.</i>				<i>20</i>			
				<i>AR 114 6/4 CFC 201</i>	<i>3 57</i>						
				<i>AR 296 20/4 - - -</i>	<i>3 57</i>				<i>78 18</i>		
May	<i>P.P.</i>	<i>33</i>		<i>ass pay</i>	<i>7 14</i>			<i>20</i>			
		<i>34 10</i>		<i>AR 491 7/5 CFC 1</i>	<i>2 68</i>						
				<i>- 7 19 27/5 - - -</i>	<i>4 46</i>				<i>85 14</i>		
June	<i>P.P.</i>	<i>33</i>		<i>ass pay</i>	<i>7 14</i>			<i>20</i>			
				<i>AR 432 6/6 L/14</i>	<i>50 00</i>						
				<i>AR 906 7/6 CFC 1</i>	<i>3 57</i>						
				<i>AR 1102 27/6</i>	<i>3 57</i>				<i>44 00</i>		
July	<i>PP.</i>	<i>33</i>		<i>Canad</i>	<i>57 14</i>			<i>20</i>			
		<i>34 10</i>		<i>AR 1242 6/7 CFC 1</i>	<i>3 57</i>						
				<i>AR 1501 22/7</i>	<i>3 57</i>				<i>47 96</i>		
		<i>34 10</i>		<i>Canad</i>	<i>7 14</i>			<i>20</i>			
Aug	<i>PP.</i>	<i>33</i>		<i>Canad</i>				<i>20</i>			
		<i>34 10</i>		<i>AR 1696 6/8 CFC 1</i>	<i>3 57</i>						
				<i>AR 1944 27/8</i>	<i>3 57</i>						
				<i>AR 2055 31/8</i>	<i>3 57</i>				<i>51 35</i>		
		<i>34 10</i>		<i>Canad</i>	<i>10 71</i>			<i>20</i>			
Sep	<i>P.P.</i>	<i>33</i>		<i>Canad</i>				<i>20</i>			
				<i>AR 3713 27/9 CFC 1</i>	<i>58 40</i>						
				<i>CP 32886 12/9 London</i>	<i>2 43</i>						
				<i>AR 2440 23/9 CFC 1</i>	<i>3 57</i>						
		<i>33</i>			<i>64 46</i>			<i>20</i>	<i>05</i>		<i>15/10/18</i>

2.51
14 39
16.90

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
									00		
Oct	R Pay	3410		cat				20			
				2677. 7/10 6.76 ✓	373				10.32		
				2979 23/10 ✓	373				6.59		
		3410			746			20			
NOV		23		cat				20			
Dec		3410		3096 11/11 ✓	373						
				3303 25/11 ✓	1300						
				cat				20	16.90		
				6600 18/12 Base -	466						
				3565 19/12 WBR	913				2.51		
		6710			3118			40			
				1397. 13/1 Rhyt. 8.896	487				236		
					487						