

REGIMENTAL DOCUMENTS

NAME *CASTON LEWIS LEROY*

REGT. NO. *931735*

UNIT *2nd Const. Bn.*

Q. FILE NO.

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

*11/8/19*

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

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

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

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

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

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

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

2 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)

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

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

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

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

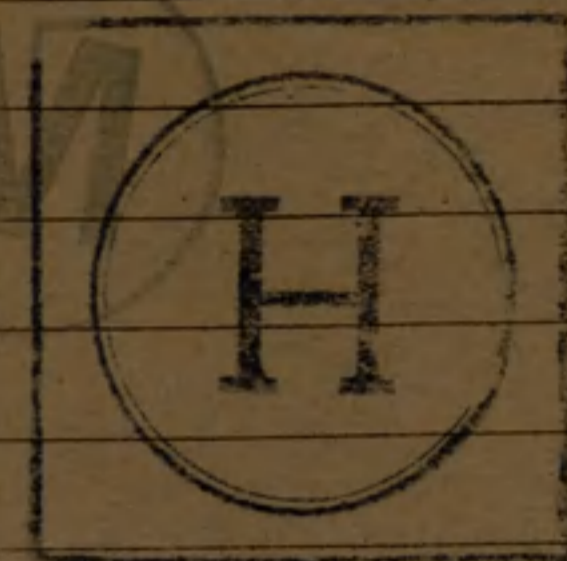
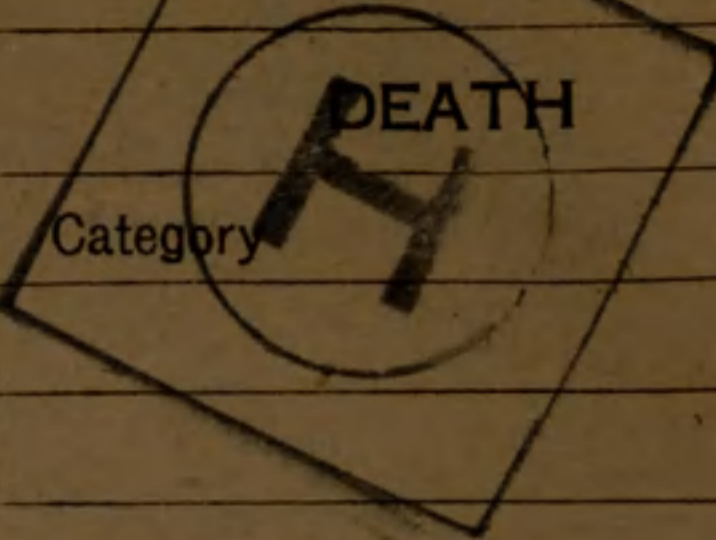
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*MSW 19 2*

*MSW 19 2*

*Deceased  
27-1-40*

*11987*

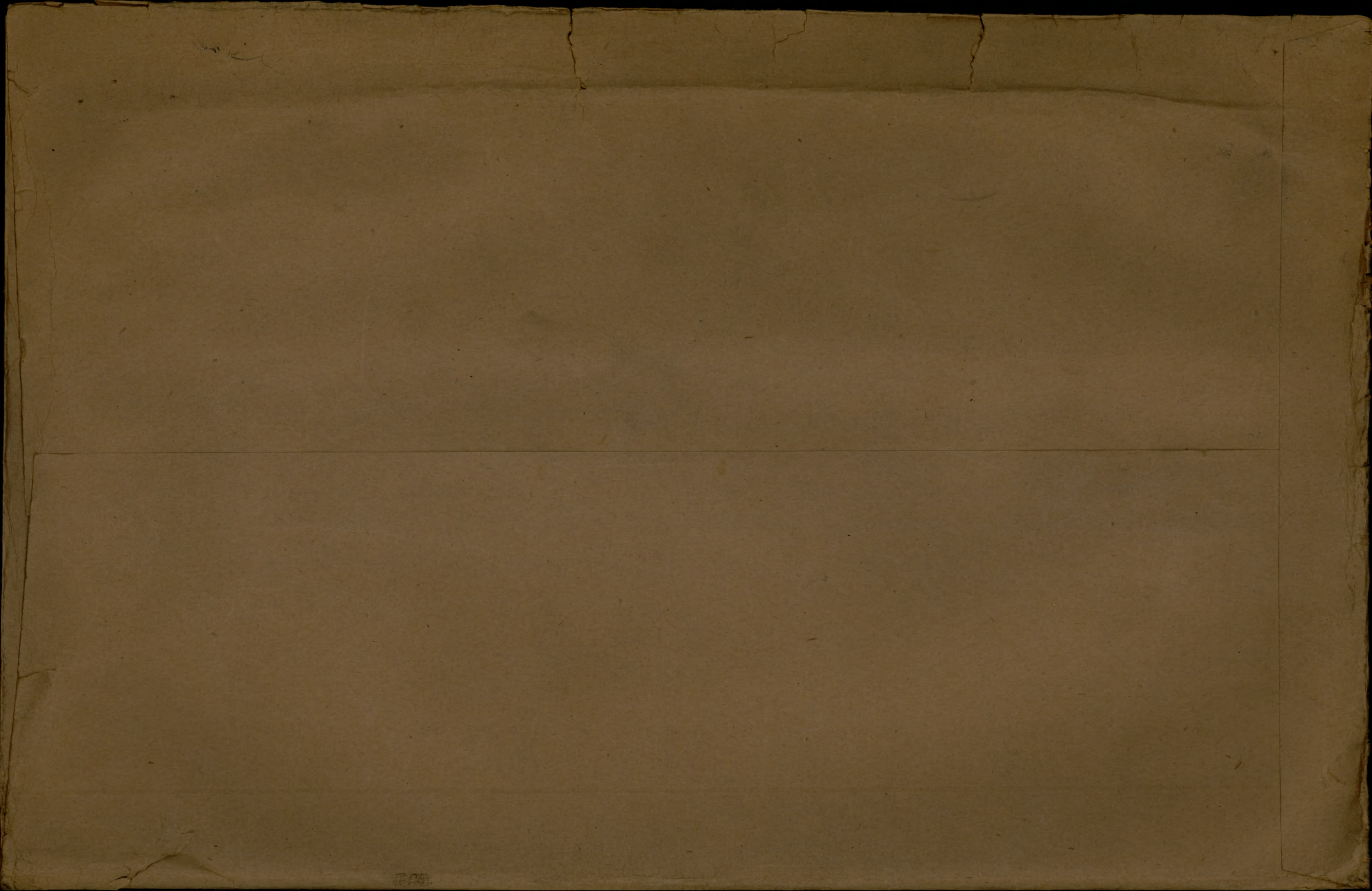


DISCHARGE

Category

*Med Unfit!*

DESERTION



# ATTESTATION PAPER.

No. 2 CONSTRUCTION, D. G. C. E. F.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. **931735**

Folio.

## QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

<p>1. What is your surname?.....</p> <p>1a. What are your Christian names?.....</p> <p>1b. What is your present address?.....</p> <p>2. In what Town, Township or Parish, and in what Country were you born?.....</p> <p>3. What is the name of your next-of-kin?.....</p> <p>4. What is the address of your next-of-kin?.....</p> <p>4a. What is the relationship of your next-of-kin?.....</p> <p>5. What is the date of your birth?.....</p> <p>6. What is your Trade or Calling?.....</p> <p>7. Are you married?.....</p> <p>8. Are you willing to be vaccinated or re-vaccinated and inoculated?.....</p> <p>9. Do you now belong to the Active Militia?.....</p> <p>10. Have you ever served in any Military Force?..... <small>If so, state particulars of former Service.</small></p> <p>11. Do you understand the nature and terms of your engagement?.....</p> <p>12. Are you willing to be attested to serve in the } CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }</p>	<p>Castor</p> <p>Lewis Leroy</p> <p>St. Catherine, Ont.</p> <p>Orbon, New York. U.S.A.</p> <p>Mrs. Jane Castor, Buffalo, N.Y.</p> <p>64 Williams St. }</p> <p>Wife</p> <p>8th February 1887</p> <p>Teamster</p> <p>Yes</p> <p>Yes</p> <p>No</p> <p>No</p> <p>Yes</p> <p>Yes</p>
--	---

13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?.....

14. If so, what was the nature of the disability?.....

15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?.....

16. If so, what was the reason?.....

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Lewis Leroy Castor, 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.

*Lewis Castor* (Signature of Recruit)

Date 7th January 1917. *Ed. J. Holt* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Lewis Leroy Castor, 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.

*Lewis Castor* (Signature of Recruit)

Date 7th January 1917. *Ed. J. Holt* (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 St. Catherine this 7th day of January 1917.

*Fred. J. Holt* (Signature of Justice)

*A. J. P. for Essex County*

**Description of Lewis Leroy Castor on Enlistment.**

Apparent Age 29 years 11 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 34 ins.  
Range of expansion 2 ins.

Complexion Colored

Eyes Brown

Hair Black

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

**CERTIFICATE OF MEDICAL EXAMINATION.**

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

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

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

Date 7th January 1917 .

Place St. Catherine, Ont.

*[Signature]*  
Medical Officer.

\*Insert here "fit" or "unfit."

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

.....  
.....  
.....  
.....

**CERTIFICATE OF OFFICER COMMANDING UNIT.**

Lewis Leroy Castor having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

*[Signature]* Lieut. Col. (Signature of Officer)

No. 2 Construction Batin, C. E. F.

Date 15/1/17 1917 .

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 931735 (Rank) PRIVATE

Name (in full) CASTOR, Lewis Leroy enlisted in  
the 2nd CONSTRUCTION BATTALION,

CANADIAN EXPEDITIONARY FORCE at St. Catharines, Ont. on the 31st  
day of JANUARY, 1917.

HE served in FRANCE (with 2nd Construction Battalion)

and is now discharged from the service by reason of MEDICALLY UNFIT

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

Age 31

Height 5 - 8 1/2

Complexion OLIVED

Eyes BROWN

Hair BLACK

Marks or Scars

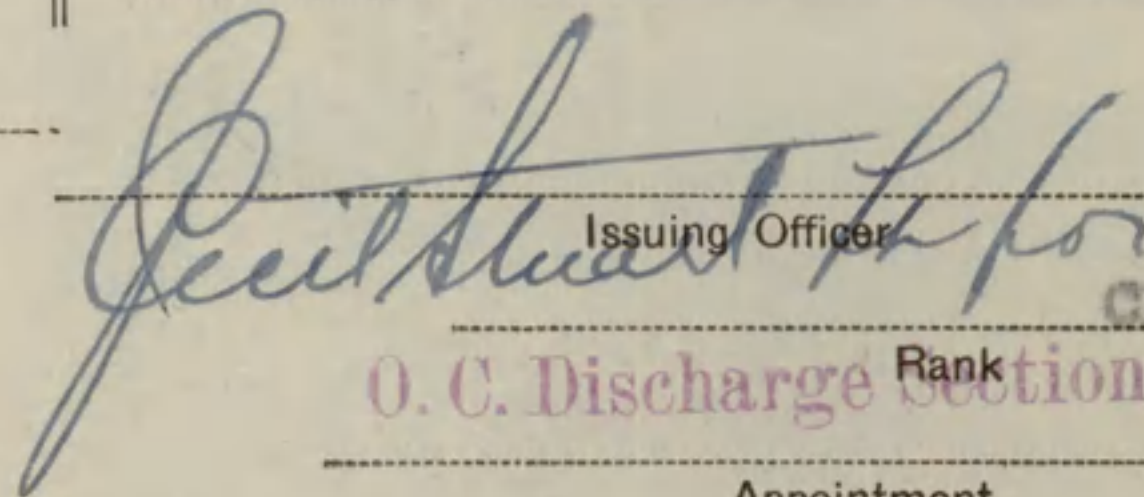
NIL

Signature of Soldier

DISCHARGE SECTION  
FEB 13 1919  
No. 1 District Depot

Date of Discharge

Issuing Officer



CAPT.

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

Appointment

Signed at LONDON, ONT. this THIRTEENTH day of JANUARY, 1919

in Military District No. ONE

File Reference No. IDD-1C-C-403

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

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

Medals and Decorations .....

Remarks .....

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

.....  
Name of Officer

.....  
Rank

.....  
Appointment

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

No. 931735. RANK Pte

NAME Castor L. L.

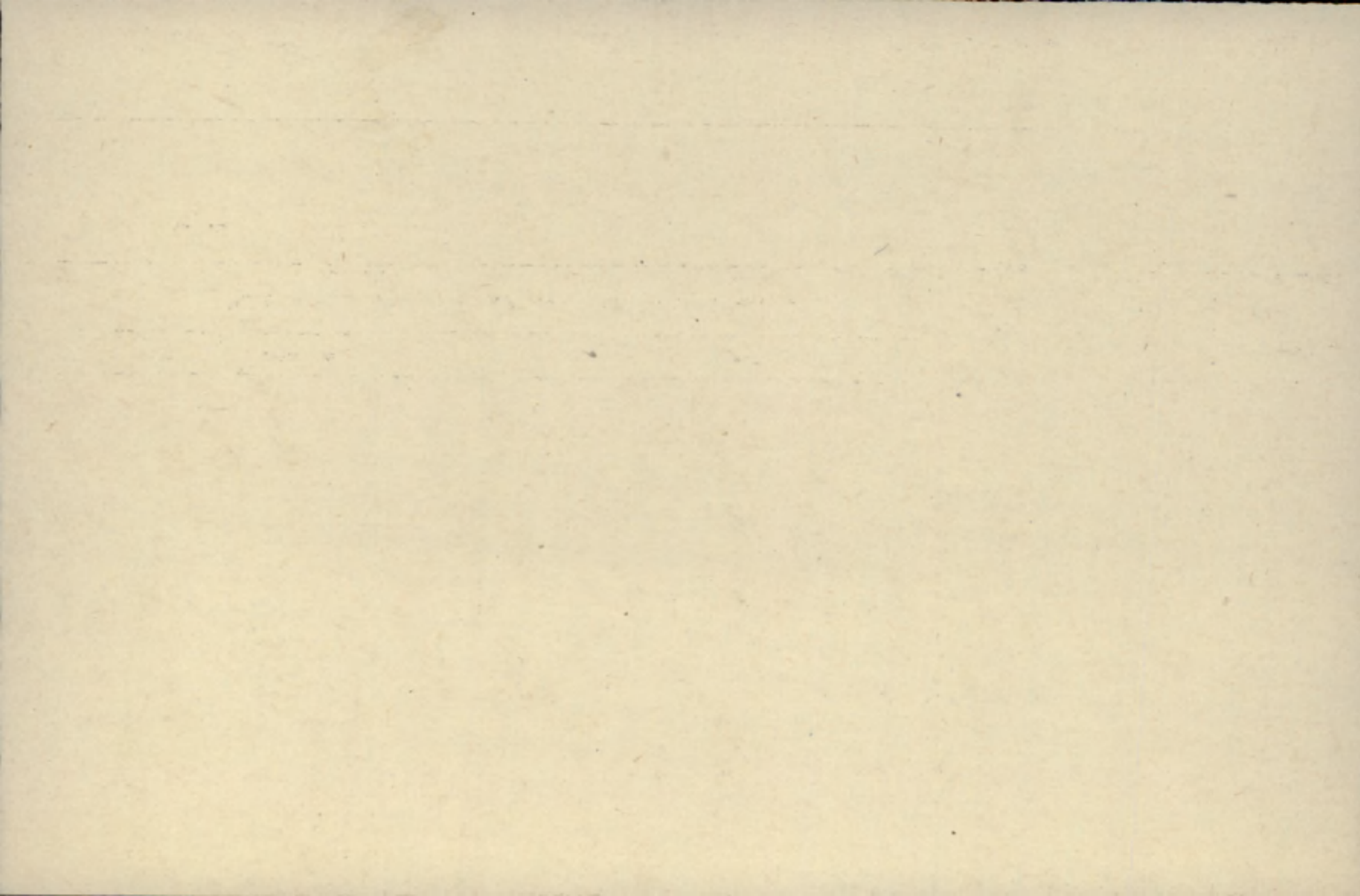
T. O. S. 7-1-17

UNIT No 2. Construction Battalion

D.O. 16 18-1-17

M. D. 6

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1917 Jan 7	1917 Jan 31	✓		
	Feb.	✓		
	Mar	✓		





No.

RANK

*Pte*

NAME

*Castor. Lewis. Lerey*

T. O. S.

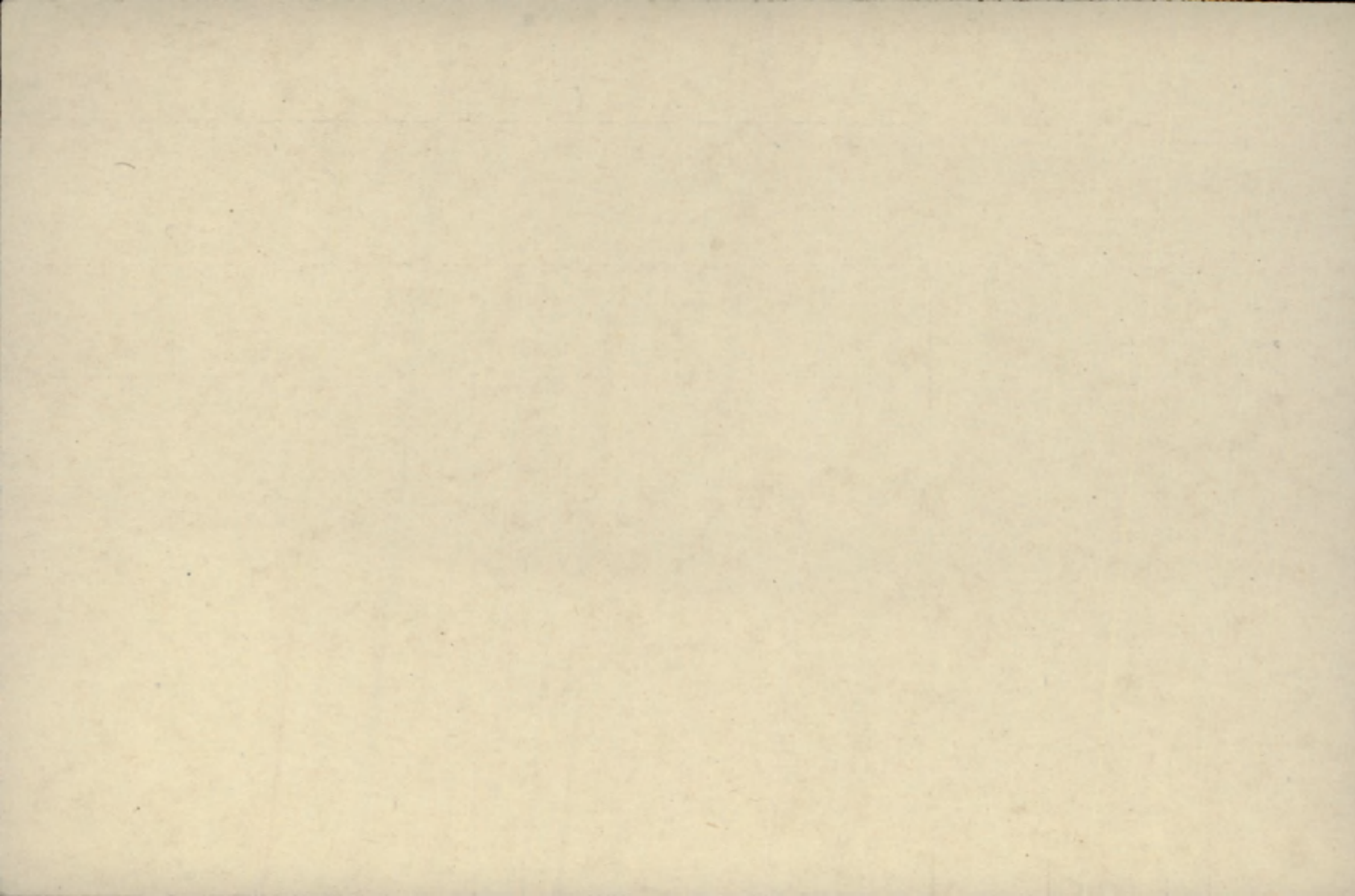
UNIT

*Recruiting Depot. St. Catharines*

M. D.

*2*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY



SURNAME.

Caston 649-634309

CARD NO.

CHRISTIAN NAMES

Lewis Jerry  
Pvt

101 Dis 13-2-19  
M.A. FOLL.  
2043812-1-19  
M.A. 2

REGL. No.

931735-

RANK

UNIT

No 2 Construction

Ben.

FORMER CORPS

nil

NEXT OF KIN.

NAMES IN FULL

Caston. Mrs Jane  
Wife.

RELATIONSHIP TO SOLDIER

ADDRESS

64 William St, Buffalo  
N.Y., U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

U.S.A. Orbon, N.Y.

DATE

Feb 8<sup>th</sup> 1887.

PLACE OF ATTESTATION

St Catherines, Ont.

DATE

7/1/17.

018-28/3/17,

R16 25-1-19 256  
9 - I Pte

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

MARRIED *yes* SINGLE WIDOWER

TRADE OR CALLING *Teamster* RELIGION *Roman Catholic*

DESCRIPTION.

APPARENT AGE *29* YEARS *11* MONTHS  
HEIGHT *5* FEET *8* INCHES  
CHEST MEASUREMENT *34* INCHES EXPANSION *2* INCHES  
COMPLEXION *Coloured* EYES *Brown* HAIR *Black*.

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE *St Catherines, Ont.* DATE *Jan 8<sup>th</sup> 1917.*

*Present Address - St Catherines, Ont.*

*Final* *Notes*  
Number 931735 Rank "Spr." *At*  
Surname ~~CASITOR~~ CASTON  
Christian name Lewis Leroy  
Units C. OR 66 Theatre of War France  
Date of Service 17-5-17  
Remarks \_\_\_\_\_  
Latest Address Walker House  
Mc Dougal St  
Windsor Ont  
Roll No. \_\_\_\_\_  
200m. -6-21. *B. Page 2191.*

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

.....

RANK SURNAME INITIALS UNIT

.....

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

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

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

..... Railway.....

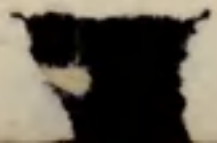
d, is your wife on board..... Number of children on board.....

.....

.....

LESP. MAY 2 1923  
 REGN. NO. 11703

(Sgd.)



Date of Enlistment

7-1-17

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

C

Date of Assignment

3414

April 27 1917

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25	30	35
----	----	----	----

50  
1-9-18  
1-12-17  
PG 3207  
AC 2150  
MO 28737

RATE OF ASSIGNMENT

15			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 931735  
 Rank P6 Promoted Reverted Discharge  
 Soldier's Name Lewis L. Costor  
 Battalion # 2 Can Btm  
 Beneficiary Mrs Jane Costor  
 Relationship wife M.F.W 2554 29/18  
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Jane Costor (wife)  
 Address 64 William St  
 Change of Address Buffalo NY  
USA

1  
2  
3  
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31. 17		236	135	371	
Jan 1918	F 61714	80	15	45	5.
Feb	D 92249	25	15	40	
Mar	A 110429	25	15	40	✓
Apr	L 7716	25	15	40	✓
May	J 19389	25	15	40	✓
June	Z 8473	25	15	40	✓
July	Z 19537	25	15	40	✓
Aug	Z 31593	25	15	40	✓
Sep	Z 44816	25	15	40	✓
Oct	Z 59348	25	15	40	✓
Nov	Z 73870	25	15	40	✓
Dec	Z 87998	45	15	60	✓
Jan	Z 104727	30	15	45	✓
		<b>591</b>	<b>330</b>	<b>921</b>	

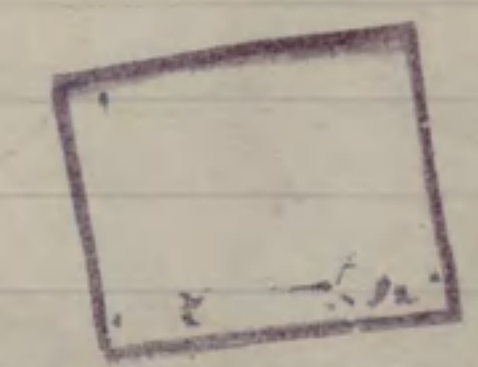
2937-L-4

M. F. W 2554 to PAR 28-8-18 JAL

M. F. W. 128  
 400M.-6-17-1772-38-1141  
 L. L. 22220-M. & D. 1493.

A/c Closed 31/19  
 Ret'd per Emp. of Britain  
 Date 22/19 M.F.W. 28/19 M.D. 1  
 Clerk G. A. Holbrook  
 MRO 66406

CANADIAN  
 ASSIGNED PAY AUDITED  
 W. Black  
 AUDIT CLERK  
 DATE 27/12/19



# Separation and Assigned Pay Branch

## OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

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
------	------------	------------	------------	-------	---------



# ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2.  
(Assignee)

*Mrs Jane Castor*

Name of Soldier

*Castor, Lewis L.  
#2 Constn Bn - Pte.*

L. L. Job 5470—Req. 6888.

*93/735-  
\$15<sup>00</sup>*

1917

APR

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>24730</i>	<i>15</i>	
May		<i>07168</i>	<i>15</i>	<i>15-45</i>
June		<i>P13784</i>	<i>15</i>	<i>15-45</i>
July		<i>220481</i>	<i>15</i>	<i>B</i>
Aug.		<i>L27934</i>	<i>15</i>	<i>6</i>
Sept.		<i>234608</i>	<i>15</i>	<i>B</i>
Oct.		<i>046393</i>	<i>15</i>	
Nov.		<i>054788</i>	<i>15</i>	
Dec.		<i>P56877</i>	<i>15</i>	
Jan.	1918	<del><i>P55523</i></del>	<del><i>15</i></del>	<i>P 55523 Carrel 11/11/17 135</i>
Feb.				
March				
April				
May				
June				
July				

*JGR*

CANADIAN  
ASSIGNED PAY AUDITED

*W. Blaney*  
/ EDIT CLERK

DATE *27.3.19*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

PAYMENTS.

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

*Wife.*  
MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

To Whom *Mrs Jane Caster,*  
Address *164 William St.,*  
*Buffalo,*  
*N.Y. USA*  
Rate *\$15.<sup>00</sup>*

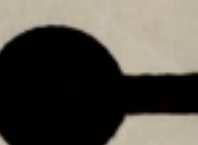
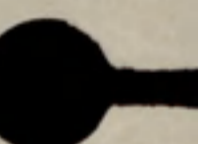
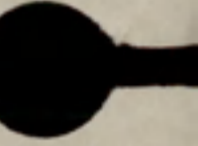
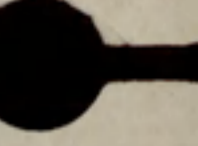
By Whom Assigned *Caster, Lewis, L.*  
Regtl. No. *931735*  
Rank *Pte*  
Corps *#2 Con. Btn.*

*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				





2  
1-2-3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100

4. 1. 14

✓ 43 - 258

SEPARATION ALLOWANCE

Name	<i>Jane Castor</i>	Name of Soldier	<i>Castor, Lewis L.</i>
Address	<i>64 William St Buffalo N.Y U. S. A.</i>	Regtl. No.	<i>931435</i>
Relation to Soldier	} <i>Wife</i>	Rank	<i>Pte</i>
wife, child or mother		Corps #	<i>2 Construction Batt.</i>
		To what Corps belonging	} <i>U ✓</i>
		when called out	

PAYMENTS

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



2

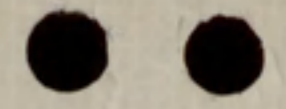
$$\begin{array}{r} 25 \\ \times 25 \\ \hline 125 \\ 500 \\ \hline 625 \end{array}$$

$$\begin{array}{r} 25 \\ \times 25 \\ \hline 625 \end{array}$$

$$\begin{array}{r} 25 \\ \times 25 \\ \hline 625 \end{array}$$

9-11-11

11-11-11



# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 4503.-Req. 6832.

*Jane Castor*

*Wife*  
PAYMENTS.

Name of Soldier

*Castor, Lewis L*

*Pte*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.		O. 32908	36	- 36 (J)
March		<i>P 35591</i> U <del>33999</del>	<del>20</del>	20 U 33999 Cancelled Rewrite
April		V 477	20	20
May		U 3730	20	20 96
June		W 6877	20	20
July		V 10247	20	20
Aug.		Y 14369	20	R
Sept.		Y 17315	20	B
Oct.		F 23278	20	Pro
Nov.		I 25214	20	HR
Dec.		F 27143	20	F 236
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 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.				



J.P. Rank Name CASTOR, Lewis Leroy Reg'l No. 931735.  
 Unit No2. Const. Bn. If in perm. Corps }  
 What Unit? } Married or Single Married.  
 Place and Date of Enlistment St. Catherines 7th Jan. 1917. Place of Birth Orbon New York.  
 U.S.A.  
 Name and Address, Next-of-Kin Mrs Jane Castor.  
 64 Williams St. Buffalo. N.Y...U.S.A. Relationship Wife.

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No 3595  
 File R.L.  
 Category OR CAN

Discharge, Date and Place Reason Character

H. W. V., Ld.—9-46-16.

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. S.S. Southland		7.4.17	AWWW
14-6-17	#2 C.C.C.	Arrived in France Field		17-5-17	115
16-12-18	WTRD	TOS from 2nd CCE	plie Bissett	14.12.18	NO 305-471 2/19. 12.18 2nd CCE.
27.12.18	H.S.R.D	ofc to C.D.D. Rhyll		27.12.18	- 3/3,
25. 1. 19	H.S.R.D	ceases ofc to Rhyll. x SOS. the C.F. Canada	Ripon	12. 1. 18-18	

A.F.B. 103 CHECKED  
 29 MAY 1917



DUPLICATE

931736

To be made out in duplicate.

L.O. 51-21-22-53

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 Construction Battalion C.E.F.

(2) Regimental Number.....931 135

(3) Full Name of Soldier.....Lewis L. Castor

(4) Place of Birth.....Osbon New York U.S.A.

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

(6) If married, state, Mrs. Jane Castor  
(a) Full name of your wife.....

(b) Present Postal Address.....64 William Street Buffalo N.Y. U.S.A

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

(8) Have you any children?.....one

If so, give number of boys and girls.....Boy Robert Castor 7 years

Also their names and ages.....

(9) Is your Father alive?..... No .....

If so, state name and address .....

(10) Is your Mother alive?..... No .....

If so, state name and address..... X .....

(11) If your Mother is a widow..... X .....

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.

..... X .....

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

~~MRS. JANE GASTON 64 WILLIAM STREET BUFFALO N.Y.~~

..... X .....

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

..... yes .....

(15) Are you insured?..... No. .....

If so, in what Company?..... X .....

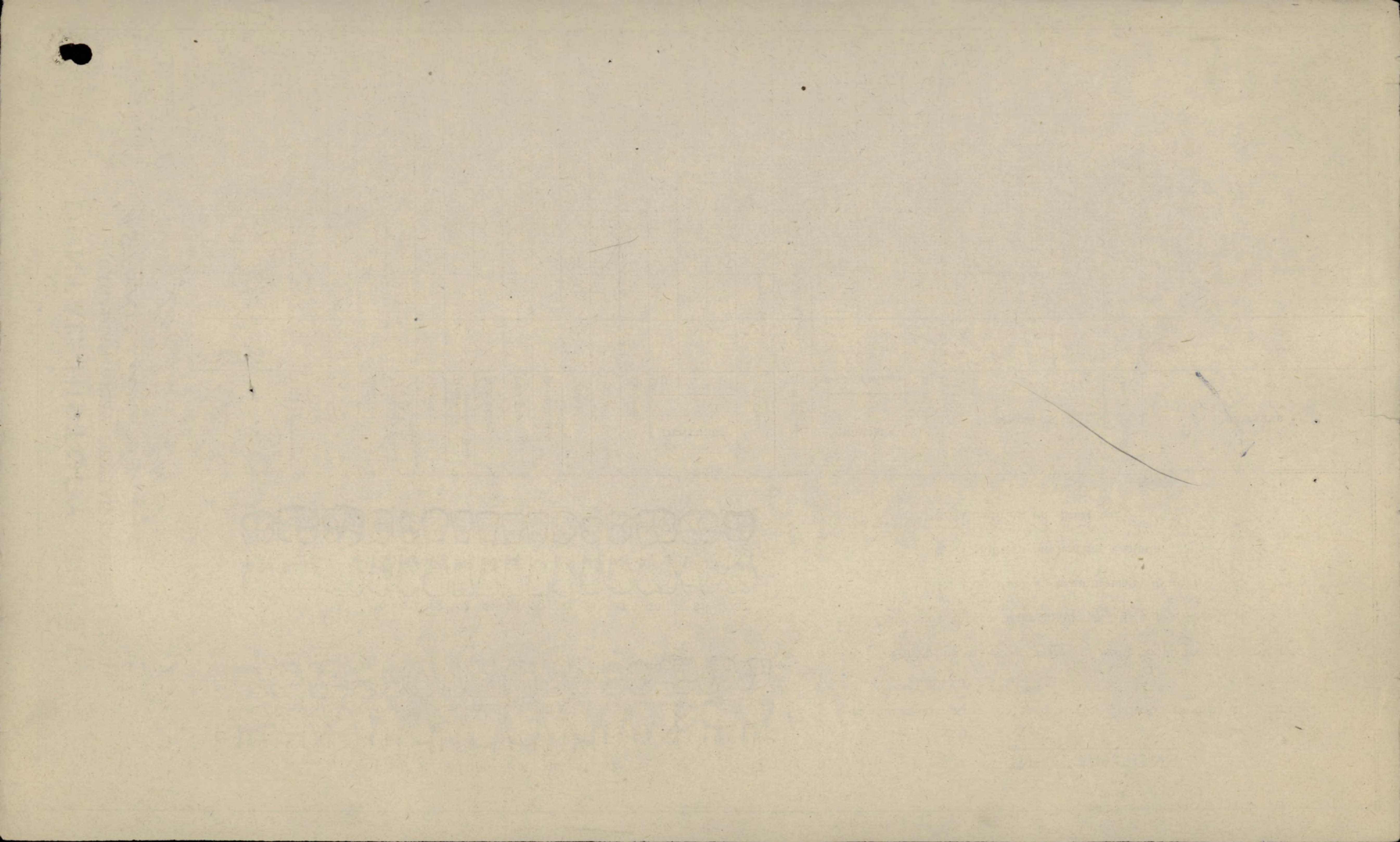
Have you made arrangements for payment of your Insurance premium..... X .....

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

*D. H. Sutherland* ..... L.T. COL.  
G. Comd'g No. 2 Construction Battalion, C. E. F.  
.....  
Officer Commanding.

Date..... January 18/1/17 .....





# ORIGINAL MEDICAL HISTORY SHEET

721735

Surname Castor

Christian Name Levis Levy

Examined on 8<sup>th</sup> day of January 1917  
 at St Catharines Ont  
 Birthplace { City or Town Orbon & y  
 County N. S.

Approved by J. H. Leahy  
 Rank MB M.O.

Apparent age 29 M.O.  
 Trade or occupation Seaman M.O.  
 Height 5 feet 8 inches M.O.  
 Weight 135 lbs. M.O.  
 Chest measurement { Minimum 32 inches M.O.  
 Maximum expansion 34 inches M.O.  
 Physical development Good M.O.  
 Small-pox Marks None M.O.

Vaccination Marks { Arm Right Left  
 Number 2  
 When Vaccinated last 1912 M.O.  
 (a) Marks indicating congenital peculiarities or previous disease None M.O.

(b) Slight defects but not sufficient to cause rejection  
Both eyes 20/20 M.O.  
 Date 26/1/17 Result 2988 Vaccinations See Murray M.O.  
 Date 29/1/17 Result 2988 Vaccinations See Murray M.O.  
 Date 7/2/17 Result 2988 Vaccinations See Murray M.O.

Enlisted on 7<sup>th</sup> day of January 1917 at St Catharines Ont

REG'TL NUMBER	HABITS	DATE
<u>4260</u>		<u>7<sup>th</sup> January 1917</u>

Joined on enlistment 4260  
Patrol C.C. 7 981735  
 Transferred to.....

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Windsor, Ont.</u>	<u>12/11/17.</u>	<u>on enlistment</u>	<u>Fit</u>
<u>J. B. Bruce</u>	<u>Major, A.M.C.</u>	<u>Major, A.M.C.</u>	<u>See Murray</u>
<u>Quinlan</u>	<u>10-2-19</u>	<u>Wound</u>	<u>C.T. to Richardson cap</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.





M N #1

**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 *Plt* Name *Coston* Surname *Lewis*  
Unit or Corps *2nd Cb Co* (If a soldier) Regtl. No. *931735*  
Born at *Albany N.Y. U.S.A.* on, date *Feb 8, 1882*  
Signature (for identification) *L. Coston*

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

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

Weight *146* lbs. *no*  
Height *5 7 1/2* ins.

**2. NUTRITION AND DIATHESIS?**

*good*

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

**3. NERVOUS SYSTEM?**

*no*

**4. RESPIRATORY SYSTEM.**

*no*

**5. HEART?**

Abnormal Sounds? *no*  
Abnormal Size? *no*  
Pulse Rate? *80* Intermittence or irregularity? *no*

**6. ARTERIES.**—Any hardening?

*no*

**7. DIGESTIVE SYSTEM?**

*no*

**8. GENITO-URINARY SYSTEM?**

Urinalysis—s.g.? *1.022* Reaction? *acid* Albumen? *no* Sugar? *no*

**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 *Kinnel Park* Signed *W.P.C. [Signature]* M.O.  
Date *29/12/18* Signed *[Signature]* M.O.

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

Medical Examination upon receipt of the body  
of the patient in the general practice of medicine



ad

Foot

ad

ad

ad

ad

ad

ad

ad

1025

ad

Foot

Mr. J. A. ...

21/11/18

Number 931738

Name Alex L. Carter

Unit D.D. no. 1

Symptoms None

London, Ont. M.D., No. 1.

Date July 8/19

Age 36

Temp 98.3

Pulse 80

Resp 20

Weight 164

Sputum

History Always well

Exposure No

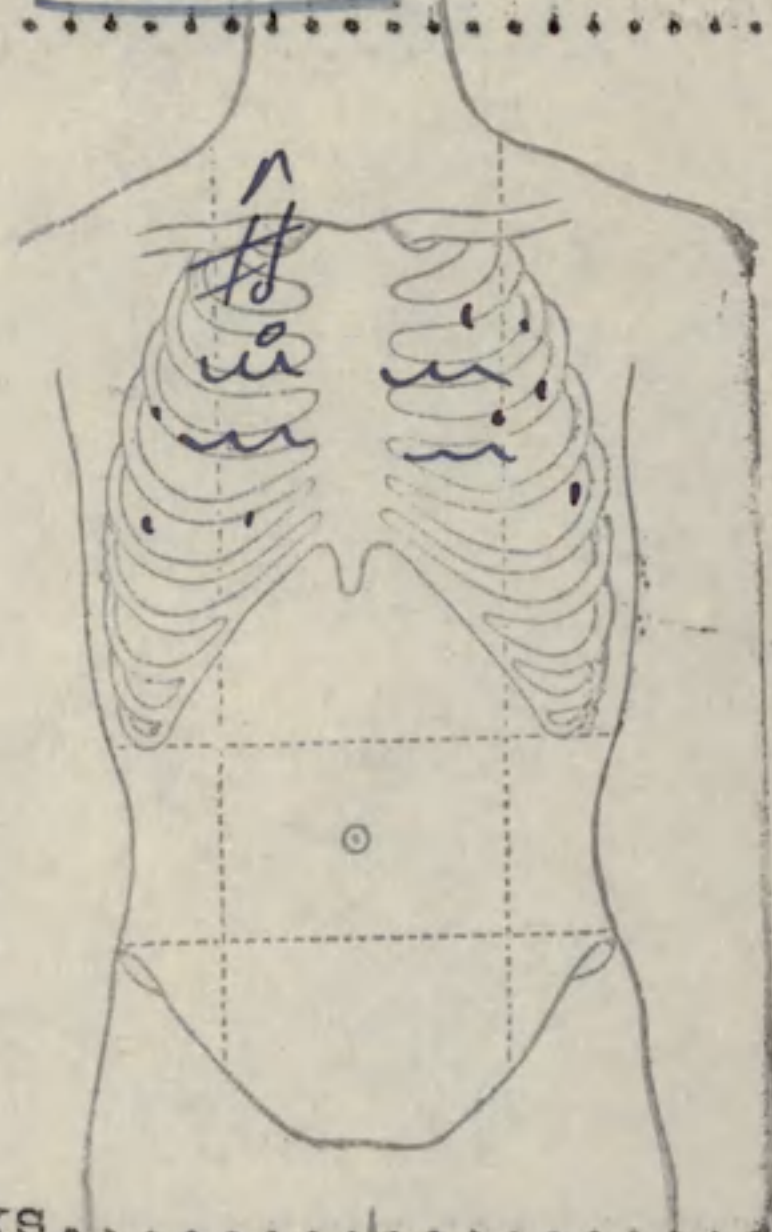
Examination Slight right apical retraction

Breath sounds on both with loss of vesicular tone

Scattered rales on

lungs. Subcostal rales below right clavicle

Diagnosis Mild Bronchitis



Remarks Do not think there is evidence of clinical TB in this case at present. There are signs suggestive of an old arrested focus at right apex

D. A. Craig

Cart. C.A.M.C.

661

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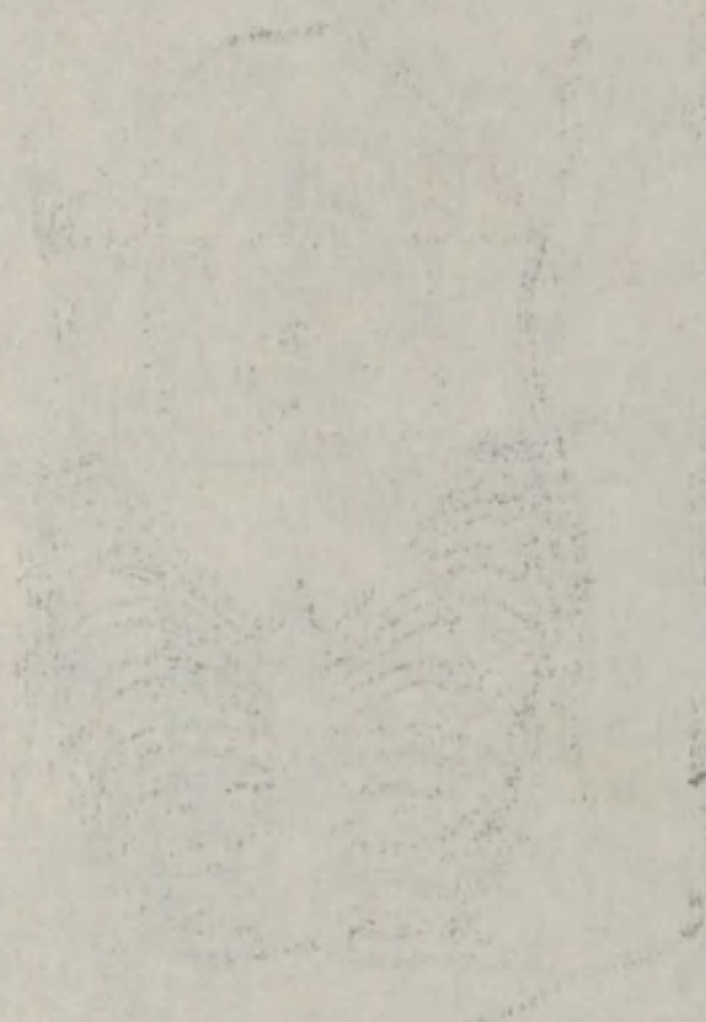
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LAST PAY CERTIFICATE

1 Pw 10-60-94  
 Regt. No. 931735 Rank *1st Lt* Name *Caster Lewis Beverly*  
 Corps *2 cc* who was *Dis.*  
 on *13-2-19* to

The following is a statement of the account of the above named  
 from *1-1-19* to *13-2-19*

Bal Dr	from mon. of <i>Jan</i>	<i>44</i>	59	Bal. Cr.	from mon. of		
	from L.P.C.				from L.P.C.		
ASSIGNED PAY:	<i>✓</i>	<i>650</i>		Regt. Pay	<i>44</i> dys. @ <i>\$100</i>	<i>44</i>	<i>00</i>
SEPARATION ALLOWANCE:	<i>2</i>	<i>1300</i>		F'ld. All.	<i>44</i> dys. @ <i>\$10</i>	<i>4</i>	<i>40</i>
OTHER CHARGES:	<i>886</i>	<i>1950</i>		SEPARATION ALLOWANCE:	<i>Feb</i>	<i>13</i>	<i>00</i>
PAYMENTS:	<i>20981</i>	<i>4591</i>		OTHER CREDITS:			
Bal. Credit (to be pd.)				Clothing Allowance	—	<i>35</i>	<i>00</i>
				Subsistence, <i>for 26 1/2 to 6 1/2</i>		<i>13</i>	<i>60</i>
				Bal. Dr. (to be deducted)			
				(from soldier \$ )			
				(from Dependent \$ )			
<i>Overseas P.D.</i>		<i>110</i>	<i>00</i>			<i>110</i>	<i>00</i>

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ <i>30</i> per month	at \$ <i>15</i> per month	Subscribed \$
has been paid to <i>13-2-19</i>	has been paid to <i>13-2-19</i>	Pd. by other
<i>by this unit</i>	<i>by this unit</i>	Units \$ <i>Yes</i>
		Pd. by this
		Unit \$

Dependent or Beneficiary: *Mrs. Jaye Caster*  
 Address: *64 William St. Buffalo, N.Y. USA*

REMARKS: *DD 43 Dis. 13-2-19 Med Depot*

Date of Enlistment *7-1-17*  
 If married and if Separation Allowance card submitted *Yes Yes*

I have carefully examined this statement of account and find it to  
 be a correct extract from the Paylist of this Unit.  
 Date: \_\_\_\_\_  
 London, Ontario, \_\_\_\_\_ Captain.  
 Paymaster No. 1 District Depot.



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

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

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps #2 Construction Battalion, C. E. F.  
 Regimental No. 931735 Rank Private Name Lewis <sup>and 6 months</sup> ~~Lucy~~ Castor  
 Enlisted (a) 7/1/17 Terms of Service (a) Duration of War Service reckons from (a) 7/1/17  
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }  
 Extended. Re-engaged. Qualification (b) Teamster

CERTIFIED CORRECT,  
 6 JUN. 1917  
 CAN. RECOGES. LONDON.  
 17/5/17

Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked from Canada	Halifax, N.S.	25/6/17	
		Disembarked, England	Liverpool	7/7/17	
	O.C. No. 2 Constn Battn	Proceeded Overseas	Seaford	17/5/17	Pt 2 D.O.# <i>[Signature]</i> for Capt & ady
		Landed in France		17-5-17	N.R.
5/1/18	occlmt.	Att to 1. Dist C.F.C. Alencon		30-12-17	B 213
7.9.18	oc 4350	Granted 14 days leave	wh.	2-9-18	B 213 / 53.7 Sep 1918
21.9.18	ho	Returns from leave	2nd	15.9.18	B 213
12.10.18	oc 100650	Returns to his own unit	2nd	8.10.18	B 213
11 <sup>12</sup> / <sub>18</sub>	adg.	Trans to Eng & posted to 375 Reg depot Bramshott		14 <sup>12</sup> / <sub>18</sub>	Lieut. for Lt.-Col., A. A. G. Section, G. H. Q. 3rd Echelon, B. E. F. <i>[Signature]</i>

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

DIVISION OF MILITARY SERVICE

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				
17.12.18	W.S.R.D.	T.O.S and attd 2nd b.b.D. for Quarters & Rations	Bramshott	14.12.18	D.O. 305
	N.S.R.D.	ON COMMAND TO <u>CDD Kinneil Park Rhyf.</u> BRAMSHOTT			PART II D.O. <u>W.S.R.D. 3/3 27 12/18</u>
28/12/18		T.O.S. M.D.#1. Conc. Camp Rhyf Embarked for Canada	Rhyf	28/12/18	<u>A.E. Avery</u> LT. for C., Co., M.P.#1, Wing.
12-1-19	from <u>forpc</u>	Taken on strength No. 1 District Depot. <u>London B.O. 35</u>			
					<u>F.A. Herman</u> Lieut
					<u>forpc</u> NO. 1 DISTRICT DEPOT
	Discharged	London Ont 13-2-19 Medically Unfit			<u>forpc</u> O. C. Discharge Section, No. 1 D.D.



Name.....CASTOR Lewis Leroy.....Rank Pte. Regtl. No. 931735

Fyle Depot.....IDD 10-C-403

Original unit.....Present unit 2nd Cons. Bn. M. or ~~X~~ Age 31 Religion R.C. Ref. H.Q. ID 30-C-1306

Port, ship and date of arrival.....Halifax Emp. of Britain 22-1-19

Next of kin.....Mrs. Jane Castor, (Wife), 64 Williams St., Buffalo, N.Y.

Address on leave.....

Address on discharge.....Walker House, McDougal St., Windsor, Ont.

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

Previous occupation.....Teamster.....Date and place of enlistment.....Jan. 7th, 1917, St. Catherines,

Diagnosis.....Mild Bronchitis.....Date of Medical Boards 8-2-19 London, Ont.

Date. T.O.S.	Remarks.	Pt. 2 Order No.
12-1-19	No. 1 D.D.	
26-1-19	Posted to Cas. Coy. and granted furlough with sub. allowance to 11-2-19	35

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

Date.

Remarks

Pt. 2 Order No.

7-2-19 Ceases to draw subs. having returned before expiration  
of fur.

38

13-2-19 Discharged from H.M.S. Medically unfit. (P.D.P.)

43

DIGITIZED

ALL

FOLDER

1574-42

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.

Board agrees.

Slight amount of bronchitis, a few sibilant rales. Disability very slight.

#13. 3 months.

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.) **NO**
- (b) Service abroad, not general service, ( " B) (Yes or No.) **NO**
- (c) Home service (Canada only), ( " C) (Yes or No.) **YES**
- (d) Temporarily unfit. ( " D) (Yes or No.) **NO**
- (e) Unfit for service in Categories A, B and C ( " E) (Yes or No.) **NO**

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.)

- (b) Does not require treatment.
- (c) 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.)

placed in Cat. Cl.

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 London, Ont.

DATE Feb. 10, 1919.

*C. C. Richardson Capt President.*  
*J. C. Edwards Capt*  
*A. J. [unclear] Capt* 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.

PLACE.....

DATE.....

APPROVED BY

APPROVED BY

*A. F. Macroleg*  
 Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 11-2-19

DATE.....

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 London, Ont. DATE Feb. 8, 1919.

1. 1 (a) Unit 1 D.D. (b) Regimental No. 931735 (c) Rank Pte.

(d) Surname GASTOR (e) Christian name Lewis Leroy

(f) Home address Walker House Windsor, Ont.

(g) Next of Kin Mrs. A. Castor. (h) Relationship Wife.

(i) Address of Next of Kin Walker House, Windsor, Ont.

2. Age last birthday 31 Date of birth Feb. 8, 1887.

3. Enlistment, or Appointment (if an Officer) (a) Place St. Catharine (b) Date Jan. 7/17.

4. Personal description:

(a) Height 5' 8 1/2" (b) Weight 147 (c) Complexion Colored (stripped)

(d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Two vague marks left arm. Small scar inner surface left tibia.

5. Former trade or occupation Teamster.

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).	PERIODS	
	Years	Days
	2	34

	PERIODS	
	From	To
Canada	Jan. 7, 1917	Mar. 25, 1917.
England	Mar. 25, 1917	May 17, 1917.
France or other theatres of War	May 17, 1917	Dec. 11, 1918.
	Dec. 11, 1918	Jan. 12, 1919.
	Canada.	Jan. 12, 1919 To date.

7. Original disease, or injury

Mild Bronchitis.

(a) Date of origin Since enlistment. (b) Place of origin Unknown.

(c) Cause Unknown.

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.)

Slight restriction in choice of occupation due to mild bronchitis.

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.)

OBJECTIVE SIGNS. Well developed man, slight right apical retraction. Harsh breath sounds few rales heard at right apex. Sibilant rales heard above and below right clavicle. Chest expansion of 2". See Specialist's report with which I agree.

SUBJECTIVE SYMPTOMS. This man does not complain of any cough or gives no previous history of any bronchial trouble or any history of exposure.

SPECIALIST'S REPORT. London, Ont. M.D.1. 8/2/19.

SYMPTOMS: None.

HISTORY: Always well. Exposure No. EXAMINATION Slight right apical retraction. Breath sounds are harsh with loss of vesicular tone. Scattered rales and cough. Sibilant rales below right clavicle.

DIAGNOSIS Mild bronchitis.

REMARKS Do not think there is evidence of clinical T.B. in this case at present. There are signs suggestive of an old arrested focus at right apex.

(Sgd.) D. A. Craig. Capt. C.A.M.C.

(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
Special Senses No Respiratory System See sect. 9a 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).)

This man gives no history as to above condition in Sect. 9(a).

10.—(b) (If or 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).)

Not applicable.

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

Scar 1 1/2" x 3/4" on inner side left tibia middle 1/2.

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? 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? 6 months.

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

Nil.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

No.

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

17. Recommendations

Cat. Cl.

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, L. Coster, 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

L. Coster Pte Rank. Signature of invalid examined.

## List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263
Squadron } Battery } Company }	Conduct Sheet, " B. 263a
or	
Field Conduct Sheet	" W. 178
Copies of Convictions, by C. P.	in MS.
Med. Hist. Sheet,	Militia form B. 313
Casualty Form	" W. 54
Medical Report for Invalid§	" B. 227
Dental History Sheet	" B. 465
Last Pay Certificate	" W. 44
Duplicate Discharge Certificate	" W. 39A
‡Form of Will	" W. 82
§Only if discharged "Medically unfit."	
‡Only if man has not been overseas.	

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

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

- (a) Proceedings on Discharge.
- (b) Attestation.
- (c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

War Service Badge

This space to be for numbers. 245592  
Class A C. Issued

War Service Badge

Class B No. 52478 Issued

## Proceedings on Discharge.

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

No.	931735	
Rank	PRIVATE	
Surname	CASTOR,	
Christian name	Lewis Leroy	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	2nd CONSTRUCTION BATTALION	
Date of discharge	13-2-19 DO 43 of 12-2-19	
Place of discharge	LONDON, ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....31.....years.....months.	Descriptive marks	
Height...5.....feet.....8½.....inches.		
Complexion	COLORED	NIL
Eyes	BROWN	H
Hair	BLACK	
Trade	Teamster	
Intended place of residence (To be given as fully as practicable.)	WALKER HOUSE, McDOUGALL ST., Windsor, Ont.	
2. The above-named man is discharged in consequence of		MEDICALLY UNFIT
Authority for discharge.....		
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.		
3. Conduct and character while in the service have been, according to the records, etc.		
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		

M. F. B. 218.

200M.—5-18.  
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) LONDON, ONT. *L. G. Astor* (Signature of Soldier.)

(Date) 13-2-19 *G. Peddon* (Signature of Witness.)

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

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

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

(Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) LONDON, ONT.

(Date) 13-2-19 *Frederick Stuart Linton* (Signature)

C. Discharge Section No. 1 D. D.

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.)

none

*L. G. Astor*

1250

10 Ca-94

19

AUDITOR *Jan* PAYMASTER *Jan*

M. OR S. *M.*

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

REGT. No. *931735*

RANK *Pte.*

NAME (IN FULL) *Castor Lewis Percy*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C. E. F. <i>2nd C. C. Co.</i>	IF IN P. F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID? <i>30</i>	<i>Pat 31 1/2</i>		DATE-EFFECTIVE		DATE OF ATTESTATION <i>1/17</i>	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY, \$ <i>15.00</i>	DATE-EFFECTIVE <i>Pat 31.1.19</i>	
ADDRESS <i>Same as ab.</i>					PAYABLE TO <i>Mr. Jane Castor</i>	RELATIONSHIP <i>Wife</i>	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS <i>64 William St Buffalo N.Y. USA.</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED <i>London</i>	DATE <i>13/19</i>	REASON <i>Medically unfit</i>
							AUTHORITY <i>D043</i>
							IF ENTITLED TO POST DISCHARGE PAY <i>Yes</i>

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		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3			\$	C.	\$	C.	\$	C.		\$	C.
			\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE											
Balance from previous account																							
<i>31.12.18</i>	<i>31</i>	<i>1.10</i>	<i>34.10</i>	<i>13.60</i>	<i>47.70</i>								<i>15</i>		<i>9.73</i>	<i>9.73</i>	<i>4.87</i>	<i>74.33</i>	<i>44.59</i>			<i>Keimel Ph. Boat Pat Jan Halifax 20.12.19. Sub. 26 to 11 5035 Leases to dr. Dubo fr. 7.2.19 0038.</i>	
<i>31.1.19</i>	<i>31</i>	<i>1.10</i>	<i>34.10</i>	<i>13.60</i>	<i>47.70</i>													<i>44.59</i>	<i>44.59</i>				
<i>1/19 - 31/19</i>	<i>31</i>	<i>1.10</i>	<i>34.10</i>	<i>13.60</i>	<i>47.70</i>													<i>44.59</i>	<i>44.59</i>			<i>Cancelled</i>	
<i>1/19 - 31/19</i>	<i>31</i>	<i>1.10</i>	<i>34.10</i>	<i>13.60</i>	<i>47.70</i>													<i>44.59</i>	<i>44.59</i>			<i>311</i>	
<i>1/19 - 31/19</i>	<i>31</i>	<i>1.10</i>	<i>34.10</i>	<i>13.60</i>	<i>47.70</i>													<i>44.59</i>	<i>44.59</i>			<i>Please see LA</i>	
<i>1/19 - 31/19</i>	<i>31</i>	<i>1.10</i>	<i>34.10</i>	<i>13.60</i>	<i>47.70</i>													<i>44.59</i>	<i>44.59</i>			<i>25 25 5- 5-</i>	
<i>13/2/19.</i>			<i>70.</i>	<i>30.</i>	<i>100.</i>				<i>70</i>			<i>30</i>						<i>100</i>	<i>100</i>			<i>MR M... N.S.G. 2 yrs. 350 1/2 150</i>	
<i>13/3/19.</i>			<i>280</i>	<i>120</i>	<i>400</i>				<i>70</i>			<i>30</i>						<i>100</i>	<i>210</i>	<i>90</i>		<i>5188-89</i>	
<i>13/4/19.</i>			<i>210</i>	<i>90</i>	<i>300</i>				<i>70</i>			<i>30</i>						<i>100</i>	<i>140</i>	<i>60</i>		<i>69375-6</i>	
<i>13/5/19.</i>			<i>140</i>	<i>60</i>	<i>200</i>				<i>45</i>			<i>30</i>			<i>25</i>			<i>100</i>	<i>70</i>	<i>30</i>		<i>OK issued, not charged 79827-8</i>	
<i>13/6/19.</i>			<i>70</i>	<i>30</i>	<i>100</i>				<i>65</i>			<i>30</i>			<i>5-</i>			<i>100</i>	<i>0</i>	<i>0</i>		<i>ch " " " " 4559</i>	
			<i>350</i>	<i>150</i>	<i>500</i>				<i>320</i>			<i>120</i>			<i>500</i>			<i>500</i>	<i>500</i>			<i>12/6/19 890679-80</i>	



\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-	1 <sup>st</sup> April 1917.	EFFECTIVE DATE:-	
AMOUNT:-	15 <sup>00</sup>	AMOUNT:-	

NAME:- *CASTOR. Leon Percy.*  
 NUMBER:- *931735.*

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.

*Wife  
 64 William Street  
 Buffalo N.Y. U.S.A.*

*stopped*

*MR 161 17/12  
 2 16.6.18*

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Pl.</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- *2 Construction Bn*

DATE ACCOUNT FIRST OPENED:- *1<sup>st</sup> April 1917*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'F'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>9/11/18</i>	<i>6668</i>		<i>466</i>				
<i>18/11/18</i>	<i>8516</i>	<i>B.R.D.S.</i>	<i>973</i>				
			<i>1434</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
		<i>10</i>		
	<i>L.B. Balance</i>	<i>4413</i>		
	<i>L.P.B. Balance</i>	<i>2974</i>		

*91157 new book issued fin 5/12*

PARTICULARS OF RENDERING NON-EFFECTIVE: *31/12/18 Trans to Canada Auth N.R. 16-2nd C.6.6.18 17/11/18*

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>MAR</i>	<i>Bal Ford</i>								<i>13359</i>		
<i>apl</i>	<i>Pay allow</i>	<i>33</i>		<i>Ass Pay</i>				<i>15</i>			
				<i>AR 115 6/4 CFC 201</i>	<i>357</i>						
				<i>AR 297 20/4 - - -</i>	<i>357</i>				<i>14438</i>		
<i>May</i>	<i>P.P.</i>	<i>33</i>		<i>Ass Pay</i>	<i>714</i>			<i>15</i>			
				<i>AR 452 7/5 CFC 1</i>	<i>268</i>						
				<i>AR 720 22/5 - - -</i>	<i>446</i>				<i>15634</i>		
<i>June</i>	<i>P.P.</i>	<i>34 10</i>			<i>714</i>			<i>15</i>			
				<i>Ass Pay</i>				<i>15</i>			
				<i>AR 907 7/6 CFC 1</i>	<i>357</i>						
				<i>AR 1102 22/6</i>	<i>357</i>				<i>16720</i>		
<i>July</i>	<i>PP.</i>	<i>33</i>			<i>714</i>			<i>15</i>			
				<i>Ass Pay</i>				<i>15</i>			
				<i>AR 1293 6/7 CFC 1</i>	<i>357</i>						
				<i>AR 1502 22/7</i>	<i>357</i>				<i>17916</i>		
<i>Aug</i>	<i>PP.</i>	<i>34 10</i>			<i>714</i>			<i>15</i>			
				<i>Can ad</i>				<i>15</i>			
				<i>AR 1697 6/8 CFC 1</i>	<i>357</i>						
				<i>AR 1945 22/8</i>	<i>357</i>						
				<i>AR 2043 21/8</i>	<i>357</i>				<i>18755</i>		
<i>sep</i>	<i>PP.</i>	<i>34 10</i>			<i>1071</i>			<i>15</i>			
				<i>Can ad</i>				<i>15</i>			
				<i>AR 3563 31/8 CFC 1</i>	<i>9733</i>						
				<i>CP 30892 5/9 London</i>	<i>4867</i>						
				<i>CP 31569 7/9</i>	<i>4380</i>						
				<i>AR 2441 23/9 CFC 1</i>	<i>357</i>				<i>1218 9a 2/12</i>		
					<i>19337</i>			<i>15</i>			

*6.70*

COMPILED BY *W. Wood*  
 CHECKED BY *Ch. Thomas*

NUMBER

931735

RANK

Pvt

NAME

Caster L. P.

1500 (Canada)

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct				Cap				15-	12 18		
	P.P.	34	10	all 2698 7/10 C.F.C.	3 73						
				2930 3/10 ✓	3 73				2382		
		34	10		7 46			15-			
Nov	P.P.	33		Cap				15-			
				AR. 3097 8/11 C.F.C. 1	3 73						
				AR 3304 25/11 ✓	13 06				25 03		
Dec.		34	10	✓ 6568 10/12 Base.	17 66			15	44 13		
				3566 - 18/12 ✓	9 73				29 74		
		67	10		31 19			30			
July				AR. 21.1080 2/9 Rly L	9 73						
				AR. 21.1167 9/9 Rly L	9 73				10 38		
				Indorsement of R.C. 1946							
				505. Canada 12/79 B018 25/79							
				used.							

CANADIAN  
ASSIGNED PAY AUDITED

AUDIT CLERK

DATE 9/25/49

7 46  
16 79  
14 39  
38 64

29 74  
14 39  
15 35

44 13  
14 39  
29 74



