

3. 69

**ATTESTATION PAPER.**

District Artillery Depot.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**

(ANSWERS.)

1. What is your surname?..... **D A R L I N G**
- 1a. What are your Christian names?..... **Gerald Glynn**
- 1b. What is your present address?..... **388 Palmerston Ave. Toronto, Canada.**
2. In what Town, Township or Parish, and in what Country were you born?..... **Toronto, Ont. Canada.**
3. What is the name of your next-of-kin?..... **Agnes Darling**
4. What is the address of your next-of-kin?..... **388 Palmerston Ave. Toronto, Canada.**
- 4a. What is the relationship of your next-of-kin?..... **Mother**
5. What is the date of your birth?..... **May 5th. 1891.**
6. What is your Trade or Calling?..... **Glerk**
7. Are you married?..... **Single**
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... **Yes**
9. Do you now belong to the Active Militia?..... **Yes**
10. Have you ever served in any Military Force?..... **Yes. Q.O.R. 11 Months. Pte.**  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... **Yes**
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } **Yes**

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

I, **Gerald Glynn Darling**, 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.

*Gerald Glynn Darling* (Signature of Recruit)

Date **December 8th 1916** 191 . *C. Kitchen* (Signature of Witness)

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

I, **Gerald Glynn Darling**, 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.

*Gerald Glynn Darling* (Signature of Recruit)

Date **December 8th 1916** 191 . *C. Kitchen* (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 **Toronto, Canada.** this **8th** day of **December 1916.** 191 .

*Thomas [Signature]* (Signature of Justice)



**Description of Gerald Glynn Darling on Enlistment.**

Apparent Age **25** years **7** 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. 8½ ins.**

**Scar on 1st finger R hand.  
Mole L forearm.**

Chest measurement { Girth when fully expanded ..... **34 ins.**  
 Range of expansion ..... **4 ins.**

Complexion ..... **Fair**

Eyes ..... **Blue**

Hair ..... **Brown**

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

**CERTIFICATE OF MEDICAL EXAMINATION.**

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

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

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

Date **December 8th 1916** 191

*W. T. MacLaurin*  
*Capt. per Board*  
 Medical Officer.

Place **Toronto, Canada.**

**Toronto Recruiting Depot.**

\*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.**

..... **Gerald Glynn Darling** ..... 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]* (Signature of Officer)

Date *Dec 12/16* 191

DEPT. OF MILITARY MEDICAL SERVICES, CANADA  
 1916



284  
27-3-19

H

REGIMENTAL DOCUMENTS

67<sup>th</sup> Battery

O. H. M. S.

NAME

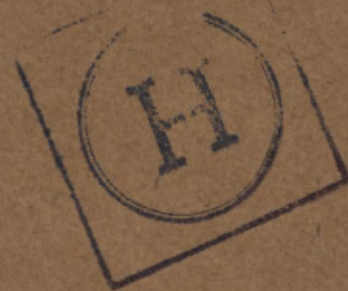
Darling, Gerald Glynn

REGT. No. 338049

COMPONENTS Demobin

02849

- 1 ATTESTATION PAPER (M. F. W. 23, 133 or 51)
- 2 CASUALTY FORM (M. F. W. 54 or A. F. B. 103)
- TRAINING HISTORY SHEET (M. F. W. 113)
- 1 FIELD CONDUCT SHEET (M. F. W. 178 or A. F. B. 182)
- 1 REGT. CONDUCT SHEET (M. F. B. 263 or A. F. B. 264)
- 1 COMPANY CONDUCT SHEET (M. F. B. 263 A or 264)
- 2 MEDICAL HISTORY SHEET (M. F. B. 218 or A. F. B. 219)
- 1 DENTAL HISTORY SHEET (M. F. B. 465)
- 1 MEDICAL REPORT (M. F. B. 227 or A. F. B. 173)
- 1 MEDICAL EXAMINATION (M. F. W. 129)
- 1 TRANSFER CLOTHING STATEMENT (M. F. W. 97, or D. O. 30)
- 1 PROCEEDINGS, COURT OF INQUIRY (M. F. B. 303 or A. F. B. 304)
- 1 DECLARATION, COURT OF INQUIRY (M. F. B. 259 or A. F. B. 260)
- 1 LAST PAY CERTIFICATE (M. F. W. 44)
- 1 PROCEEDINGS ON DISCHARGE (M. F. W. 218 or A. F. B. 264)
- 1 CERTIFICATE OF CHARACTER (A. F. W. 3226)
- 1 COPY OF PAROLEE DISCHARGE CERTIFICATE (M. F. W. 25)
- 1 CERTIFICATE ON DISCHARGE (C. A. D. C. 6002)
- 1 LAST INDEMNITY (M. F. W. 71 or 192)



2-4  
 16-4  
 28-5  
 -----  
 3

1 a. f. w. 3997.  
 1 D. M. S. 1395.  
 1 D. S. C. 132  
 1 M. F. W. 192.  
 4 Nurse.  
 1 a. f. w. 3428

M. F. B. 270.  
 M. F. W. 67  
 850M-8-18  
 H. Q. 1772-89-87

*paid*  
*R 12*  
*245*  
*R 149-1*







NAME

*Darling*

RANK AND CORPS

*Inf.*

*G. G.*

*1<sup>st</sup> Can. Div. Amm. Col.*

REG'TL No.

*338049*

H. Q. FILE No. 649.

FOLLOWS  
No.

*Col.*

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY



LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
2496	No. 2 Can. fld. Amb.	23-6-17	Scabies
2496	to corps. Rest Stat.	23-6-17	"
2498	Rejoined Unit	28-6-17	"
A-30 <sup>(2)</sup>	No. 18. fld Ambulance	31-8-17	Piles. (Can. Artillery.)
B332	to " 1 Cas. Cl. Stat.	2-9-17	" " "
A37 <sup>(3)</sup>	to No. 10 Stat. St Amer.	5-9-17	Hyp. G.
A54 <sup>(3)</sup>	Discharged	23-9-17	Piles
B362 <sup>(1)</sup>	Gen Mil Colchester	30-9-18	Cont R/Knee acc
B371 <sup>(2)</sup>	P.P. Can Red + Spel Exptd	8-10-18	Cont R/Knee acc
B404 <sup>(3)</sup>	" " Disch.	15-11-18	" " " "



Gerald Glynn

**DARLING.**

Name ~~Deering~~ Rank *Gnr*

Reg. No. 338049

Unit *1st Can Div Ammunition, Colun*

Next of Kin *Cinacu*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1919</i>						
<i>23-6</i>	<i>Mo Can Hq Camb</i>		<i>Scabies</i>	<i>A196</i>		
<i>23-6</i>	<i>Corps Rest Stat</i>		<i>do</i>	<i>A196</i>		
<i>28-6-</i>	<i>Rejoined Unit.</i>		<i>do.</i>	<i>A298</i>		
<i>3-8</i>	<i>18 7 a.</i>	<i>✓</i>	<i>Piles</i>	<i>A-30</i>		<i>2004</i>
<i>2-9</i>	<i>16as big stat</i>	<i>✓</i>	<i>do</i>	<i>A-33</i>		<i>2052</i>
<i>5-9</i>	<i>10 Sky Hpe St Omer</i>	<i>✓</i>	<i>M y D Q</i>	<i>A-37</i>	<i>HA</i>	<i>13753</i>
<i>23-9</i>	<i>Discharged</i>	<i>✓</i>	<i>Piles</i>	<i>A-54</i>	<i>HA</i>	<i>14350</i>







Number 338049

Rank Gvt.

Surname DARTING

Christian Name Gerald Glynn

Units C.F.U. Theatre of War France

Date of Service 5-6-17.

Remarks 350 St Clair Ave West

Latest Address ~~388~~ ~~Palmerston Blvd,~~  
Toronto, Ont,

Roll No.

200m.-2-21.M.

B Page 20414



TOTAL SERVICE WHETHER  
AND HOW LONG

DATE AND PLACE OF BIRTH

DISEASE OR INJURY .....

OPERATIONS.....

RESULT OF OPERATIONS.....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION .....

(B) AS A TRANSFER (STATE WHERE FROM).....  
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT..... IN CAT

DATE OF DISCHARGE AS AN INVALID.....

DATE OF DEATH.....

DATE OF TRANSFER (STATE WHERE TO).....  
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED.....

NEXT OF KIN..... ADDRESS.....

..... HOSPITAL.....

*Handwritten:* 15244  
*Stamp:* REGN. REC'D 17 1922

M. F. W. 142.

1772-39-1171.

50m.-2-19.

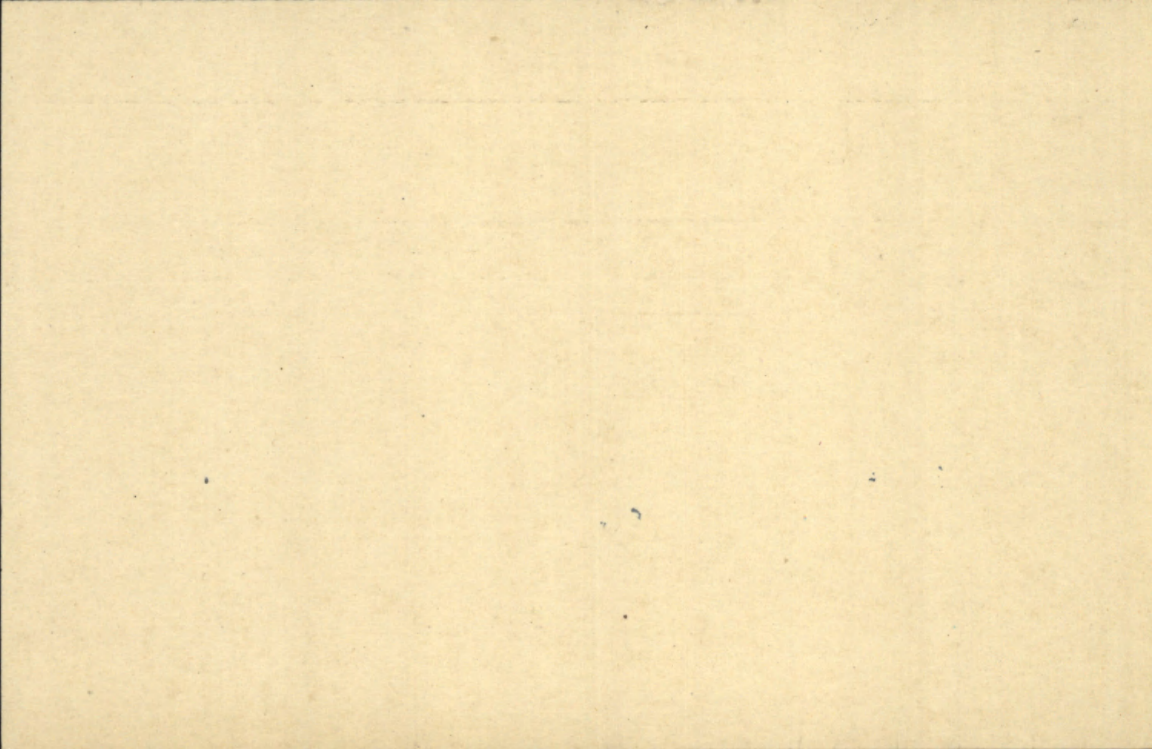
\* CROSS OUT



No. 338049. RANK *Env.*NAME *Darling, G.**G.*T. O. S. *trans. from Art. UNIT**67th Depot Battery C. I. A. C. E. I.**Det. 12-12-16 (D.O. 221 of 13-12-16).*M. D. *2.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Dec. 12.</i>	<i>1916.</i> <i>Dec. 31.</i>	<i>n.</i>		
<i>1917.</i> <i>Jan.</i>		<i>n.</i>		
<i>Feb.</i>		<i>n.</i>		
<i>Mar.</i>		<i>n.</i>	<i>trans. to O/S. 22-3-17.</i>	<i>D.O. 82 of 23.3.17.</i>







Cooden Camp, Devon

ADMITTING CARD.

F. F. FRANCE.  
Cambridge

Regt. No. 338049. A. & D. No.

Rank. Gm.

Name. Darling G. G.

Corps. C. of A. 245th Bty.

Religion. C of E. Age 26.

M. H. Rec'd 24/12 Service time overseas 17/12 M. H. Ret'd

Disease. Synovitis Knee Rt. (acc)

Admitted 7-10-18 Miltly Guel Hosp Colchester

Discharged 15-11-18 Kinnel Park Rly

Place in Hospital. DW 11, e 87

Transferred

Results DISCHARGED



REMARKS:

(Clerk)

SURNAME. *Warling*  
CHRISTIAN NAMES *Gerald Glynn.*  
REGL. No. *338049.* RANK *Gr.*  
UNIT *67th. Depot Bty. (3rd. R.D.)*  
FORMER COPPS *Q.O.R. (11 mos.)*

CARD NO. *4*  
*27*  
*30.9. Dis. 28-2-19.*  
FOLL. *Demob!*  
*Auth: Doc. Dis.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Warling Mrs. Agnes.*  
RELATIONSHIP TO SOLDIER *Mother.*  
ADDRESS *388 Palmerston Ave.*  
*Toronto Ont.*

COUNTRY OF BIRTH *Canada, Toronto Ont.* DATE *May 5th. 1891.*  
PLACE OF ATTESTATION *Toronto Ont.* DATE *Dec. 8th. 1916*

*R/C. 9-2-19  $\frac{263}{25}$  Gr.*



MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING *Clerk.*

RELIGION *Church of England*

DESCRIPTION.

APPARENT AGE

*25* YEARS

*7* MONTHS

HEIGHT

*5* FEET

*8½* INCHES

CHEST MEASUREMENT

*34* INCHES

EXPANSION

*4* INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*Brown.*

DISTINGUISHING MARKS

*Scar on 1st. finger right hand. mole left fore-arm.*

MEDICAL EXAMINATIO

PLACE

*Toronto Ont*

DATE

*Dec. 8th. 1916.*

*Present Address. 388 Palmerston Ave. Toronto Ont.*

Gerald Glynn

44-2-2.18

Name **DARLING**Rank **Gmm**Reg. No. **338049**Unit **2<sup>nd</sup> Bde. CFA**Also notify **M Darling, Nursing Sister**  
**4 Can Gen Hosp Basingstoke**  
**Hants. England.**Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
30-9	Gen Mil Hq. Colchester	Colchester	bank Rt			27648
8-10	P.P. C.A.X. Vch	Bechire	Free Sec	B362		28606
15-11	Discharged		do	B371		9513
	R.L. 15-11-18 will proceed to Hospital Pt Ryl immediate					
	Canch lower. D-157					

1669 W. Taylor





Name..... **DARLING** Gerald Glyn ..... Rank **Gnr.** Regtl. No. **338049**

Fyle Depot **24<sup>th</sup> Da. 272**

Original unit ..... Present unit **C.R.A.** ..... M. or S. Age **27** Religion **C.B.** Ref. H.Q. ....

Port, ship and date of arrival ..... **Haliex Germania 8-2-19** .....

Next of kin **Mother Agnes Darling 388 Palmerston Ave Toronto Ont.**

Address on leave..... **Same** .....

Address on discharge..... **Same** .....

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

Previous occupation..... **Clerk** ..... Date and place of enlistment..... **Toronto Dec. 8-16**

Diagnosis..... **Demobilization** ..... Date of Medical Boards..... **26.2.19**

Date.	Remarks.	Pt. 2 Order No.
<b>T.O.S. 1-2-19</b>	<b>Posted to Gas Co (Ex Camp) 8-2-19</b>	
	<b>Leave &amp; Subs from 12-2-19 to 26-2-19</b>	<b>45</b>
<b>28-2-19</b>	<b>SOS DISCHGD. DEMOB'N ENTITLED TO WSG.</b>	<b>57</b>

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

(over)



Date.

Remarks

2 Order No.

M. F. W. 192

150m.—5-18

1772-39-1243

Surname **Darling** Christian Name or Names **G.G** Reg. No. **338049**  
Rank **Co.** Unit **(6.A)** Troop **Batty.**

Gnr **1st.C.D. A.C.** Hospital **C. R. Stat & C.F. Amb. 28-6-17** Date of Admission

Transferred **18. Can. Field Amb.** Hosp. **31-8-17**

**1. Gas. Cl. Station.** Hosp. **2-9-17.**

**10 Stat. Hosp. St. Omer** Hosp. **5-9-17**

**Gen Mil., Colchester** Hosp. **30-9-18**

Diagnosis **Scabies**

- (1) **Piles**
- (2) **Cont. R. Knee. Acc. V.**
- (3)

Additional Diagnosis: if more than one state present

DISPOSITION

**E.L.L. 11-7-17 A496**

**14.7.17 A498**

**5.9.17 A. 30. (2)**

**Ch. 8.9.17 @ 33.**

**13-9-17 A 34 (3)**

**3.10.17 A 54.**

**2-10-18 B/362-1.**

**12-10-18 B371-2**

**20-11-18 B3404<sup>3</sup>**

Date

**Reg. unit 28-6-17**

Dis. REMARKS

**23.9.17.**

**Dis. 10-11-18.**

**A.M.D. 2 DEPT.**

**Bch. of D.G.M.S. O.M.F.C. London**



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. *N. P. G. R. G. Bexhill*

*8-10-18*

2.

3.

4.

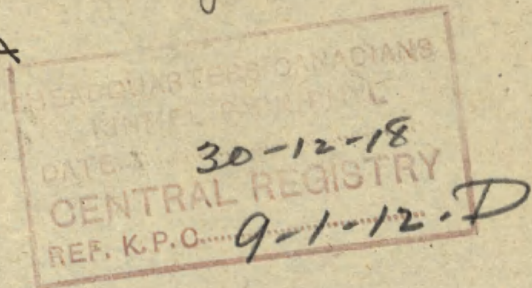
5.

6.

7.

Gunner G. G. Darling  
Hut 12. # 338049  
Camp Borden # 6RA  
C. Battery

Friday Dec 27<sup>th</sup> 1918.



To the Officer Commanding  
Kenney Park Camp.  
Canadian Head Quarters

Dear Sir

On reporting to the 1<sup>st</sup> C.B.D. Witney  
on Dec 10<sup>th</sup> I found they knew nothing  
of me, as my papers had never been sent  
from Kenney Park.

I arrived at Kenney about the 15<sup>th</sup> of Nov.  
as a casualty from Bexhill, and was put  
in Camp No 11. On Nov 29<sup>th</sup> I left for  
my sick leave, and reported to the 1<sup>st</sup> C.B.D.  
on the 10<sup>th</sup> of Dec., after being there for two  
weeks they sent me on ~~to~~ to this camp.  
I arrived here yesterday and I have inquired  
to-day about my papers but they know  
nothing about me here.

Would you kindly have this matter looked



Ask  
Area Record  
Office if they  
have this man's  
documents

---

into as I am eager to get back to Canada,  
and I can't do anything towards getting back  
till I get the papers

Yours truly

Gunner. G. G. Darling

# 338049



Area Record Branch

A/9-1-12D.

33

HEADQUARTERS  
ORDERLY ROOM  
31 DEC. 1918  
RHYL  
INDIAN SEGREGATION CAMP

SIGNAL DETAIL  
ORDERLY ROOM  
RHYL



## MEDICAL CASE SHEET.\*

No. in  
Admission  
and  
Discharge  
Book.

Regimental No.

Rank.

Surname.

Christian Name.

338 049

Sgt.

Darling

G. G.

Year

Unit.

Age.

Service.

CFA

26

24/12

Station  
and Date.

Disease

Symptomatic

PRINCESS PATRICIA CANADIAN RED CROSS  
Hospital  
Bexhill

Hospital

8.10.18

Wound still swollen and stiff.

M. M. M.

15 NOV 1918

Discharge to duty

M. M. M.



Station  
and Date.

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. **338049** (Rank) **Gnr.**

Name (in full) **DARLING GERALD GLYNN** enlisted in  
the **67th Batt.**

CANADIAN EXPEDITIONARY FORCE at **Toronto. Ont** on the **8th**  
day of **December-** 19**16**

HE served in **England and France.**

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

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

Age **27**  
Height **5' 8 1/2"**  
Complexion **Fair**  
Eyes **Blue**  
Hair **Brown**

Marks or Scars  
**Vacc. Scar Left Arm.**

*G. Darling*  
Signature of Soldier

*G. J. ...*  
Issuing Officer  
FOR  
Rank

Date of Discharge **Feb 28, 1919**

Signed at **Toronto. Ont** this **28th** day of **February** 19**19**

in Military District No. **No. 2**  
File Reference No. **FEB 28 1919**  
**DISTRICT DEPOT**

**S.S**

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



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

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

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



## SEPARATION ALLOWANCE.

Name *Mrs. Agnes Darling* Name of Soldier *Darling G. G.*  
 Address *388 Palmerston Blvd.* Regtl. No. *3 38049*  
*Toronto, Ont.* Rank *Gnr.*  
 Corps *67th Bty.*  
 Relation to Soldier *\$20.00 Apr. 17* To what Corps belonging }  
 wife, child or mother } when called out

## APR 1917 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				





1925  
10/25

10/25



ASSIGNED PAY.  
MILITIA AND DEFENCE

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

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2  
(Assignee)

L. L. Job 5470—Req. 6888.

*Mrs. Agnes Darling*

Name of Soldier

*Darling G. G.*  
*# 338049 - Gnr. 1 67th Bty.*

PAYMENTS.

*# 2000*  
*Apr. APR. 1917*

Month.	Year.	Cheque No.	Amt.	Remarks
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		J 12797	40	40 ch
June		P 17623	20	20 c
July		J 26634	20	Bd
Aug.		B 31699	20	B
Sept.		X 16696	20	e
Oct.		D 41657	20	
Nov.		Z 53060	20	
Dec.		I 52462	20	
Jan.	1918			150
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.				



J. Rank **DARLING, Gerald Glynn.** Reg'l No. **338049.**  
 Unit **Dft 67th Batty.** If in perm. Corps, }  
 What Unit? } **Married or Single Single.**  
 Place and Date of Enlistment **Toronto 8th Dec. 1916.** Place of Birth **Toronto, Ont.**  
 Name and Address, Next-of-Kin **Agnes Darling.** (ALSO NOTIFY M. DARLING NURSING SISTER, 4. CAN. GEN. HOSP. BASING STOKES, HANTS (and R.C.S.) - N.D. 6318)  
**388 Palmerston Ave. Toronto, Canada.** Relationship **Mother.**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ltd.-9546-16.

N/E. R.B. No. **11082**  
 File # **Law R**  
 Category

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.				
		<div style="border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <span style="font-size: 2em; font-weight: bold;">I</span> </div> <p style="text-align: center; color: red; font-weight: bold;">ARRIVED IN ENGLAND 7 4 17 S. S. MISSANABEE</p>			
13-4-17	Res Bde.	J.O.S. from Canada.	S. Cliffe	8-4-17	Pt II 103
6-6-17	do	S. O. on proceeding O'Sea to 1 <sup>st</sup> D.A.C.	do	5-6-17	157.
11-7-17	1 <sup>st</sup> D.A.C.	admi 2 <sup>nd</sup> Can. Field Amb	"	23.6.17	CLAH96. Seabree
11-7-17	"	Corps Post Stain	"	23.6.17	" "
14-7-17	"	Rejoined unit	"	29.6.17	" 498 "
6-7-17	"	ceases to be attached to column on being posted to 1 <sup>st</sup> D.A.C.	"	6.6.17	Pt II 127
28-7-17	"	S.O.S. on being posted to 2 <sup>nd</sup> Art Bn	"	11.7.17	138 + Pt II 0.117. 4/1.8.17.
12-8-17	2 <sup>nd</sup> Art Bde	att to No. 1 Coy. 1 <sup>st</sup> Can Div Train as Loader	Field	27.7.17	" " 125.
14-8-17	1 <sup>st</sup> D. Tr.	att to unit	"	29.7.17	" " 75
21-8-17	" "	ceases att.	"	7.8.17	" " 76 2 <sup>nd</sup> Bde Pt II 0 127-21.8.17

CHECKED  
 A.E.B. 10  
 3 JUL 1917  
 WSH



# DARLING, Gerald Glynn

338049

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.				
4-9-17	2 <sup>nd</sup> Bde. C.F.A.	Adm. # 18 F. Ambr.	Field	31-8-17	C.L.A. 30 Piles
7-9-17	"	1 Coas. Great Stair	Field	2-9-17	CLAS 33 "
12-9-17	"	10 Staty. Hoop	St. Cmi.	5-9-17	CLAS 37. NYDQ
2-10-17	"	Disch. ~ ~	Inc. "	23-9-17	CLAS 54 Piles
5-10-18	"	Invalided & Posted to C.A.R.D.	" Field	29-9-18	PI-10. 103. + C.A.R.D. 278. 9/5/10-18
18-11-18	C.A.R.D.	Am. Com. f. Rhyl.	Boston	15-11-18	" 322
31-12-18	"	S.O.S. to CBCRA	"	26-12-18	~ 36 Sep. C. Bde. C.F.A. PI 100. 10D 10/19.
24-12-18	"	Ceases % Rhyl & % 1 <sup>st</sup> C.C.D.	"	29-11-18	~ 358 Sep 1 <sup>st</sup> C.C.D. PI 100. 348. D 17-12-18.
28-12-18	1 <sup>st</sup> C.C.D.	Ceases % & % to C.R.A.	" Wittey	26-12-18	- 359
18-1-19	CBCRA	% Rhyl M.D. &.	"	13-1-19	~ 18 % M.D. #2. PI 100. 17. D 21-1-19.
30-1-19	ceases	S.O.S. on Posting to Res Bde C.F.A.	" ceases	30-1-19	PI 100. 30. + Res Bde 40 9/2/19
20-2-19	Res Bde	Ceases % & S.O.S. Canada	"	20-2-19	.. 51



*Temporary*  
**MEDICAL HISTORY of—**

Surname Darling Christian Names G G

**TABLE I.—General Table.**

Birthplace { Parish .....  
County .....

Examined { on ..... day of ..... 191  
at .....

Declared Age ..... years ..... days.

Trade or Occupation .....

Height ..... feet ..... inches. Weight ..... lbs.

Colour of Hair ..... Complexion .....

„ Eyes .....

Chest Measurement { Girth when fully expanded } ..... inches.  
Range of expansion ..... inches.

Physical Development .....

Vaccination Marks { Arm, RIGHT | LEFT  
Number .....

When Vaccinated .....

Vision { R.E.—V = ..... With Glasses { R.....  
L.E.—V = ..... L.....

Identification Marks, such as Tattoo, Moles, Scars, etc:—  
.....  
.....

Defects or Ailments:—  
.....  
.....

Examined and found—

**Fit for Grade** { I.  
II.  
III.  
IV.

(Strike out those which do not apply.)

Signature .....  
Chairman of Medical Board.

Re-examined for posting at.....  
On ..... day of ..... 191.....  
Enlisted { at .....  
on ..... day of ..... 191.....

	Corps	Regtl. No.
Joined on enlistment	<u>CFA</u>	<u>338049</u>
Transferred to	<u>48</u>	

**TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, Particulars of Dental Treatment, etc.**

Date	Brief details and Signature
<u>14-11-18</u> <u>3</u> <u>10i</u>	<u>[Signature]</u> <u>15 NOV 18</u>
<u>17.1.19</u>	<u>Kenno Park</u> <u>A [Signature] Capt.</u>

Special Remarks: state if a discharged Soldier  
.....  
.....

**TABLE IV.—Service Table.**

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Became non-effective by .....  
on ..... day of ..... 191.....  
(Signature) .....  
(Rank) .....







# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

A!!

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 338049 Rank Ser. Surname DARLING  
(Give name in full)  
Serald  
 Unit or Corps 2nd Co. 6 Birthplace Toronto Ont.

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

1. GENERAL DESCRIPTION:

Physique Fair Weight 129 lbs. Height 5 ft 8 1/2 in. Colour of Eyes Blue  
 Nutrition Normal  
 Pulse 72  
 Condition of arteries normal  
 Vision Rt. D. 20 Left D. 20  
 Hearing (conversational voice) Rt. 20 ft.  
 Left 20 ft.

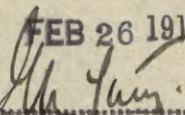
Identification marks, scars, or deformities.  
 (Give cause and date of origin.)  
vac. mark left arm.

Opinion as to general health and physical condition A!!

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems?  
 (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)  
 Nervous System no Genito Urinary System no Cardio-Vascular System no  
 Special Senses no Integumentary System no Respiratory System no  
 Disturbance of mentality no Muscular System no Digestive System no  
 Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

none. alb. my serg med.  
no hernia, haemorrhoids, varicose veins  
varicose, or goitre.

**APPROVED**  
 FEB 26 1919  
  
 CAPT.  
 FOR A. D. M. S. M. D. 2

(If space is insufficient, continue on back of form.)

[OVER]



# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

## THIS SECTION FOR USE IN CANADA—

Examined at...*Toronto*.....(Canada)

Date ...*25.2.19.*..... Signed ...*W. Farrelly*.....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature ...*E. Darling #338049*.....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]











**CANADIAN EXPEDITIONARY FORCE.**

M.F.W. 44.  
1188 (D.P.) 250M.-12-18.  
1772-89-908.

**LAST PAY CERTIFICATE**

Regimental No. 338049 Rank Gnr. Name Darling, G. G.  
 (Surname first)  
 Unit No. 2 District Depot. who was\* **DISCHARGED**  
 On FEB 28 1919 191....., to.....  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1. 2. 18 to FEB 28 1919 191...  
 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month	66 31	
Regimental Pay..... <u>28</u> days at \$ <u>1</u> c.....		28 00
Field Allowance..... <u>28</u> days at \$..... c. <u>10</u>		2 80
Separation Allowance		
Clothing Allowance		35 00
Post Discharge Pay		70 00
*Other Credits <u>Subs</u>		12 00
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>2488.9</u>	81 49	
<b>Total</b>	<b>147 80</b>	<b>147 80</b>

\*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of  
 Assigned Pay for the month of..... 191..... }  
 and Separation Allice. for month of..... 191..... } (to) Assignee .....  
 (Address) Nil  
 (†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

**ON TRANSFER OF AN OFFICER.**

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

**REMARKS:—**

State (1) date of enlistment ..... married or single S  
 (2) Separation Allowance, entitled or not No (3) Reason for discharge P.U.  
 (4) Authority for discharge or transfer Do 54

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

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

Date FEB 27 1919  
 Place TORONTO ONT

*Malcolm J. Cochrane*  
 PAYMASTER, No. 115 DISTRICT DEPOT  
 Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.  
 (B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.  
 (C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.  
 (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.







To be made out in duplicate.

H.Q. 54-21-23-53

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.....

67TH O.S. DEPOT BATTERY, C.F.A., C.E.F.

(2) Regimental Number 338049.....

(3) Full Name of Soldier Gerald Glynn Darling.....

(4) Place of Birth Toronto, Canada.....

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

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

(b) Present Postal Address.....

(7) Are you a widower?.....

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

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

Also their names and ages.....



(9) Is your Father alive? Yes, Charles Darling.

If so, state name and address 338 Palmerston Ave., Toronto, Canada.

(10) Is your Mother alive? Yes, Agnes Darling.

If so, state name and address 338 Palmerston Ave., Toronto, Canada.

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

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

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

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

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

(15) Are you insured? Yes.

If so, in what Company? National Life Ins., Co.,

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

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

Date January 23rd, 1917.

[Signature]  
Officer Commanding. LIEUT.  
COMD'G 67th O.S. DEPOT BATTY, C.F.A., C.E.F.



Please quote reference.....

Your reference.....

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT  
INVALIDED SOLDIERS' COMMISSION  
VOCATIONAL BRANCH

To :—THE OFFICER COMMANDING,

**NO 2 DISTRICT DEPOT**

338049 Gms  
Darling G

48 Army

SIR,—

I beg to inform you that the marginally named was interviewed by a Vocational Officer on.....19....., and all particulars with reference to his education and industrial history have been entered upon Form M.H.C. 156.

FEB 25 1919

*[Signature]*  
Vocational Officer.



DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT  
PENSION AND CREDIT COMMISSION  
NATIONAL BUREAU

No 2 Pension Form

The Commission's industrial survey have been conducted under the  
provisions of the War Relocation Act, and the Commission will reference  
to the Commission's industrial survey conducted under the War Relocation Act.

National Bureau

RECEIVED  
MAY 10 1945  
NATIONAL BUREAU  
OF SOLDIERS' CIVIL RE-ESTABLISHMENT  
PENSION AND CREDIT COMMISSION



HR  
15-11-18  
a R Can 2161

ORIGINAL

Original

MEDICAL HISTORY SHEET

338049

Surname Dwelling Christian Name Gerald W. Lynn

Examined { on 8th day of Dec. 1916, 91  
at Toronto, Canada.  
Birthplace { City or Town Toronto, Ont.  
County Canada.

Approved by W. MacLaurin  
Rank Capt M.O.  
Toronto Recruiting Depot.

Apparent age 25yrs 7mths  
Trade or occupation Clerk  
Height 5 feet 8½ Inches  
Weight 123½ lbs.  
Chest measurement { Minimum 30 inches  
Maximum expansion 34 inches  
Physical development fair  
Small-pox Marks nil

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	M.O.
15-11-18	DI	Herbells Capt	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Vaccination Marks { Arm Right Left 1  
Number 1

Date	Result	VACCINATIONS	M.O.
Jan 20/17		W. Cornell	M.O.
			M.O.
			M.O.

When Vaccinated last 1906  
(a) Marks indicating congenital peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection Left ankle weak

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
JAN 13 1917		W. Cornell	M.O.
Jan 20/17		W. Cornell	M.O.
Jan 27/17		W. Cornell	M.O.

Enlisted on 8th day of December 1916. 191 at Toronto, Canada.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	District Artillery Depot	338049		Dec 8/16
Transferred to	RESERVE BRIGADE C.F.A.			8 APR 1917

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

CANADIAN

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.

W. Cornell 15.11.19

J Mo



Surname *Starling* Christian Name *Henry Glyn*

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
EXHIBITION CAMP TORONTO	<i>11/12/16</i>										
No. 2 C.F.A.		23	6	17	23	6	17	Scabies		A496-A496	
Corps Rest Stn.		23	6	17	28	6	17	do	Rej. Unit.	<i>Jeff</i> A496-A498-2 PC.	
GOLCHESTER GENERAL MILITARY		30	9	18	7	10	18		8		
<i>P.P.E.R. X. Hoops London</i>		7	10	18	15	11	18	<i>Synovitis knee.</i>	<i>Discharged to Duty</i>	<i>W. Phillips Capt</i>	











\* Strike out whichever is applicable.

ASSIGNED PAY. <b>ENGLAND</b> OR <b>CANADA.</b>	SEPARATION ALLOWANCE. <b>ENGLAND</b> OR <b>CANADA.</b>
EFFECTIVE DATE: <b>1-4-1917/19</b>	EFFECTIVE DATE: -
AMOUNT: <b>20<sup>00</sup></b>	AMOUNT: -
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	
<b>Mrs Agnes Darling (Mother)</b> <b>388 Palmerston Blvd.</b> <b>Toronto Ont.</b>	

NAME: **DARLING Gerald G**

NUMBER: **338049**

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<b>Gur</b>
UNIT AND TRANSFERS		
ORIGINAL UNIT	<b>Dep't 67<sup>th</sup> Depot Bty</b>	
DATE ACCOUNT FIRST OPENED	<b>1-4-1917</b>	
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D
		<b>Bde C 2A</b>

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
<del>2290</del>	<del>6/11/19</del>	<del>Gordon</del>	<del>141 60</del>	<del>8/6/18</del>	<del>868</del>	<del>Revised - Hoop Rd.</del>	<del>245 06</del>

**Can Sec 1/4/19**

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
<b>Gur</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>10</b>

PARTICULARS OF RENDERING NON-EFFECTIVE: **Disch'd 31/1/19 Auth Gordon 1620 m.s. 2**

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Feb	<b>G.P.</b>	<b>33-</b>		<b>AP</b>					<b>1056</b>		
Mar				<b>AR 30 11/4/18 2 Bde</b>	<b>4 46</b>						
Apr				<b>80 21/4/18</b>	<b>3 57</b>				<b>15 53</b>		
May	<b>G.P.</b>	<b>34 10</b>		<b>AP</b>					<b>20</b>		
				<b>134 2/5/18 2 Bde</b>	<b>4 46</b>						
				<b>191 14/5/18</b>	<b>3 57</b>				<b>21 60</b>		
June		<b>34 10</b>		<b>AP</b>					<b>20</b>		
		<b>33-</b>		<b>AR 24 1/6/18 2 Bde</b>	<b>4 46</b>						
				<b>313 20/6/18</b>	<b>3 57</b>				<b>26 57</b>		
July	<b>AP</b>	<b>34 10</b>		<b>AP</b>					<b>20</b>		
				<b>353 3/7/18 1 Bde</b>	<b>4 46</b>						
				<b>366 13/7/18 2 Bde</b>	<b>3 57</b>				<b>32 64</b>		
Aug	<b>AP</b>	<b>34 10</b>		<b>AP</b>					<b>20</b>		
		<b>34 10</b>		<b>474 7/8/18 2 Bde</b>	<b>3 57</b>						
				<b>477 21/8/18</b>	<b>3 57</b>				<b>39 60</b>		
Sept	<b>AP</b>	<b>33-</b>		<b>674 2 C.F.A 18-9-18</b>	<b>3 57</b>						
				<b>537</b>	<b>11 9</b>						
				<b>AP</b>					<b>20</b>		
Oct		<b>33-</b>		<b>AP</b>					<b>20</b>		
		<b>34 10</b>		<b>AR 33-1 1 P.B.R + Jm. Bayville 9/10</b>	<b>9 73</b>						
					<b>9 73</b>				<b>49 83</b>		
		<b>34 10</b>							<b>20</b>		

1890 Issued to Cover 876 288







War Service Badge  
Class *2*  
No. *8443* issued

This space to be for numbers.

# Proceedings on Discharge.

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

No. **338049**

Rank **Gnr.**

Surname **DARLING GERALD GLYNN**

Christian name

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

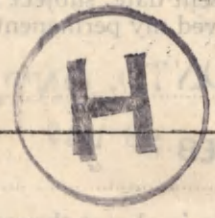
Corps (Squadron, Battery or Company) **67th Batt. (D.D.#.2)**

Date of discharge **FEB 28 1919**

Place of discharge **TORONTO, ONT.**

## 1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age..... <b>27</b> years..... months.	
Height..... <b>5</b> feet..... <b>8½</b> inches.	<b>Vacc. Scar Left Arm.</b>
Complexion <b>Fair</b>	
Eyes <b>Blue</b>	
Hair <b>Brown</b>	
Trade <b>Clerk</b>	
Intended place of residence (To be given as fully as practicable.)	<b>388 Palmeston Blvd Toronto. Ont</b>



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

### ON GENERAL DEMOBILIZATION

Authority for discharge **D.O.D.D.#.2 Pt 11 No 57**

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

E. S.

M. F. B. 218.  
200M.—5-18.  
H. Q. 1772-39-113.

(OVER)

*Noted under P.C. 20.3.19.*



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.

## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263 Squadron } Battery } Conduct Sheet, " B. 263a Company } 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.*



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 permanent Discharge Certificate.

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

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) **TORONTO, ONT.** *Gerald Lynn Darling* (Signature of Soldier.)

(Date) **FEB 28 1919** *H Sargeant Coy* (Signature of Witness.)

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

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

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

.....(Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) **TORONTO, ONT.**

(Date) **FEB 20 1919**

(Signature) *H Sargeant Coy*

For  
O.C. No. 2 District Depot.



**Reservations referred to at Para. 8.**

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

**List of Discharge Documents.**

Reg. 1 order sheet.	Minute form B. 201	Investigation Paper	Minute form W. 83
Sanction Battery Company	Conduct sheet.	Proceedings on Discharge	W. 113
Field Conduct sheet	W. 128		
Copies of Certificates by C. P.	in MS.		
Med. Hist. Sheet.	Minute form B. 314		
Casualty Form	W. 51		
Medical Report for Invalidity	W. 115	(a) Proceedings on Discharge	
Dental History Sheet	B. 405		
Last Pay Certificate	W. 44	(b) Application	
Duplicate Discharge Certificate	W. 302		
Form of Will	W. 82	(c) Medical History Sheet	

Documents not accompanying this form should be checked and

I hereby certify that the following documents are unobtainable.

UNOBTAINABLE DOCUMENTS

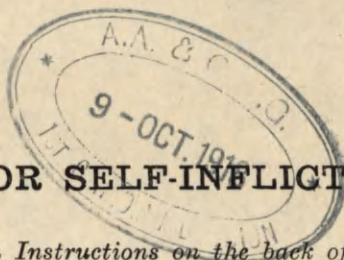
Under Commanding

at the time of discharge, and the following documents are unobtainable.

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.

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.





# REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES.

To be rendered in accordance with Instructions on the back of this Form.

1. Number, Rank, Name and Unit of injured man. *No 338044. S. G. G. Darling*  
*C. Ya. 487 Bge*

Date of Casualty. *29/9/18*

2. Nature, Location, and Severity of injury. (N.B. Field Ambulance to be notified at once if wound is believed to be self-inflicted).

*Contused to knee.*  
*Kick by horse.*  
*Leans of Lumber in collision.*

3. Short statement of the circumstances of the case. (Signed statements of witnesses to be attached to this Form).

*Summary attached*

4. Commanding Officer's opinion as to whether the man was:—

(a) In the performance of military duty. *yes.*

(b) To blame. *no.*

(c) Whether any other person was to blame. *no.*

Date *6-10-18*

*W. B. C. F. G.*  
 Commanding

5. (a) Opinion of G.O.C. Brigade.  
 (b) Disciplinary action taken or proposed, whether against injured man or another.

*no action necessary*  
*H. C. Thacker*  
*Brigadier*

Date *8.10.18*

Commanding Brigade.

6. To *D.A.G. 3rd Echelon*  
~~XXXXXX~~

Forwarded with reference to my Casualty Wire No. --- Dated ---

*Authentic from HQ*  
 Brig-General,  
 Cmdg. 1st Canadian Division.

Date *9-10-18.*

7. To D.A.G.,  
~~XXXXXX~~  
 XG.H.Q. 3rd Echelon.

Forwarded for Record. This casualty should be reported as **"INJURED (ACCIDENTALLY)"**

*S.P. Stamin*  
 Capt. S.C.

Date *14-10-18*

*for Major-General.*  
 DEPUTY ADJUTANT GENERAL.







**Casualty Form—Active Service.**

Regiment or Corps .....

Rank ..... Surname *DARLING* ..... Christian Name *GERALD GLYNN* .....

Religion ..... Age on Enlistment..... years ..... months

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

Date of promotion to present rank ..... Date of appointment to lance rank .....

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

Occupation ..... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ... Disembarked...		
<i>5.10.18</i>	<i>C.A.R.D.</i>	<i>T.O.S from 2<sup>nd</sup> C.F.A.</i>	<i>Witley</i>	<i>29.9.18</i>	<i>PRO-278 40</i>
			<i>J.D. Lunnell</i> LIEUT. FOR LT: COL / VC RECORDS, C.O.M.F.		
<i>17-1-19</i>	<i>C.A.R.D</i>	<i>S.O.S to Comp Bde CRA</i>	<i>Bordon</i>	<i>26-12-18</i>	<i>DD PA # 7</i>
			<i>W.P. Hannes</i> C.A.R.D.		
<i>10-1-19</i>	<i>Comp Bde CRA</i>	<i>T.O.S from C.A.R.D</i>	<i>Bordon</i>	<i>26-12-18</i>	<i>DD PA # 7</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) Signaller, Shoing-Smith, &c.



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

1919-19

Comp. Bdo  
CBI

In command to Kimmel Park Gordon 15-1-19  
 Segregation Camp pending  
 embarkation to Canada

Lieut. & Asst. Adjutant,  
 for Lt-Colonel, Commanding  
 Composite Brigade, C. I. A.

Attached C.C.C. Kimmel Park for  
 return to Canada. Part II Orders  
 No. \_\_\_\_\_ Ceases to be attached  
 16 JAN 1919

C.C.C. Kimmel Park on embark-  
 ing for Canada, Part II Order  
 No: ~~21~~ ~~31-131~~ ~~57-1-19~~  
 6-7/2/19

Commanding ~~1st~~ ~~2nd~~ Wing,  
 Kimmel Park Camp.

Embarked S.S. Carmania  
 Liverpool. Feb 1 1919

FEB 1 1919, S. T.O.S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. O. 4

28/2/19  
 S.O.S. (Discharged) No. 2 District Depot  
 Part II, D.O. No. \_\_\_\_\_

*[Handwritten signature]*  
 Lieut.  
 For C. Co. No. 2 District Dep.



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

M. OR S. *S.*

REGT. No. 338049

RANK

Gr. NAME (IN FULL)

DARLING, G.G.

28

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS					<i>C.F.A.</i>	<i>Same</i>	
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
<i>nil</i>							
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
ADDRESS					<i>8-12-16</i>		
					ASSIGNED PAY, \$	DATE EFFECTIVE	
					<i>20.00</i>	<i>1-3-19</i>	
					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					<i>Mrs Agnes Darling Mother</i>		
					ADDRESS		
					<i>388 Palmerston Blvd. Toronto</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE REASON	AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
						<i>Toronto 28/2/19 Demob</i>	<i>Do 57 Yes</i>

MONTH	PAY AND F. A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT	CREDIT	
Balance from previous account																							
31.1.19		<i>110</i>																					<i>Dr. Bat. Coy. &amp; P.C.</i>
1.2.1928		<i>120</i>	<i>30 80</i>	<i>35</i>	<i>70</i>	<i>147 80</i>																	<i>Dr. Bat. Coy. &amp; P.C. Feb-19</i>
																							<i>T.O.S. D.O. #10</i>
																							<i>12/2 26/2 D.O. #5</i>
153 days			<i>U.S.G.</i>																				<i>Dr. from Overseas see voucher</i>
			<i>350 00</i>			<i>350 00</i>																	<i>1st W. S. G. Paid by #2 D.D.</i>
						<i>876 358 76</i>																	<i>Dr from Overseas see voucher</i>
																							<i>W.S.G. PAID IN FULL</i>
																							<i>Captain</i>
																							<i>FOR PAYMASTER WAR SERVICE GRATUITY</i>







Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# D

714

April-17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

20			
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527 D3  
map

### PARTICULARS OF SEPARATION ALLOWANCE

No. 338049  
 Rank Gnr. Promoted Reverted Discharge  
 Soldier's Name G. G. Darling  
 Battalion 67<sup>th</sup> Batty  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name Mrs Agnes Darling  
 Address 388 Palmerston Blvd.  
 Change of Address Toronto, Ont  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
1917				
Dec 31			180	180
Jan	Q 66933		20	20
Feb	E 92384		20	20
Mar	a 121529		20	20
April	B 3974		20	20
MAY	0 12565		20	20
June	I 23766		20	20
July	G 28398		20	20
Aug	I 37590		20	20
Sept	L 47139		20	20
Oct	m 55069		20	20
Nov	I 57509		20	20
Dec.	T 62373		20	20
Jan	m 75212		20	20
Feb	P 80397		20	20
			<u>460</u>	<u>460</u>

4254-9-14. REMARKS

OK BK

M. F. W. 128.  
40M. 6-7-177239-1141  
L. L. 22220-M. & D. 1903.

..... A/c Closed 28-2-19  
 m D. 2. Ret'd per.....  
 Date... 8-2-19... F.X. 28-2-19  
 m R6 68968 Clerk..... J. Clarke









# 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 1st Lt Name L. G. G. G. Surname Graal  
 Unit or Corps 67 Bn (If a soldier) Regtl. No. 338049  
 Born at Toronto Can on, date May 5 - 1891  
 Signature (for identification) L. G. G. G.

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

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. no

Weight 145 lbs. est.  
 Height 5 9 ft. ins.

2. NUTRITION AND DIATHESIS ?

normal

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? 89

Intermittence or irregularity? no

6. ARTERIES.—Any hardening?

no

7. DIGESTIVE SYSTEM ?

normal

8. GENITO-URINARY SYSTEM ?

normal

Urinalysis—s.g.? 1.024

Reaction? ac

Albumen? no

Sugar? no

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 Knial Park Camp

Signed J. G. G. G. M.O.

Date Jan 16 - 1919

Signed J. G. G. G. 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 leaving the service

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

This examination is to be made by a Medical Officer of the Army, Navy, or Air Force, and the result thereof shall be reported to the Medical Director of the Department.

Name of the Officer or Soldier: \_\_\_\_\_

Rank: \_\_\_\_\_

Branch: \_\_\_\_\_

1. GENERAL APPEARANCE: \_\_\_\_\_

2. HEAD AND NECK: \_\_\_\_\_

3. CHEST AND LUNGS: \_\_\_\_\_

4. ABDOMEN: \_\_\_\_\_

5. LIMBS: \_\_\_\_\_

6. SPECIAL SENSES: \_\_\_\_\_

7. MENTAL CONDITION: \_\_\_\_\_

8. VISION: \_\_\_\_\_

9. HEARING: \_\_\_\_\_

10. SENSE OF TOUCH: \_\_\_\_\_

11. SENSE OF PAIN: \_\_\_\_\_

12. SENSE OF POSITION: \_\_\_\_\_

13. SENSE OF MOTION: \_\_\_\_\_

14. SENSE OF TEMPERATURE: \_\_\_\_\_

15. SENSE OF COLOR: \_\_\_\_\_

16. SENSE OF SOUND: \_\_\_\_\_

17. SENSE OF TASTE: \_\_\_\_\_

18. SENSE OF SMELL: \_\_\_\_\_

19. SENSE OF BALANCE: \_\_\_\_\_

20. SENSE OF ORIENTATION: \_\_\_\_\_

21. SENSE OF TIME: \_\_\_\_\_

22. SENSE OF SPACE: \_\_\_\_\_

23. SENSE OF DISTANCE: \_\_\_\_\_

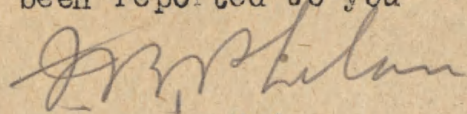


D.A.G., 3rd Echelon.  
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Forwarded herewith A.F.W. 3428 and statement  
of evidence relating to accidental injury to

No.338049, Dvr.G.G.Darling, 2nd Bde., CFA.

This has not previously been reported to you  
by this office.



Major.

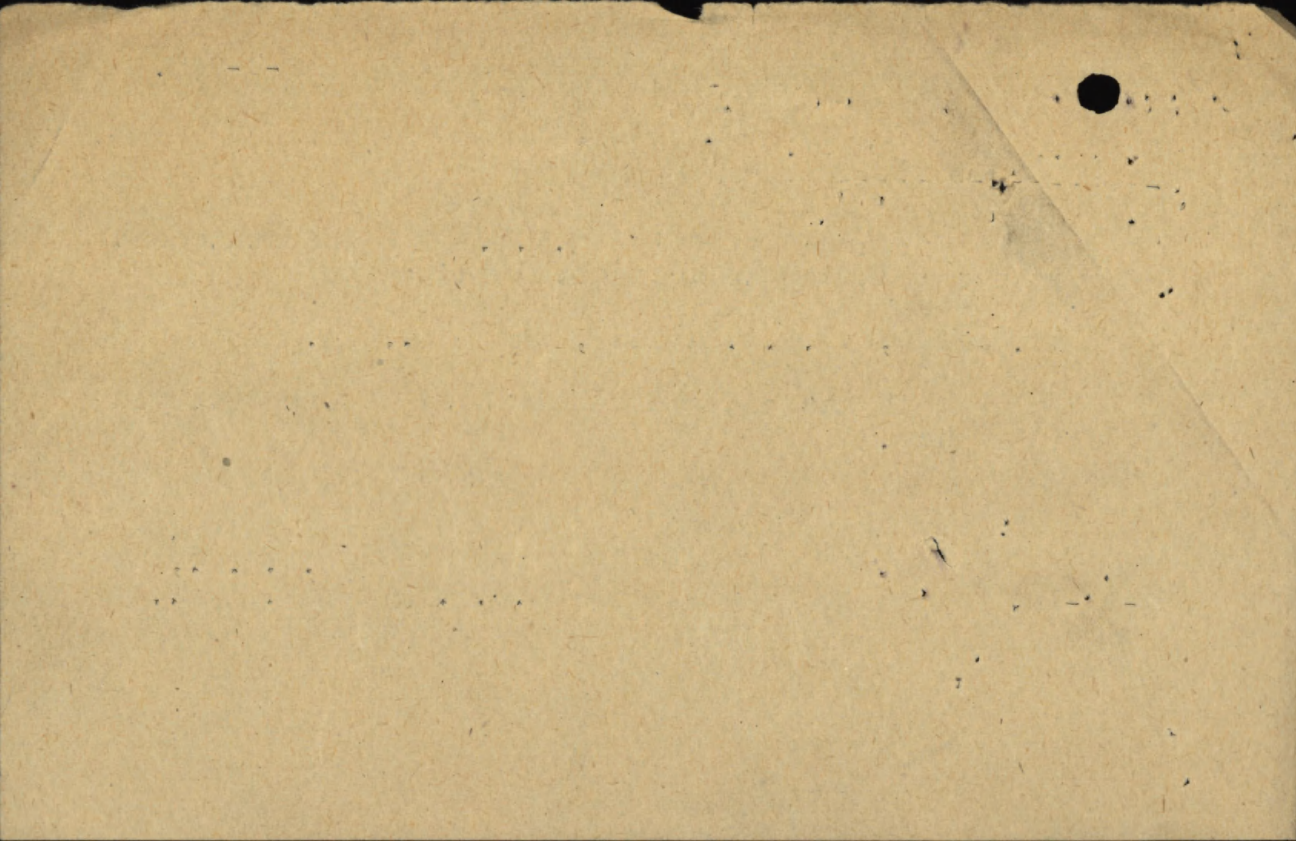
m D.A.A.G.,

for G.C.C. 1st Cdn.Divn..

9-10-18.









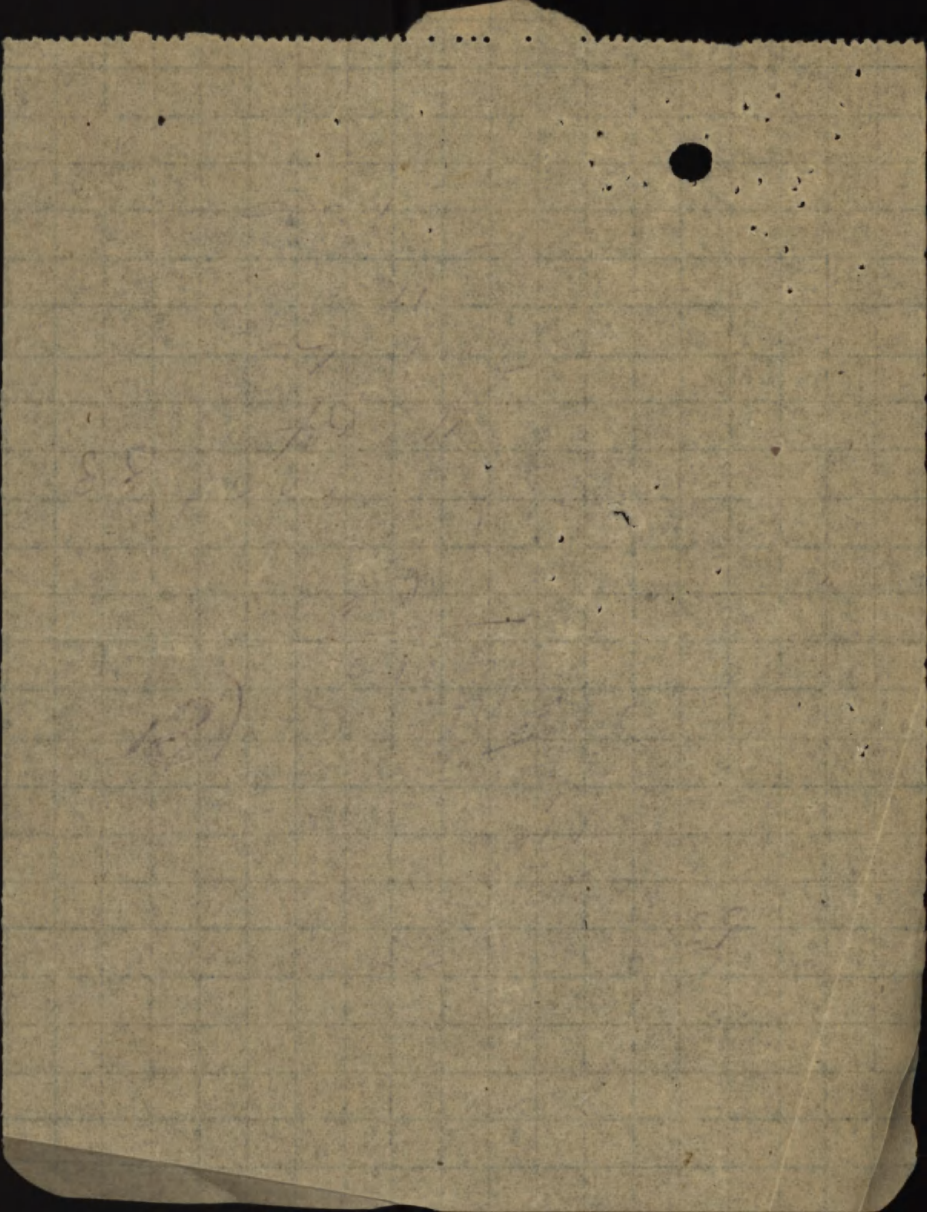
Statement by 344015  
Sgt. Earle W. Conner  
regarding injuries received by  
338049 Mr. Starling G. G.  
on 27/9/18.

Mr. Starling was working  
in a centre team at  
night, when passing  
my head of the lead  
to man the off lead  
he was visible on  
the floor. In my  
opinion the injury was  
purely accidental.

E. E. W. Conner  
344015

Earle W. Conner







Headquarters  
CVA

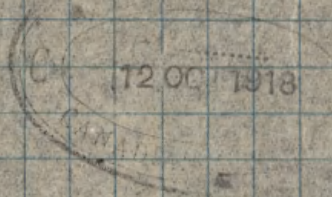


10-18

Reference attached AFM 2428  
for D<sup>o</sup> Darling. As it was a very dark  
night only one witness could be obtained  
to the accident.

Obtained Local  
~~AC 2<sup>nd</sup> Bde CFA~~

Forward.







1898