

ATTESTATION PAPER.

No. 636904

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Deacon*
- 1a. What are your Christian names?..... *Frank Maurice*
- 1b. What is your present address?..... *107 Station St Belleville*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Belleville Ont.*
- 3. What is the name of your next-of-kin?..... *Daniel W. Deacon*
- 4. What is the address of your next-of-kin?..... *107 Station St Belleville Ont.*
- 4a. What is the relationship of your next-of-kin?..... *Father* *Canada*
- 5. What is the date of your birth?..... *Dec 8. 1896.*
- 6. What is your Trade or Calling?..... *Clerk*
- 7. Are you married?..... *no*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *no*
- 9. Do you now belong to the Active Militia?..... *no*
- 10. Have you ever served in any Military Force?..... *no*  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *no*
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *no*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Frank Maurice Deacon*, 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.

*F. M. Deacon*..... (Signature of Recruit)

Date, *March 23* 1916. *C. R. Tibbitt*..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Frank Maurice Deacon*, 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.

*F. M. Deacon*..... (Signature of Recruit)

Date, *March 23* 1916. *C. R. Tibbitt*..... (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 *Belleville* this *23* day of *March* 1916

*A. M. Walker*..... (Signature of Justice)

# Description of *Frank Maurice Deacon* on Enlistment.

Apparent Age *20* years ..... months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height ..... *5* ft. *8* ins.

Chest measurement { Girth when fully expanded ..... *34* ins.  
Range of expansion ..... *3* ins.

Complexion ..... *Fair*

Eyes ..... *Blue*

Hair ..... *Brown*

*none*

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

## CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date ..... *March 23* 191*6*

Place ..... *Belleruth*

*[Signature]*  
Medical Officer:

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

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

## CERTIFICATE OF OFFICER COMMANDING UNIT.

*Frank Maurice Deacon* ..... 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.

*M. J. Adams* Lieut. Col. (Signature of Officer)  
Commanding 155th Overseas Battalion.

Date ..... *MAR 25 1916* 191*6*

REGIMENTAL DOCUMENTS

NAME *DEACON* *FRANK M. (Rt)* REGT. NO. *636904* UNIT *C O R D* H. Q. FILE NO.

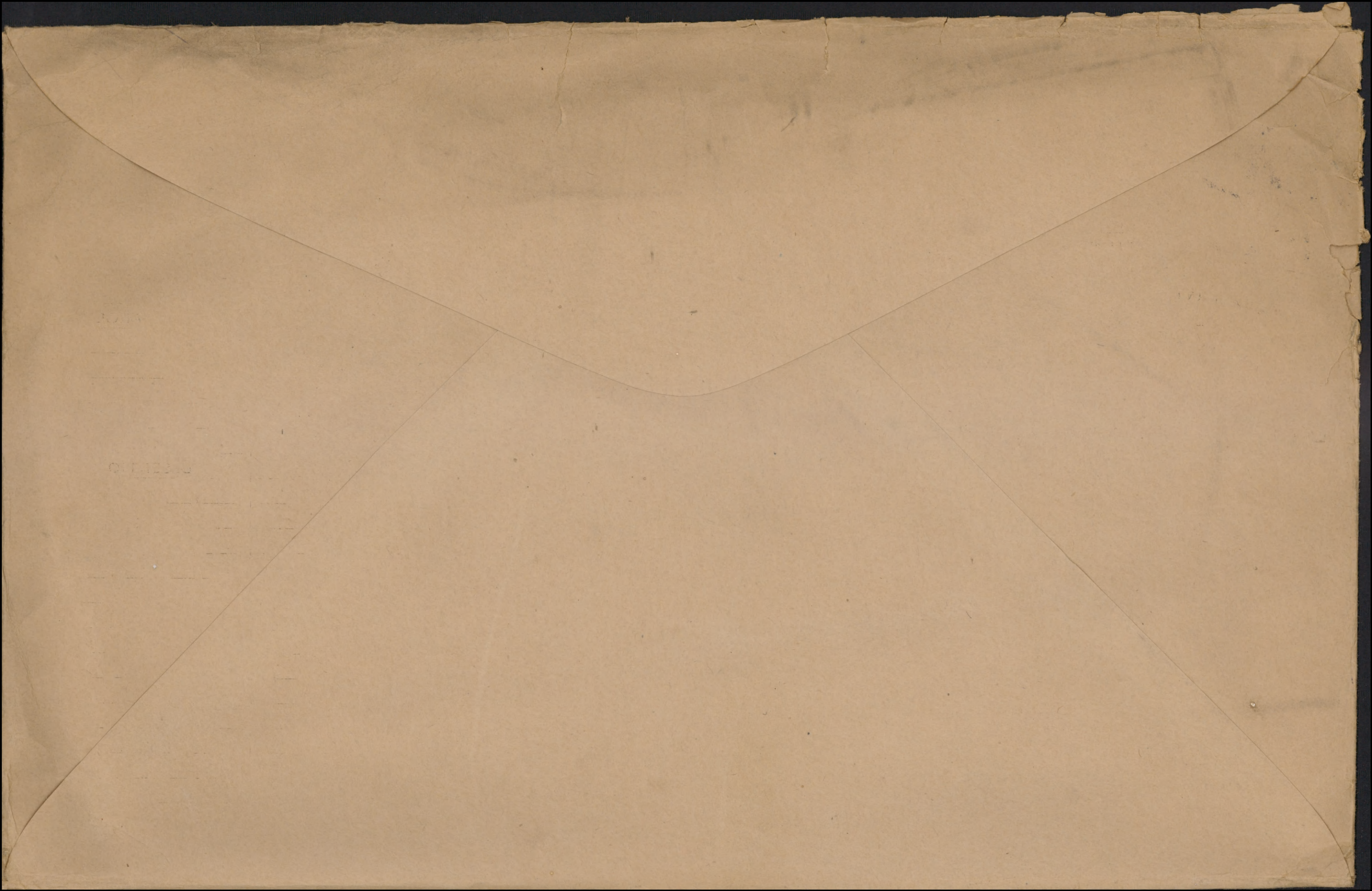
**S**

**H**

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
3 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				07738	Category
TRAINING HISTORY SHEET (M.F.W. 113)					
8 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)					
7 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>al mob</i>
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)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3225)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					9-14
<i>Disp Cert</i>					25-14
<i>M.F.W. 67</i>					34-14
<i>109</i>					2
<i>2 Cas Card</i>					
<i>1 Pay Card</i>					

**H**

**H**



# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

War Service Badge Class... *A*...  
No.... *279683* ... Issued

THIS IS TO CERTIFY that No. *636904* (Rank) *Plt*

Name (in full) *Frank Deacon* enlisted in  
the *155th Batt*

CANADIAN EXPEDITIONARY FORCE at *Bellville* on the *23rd*  
day of *March* 19 *16*

HE served in *France with 21st Battalion*

and is now discharged from the service by reason of *Demobilization.*  
~~Medical Unfitness.~~

---

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

Age <i>23 yrs</i> Height <i>5ft 9in</i> Complexion <i>Fair</i> Eyes <i>Blue</i> Hair <i>Sandy</i>	Marks or Scars <div style="text-align: center; font-size: 2em;"><i>Nil</i></div>
---	---

Signature of Soldier *Frank Deacon*

Date of Discharge

DISPENSAL AREA STATION H  
 KINGSTON  
 ONT.  
 MAY 23 1919  
 NO. 3 DISTRICT DEPOT

*G. F. Jewlands Lt*  
 O. C. Dispensal Area Station H  
 Issuing Officer

Rank \_\_\_\_\_

Date *April 24<sup>th</sup>* 19 *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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. \_\_\_\_\_

Name (in full) \_\_\_\_\_

enlisted in \_\_\_\_\_

the \_\_\_\_\_

CANADIAN EXPEDITIONARY FORCE in \_\_\_\_\_

on the \_\_\_\_\_

day of \_\_\_\_\_ 19\_\_\_\_

He served in \_\_\_\_\_

and is now discharged from the service by reason of \_\_\_\_\_

Medical Certificate  
\_\_\_\_\_

THE DESCRIPTION OF THIS SOLDIER as follows:

Age \_\_\_\_\_

Mark or Scar \_\_\_\_\_

Height \_\_\_\_\_

Complexion \_\_\_\_\_

Eyes \_\_\_\_\_

Hair \_\_\_\_\_

Signature of Soldier \_\_\_\_\_

Date of Discharge \_\_\_\_\_

Signature of Officer \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

19\_\_\_\_

It is the duty of the commanding officer of this force to issue and forward to the Secretary of the Department of the Interior, Ottawa, Ontario, a copy of this certificate when issued.

MADE IN CANADA

REPRODUCED FROM THE ORIGINAL RECORDS OF THE CANADIAN EXPEDITIONARY FORCE

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

## DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.D.3

### DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) Deacon, F.M.

REGIMENT 21. Bn. RANK Sig. No. 636904

Date of Examination in England 25-4-19. Date of Examination in France \_\_\_\_\_

1. This form will be made out for each individual at the time of Demobilization in England or France.

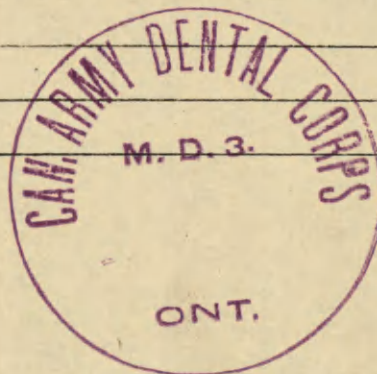
2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated



### PRESENT DENTAL REQUIREMENTS

1. FILLINGS 17
2. EXTRACTIONS 31
3. CROWNS
4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower



HAS HE EVER REFUSED DENTAL TREATMENT?

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

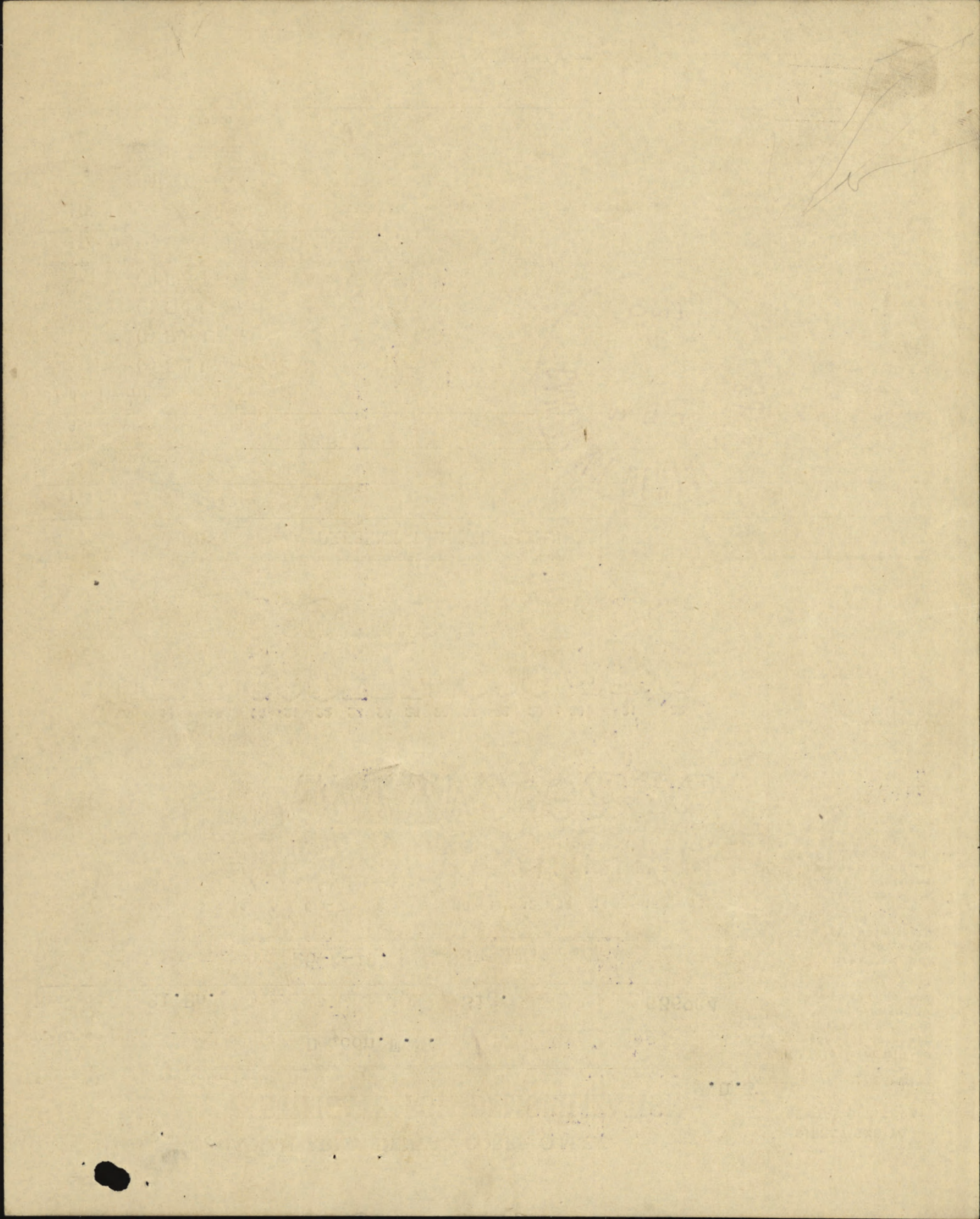
- (a) In Canada
- (b) In England
- (c) In France

*No*

KINMEL PARK,  
NORTH WALES

Signature of Dental Officer

*Howe Reid  
Capt*





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.....  
 155th OVERSEAS BATTALION, C.E.F.

(2) Regimental Number *626904*.....

(3) Full Name of Soldier *Frank Maurice Pearson*.....

(4) Place of Birth..... *Belleville, Ont*.....

(5) Are you married, or not?..... *nil*.....

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

(b) Present Postal Address..... *nil*.....

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

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

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

Also their names and ages..... *nil*.....

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

*Yes*

If so, state name and address

*Daniel W Deacon 107 station st. Belleville*

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

*Yes*

If so, state name and address

*Catharine Deacon, 107 station st. Belleville ont*

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

*no.*

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

*no.*

(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?.....

*no.*

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

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

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

*M. K. Adams* Lieut. Col.  
...Commanding 155th Overseas Battalion...  
Officer Commanding.

Date

*Sept 28/16*

4-1064

183

75

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

768

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

- 1. Christian names Frank 2. Surname DEACON
- 3. Rank pts 4. Original Unit 155th Bn 5. Reg. No. 626914
- 6. Address, in full, to which future payments of gratuity are to be forwarded  
107 Station St. Bellefleur Out.
- 7. Date of enlistment in the C.E.F. 23rd March 1916
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
- 9. Relationship of such dependent not applicable
- 10. Address, in full, of such dependent
- 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:—
- 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. Total service 24 mo 1 month  
7 months 155 Bn Canada 16 months 156 Bn England  
11 months 21st Bn France 4 months 50th Bn England
- 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

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? *no*
- (b) If so, was such reversion in consequence of misconduct or inefficiency? .....
24. Are you now serving in the C.E.F.? *no* If not, give:—(a) Date of discharge *22-5-19* (b) Reason for discharge *Wounded*
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 in which you served at the front and dates of such service with that unit *21<sup>st</sup> Bn. 15-3-18 to 18-11-18*
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? *no*

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. 12. 13. 14. 16. 17. 18. 19. 20. 24. 25. 26. 27 subsections are unanswerd

Signature of Applicant: *F. M. Deacon*  
 Place of Residence: *107 Station St Bellville Ont.*  
 Declared before me at: *Himmel Park Rhyf.*  
 This *24<sup>th</sup>* day of *April* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

*L. A. M. Anderson Major*  
**M. D. C. WING 3.**

**POST DISCHARGE PAY.**

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

District Paymaster.

CASUALTY FORM

ACTIVE SERVICE

A.F.B. 103

NUMBER *630904* RANK *Plt* NAME *Quinn J.M.*

*23/4/19* T.O.S.

UNIT *3*, KINKEL PARK.

PART 2, D.O. *99-26/4/19*

*11/5/19* S.O.S.

On transfer to C.O.F.  
CANADA.

On proceeding

PART 2, D.O. *114-14/6/19*

*11-5-19* T. O. S. *31/10/19* Discharged *22-5-19* Kingston *Ont.* Pt. 2 Under *146*

*S.D. King*  
for O. C. Dispersal Area Station

Embarked *5 3 Saturday*  
Glasgow May *11/19*



*W. Sheppard*

Officer i/o Records M.D.C. King 3.

NUMBER ..... NAME ..... GRADE .....

U.S. S. O. O.

by proceeding

U.S. S. O. O.

UNITED STATES

Transfer to U.S.A.

U.S.A.

U.S.A.

U.S.A.

.....  
Officer in Charge of Board of Inquiry

MILITIA AND DEFENCE  
**ASSIGNED PAY**

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

*Mrs. Catherine Deacon*  
 Sheet No. 2. (Assignee)

OVERSEAS CONTINGENTS

Name of Soldier *Deacon, A. M.*  
*626904 Cpl. 15<sup>th</sup> Bn.*

PAYMENTS.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Am't.	Remarks.
				<i>15<sup>th</sup></i> NOV 1 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>E 29977</i>	<i>15</i>	
Dec.		<i>P 34239</i>	<i>15</i>	
Jan.	<i>1917</i>	<i>738254</i>	<i>15</i>	
Feb.		<i>N 44486</i>	<i>15</i>	
March		<i>T 503070</i>	<i>15</i>	<i>15 (W) 0 49725 leave d</i>
April		<i>R 1237</i>	<i>15</i>	<i>15-15</i>
May		<i>L 7496</i>	<i>15</i>	
June		<i>F 14195</i>	<i>15</i>	<i>15-15</i>
July		<i>G 21042</i>	<i>15</i>	<i>15-15</i>
Aug.		<i>V 27682</i>	<i>15</i>	<i>15-15</i>
Sept.		<i>U 33920</i>	<i>15</i>	<i>15-15</i>
Oct.		<i>I 41076</i>	<i>15</i>	
Nov.		<i>X 33408</i>	<i>15</i>	
Dec.		<i>M 57210</i>	<i>15</i>	
Jan.	<i>1918</i>			
Feb.			<i>210</i>	
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.				



MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

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

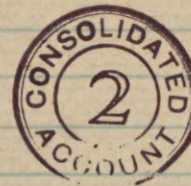
*Mrs.*  
 To Whom *Catherine Deacon,*  
 Address *107 Station St.,*  
*Belleville, Ont.*  
 Rate *15.<sup>00</sup>*

By Whom Assigned *Deacon, F. M.*  
 Regtl. No. *636904*  
 Rank *Cpl.*  
 Corps *155<sup>th</sup> Batts.*

NOV 1 1916

## PAYMENTS

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



1891  
1892









No. 636904 RANK

a/sgt.

NAME

Deacon. T m

T. O. S. 23-3-16.

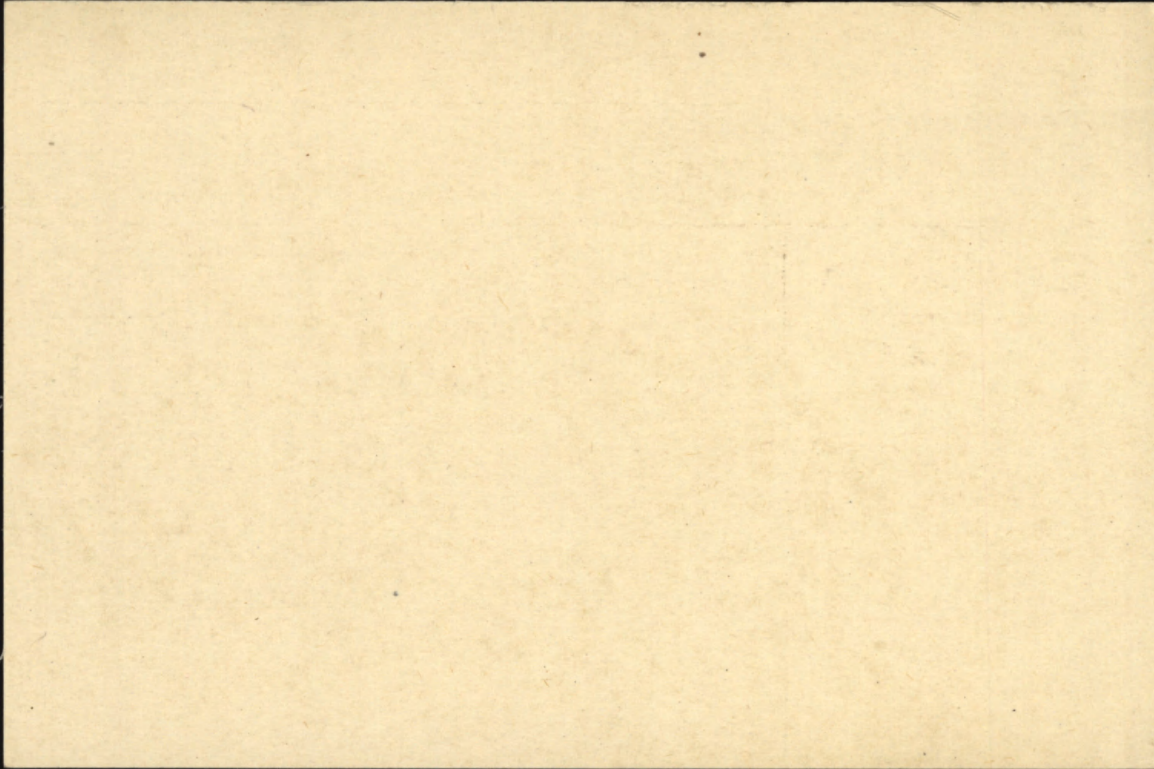
DD96 of 25-3-16

UNIT 105 Battalion

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar 23	1916 Apr 30	L.		
May		L.		
June		L.	Reverted to Rank 8-6-16	DD 162 of 9-6-16.
July		L.	a/c pl without pay absent from batlop awarded.	DD 169 of 16-6-16.
Aug		n.	10 Days Detention forfeits 21 Days Pay	
Sept		n.		
Oct		n.		

UNIT SAILED  
OCT 17 1916.





a 18

Number *636904*

Rank *W.C.*

*B*

Surname *DEACON*

Christian Name *Frank Maurice*

Units *21<sup>st</sup> Bn Can. Coy* Theatre of War *France*

Date of Service *6. 28-2-18*

Remarks

Latest Address *217  
107 Station St*

*Belleville, Ont-*

Roll No.

*B Page 18919*

200m.-2-21

TOTAL SERVICE WHERE..... DATE AND PLACE OF ORI  
AND HOW LONG

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 CA

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.....

\* CROSS OU

M. F. W. 142.

1772-39-1171.

50m.-2-19.

NAME

*Deacon Jr*

RANK AND CORPS

*Pvt.*

*21<sup>st</sup> Bn*

REG'T'L. No.

*636904*

H. Q. FILE No. 649

FOLLOWS

NO.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

a 314	no 6 Can Fed Amb	3-9-18	Impetigo
a 322	no 14 Can Fed Amb	12-9-18	"
a 345	25 Gen Hardelet	9-10-18	Impetigo
a 367	1 Comd. Spa Boulogne	11-11-18	"
a 377	no 10 Comd Spk Caucet	7-11-18	Impetigo
a 380	" " " Disch	<del>15-11-18</del>	"
a 447	Can Spa Witley	22-2-19	20
a 487	Disch	9-4-19	"

SURNAME.

Deacon,

CHRISTIAN NAMES

Frank Maurice.

REGL. No. 636904.

RANK Pte.

UNIT 155<sup>th</sup>.

FORMER CORPS

nil

3. CARD NO.

Area H.

S.O.S. Div. 22-5-19.

FOLL.

Demob.

Ant: D.O. 1400 of 22.10.

Batt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Deacon, D. W.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

107 Station St., Belleville, Ont.

COUNTRY OF BIRTH

Canada, Belleville, Ont.

DATE

Dec. 8<sup>th</sup> 1896.

PLACE OF ATTESTATION

Belleville, Ont.

DATE

Mar. 23<sup>rd</sup> 1916.

Sailed from Halifax 17-10-16

Per S S Northland R/C 21-5-19, 320/33.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Clerk.

RELIGION

Roman Catholic.

DESCRIPTION.

APPARENT AGE

20 YEARS

MONTHS

HEIGHT

5 FEET

8 INCHES

CHEST MEASUREMENT

34 INCHES

EXPANSION

3 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Belleville, Ont.

DATE

Mar. 23<sup>rd</sup>. 1916.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

DEACON

F.M.

636904

RANK

UNIT

CO.

TROOP

BATTY.

Pte.

EO 21

HOSPITAL

DATE OF ADMISSION

- |    |    |  |       |                      |
|----|----|--|-------|----------------------|
| 1. | 14 | 6 C.F. Amb.<br>b. f. Amb.              | HOSP. | 3-9-18.<br>12-9-18.  |
| 2. |    | 25. Gen. Hardelet.<br>l. C. H. B'agne. | HOSP. | 9.10.18.<br>5.11.18. |
| 3. | 10 | B. D. Ecault<br>C. S. Witley           | HOSP. | 4-11-18<br>22.2.19   |
| 4. |    |  | HOSP. |                      |

DIAGNOSIS

1. Impetigo at.
2. H. 10. G. 2.
- 3.

DISPOSITION

C.L. 9-9-18 A314-2

Dis. 13.11.18 DATE  
Dis. 9.4.19. REMARKS

18-9-18 322  
15-10-18 @ 345 @  
9-11-18 a 367.  
25-11-18 A 380-2  
21-11-18 377  
28-2-19 444  
16-4-19 C487

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.	
2.	
3.	
4.	
5.	
6.	
7.	







\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:- 1-11-16		EFFECTIVE DATE:-	
AMOUNT:- 15 <sup>00</sup>		AMOUNT:-	

NAME:- DEACON F. M.  
NUMBER:- 636904

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 Katharine Deacon Mother  
107 Station St  
Belleville, Ont  
*Stopped 1/5/19.*

PARTICULARS OF RANK OR APPOINTMENT			
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	
		Pte	
UNIT AND TRANSFERS			
ORIGINAL UNIT:- 155		Bn	
DATE ACCOUNT FIRST OPENED:-		1-11-16	
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T.S.F.D.	UNIT TRANSFERRED TO
			155 Bn
			21 Bn
			Canada

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>19/3/19</del>	<del>8077</del>	<del>Witley</del>	<del>242</del>				
<del>19/4/19</del>	<del>500</del>	<del>Seaford</del>	<del>487</del>				
<del>14/4/19</del>	<del>616</del>	<del>Seaford</del>	<del>972</del>				
<del>9/4/19</del>	<del>4051</del>	<del>Seaford</del>	<del>16</del>				
29/1/19		Seaford	110				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 <sup>00</sup>	10		

PARTICULARS OF RENDERING NON-EFFECTIVE

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Apr	Bel Seaford P.P.	33-		Can AD				15-	3128		
				22 9/4/18 21 Bn	446						
				20 R 370 31/18 66 R.C.	-07				4475		
		33-			453			15			
May	P.P.	3410		AD				15			
				AR 92 3-5 18 21 Bn	803						
				" 129 19-5-18 "	357						
		3410			1160			15	5225		
June		33-		Can AD				15			
				AR 224 8/6 21 Bn	446						
				2847 25/6 -	357				6222		
		33-		AD	803			15			
July	P.P.	3410		AR 20 8/7 21 Bn	446						
				✓ 632 21/7 "	357						
		3410		AD	803			15	7329		
Aug		3410		AR 732 7/8 21 Bn	357						
				- 966 24/8 "	357				8525		
		3410		CAP.	716			15			
Sept		33		" 1089, 21 Bn, 21/9/18	357			15	9968		
		33			357						
Oct	P.P.	3410		AD				15			
				no 14 (20) 26/9 OSB	446				11412		
		3410			466			15			
Nov		33		AD				15			
				3432 15/11 CD Bn	1399						
				4619 16/11 CB D	466						
		33			1865			15			

NUMBER 636904 RANK

NAME DEACON F. M.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Prot Toward	33			1865			15	114 12		
				3750 10/12 RECRE	373						
Dec.	P.P.	34 10		cat.				15			
1919				4394 17/12 ✓	373						
Jan	✓	34 10		cat.				15	144 21		off account 162/19
		101 20			26 11			45			
Feb	✓	30 80		cat.				15			
Mar.	✓	34 10		7040 11/19 E.G.D.	466						
				5114 4/1/19 cat	373						
				16895 30/11 E.G.D.	4867						
				2953 4/2 R.G.D.	2433						
				c.p. 6/2/19	4380						
				16195 (p.d.) 16/1/19 E.G.D.	1460						
				cat.				15	39 32		
		64 90			139 79			30			
Apr.	✓	33		cat.				15			
				8077 19-3 C.S.H. Witley	243						
				500 10-4 EOR	487						
				616 11-4 ✓	973						
				265 9-4 ✓	16						
				2378 Endor 26-4 Kennel Sta	973						
				3308 Endor 9-5 ✓	973				20 67		
		53			36 65			15			

to Canada 10.5.19 L.A. 6. 28

16441933  
 29.32  
 72.32  
 15  
 17.03  
 1.26  
 3329  
 39.03

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..... Susford ..... DATE..... 14-4-19 .....

1. 1 (a) Unit..... E.O.R.H. ..... (b) Regimental No..... 639604 ..... (c) Rank..... Plt. .....  
 (d) Surname..... DEACON ..... (e) Christian name..... FRANK M. .....  
 (f) Home address..... Bellville Ont. .....  
 (g) Next of Kin..... Mrs D. W. Deacon ..... (h) Relationship..... Mother .....  
 (i) Address of Next of Kin..... (Same as above) .....

2. Age last birthday..... 23 ..... Date of birth..... 11-12-1895 .....

3. Enlistment, or Appointment (if an Officer) (a) Place..... Bellville Ont. ..... (b) Date..... 23-3-16 .....

4. Personal description:  
 (a) Height..... 5 ft 9 ins ..... (b) Weight..... 147 lbs ..... (c) Complexion..... Pale .....  
(stripped) not  
 (d) Colour of hair..... Brown ..... (e) Colour of eyes..... Blue ..... (f) Identification marks, Scars, etc. ....  
Two small scars front right knee.

5. Former trade or occupation..... Clerk. .....

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	22

	PERIODS	
	From	To
Canada.....	23-3-16	18-10-16
England.....	18-10-16 11-1-19	28-2-18 Present
France or other theatres of War.....	28-2-18	11-1-19

7. Original disease, or injury..... V.D.H. .....

(a) Date of origin..... Unknown 1917 ..... (b) Place of origin..... England .....  
 (c) Cause..... Actual Service Conditions .....

M. F. B. 227.  
400M.-11-12.  
1773-90-117.

**I AM SATISFIED**

*F. M. Deacon.*

**BOARD CONFIRMED**  
Kilgus Ont.

22-5-19  
R. M. Wilson  
C. A. M. G.  
A. H. G. G.

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.)

Weakness, General, Slight

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.)

Heart beat 90 per min at rest. Rises to 120 upon slight exertion.

Blood pressure 80 to 94 Sys. General condition only fair.

Apey beat slightly down and out.

Soft murmur, systolic in time, heard best at apey, transmitted slightly to axilla.

Compensation good

He complains only of slight shortness of breath upon exertion.

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

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

Special Senses..... NO Respiratory System..... NO Integumentary System..... NO

Disturbances of Mentality..... NO Digestive System..... NO Muscular System..... NO

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

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

Says he was quite fit ever since enlistment until the present. Only, he was once or twice forced to fall out on route marches while in training in England in 1917. Since then has carried on, but was forced to fall out on a long route march in France.

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).)

*Impetigo 3-9-18 to 3-11-18*

*no disability*

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

*Two small scars front of knee*

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.)

*N.A.*

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?

*(a) no (b) no*

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

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

*Six months*

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

*none*

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

*no*

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

*yes*

17. Recommendations

*R. A. Druehobul Capitan*  
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, *Pte F. M. Deacon* 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 *NIL*

*F. M. Deacon* Pte. Rank.  
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes except 9 @ Bl. Ps. 125-80  
no murmur from Valve heard.  
7. D.A.H. for V.D.H.

19. Is the invalid fit for

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

Yes B & C

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.)

Boarded for return to Canada  
Auth A.G. Jul. 9083 11.11.18

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

PLACE Seaford  
DATE 14.4.19  
President: H. M. C. Capt  
Members: J. B. Lieut

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 D. P. Byers Capt Assistant Director of Medical Services.  
APPROVED BY Director-General of Medical Services.

DATE..... DATE.....



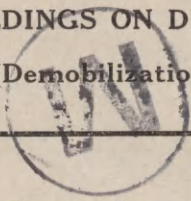


H/3

M. D. 8

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

War Service Badge Class A  
No. 279683 Issued



1. No. 636904

2. Rank. Pfc.

3. Name. DEACON - Frank W.

4. Unit. E.O.R.D.

5. Date of Discharge 12-5-19 Place Kingston Ont

6. Reason for Discharge EMBARKED 11 5 19  
SATURNIA GLASGOW  
21st Reg.  
155th Div.  
B.I.F.

War Service Badge Class "A" No. \_\_\_\_\_

7. Authority RO 1420

8. Proposed Residence after Discharge Mother  
107 Station St. Belleville 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. 839

Frank W. Deacon  
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place \_\_\_\_\_

Date \_\_\_\_\_

To Officer issuing Discharge Certificates  
Hold for further physical examination.

M. O.  
(name)  
[Signature]  
(rank) Signature

G. C. Dispersal Area Station H  
(O. C. Discharging Unit.)

Medical Documents Forwarded to C.R. or B.P.C. on Date JUN 2 1919

Kingston Ont  
MAJ 1919  
DISPERSAL AREA STATION H

G. C. Dispersal Area Station H  
(O. C. Discharging Unit.)

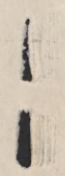
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PK

STATE OF NEW YORK  
IN SENATE  
January 10, 1911.

REPORT OF THE  
COMMISSIONERS OF THE LAND OFFICE  
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE  
MAY 11, 1909.

ALBANY: J. B. LIPPINCOTT COMPANY, PRINTERS.  
1911.



LIST OF DISCOUNTS

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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

Group A  
Checked by No. 21  
CMS  
Date 8-5-19

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

M. OR S. \_\_\_\_\_ REGT. No. *636904* RANK *Pte* NAME (IN FULL) *DEACON, Frank.*  
 (BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT C.E.F. *155<sup>th</sup> Bn* IF IN P.F. WHAT UNIT? \_\_\_\_\_

PLACE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

DATE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

ASSIGNED PAY \$ *15-<sup>10</sup>/<sub>100</sub>* DATE EFFECTIVE \_\_\_\_\_

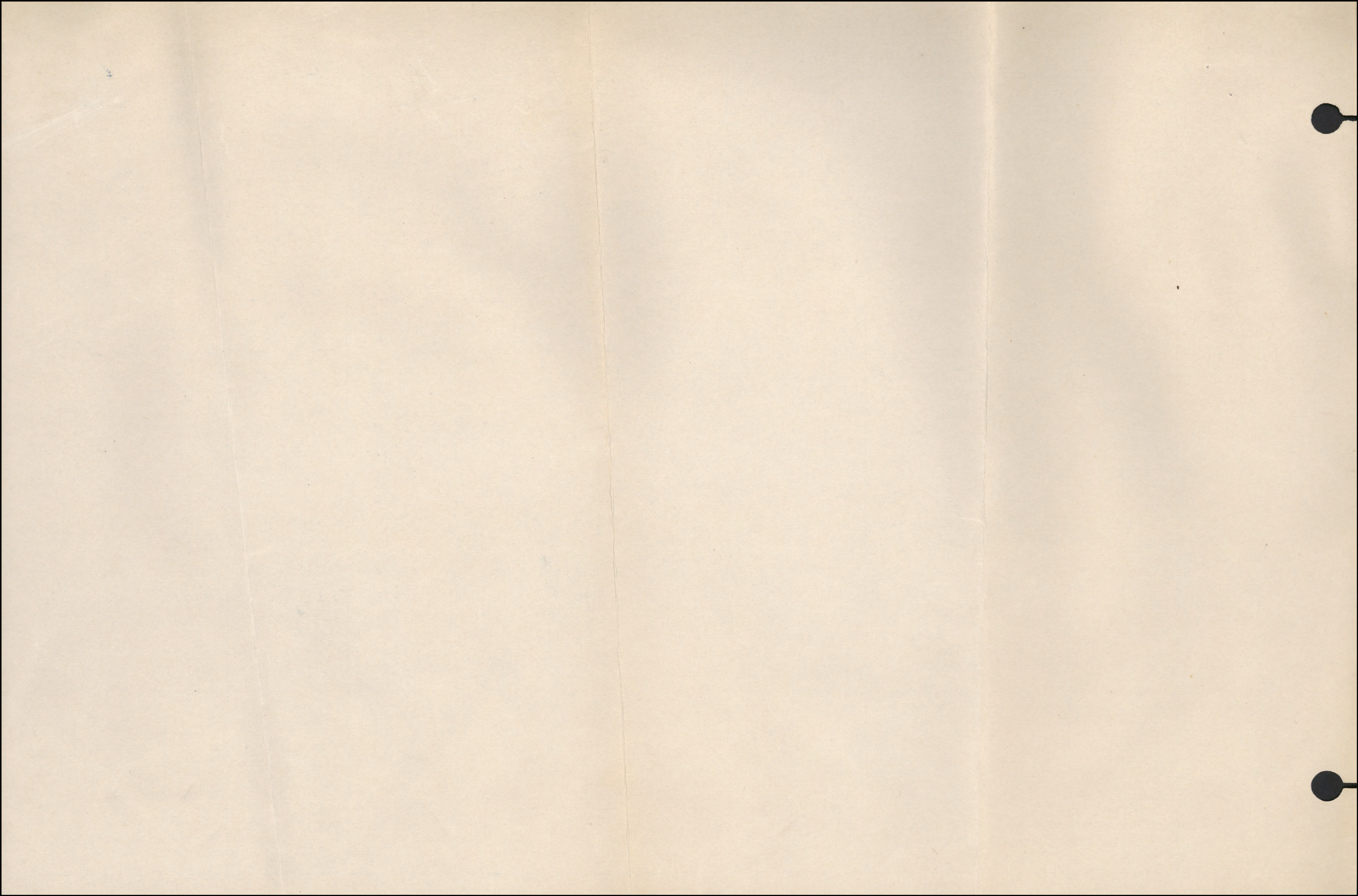
PAYABLE TO *Mrs. Catherine Deacon Mother* RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS \_\_\_\_\_

ADDRESS *107 Station St. Belleville Ont*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE \_\_\_\_\_ EFFECTIVE \_\_\_\_\_

DISCHARGED *Kingston* PLACE \_\_\_\_\_ DATE *22/5/19* REASON *Demob.* AUTHORITY \_\_\_\_\_ IF ENTITLED TO POST DISCHARGE PAY \_\_\_\_\_

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		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	S	C.	S	C.	S	C.	S	C.	S	C.		S	C.
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.													
May	26	1.00	25.60		35.00	139.03						19.46	4.87	5.00	128.30	15.00				172.63			39.03	Returned "Saturnia"	
																		4.40		4.40			4.40	Bal. per Eng. L. P. Co. Clothing Allow. and 1st Payment W. S. G. Pay to Estimate date of discharge. Advances in England. Boat Money, Train Money. Overpaid 4 days on discharge. M. F. W. 2595 Reid	
																								1st Payt W. S. G. as above	
																								dr. Bal.	
																								931234 June 23/19	
																								949792 July 18/19	
																								1292466 Aug. 21/19	
																								1311407 Sept. 27/19	
																								1322456 Oct 18/19	



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# D

2176 Nov. 1-1916.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15.			
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### PARTICULARS OF SEPARATION ALLOWANCE

No. **636904**  
 Rank **Cpl.** Promoted Reverted Discharge  
 Soldier's Name **F. M. Deacon**  
 Battalion **155 Battr**  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name **Mrs Katherine Deacon**  
 Address **107 Station St. Belleville**  
 Change of Address **Out**  
 1  
 2  
 3  
 4

*424.75*

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec. 31.			210	210	
Jan	T 66465		15	15	c
Feb	E 93828		15	15	
Mar	A 122962		15	15	
Apr	B 5324		15	15	
May	O 14012		15	15	
June	J 25134		15	15	
July	Q 29785		15	15	
Aug	L 39006		15	15	
Sept	N 41871		15	15	
Oct	M 56547		15	15	
Nov.	L 58975		15	15	
Dec	T 63365		15	15	
Jan	O 69283		15	15	
Feb	P 81663		15	15	
Mar	J 83684		15	15	
Apr	Q 684		15	15	
May	J 6383		15	15	
			<b>465</b>	<b>465</b>	

4344-7-14

A/c Closed **3/5/19**  
 Ret'd per **Saturma**  
 Date **22/5/19** M.F.W. 187  
 Clerk **W. Kent** 27/5/19  
 mko. 11/836 **Wentroy**

AUDITED.

M. F. W. 128  
 400M-6-17-1772-89-114  
 L. L. 22320-M. & D. 7493.

*31/5/19*







Casualty Form—Active Service.

Regiment or Corps 21st CANADIAN BATTALION

Rank Pte Surname Deacon Christian Name Frank Maurice

Religion Age on Elistment 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		
	10 Con Dep.	Impetigo - Discharged to	Rest Camp	13-11-18	M. 6977.
9-1-19	CG B.D.	Trans to England and posted to	Witley	11-1-19	
16-1-19	E.O.R.D.	T.O.S. reporting from 21st Bn	Seaford	14-1-19	Pt 59019
		rated to Depot Company			
		S. A. S. to Kinmel Park, Seaford			

Thos B Chapell  
Lieut. for Lt.-Col., A. A. G.  
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

23 APR 1919

23 APR 1919





636904

Deacon, F. M.

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				
28.2.18.	156 th. Bn.	Proceeded overseas for service with 21 st. Battalion.	Witley	28.2.18	DO Pt 2. 48 <i>Amherst</i> Major. for Adjutant, 156 th., C.I. Bn.
7/2.18.	156 <sup>th</sup> Bn	On coming to Dis Train	Witley	6.2.18.	PRO 30 USCP <i>Jahaw</i> LIEUTY FOR LT: COL: I/O RECORDS. C.O.M.E.
	2 C.C.B.D.	Arrived & Taken on Strength 21st Canadian Battalion.	2 C.C.B.D.	1-3-18	Part II Ord. 16 d/ 5-3-18
	2 C.I.B.D.	Left for C.C. Rein. C.	Field	3-3-18	N.R.
	C. C. Rein. C.	Arrived. Can. Corps Rein. Camp.			
16/3-6-7-19	21st BATTALION	JOINED UNIT 21st BATTALION	Field	15-3-18.	B. 213.
	Do	Awarded Good Conduct Badge	Field	23-3-18	Part II Ord. 50 d/ 13-7-18
	5 C.F.A.	Impeligo - Adm & train	6 C.F.A.	3-9-18	H. 5670.
	6 C.F.A.	Adm	Do	3-9-18	H. 6153.
	Do	Trans to	14 C.F.A.	12-9-18	H 9155. -
	14 C.F.A.	Adm	Do	12-9-18	-K. 543. -
	Do	Trans to	C.C.S	8-10-18	} L. 1024.
	1 C.C.C.S.	Adm.	1 Cdn CCS	8-10-18	
	Do	Trans. to	24 A.T.	9-10-18	} L. 1198.
	25 Genl.	Adm.	25 Genl	9-10-18	
	1 Con Dep.	Adm	1 Con Dep.	5-11-18	M. 3112
	25 Genl	Trans to	Do	5-11-18	} M. 3926
	1 Con. Dep	Trans to	10 Con. Dep.	7-11-18	
	C.C.B.D.	Arrived a	C.C.B.D.	16-11-18	M. R. 510
	C.I.B.D.	Left for C.C. Rein. C.	Field	20-11-18	D. 1473.
	C. C. Rein. C.	Arrived.	C.C.C.	20-11-18	A 1240
	10 Con Dep.	Adm	10 Con Dep	7-11-18	M. 6500

J.P.

Rank Name DEACON, Frank Maurice -

Reg'l No. 636904.-

Unit 155th Bn.

If in perm. Corps,  
What Unit?

Married or Single Single.-

Place and Date of Enlistment Belleville. 23rd March.1916. Place of Birth Belleville.Ont.-

Name and Address, Next-of-Kin Daniel W. Deacon. -

107 Station St. Belleville. Ont. Canada. Relationship Father. -

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

W/E. R.B. No. 14971  
File R.L.  
Category *Can. OR.*

Discharge, Date and Place Reason Character

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-NORTH LAND			23.10.16	
8/12/16	C. 135 <sup>th</sup>	S.O.S. on trans 154 <sup>th</sup> Bn	Bramshott	8/12/16	Pt II D.O. # 344	
8/12/16	C. 154 <sup>th</sup>	J.O.S. on trans. fr. 155 <sup>th</sup> Bn	Bramshott	8/12/16	Pt II D.O. 269	
27/1/17	C. 154 <sup>th</sup>	S.O.S. on trans to 156 <sup>th</sup> Bn	Witley	27/1/17	Pt II D.O. 27	
29-1-17	156 <sup>th</sup> Bn	J.O.S. in train from 154 <sup>th</sup>		29-1-17	29	
7.2.18	✓	On com. 5 <sup>th</sup> Div. train	✓	7.2.18	Pt II 30.	
18.3.18	✓	Case on com. 5 <sup>th</sup> Div. train	✓	27.2.18	Pt II 32.	
2.3.18	156 <sup>th</sup> Bn.	Posted to 21 <sup>st</sup> Bn. O'Peas	Witley	28.2.18	Pt II 44. <sup>21<sup>st</sup> Bn</sup> Pt II 16 d 5.3.18	
13-4-18	21 <sup>st</sup>	Awarded G.C. badge	Field	23-3-18	50	
16-1-19	<del>156<sup>th</sup> Bn</del> 20 RD	posted from 21 <sup>st</sup> Bn O'Peas	Pt. Witley	14-1-19	Do B. 9 21 <sup>st</sup> Bn. Jout 23/19	

RECEIVED  
 189  
 6 MAR 1918  
 F.F. 153

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.				
14-4-19	E.O.R.D	S.O.S. to C.C.C. Rhyl. Md 3	Pto Suptd	23-4-19	8095 Md 3 No 99 of 26.4.19
		65-H-30		11-5-19	
12-5-19	M.D.C.W. 3	S.O.S. to Canada	.. Rhyl.	11-5-19	- 112

*a II*  
**ORIGINAL MEDICAL HISTORY SHEET.**

Surname Deacon Christian Name Frank Maurice

Examined { on 23 day of March 1916  
at Bellefleur  
Birthplace { City or Town Bellefleur  
County Ont

Approved by [Signature]  
Rank Capt M.O.

Apparent age 20  
Trade or occupation Clerk  
Height 5 Feet 8 Inches  
Weight 136 Lbs.  
Chest measurement { Minimum 31 inches.  
Maximum expansion 34 inches.  
Physical development Good  
Small-Pox Marks None

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

Vaccination Marks { Arm Right Left  
Number None

Date.	Result.	VACCINATIONS.
<u>May 23/16</u>	<u>good</u>	<u>ca tublow</u>
		M.O.
		M.O.
		M.O.

When Vaccinated last None  
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>16/2/14</u>	<u>good</u>	<u>4.4 tubs</u>
		M.O.
<u>July 4/16</u>	<u>good</u>	<u>ca tublow</u>
		M.O.
<u>July 20/16</u>	<u>good</u>	<u>ca tublow</u>
		M.O.
<u>Aug 14/16</u>	<u>good</u>	<u>ca tublow</u>
		M.O.
<u>7 APR 17/2/17</u>	<u>good</u>	<u>NEW</u>

Enlisted on 23 day of March 1916 at Bellefleur

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>155th Batt</u>	<u>636904</u>		<u>23/3/16</u>
Transferred to	<u>154 Bn.</u>			<u>8/12/16.</u>
	<u>156 Bn</u>			<u>25/1/17</u>
	<u>21st Bn</u>			

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD.**

STATION.	DATE.	DISEASE.	RESULT.
<u>D.M.B. Seaford</u>	<u>14.4.19</u>	<u>D.A.H.</u>	<u>Bii jabbo pp tent. Came.</u>
<u>Barnfield W.D. 403</u>	<u>22-4-19</u>	<u>D.A.H.</u>	<u>Bii D.A. Com. Can see</u>

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

