L DOCUMEN

NAME Clapp Alonzo Nathan Sgt REGT. NO. 629577 UNIT 156th Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M			DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				20960	Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
2	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)		H			Med. Unfit
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	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)					
1	MFW 192					
1	MFW 87					
1	R 149					1
1	Pass card					14-7
	1122					14-7
						8-7
	H & W					

Deceased 13-6-54

M

H

S

Original

No. 639577

Folio.

156th OVERSEAS BATTALION, C.E.F.

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Clark.
1a. What are your Christian names?	Alonzo Nathan.
1b. What is your present address?	Armouries Brockville Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Township of Elizabethtown Leeds Cty.
3. What is the name of your next-of kin?	~~Mrs~~ Ethel May Clark.
4. What is the address of your next-of-kin?	Armouries Brockville Ont.
4a. What is the relationship of your next-of-kin?	Wife.
5. What is the date of your birth?	March 23rd. 1875.
6. What is your Trade or Calling?	Caretaker.
7. Are you married?	Yes.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes.
9. Do you now belong to the Active Militia?	Nes.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	I yr. Foot Guards. I7 Yrs. 4Ist Regt.
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, Alonzo Nathan Clark., 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.

A. N. Clark (Signature of Recruit)

Date February Ist. 1916 R. E. Rapple (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alonzo Nathan Clark., 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.

A. N. Clark (Signature of Recruit)

Date February Ist. 1916. R. E. Rapple (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 Brockville Ont. this Ist. day of February 1916.

L. F. Wilkinson Lt. Col (Signature of Justice)

M. F. W. 23.
400M.—1 -15.
H. Q. 1772-39-841.

Description of Alonzo Nathan Clark on Enlistment.

Apparent Age 40 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 11 ins.

Chest measurement: Girth when fully expanded 42 ins.; Range of expansion 3 ins.

Complexion Medium

Eyes Brown

Hair Dark Brown

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

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Scar on left shin, mole on front of left shoulder

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 February 1 1916. Edwin Wilson Captain
Medical Officer.

Medical Officer
156th Battalion.

*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.

Alonzo Nathan Clark 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.

J C S Buchanan (Signature of Officer)
Lieut. Col.
Commanding 156th Overseas Battalion

Date February 14th 1916.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

War Service Badge Class.....

No. 102678

This is to Certify that No. -----639577------ (Rank) --------Sergeant----

Name (in full) ----------CLARK, Alonzo Nathan---------

the CANADIAN EXPEDITIONARY FORCE at 156th Battalion C.E.F. on the

day of --------Brockville---- -----2nd----

19 HE served in ---------February-------- 16.

and is now discharged from the service by reason of Canada, England and France---------

FURTHER WAR SERVICE. BEING MEDICALLY UNFIT FOR xxxxxxxxxx

K.O. 1420.

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

Age --------44 years----------

Height --------5' 11"----------

Complexion ------Dark----------

Eyes ---------Brown----------

Hair ---------Black----------

Marks or Scars ----------

G.S.W. of right shoulder, calves of both legs----------

a n clark Sgt.
Signature of Soldier

Issuing Officer

Rank

Appointment

Date of Discharge

Dispersal Station "Q"
MAR 21 1919
Military District No. 3

Signed at this day of Capt. 19

in Military District No.

File Reference No.

March 21st 19.

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

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....

Name of Officer

.....

Rank

.....

Appointment

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

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

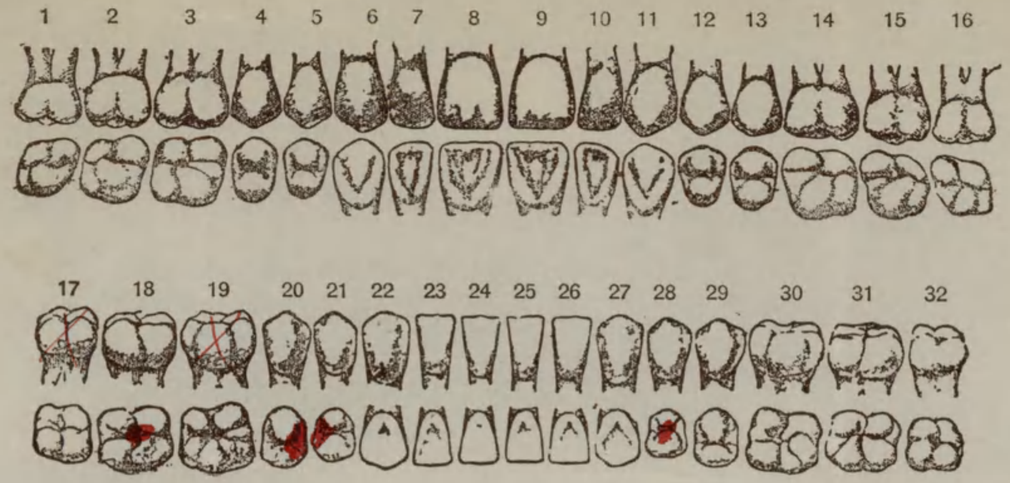
NAME OF SOLDIER Edwards A. M.

REGIMENT 21st Bn.

RANK Sgt.

No. 639544

Employees of 12th Battalion



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 from the Service.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS
	1919																						
Condition on first Examination	Mar 14	4 / 18.20 21.25									2 / 17.19	P									A S Allen Capt	3	Cavities 29 Extractions

~~Record Certificate~~

Received Appointment

A S Allen Capt

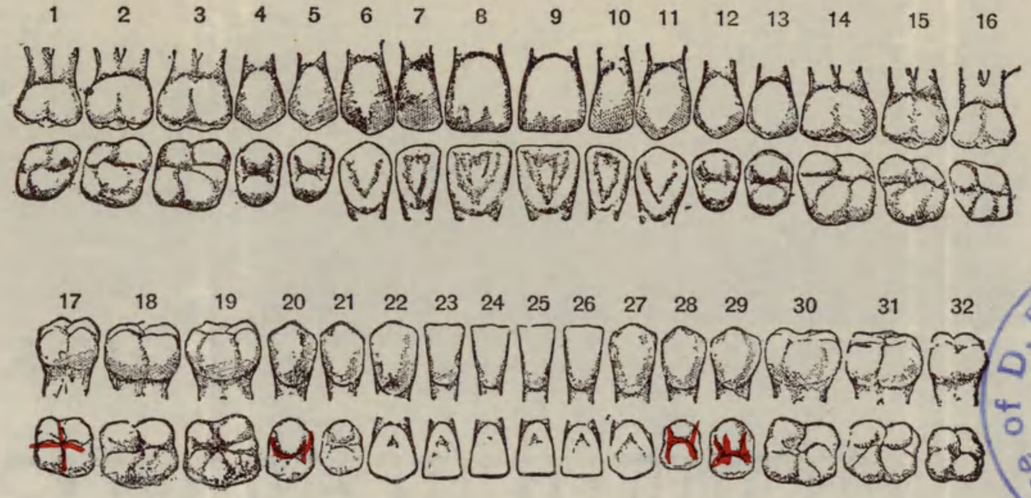
M.F.B. 465
150[illegible] 18
1772[illegible]50

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER A. N. CLARK DISTRICT 5

REGIMENT 21ST BN. RANK SGT. No. 635677



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	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination		17 20 28 29				29	17 20 28	29												J. L. Barrett.		exam. 2.00 4 compr. ag. 8.00 3 pulp caps. 3.00 partial lower 4 teeth & 2 clasps 9.00 clev. .50 rt. gt. 1.50 prophy - 1.50 $ 25.50

I hereby acknowledge having received the above treatment.

(SIGNATURE) A. N. Clark Sgt.

Completed Sept 1920

H. L. Stewart CAPTAIN

DISTRICT DENTAL OFFICER, M.D. NO. 3

M.F. 165
2/40M/8-20
1772-39-950

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

A

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	639577	Sgt	Clark	A. M.
	Unit.		Age.	Service.
	21st Can Bn.		43	3 1/12
Station and Date. 8 JAN 1919	Disease F.S.W. Both legs. (Flesh)			

No complaints wounds legs healed & causing no disability. Heart lungs O.K. Fit for discharge. A.

James V. Howell Capt.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

MEDICAL HISTORY SHEET.

ORIGINAL

639577

24 OCT 1918

Surname Clarke *Christian Name* Alonzo Nathan

Examined { on 14th day of Feb 1916
at Brockville

Birthplace { City or Town Elizabethtown
County Leeds

Apparent age 40

Trade or occupation Caretaker

Height 5 Feet 11 Inches.

Weight 185 Lbs.

Chest measurement { Minimum 39 inches.
Maximum expansion 3 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left.
Number one

When Vaccinated last 1906

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

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

Approved by C E M Sears

Rank Capt. 156th Batt M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT.	
4/1/19	A	James N Howell	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

1 OCT 1918

Date	Result	VACCINATIONS.	
Aug 29/16	Good	C E M Sears	M.O.
			M.O.
			M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	
July 6/16	Good	C E M Sears	M.O.
13/16	Good	Do	M.O.
20/16	Good	Do	M.O.
T A C 12/5/17		H E Wallace Capt. C.A.M.C.	

Enlisted on 2nd *day of* Feb 1916 *at* Brockville Ont

	CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment	156th Batt	639577	Good.	
Transferred to..	PPCLI	18JAN18		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

M. F. B. 313.

50M—8-14.
H. Q. 1772—39—439.

Surname Baker Christian Name

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
NORFOLK WAR HOSPITAL THORPE, NORFOLK.		15	10	18	7	1	19	GSW Both Legs		Severe Sick. Healed Invalided Can Con Hosp. Woodcote Pk Epsom	J. Evans Lieut RAMC FOR LT. COL., R.A.M.C., OFFICER IN CHARGE.
Mr C H Epsom	2	1	19	15	1	19	D	9	Wds Healed no Disability fit for Discharge A		Jan 26-7-19
											James N. Howell, Capt. C.A.M.C. No. 1 Division

D.M.S.-1375.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

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

Rank SGT Name ALONZO N. Surname CLARK

Unit or Corps 6 Can Res (If a soldier) Regtl. No. 639577

Born at Elizabethtown Canada on, date 23/3/75

Signature (for identification) A McClark Sgt

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

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

Weight 173 lbs. Esh

Height 5 ft 11½ ins.

4 S W. Both Legs W Disno

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?

Normal

4. RESPIRATORY SYSTEM.

Normal

5. HEART?

Abnormal Sounds? No

Abnormal Size? No

Pulse Rate? 72 Intermittence or irregularity? No

6. ARTERIES.—Any hardening? No

7. DIGESTIVE SYSTEM?

Normal

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1005 Reaction? acid Albumen? Neg. Sugar? Neg.

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

Normal

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 Seaford Signed D P Byers Capt M.O.

Date 6-2-15 Signed J McLeod Capt 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.*

21-4-19

430

C-890

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Empress of Britain

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names Alonzo Nathan Surname Clark

3. Rank Sergt. 4. Original Unit 156th 5. Reg. No. 639537

6. Address, in full, to which future payments of gratuity are to be forwarded Brockville Ont. "The Armouries"

7. Date of enlistment in the C.E.F. Jan 2nd 1916

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs. Ethel May Clark.

9. Relationship of such dependent Wife

10. Address, in full, of such dependent Brockville Ont. "The Armouries"

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

Yes. France. 21st Bn. 5-6-18 To 11-10-18

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? No

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service No

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 3 yrs. 2 Mos. 12 dys. Canada 156th Bn. 2-1-16 Eng. 156th Bn. France P.P.C.L.I. 14-1-18 To 5-6-18 transferred to 21st Bn. 5-6-18 To 11-10-18.

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units No .....

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid No .....

20. Have you been issued with a War Service Badge? If so, what class ? A .....

21. Have you, during the present war, served in the Imperial Forces ? No .....

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled No .....

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? Yes. R.S.M.

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

24. Are you now serving in the C.E.F. No ..... If not, give:—(a) Date of discharge MAR 2 1919 ..... (b) Reason for discharge Medical unfit .....

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit No .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit.....
Yes. France. 21st Bn.
5-6-18 - to 11-10-18

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? No .....

(b) If so, are you in receipt of full pay and allowances from that Department? .....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: A. N. Clark Sgt.

Place of Residence: Brockville Ont.

Declared before me at: Ottawa Ont.

This MAR 2 1919 day of ..... 19....

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner f the Administration of Oaths.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			183	600
			50	100

Certified Correct.

District Paymaster.

C.A.D.C. 5009A

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

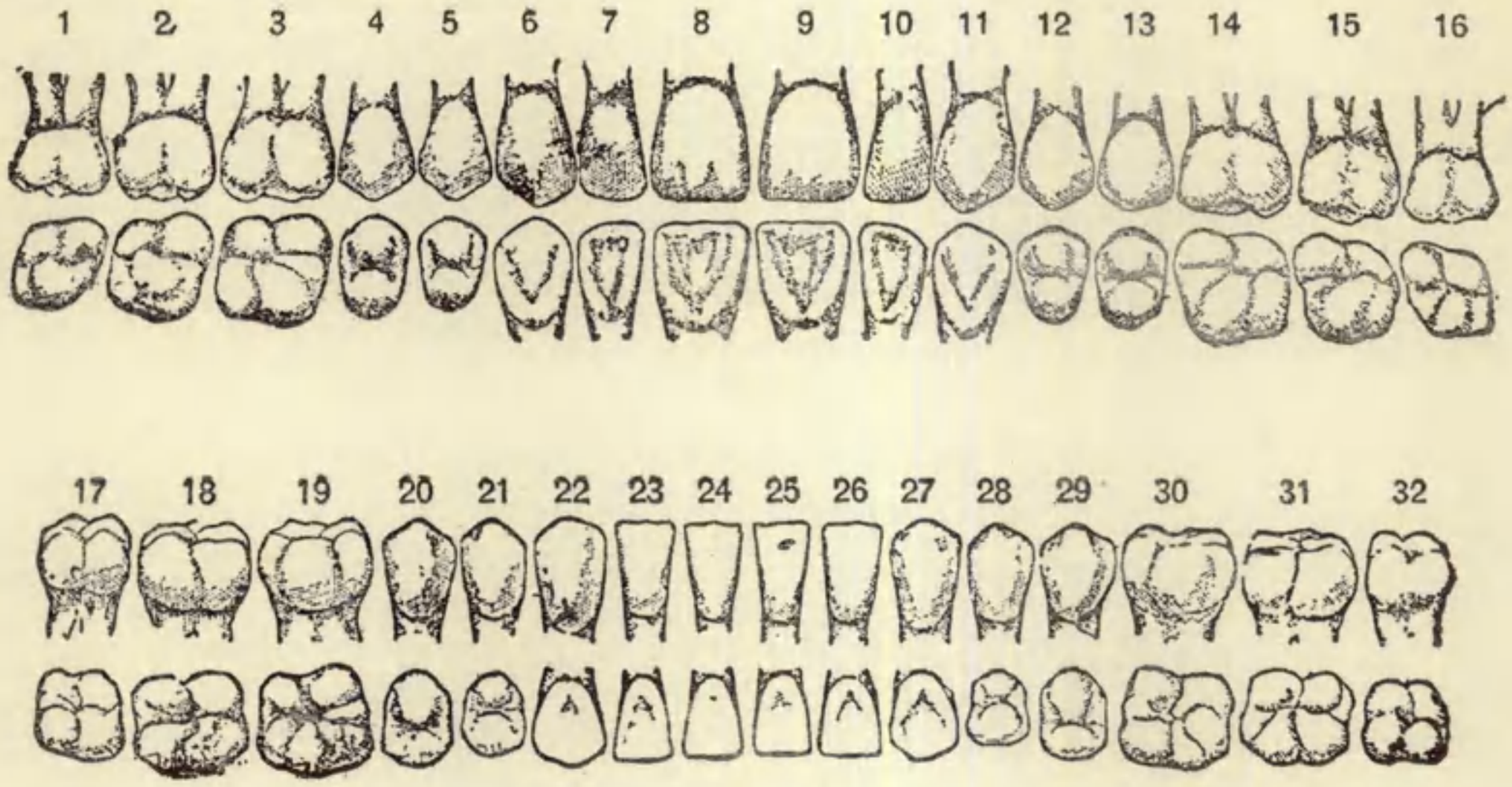
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CLARKE A. M.

REGIMENT 6th RES BTN RANK SGT. No. 639577

Date of Examination in England 4/2/19 | Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 29
2. EXTRACTIONS NO
3. CROWNS NIL
4. DENTURES NIL
   - (a) Full Upper NIL
   - (b) Part Upper NIL
   - (c) Full Lower YES (Low. P)
   - (d) Part Lower NIL

HAS HE EVER REFUSED DENTAL TREATMENT? NO

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

- (a) In Canada NO
- (b) In England YES.
- (c) In France NO

Signature of Dental Officer [signature] Capt

M. F. W. 54. (A. F. B. 198.
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps ....

Regimental No. 639577 Rank Pte. Name Clark Alonzo Nathan
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
6-8-19	21st Bn	awarded Mil Medal.			A.O. 9. L.G. 3143 a 3 7/19
				A Chapman Lieut for D of R.	

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

G.B.

Rank a/B.S.M. Name CLARK, Alonzo Nathan. MM Reg'l No. 639577

R—122
8,401—50,000—21-10-16.

Unit 156th Battn If in perm. Corps, What Unit? Married or Single Married.

Place and Date of Enlistment Brockville Ont., Feb. 1st.1916. Place of Birth Township of Elizabethtown Leed Cty.

Name and Address, Next-of-Kin Ethel May Clark,

Armouries Brockville Ont., Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ MM Payable to

Relationship

Discharge, Date and Place Reason Character

NIE. R.D. No 11258
FWD R.L.
Can O R

Report. Date.	From whom received.	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.
		ARRIVED IN ENGLAND, S-S-NORTHLAND 28. IO. I6,			
28. 10. 16.	156th Bn	Appointed A/B.S.M.	Witley camp	28.10.16	P.II.D.O. 1.
26-10-17	✓	Revert to rank of a/L/Sgt. at his own request	"	26.10.17	Pt. II 298.
12.1.18	✓	Revert to Pte at own request for purpose of proceeding O/Seas	Witley	18.1.18	Pt. II 12.
18.1.18.	✓	Posted to P.P.C.L.I. O/Seas	Witley	18.1.18	Pt. II 18. & Pt. II 8 & 28.1.18. P.P.C.L.I.
13-6-18	P.P.C.L.I	To S.O.S. to 21st Bn.	Ptn. Field	5-6-18	Pt II S/O. 51 & 21st Bn 15-6-18
23-7-18	21st Bn.	appd. L/Cpl	B.E. "	10-7-18	" 52
30-9-18	✓	promoted Sergeant	Sgt "	28-8-18	Pt II S/O 46.

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.					
18-10-18	E.o.R	"Wounded"	Sgt. Field	12-10-18	C.L.A. 348. G.S.W. Legs	
24-10-18	E.o.R.D	Wd. & posted from 21st Bn	" Seaford	15-10-18	21st Pt II 86 d/23-10-18. Pt II 266	
		M.M.				
14-1-19	6th Res Bn	posted from E.o.R.D	Sgt. Witley	14-1-19	E.o.R.D. D/O 14 d/14-1-19 D/O 14	
10-2-19	"	S.O.S. on tfr to M.D.3 - Rhyl	" Seaford	8-2-19	D/O 31.	
22.2.19	M.D. Wing No 3	S.O.S. to C.E.F. Canada Sailing 24	Rhyl	17.2.19	- 46.	
			M.M.			
6-8-19	O i/c Rec	Awarded the M.M. Auth. Lon. Gaz. 31430 d/3-4-19	London	3-4-19	A.O. 9	

Wife

L-L.Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom Mrs. E. M. Clark

Address Pine St
Brockville
Ont.

Rate ~~$40 00~~ 25 00 per Dec 1st/17

NOV 1916

By Whom Assigned Clark. A. N.

Regtl. No. 639577

Rank ~~W.O.~~ L/Sgt. ~~Maj.~~

Corps 156 Bttn.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			2 m. 4/12/17 allot 7/12/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 6 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs. E. M. Clark Wife Name of Soldier Clark A. Nov

639577 15-6 Bttn. 19th Mfd

L. L. Job 4503.—Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
				$40.00 NOV 1916
April	1916			25.00 Dec 1st/17
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		O 29108	40	
Dec.		K 36320	40	
Jan.	1917	Z 38240	40	
Feb.		L 43318	40	
March		N 49799	40	40 R
April		T 900	40	40 6
May		J 7154	40	
June		V 13967	40	40 Ch
July		N 20294	40	B
Aug.		R 27316	40	6
Sept.		Q 34245	40	03
Oct.		Y 46789	40.	
Nov.		J 54703	40	
Dec.		D 51579	40.	
Jan.	1918			560.00 Jy 10.00 Jan
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

L. L. Job 88773—M. & D. [illegible]

1-3-16

MILITIA AND DEFENCE

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name: Ethel May Clark,

Address: "The Armouries," Brockville, Ont

Relation to Soldier wife, child or mother: Wife

Name of Soldier: Clark, A. N.

Regtl. No.: 639577

Rank: Batt'n Sergt.-Major.

Corps: 156th Batt'n

To what Corps belonging 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				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Ethel M. Clark, (Wife) Name of Soldier Clark, A. N. (639577) Sergt-Major

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	J119	50—	50
May		F1657	25	25
June		28210	25—	25
July		W8892	25	25
Aug.		K13772	25	25
Sept.		14282	25 —	25
Oct.	X	8373	25	25
Nov.		21222	25	25
Dec.		J. 24764	25	25
Jan.	1917	J 28071	25	25
Feb.		J 31066	25	25
March		J 33936	25	25
April		B298	20	25 —
May		Z 3204	25	375 25 —
June		D 7882	25	25 —
July		C 10952	25	25
Aug.		G. 13809	25	25
Sept.	X16743	~~J 17751~~	~~25~~ 25	J. 17751 Cancelled RE-WRITE
Oct.	L	B 22354	25	B
Nov.		Z 24893	25	B
Dec.		K 26291	25	F
Jan.	1918			350 00
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.				

Date of Enlistment

1-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Nov-1916

RATE OF SEPARATION ALLOWANCE

25	30 1-9-18		

Pt. 275-3
M.O. 41671

RATE OF ASSIGNMENT

~~40~~	25 Decrease	20 1-9-18	

6031

PARTICULARS OF SEPARATION ALLOWANCE

No. 639577

Rank ~~Sgt Mjr~~ (W.O.) Promoted Reverted L/Sgt/Pte 1-3-18. Discharge

Soldier's Name A. N. Clark

Battalion 156 Battn

Beneficiary Mrs Ethel May Clark

Relationship wife

Address The "Armouries" Brockville, Ont.

M F W 2554

PARTICULARS OF ASSIGNMENT

Name Mrs E. M. Clark (Wife)

Address Pine St, Brockville Ont

Change of Address

1

2

3

4

Both addresses verified VA 23/8/17

Date 1917	Cheque No.		Amount S/A	Amount A/P	Total
Dec 31			5-50	5-60	1110
Jan.	66007	M	25	25	50
Feb.	94415	M	25	25	50
Mar.	7995-7	M	20	10	30
Apl	7939	M	25	25	50
May	18672	K	25	25	50
June	25720	J	25	5	30
July	32657	J	25	20	45
Aug	35797	J	25	20	45
Sept.	44169	J	25	20	45
Oct	53341	J	25	20	45
Nov	53366	D	25	20	45
Dec	64285	D	45	20	65
JAN	73627	J	30	20	50
FEB	77835	M	30	20	50
MAR			925	835	1760

REMARKS

2M1-a-22 M F W 2554 Rec'd A.G. 23/8 J.S.

O 2 M 4/12/17. A.P.S. 7/12/17

M.R.O. 2A. issued 3-3-18 J.A. Robinson

M.R.O. 16. issued 18-3-18 "

2M 28/15 A/C reduced to #20 eff 1-3-18 J.

See Letter C.P.M. on file M.R.O. B 3/1/18

G 22656 Cambrong Ont 14/6/18 J.

* 15 overpaid in Dec 1917 recovered in Mar 1918

A/c Closed 28-2-19
Ret'd per Empress of Britain
Date 25-2-19 M.D. #3
Closed J. Shanahan
M.R.O. 71175 issued 1 3/19 J.S.

CONSOLIDATED ACCOUNT

M. F. W. 128
400M—6-17—1772-39-1141
L. L. 22520—M. & D. 1483.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
			2	2	

M. F. W. 128
400M.—6-17—177-38-1141
L. L. 22320—M. & D. 7993.

*Name CLARK, A. N. Rank Sgt. Regtl. No 639577

Fyle Depot 3-DD3-62081

Original unit 156 Bn. Present unit 6th Res. M. or A. Age Religion Ref. H.Q.

Port, ship and date of arrival Halifax, Empress of Britain, 25-2-19.

Next of kin Wife. Ethel May Clark Brockville, Ont.

Address on leave Armouries Brockville, Ont.

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Caretaker Date and place of enlistment 2-2-17. Brockville.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
17-2-19	T.O.S. Lub Depot Ottawa	LL 58
1-3-19 - 14-3-19	Leave with Subsistence	LL 58
21.3.19.	SOS. Discharged P.O. 1420	S.D 81

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

Surname	Christian Name or Names	Reg. No.
Clark	A.N.	639577
Rank	Unit	
Sgt.	EO.21.	

Cas. List.	
	7 Can.Gen.H Etaples. 12-10-18.
18-10-18.A348.	2 GSW.Legs. a/s
21.10.18 B348	Norfolk War Norwich. 15.10.18
10.1.19 B414	Mil. Con: Hosp: Epsom 8.1.19
18.1.19 B420.	Dis 15.1.19

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

D.M.S.1300. 50M-30-8-18.

Cas. List.

NAME Clark Alonza Nathan

REGT'L. No. 639577

RANK AND CORPS Sgt 21st Bn Dom 156 Inf Bn.

H. Q. FILE No. 649

FOLLOWS

No.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
		M of K Mrs Ethel May Clark (Wife) Armouries Brockville Ont.
25-6		
649	21-10-18	Adm/Can Gen. Hosp. Le Treport Oct 12th 18/ Gsw Legs.

L. L. 31493. M. & D. 8176.

M. F. W. 42 100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
1348	Clarden Staples	12-10-18	(21) Gsw Legs.
B348	Norfolk War Norwich	15-10-18	" " " "
B414	Military Epsom	8-1-19	" " " "
B421	" " " Lds	15-1-19.	" " " "

SURNAME. Clark

M.M. 1.9.3143a 5-7-19

CHRISTIAN NAMES Alonzo. Nathan

CARD NO. 3 R.O.L.D.is 15-3-19 M.D.

L.O.C.84 2 25-3-19 O.D.3. FOLL.

REGL. NO. 639577 RANK Bn. S. M.

UNIT 156th Bn.

FORMER CORPS 1 yrs. Foot Guards 17 yrs 41st Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Clark, Mrs. Ethel, May

RELATIONSHIP TO SOLDIER Wife

ADDRESS Armouries, Brockville, Ont.

COUNTRY OF BIRTH Canada Leeds Co., Ont. DATE Mar 23rd 1875

PLACE OF ATTESTATION Brockville, Ont. DATE Feb 1st 1916

O/S 18-10-16 156th

R/C 25-2-19 270/48 Sgt.

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

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED Yes SINGLE WIDOWER

TRADE OR CALLING Caretaker RELIGION Baptist or Congregation

DESCRIPTION.

APPARENT AGE 40 YEARS 11 MONTHS

HEIGHT 5 FEET 11 INCHES

CHEST MEASUREMENT 42 INCHES EXPANSION 5 INCHES

COMPLEXION Medium EYES Brown HAIR D. Brown

DISTINGUISHING MARKS Scar on l. shin Mole on front of l. shoulder.

MEDICAL EXAMINATION. PLACE Brockville, Ont. DATE Feb 1st 1916

Present Address Armouries, Brockville, Ont.

Deceased 13 Jun 54

Number 639577 Rank A/Bdr

Surname CLARK

Christian Name Alonzo Wallace

Unit RCCL 9 Theatre of War France

Date of Service 15-6-18

Remarks The Armouries Pine St. East

Latest Address Brockville Ont.

Roll No. B3

Page 0001

C.E.F. 639577

CLARK, Alonzo Nathan 639577 A/Battn SM

Medals prev desp:

Cross to widow: Deceased

Cross to mother: ? Holder

No 639577 Rank S. Major W. O. Name Clark Alonzo N.

T. O. S. 1-2-16 Unit 156th Battalion C.E.O.
A.O. 37 of 14-2-16

M. D. 3

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1916 Feb. 1	1916 Oct. 29	✓		
Mar.		✓		
apl		✓		
May		✓		
June		✓		
July		✓		
Aug		✓		
Sept		✓		
Oct		✓		

UNIT SAILED
OCT 17 1916

Form R. 149.

Alonza Nathan

Name Clark Rank Sgr. Reg. No. 639577

Unit 21st Bttn. Ont.

Next of Kin Mrs Ethel May Clark, Armouries, Brockville,

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
12-10	[illegible]		[illegible]	[illegible]		
15-10	[illegible]		Do	B348		
5-1-19	Disl (Dem) Leave		Do	B414		
15-1	Discharged		Do	B21		
	Will proceed on 27.1.19 to 6 Res Witley					

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

W.S.B. CLASS "A"

Casualty Form—Active Service.

Unit, Regiment or Corps 156th, Battalion Canadian Infantry.

Regimental No. 639577 Rank ~~B.S.M.~~ Pte Name Clark. Alonzo. Nathan.
C. E. F.

Enlisted (a) ~~1-2-16~~ 1/2/16 Terms of Service (a) D. of W. & 6 Mos. Service reckons from (a) ~~1-2-16.~~ 1/2/16

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) CARETAKER

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embrked.	Halifax.	18-10-16	
		Disembarked.	Liverpool	28-10-16.	
28-10-16	O.C.156th Bn.	Appt'd. A/B.S.M.	Liverpool	28-10-16	Part II D. O. No.I. J D Woodcock [illegible] 156 Bn
26.10.16	O.C.156th Bn.	Reverts to the rank of Act. Lance Sergeant at own request	Witley	26.10.16	Part II D.O. 298
12.1.18	O.C.156th Bn	Reverts to rank of private to proceed overseas	Witley	12.1.18	Pt II D.O. No 1 [illegible] D.O. Pt. II No. 18
18-1-18	O.C. 156th Bn.	Proceeded overseas for service with P.P.C.L.I. Bn	Witley	18-1-18	B. J. [illegible] Capt. & Adjutant, For O.C. 156th Canadian Infantry Batt.
19.1.18	3 CIBD.	Arrived & T.O.S. PPCLI.	Field	19.1.18	NR 474 Ord. 8 d/28.1.18
21.1.18	do	Left for C.C.R.C.	do	21.1.18	NR 911
21.1.18	CCRC.	Joined C.C.R.C.	do	21.1.18	NR 89
5-6-18	A. A. G. Cdn Section	Transferred to 21st Cdn	Inf Battn	5-6-18	NR. 940. KRJ. 949. d/-1-6-18 Ref T. 13133. Pt II Ords 18/6/18
	Do	T.O.S. 21st Canadian Battalion.	Field	6-6-18	T.13133 -Part II Ord. 44 d/ 15/6/18
15/6	21st Bn	Joined	Unit	8-6-18	B-213.
13/7	Do	Appointed Lance Corporal	Field	10-7-18	Part II Ord. 52 d/ 23-7-18

CERTIFIED CORRECT. JAN 1918 LONDON.

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

[P.T.O.

639577 Clark. A. N.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
7/9	21st Bn	Promoted Sergeant	Field	28-8-18	Part II Ord. 76 d/ 30-9-18
	7 General	G.S.W. Both legs.			
	"Princess Elizabeth"	Invalided Wounded	England	15/10/18	W.3083- 6256.
		Posted to Eastern Ontario Regtl. Depot, Seaford.			Part II Ord. 86 d/ 23-10-18.
		J W Hogan Major for Lt.-Col., A. A. G. Canadian Section. G. H. Q. 3rd Echelon B. E. F.			
24.10/18.	E.O.R.D.	Tod fasted from 21st Bn	Seaford.	15/10/18	Pt II 26/6
					[signature] Lieut. for Major i/c Records. OMFC
17-1-19	6th Cdn Res.	T.O.S. on posting from EORD	Witley	13-1-19	Pt II 3014
10-2-18	6th Cdn Res	S.O.S. on transfer to MD #3 Kinmel Park	Seaford	8-2-19	Pt II 3031

EMPRESS OF BRITAIN

SAILED FEB 17 1919 ARRIVED FEB 25 1919

[signature] Officer i/c Records, 6th Can. Res. Battalion.

LIST OF DISCHARGE DOCUMENTS.

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

MME

War Service Badge Class- A

No. 107628 issued.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 639577

2 Rank. Sergeant

3. Name. CLARK, Alonzo Nathan

4. Unit. 156th Battalion, C.E.F.

5 Date of Discharge | March 21/1919 | Place Ottawa, Ont.

6 Reason for Discharge MEDICALLY UNFIT

7. Authority. M.B.D/15-3-19, R.O. 1420, #3, DD. 3-C-2081.

8. Proposed Residence after Discharge Brockville, Ont.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.? 39.

Deceased 13-6-57

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Ottawa, Ont.

Date March 21st, 1919

21-9-54
AS

Signature [illegible] Captain
for O. C. Dispersal Area Station (O.C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

K&D 12/19
WD 13 D. 30

M. OR S.

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

AUDITOR | PAYMASTER

REGT. NO. 639577 RANK Sgt NAME (IN FULL) Clark Alonzo Nathan (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: RELATIONSHIP:

ADDRESS:

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE:

TO WHOM PAID: Mrs Ethel May Clark RELATIONSHIP: Wife

ADDRESS: The Armouries, Brockville, Ont

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Sgt. A. N. Clark		
The Armouries		
Brockville		
Ont		

ORIGINAL UNIT C.E.F.: IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION: TRANSFERRED TO: DATE: AUTHORITY:

DATE OF ATTESTATION: TRANSFERRED TO: DATE: AUTHORITY:

ASSIGNED PAY $: DATE EFFECTIVE:

PAYABLE TO: RELATIONSHIP: ANY CHANGE IN ASSIGNEE OR ADDRESS: C-890

ADDRESS:

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE: EFFECTIVE:

DISCHARGED: PLACE: DATE: 2. 3. 19 REASON: AUTHORITY: IF ENTITLED TO POST DISCHARGE PAY:

430

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT	OTHER CREDITS		TOTAL CREDITS	ACQUITTANCE ROLLS	CASH PAYMENTS	ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES		TOTAL DEBITS	BALANCE DEBIT	BALANCE CREDIT	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT				WSG	SA			War Service Gratuity			WSG	SA		Sol	Dep	MFW 2595 Rec
183	days			420	180	600					70	30	100	350	150	Pd by Ottawa by [illegible]
											70	30	200	280	120	Apr 1/19 # 317681 # 317682
											70	30	300	210	90	2/5/19 322314 + 322315
											70	30	400	140	60	2/6/19 338709 338710
											70	30	500	70	30	2/7/19 # 941113 114
											70	30	600	—		957103-06 Aug 1/19

OK

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

P. 559.

Married or Single: M

Place of Birth: North Augusta Ont

Name and Address of Next of Kin: Mrs Ethyl M Clark, Pine St Brockville, Ont

Relationship of Next of Kin: Wife

Name and Address of Next of Kin

Relationship of Next of Kin

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
App. a/BS.M. 28/10/16	28/10/16	B.O. 14 - 28/10/16 156th
Reverts to L/Sgt own Request	26/10/17	B.O. 298 26/10/17
to Private prior to proceeding overseas	18/1/18	" 12 12/1/18 156th
B.O. 17 amended to read –	18/1/18	" 17 7/1/18

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l. No. 039577 Rank ~~Lt/Sergt~~ ~~B.S.M.~~ Pte Name Clark Alonzo N.

If in Permt. Corps What Unit — Unit 156th Bn — Transferred to P.P.C.L.I. — Date 1/2/18 — Authority B.O. 18. 18/1/18

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation: Brockville, Ont — Transferred to — Date — Authority

Date of Attestation: 1-2-16 — Transferred to — Date — Authority

~~$15.00~~ ~~Eff. 1/12/17 7.2.17~~

Assigned Pay Monthly $ ~~40.00~~ Date Effective ~~Nov 1/16~~

Payable to: Mrs Ethyl M. Clark, Pine St Brockville, Ont — Relationship: Wife

Assigned Pay Monthly $ 26.00 — Date Effective: decreased Eff. 1/3/18 F.2.17 ...

Payable to — Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) — Effective — Reason

Discharge Date and Place — Reason and Authority

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

C1.

Date	Pay No. of Days	Pay Rate	Pay Amount $ c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $ c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $ c.	Assigned Pay Credits	Other Credits	Total Credits
1916 Oct 31											11 30	11 30
Nov	30	2.00	60 00	30	.30	9 00						69 00
Dec	31	2.00	62 00	31	30	9 30						71 30
1917 Jany	31	2.00	62 00	31	30	9 30						71 30
Feb		20	27 60			27 60						
1-28	28	2.20	64 40									64 40
Mch	31	2.30	71 30									71 30
Apr	30	2.30	69 00									69 00
May	31	2.30	71 30									71 30
June	30	2.30	69									69
July	31	2.30	71 30									71 30
Aug	31	2.30	71 30									71 30
Sept	30	2.30	69									69
			768 20								11 30	779 50
			768 20								11 30	779 50

Date	Acquittance Rolls 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1916 Oct 31																11 30				Bal. from Canada
Nov													40 00		40 00	40 30		~~14 00~~	~~26 30~~	
Dec													40 00		40 00	71 60		~~29 00~~	~~42 60~~	
1917 Jany	30	18/1/17	67	30/1/17					4 87	9 73			40 00		54 60	88 30		~~40 00~~	~~48 30~~	
Feb 1-28	135	12/2	197	27/2					9 73	12 17			40 00		61 90	90 80		~~40 00~~	~~50 80~~	
Mch			270 218	25/3 17/3	551 272 348	19/1? 7/11 15/11				14 60 17 03	19 47 12 17 4 87		40		108 14	53 96				
Apr													40		40 00	82 96				
May	97 45	26/4 15/4							14 60 17 03				40		71 63	82 63				
June	239 174 112	30/5 30/5 17/5							4 87 9 73 14 60				40		69 20	82 43				
July													40		40	113 73				
Aug	288 329	17/6 27/6							14 60 14 60				40		69 20	115 83				
Sept	388 431	15/7 29/7	468 514	30/8 16/8					14 60 14 60	14 60 14 60			40		98 40	86 43				
									133 83	82 73	36 51		440		693 07					
									133 83	82 73	36 51		440		693 07					

~~H Sqn~~ Hq

639577 ~~R. S. M.~~ Clark. F. N. Q. P. #~~40~~ 25°°

DATE	PAY: No. of Days	PAY: Rate	PAY: Amount $ c.	FIELD ALLOWANCE: No. of Days	FIELD ALLOWANCE: Rate	FIELD ALLOWANCE: Amount $ c.	WORKING OR SPECIAL PAY: No. of Days	WORKING OR SPECIAL PAY: Rate	WORKING OR SPECIAL PAY: Amount $ c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1: No. / Date	ACQUITTANCE ROLLS 2: No. / Date	ACQUITTANCE ROLLS 3: No. / Date	ACQUITTANCE ROLLS 4: No. / Date	CASH PAYMENTS 1	CASH PAYMENTS 2	CASH PAYMENTS 3	CASH PAYMENTS 4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE: Credit	BALANCE: Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
1917											
~~Sept 30~~ ~~Oct 1~~	~~Balance~~	~~86 43~~							86 43		
Oct	1-25 2.00 30 RSM Pay }										
"	26-31 1.15 15 L/Sgt Pay }	65 30		A.P.				40			
				543 10-9-17 "156" -	14 60						
		65 30			14 60			40	97 13		
Nov				A.P.				40			
				AR. 637. 156 Bn 15/10/17 -	14 60 -						
Nov	L.S. Pay	39 00		AR. 667 156 Bn 29/10/17 -	14 60 -						
				AR. 592 156 Bn 25/9/17 -	14 60 -						
				AR. 697 156 Bn 15/11/17 -	34 07 -						
Dec	L.S. Pay	~~40~~ 3.0		A.P.				25	33 56		
		79 30			77 87			65			
				A.P. Can Jan				25			
Jan.	L.S. Pay 11 days.	14 30		AR. 813. 27/12/17 156 Bn -	9 73						
"	P. Pay 20 " 6 days L.S. Pay	22 00		AR. 762 5/12/17 " -	9 73						
"	B.O. 12. amended	1 20		AR. 796 17/12/17 " -	9 73				16 87		
		37 50			29 19			25			
Feb.				A.P. Can				25			
	P.P.	30 80		AR. 969 31/1/18 1CRB -	7 14						
				- 1181 3/2/18 5th CCRC -	4 46						
				DW AR. 838. 9/1/18 156th Bn -	9 73				1 34		
		30 80			21 33			25			
March	P.P.	34 10		APC				20			
				AR. 1283. 7/2/18 CCRC -	3 57						
				- 1410 5/3. - -	4 46						
				DW. 302. AR. 420. 29/1/18 134th Bn	9 73						
				AR. 1591 22/3 CCRC -	3 57				5 89		
		34 10			21 33			20			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR3	DR4	BALANCE	DEFERRED PAY	ALLCE. ENG.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	~~ENGLAND or~~ * CANADA.	SEPARATION ALLOWANCE.	~~ENGLAND or~~ * CANADA.
EFFECTIVE DATE:– 1/11/16		EFFECTIVE DATE:–	
AMOUNT:– $20.00		AMOUNT:–	

NAME:– CLARKE, Alonzo. N.

NUMBER:– 639577

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 Ethel M. Clarke
Vine St
Brockville Ont
(Wife)

Stopped effec 1/3/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte
D.O. 52 23/7/18	10/7/18	L Cpl
B.O. 76 a. 30/9/18	28/8/18	Sergeant.

UNIT AND TRANSFERS

ORIGINAL UNIT:– 156th Battn

DATE ACCOUNT FIRST OPENED:– 1/11/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			P.P.C.L.I.
44 15/6/18	1/7/18	23/7/18	21st Bn
	1/4/19		Can Sec

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~7/2/19~~	~~8361~~	~~Witley~~	~~38 93~~				
~~7/2/19~~	~~8361~~	~~Witley~~	~~38 93~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 –	10		
D.O. 52 23/7/18	~~1 05~~	~~10~~		
B.O. 76 a. 30/9/18	1 35	15		

PARTICULARS OF RENDERING NON-EFFECTIVE:– Transferred to Canada 1/3/19 Disposal Authy W/R B2594 31/1/19 Sfd – Seaford 4/2/19 M.D. 3 LPC Bal 50 62

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March	Brot Forward								5 89		
Apl	P.P.	33		A.B.C.				20 –			
				Al. 47. 9/4/18. F.C.C.K.C.	6 25						
				183. 27/4.	7 14				6 28		
May	P.P.	33 34 10		C.A.P.	13 39			20 20			
				311 13/5/18	6 25						
				561 29/5/18	7 14				5 59		
June	P.P.	34 10 33		C.A.P.	13 39			20 20			
				[illegible] 287 23/6 21st Bn	3 57				3 86		
July		33		C.A.P.	3 57			20 20			
	P.P.	34 10		AR. 20 8/7 21 Bn	4 46						
	App L Cpl 10/7/18 22 days @ 5c per diem	1 10		632 21/7 " "	3 57				11 03		
Aug.		35 20		A.P.	1 03			20 20			
	✓	35 65		AR 722 2/8 21 Bn	3 57						
				965 24/8	3 57				19 54		
Sep.		35 65		CAP.	7 14			20 20			
	Prom. Sgt. eff. 28/8/18 – 4 days @ 35c	1 40		1089, 21 Bn, 3/9/18	3 57						
	P & A	45		1219, " 24/9	5 35				37 02		
Oct	Sgt P	46 40 46 50		C.A.P.	8 92			20 20			
				47374 28/10 HR	4 87				58 65		
Nov	✓	46 50 45		C.A.P.	4 87			20 20			
				54784 25/11 HR	9 73						
Dec	✓	46 50		C.A.P.				20			
				59160 9/12 HR	9 73						
Jan	✓	46 50		C.A.P.				20	117 19		
		138			19 46			60			

1919 NUMBER 639577 RANK Sgt NAME CLARKE A. V.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal fwd								117 19		
Feby	Sgt P	42		Cas				20			
	S.E 15/1/19 - 27/1/19 (12 days) DO 14 17/1/19 6 Res	8 76		481 8/1/19 Exam	9 73						
				1340 15/1/19 ✓	48 67						
		50 76		8362 1/2/19 6 Res	38 93				50 62		
					97 33						
		50 76			97 33			20			

SOS to Canada 17/2/19 Sh 24 6 RDS MD 3

Checked G. Jones 4/3/19

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the 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.)

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.)

Disability due to service.

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.

A W Johnson Capt — *President.*

PLACE Ottawa, Ont.

DATE March 15/19. W W Sanctor 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.

President

PLACE.....

DATE..... } Members

APPROVED BY R Mayes Capt
Assistant Director of Medical Services.
DATE Mar 17/19

APPROVED BY
Director-General of Medical Services.
DATE.....

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 Ottawa, Ont. DATE Mar. 15/19

1. 1 (*a*) Unit No. 2. Sub-Dep. (*b*) Regimental No. 639577 (*c*) Rank Sgt.

(*d*) Surname Clark (*e*) Christian name Alonzo Nathan

(*f*) Home address Brockville, Ont.

(*g*) Next of Kin Mrs. Alonzo Nathan, Clark (*h*) Relationship wife

(*i*) Address of Next of Kin Brockville, Ont.

2. Age last birthday 43 Date of birth Mar. 23, 1875

3. Enlistment, or Appointment (if an Officer) (*a*) Place Brockville, Ont. (*b*) Date 2/1/16

4. Personal description:

(*a*) Height 5 ft. 11 in. (*b*) Weight 170 (stripped) (*c*) Complexion dark.

(*d*) Colour of hair black (*e*) Colour of eyes brown (*f*) Identification marks, Scars, etc. GSW of rt. shoulder, calves of both legs.

5. Former trade or occupation Soldier.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	72

	Periods	
	From	To
Canada	2/1/16	18/10/16
England	28/10/16	18/1/18
France or other theatres of War	18/1/18	15/10/18
Eng., Canada,	15/10/18	17/ 2/19
	25/2/19	date.

7. Original disease, or injury Asthma.

(*a*) Date of origin Oct. 1918. (*b*) Place of origin England.

(*c*) Cause Service.

M. F. B. 227.
400m.—11-18.
1772-30-117.

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.)

Asthma necessitating restriction in choice of occupation.

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.)

Obj. - Harsh dry rales, on inspiration and expiration. Expiration is marked by prolonged and harsh, dry crepitant rales accompanying it. This condition is heard over entire area of both lungs "Chronic asthma".

Subj. - Man complains of cough; slight in mornings with slight expectoration of phlegm. He also complains of shortness of breath on attempting to run 100 yds.

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

Nervous System.....no.....Cardio-Vascular System.....no.....Genito-Urinary System.....no.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses.....no.....Respiratory System.....yes.....Integumentary System.....no.....

Disturbances of Mentality.....no.....Digestive System.....no.....Muscular System.....yes.....

Osseous and Joint Systems.....no.....Any other general condition.....no.

Hist

Gassed Aug. 15/18 and Oct. 11/18.
GSW. of rt. shoulder Aug. 8/18.
GSW. of calves of both legs Oct. 11/18.

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

Was gassed Aug. 15/18 Oct. 11/18. English climate he claims irritated respiratory tract.

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*).)

Nil.

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

Nil.

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.)

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?.....Possibly perm.

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?....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.....
Disability due to service.

A Macdonald 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.....Sgt.....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.....

Arth A. M. Black Sgt.....Rank.
Signature of invalid examined.