

931598

ORIGINAL ATTESTATION PAPER.

No. 931598

NO. 2 CONSTRUCTION BATTN. C. E. F. CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Ellsworth*
- 1a. What are your Christian names? *Leo*
- 1b. What is your present address? *President out*
- 2. In what Town, Township or Parish, and in what Country were you born? *President out*
- 3. What is the name of your next-of-kin? *Martha Stewart*
- 4. What is the address of your next-of-kin? *President out*
- 4a. What is the relationship of your next-of-kin? *Mother*
- 5. What is the date of your birth? *Oct-27/1893*
- 6. What is your Trade or Calling? *laborer*
- 7. Are you married? *no*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *yes*
- 9. Do you now belong to the Active Militia? *no*
- 10. Have you ever served in any Military Force? *no*
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, *Leo Ellsworth*, 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.

Date *Oct-3* 191*6* *Leo Ellsworth* (Signature of Recruit) *J.P.J. McKeen* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Leo Ellsworth*, 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.

Date *Oct-3* 191*6* *Leo Ellsworth* (Signature of Recruit) *J.P.J. McKeen* (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 *President* this *3rd* day of *October* 191*6*.

John T. Lusk (Signature of Justice)
for County of *Hud*

Description of Leo Ellsworth on Enlistment.

Apparent Age.....22 years 11 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height.....5 ft. 11 ins.

None

Chest measurement { Girth when fully expanded.....37 1/2 ins.
 Range of expansion.....4 1/2 ins.

Complexion.....dark

Eyes.....Grey

Hair.....Black

Religious denominations.
 Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....
Appostate Faith
 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.....Oct 3 1916

J. J. Williams
Dresden
 Medical Officer.

Place.....Dresden

*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.

Leo Ellsworth.....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.

C. H. Rees Capt (Signature of Officer)

Date.....Oct 27th 1916.

29/3/19

REGIMENTAL DOCUMENTS



NAME ELLSWORTH LEO. (Pte) REGT No. 931598 UNIT 2nd Const. Bn.

NON-EFFECTIVE BY.....CATEGORY.....

Demob'd

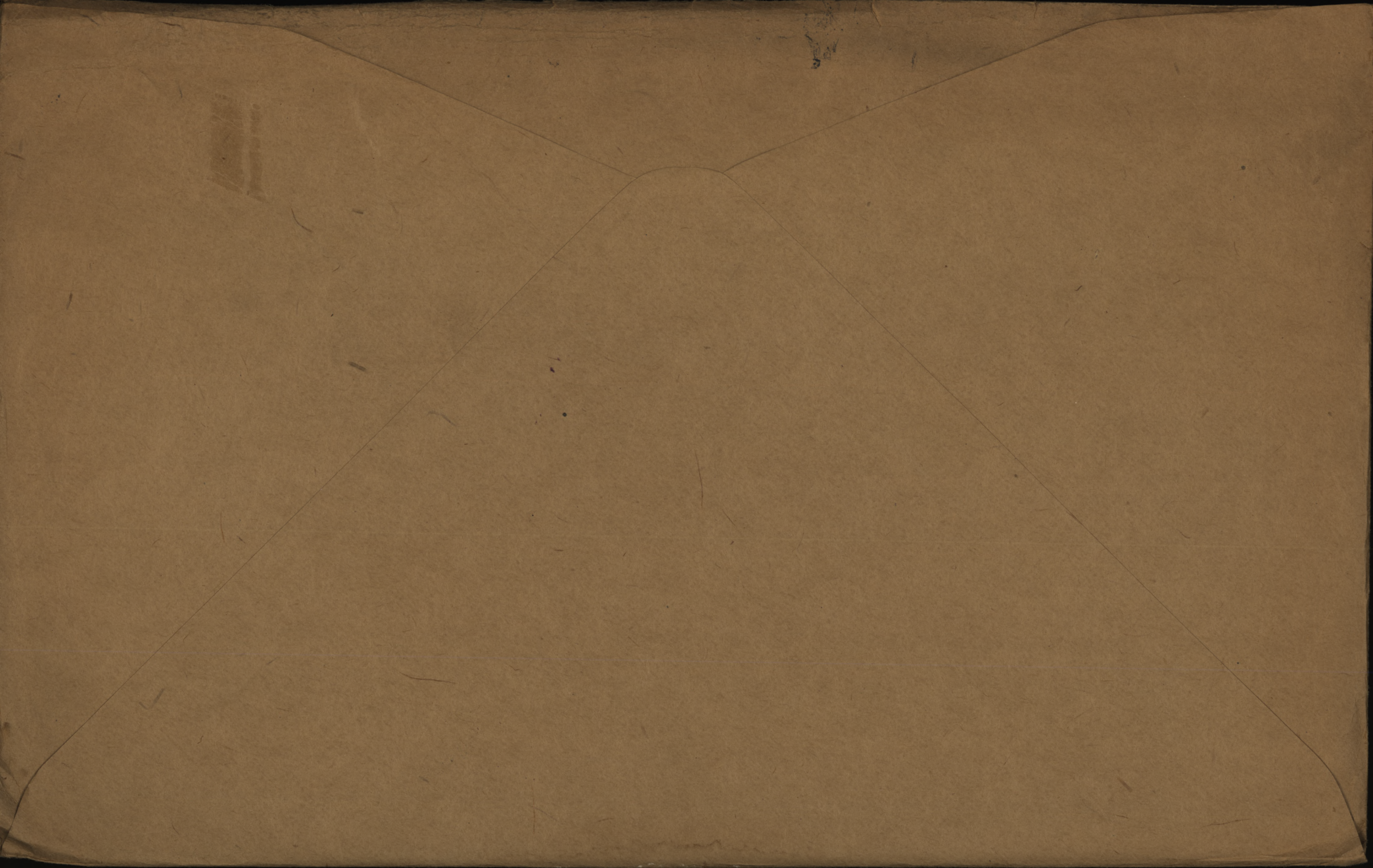
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- REGIMENTAL CERTIFICATE ON DISCHARGE (C. N. 1. /
- INDEX CARD (M. F. W. 71 or 132) /



05557

R122-1
PE-1



26
Number

Rank

Surname

Christian Name

Theatre of War

Date of Service

Remarks

Latest Address

Roll No.

200m. - 2-21.M.

DATE

HISTORY

931598

ELLSWORTH

Leo

Dte [Signature]

C.O.R.C.C

France

17/5/17. Me Dougal St.

Windsor Ont

~~Box 262 Dresden~~

Ont

Page 15907

CASUALTY BRANCH

(FILES)

NAME _____ H. Q. _____

NO. _____ RANK _____ M. D. _____

UNIT (C.E.F.) _____ UNIT _____

ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____

DESP. AUG 18 1927
REGN. NO. 1963

HISTORY

DATE

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

MARRIED SINGLE WIDOWER

TRADE OR CALLING Labourer. RELIGION Apostolic Faith

DESCRIPTION.

APPARENT AGE 22 YEARS 11 MONTHS

HEIGHT 5 FEET 11 INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION Dark EYES Grey HAIR Black.

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Dresden, Ont.: DATE Oct-3rd 1916

Present-Address - Dresden, Ont.

SURNAME.

Ellsworth 64983254

I. CARD NO.

CHRISTIAN NAMES

Leo

S.O.S. No. 7-2-19
FOLL. Demob
W.O. 87 of 6-2-19
N.W.I.

REGL. No.

931598

RANK

Pte

UNIT

202 Construction

Ben

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Stewart - Mrs. Martha

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Dresden, Ont.

Box 262 (with Letter Oct. 15 - 1917)

COUNTRY OF BIRTH

Canada. Dresden, Ont.

DATE

Oct 27th 1893.

PLACE OF ATTESTATION

Dresden, Ont.

DATE

3/10/16

R/E 17-1-19 ²⁵⁴/₂₀ bpl

No. 931598.

RANK

Cte.

NAME

Ellsworth Leo.

T. O. S. 3-10-16

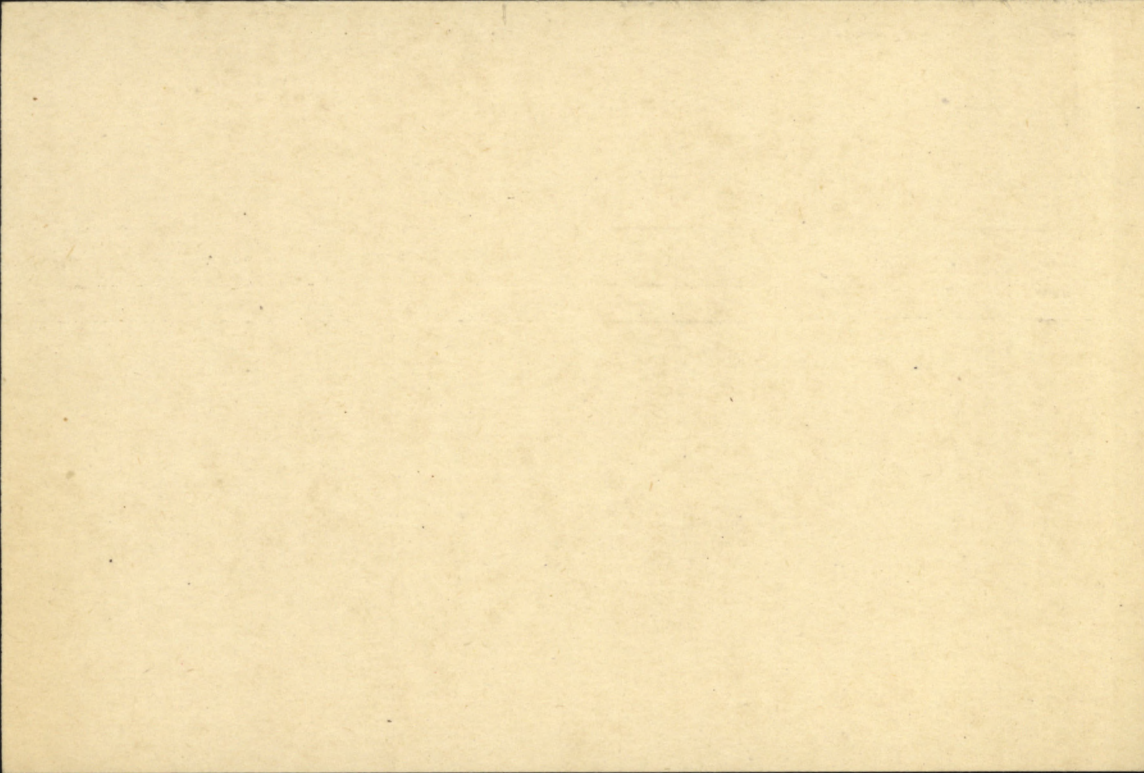
UNIT

No 2. Construction Battalion

D.O. 66-1-11-16

M. D. 6

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916 Oct. 3.	1916 Nov. 30	✓		
	Dec.	✓		
1917	Jan 1917	✓		
	Feb.	✓		
	Mar.	n.		



Name **ELLSWORTH Leo** Rank **Pte.** Regtl. No. **931598**

Original unit **2nd Wons** Present unit **2nd Cons** M. or S. Age **26** Religion **App. Faith** Fyle Depot **IDD 10-E-90** Ref. H.Q. **1D-30-E-334**

Port, ship and date of arrival **Halifax, N.S. OLYMPIC 17-1-19**

Next of kin **Martha Stewart, Dresden, Ont.**

Address on leave

Address on discharge **Box 262, Dresden, Ont.**

Transportation issued Yes No Date Character on discharge

Previous occupation **Laborer** Date and place of enlistment **Oct. 3rd 1916, Dresden, Ont.**

Diagnosis **N.A.** Date of Medical Boards **Feb. 5th, 1919, London, Ont.**

T.O.S.	Remarks.	Pt. 2 Order No.
10-1-19	No. 1 D.D.	
20-1-19	Posted to Cas. Coy and granted furlough with subsistence allowance to 5-2-19	29

Date.

Remarks

Pt. 2 Order No

7-2-19

Discharged from H.M.S. On Demobilization. (P.D.P.)

37

COPY ONLY
CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. **931598** (Rank) **PRIVATE**
Name (in full) **ELLSWORTH, Leo** enlisted in
the **2ND CONSTRUCTION BATTALION, C.O.H.F.**
CANADIAN EXPEDITIONARY FORCE at **DRESSER, ONT.** on the **THIRD**
day of **OCTOBER, 16, 19**
HE served in **FRANCE (with 2ND CONSTRUCTION BATTALION)**
and is now discharged from the service by reason of **ON DEMOBILIZATION**

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

Age **25**
Height **5 - 11**
Complexion **DARK**
Eyes **GRAY**
Hair **BLACK**

Marks or Scars
SCAR LEFT FOREARM

Signature of Soldier



Date of Discharge

S. Fletcher
Issuing Officer **CAPT.**

Rank

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

Appointment

FEBRUARY, 19

Signed at **LONDON, ONT.** this **SEVENTH** day of **FEBRUARY, 19**

in Military District No. **ONE**

File Reference No. **DD-30-3-334**
DD-10-3-90

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 _____ day of _____ 19 _____

Name of Officer _____

Rank _____

Appointment _____

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

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

A.W.W.

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

250M.—1-16.
 H. Q. 1772-39-920.

Casualty Form Active Service.

Unit, Regiment or Corps

No. 2 CONSTRUCTION, B'D. C.F.

Regimental No. 931598 Rank Pte ✓ Name Les Ellsworth ELLSWORTH
 Enlisted (a) 3-10-16 Terms of Service (a) Period of war 6 months Service reckons from (a) 3-10-16 ✓
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

CORRECTED
 JUN. 1917
 CAN. RECORDS, LONDON.

Report	Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
			Embarked, Canada	Halifax	25/3/17	
			Disembarked, England	Liverpool	7/4/17	
			Proceeded Overseas.	Seaford	17/5/17	Pt 2 D.O.#
						J.R. Barnhill Lieut. for
						Landed in France 17-5-17 NR.
	5-1-18	occunit	att to 1 Dist CTC.		30/12/17	B213
	21.9.18	ad 43	Granted on duty leave	UK	21.9.18	B213 p. 55 of Dec 1917
	12.10.18	do	Repans from leave	Sweden	9.10.18	B213
	19.10.18	do	Boarded on H.M.S. Gadsby	"	3.10.18	B213 p. 59 of Dec 1918

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				

11¹²/₁₈

mag

Trans to Reg Depot Bramshott

14¹²/₁₈ KR 3024

b.a. Hewett

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

17.12.18

M.S.R.D.

T.O.S. and att'd 2nd b.b.D. for Quarters & Rations

Bramshott

14.12.18 D.O. 305

NSRD

ON COMMAND TO

E.D. Kinmet
Rhyl

BRAMSHOTT

PART II D.O.

NSRD 3/3

27¹²/₁₈

Do.

J.O.S.M.D.#1 Core Camp.

Rhyl

LONDON, ONT. DISCHARGED FEB -7 1919

ON DEMOBILIZATION

Embarked for Canada.

b.a. Knight
LIEUT.
OFFICER IN RECORDS,
NOVA SCOTIA REGTL DEPOT

A.E. Avery
for C.E., M.D.#1 Wing

10-1-19

From O/S

Taken on strength No. 1 District Depot

London: D.O. 29

F.A. Herman Lieut

S. Hatcher Lieut for O/S
O.C. Discharge Section, No. 1 D.D.

NO. 1 DISTRICT DEPOT

JM

Rank _____ Name **ELLSWORTH, Leo.** Reg'l No. **931598**
 Unit **No. 2 Const. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Dresden. 3rd Oct 1916.** Place of Birth **Dresden, Ont.**
 Name and Address, Next-of-Kin **Martha Stewart.**
Dresden, Ont. Relationship **Mother.**

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

N/E. R.B. No. **5983**
 File R.L. _____
 Category **OR CAN**

Discharge, Date and Place _____ Reason _____ Character _____

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

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England. S. S. Southland		7.4.17	
14.6.17	2 nd Con Bn	Arrived in France	Field	14.5.17	11-500.115
29.10.18	2nd Bn	awarded one good. con badge		3.10.18	59
16-12-18	NSRD	TOS from 2 nd Con Bn	Bshott	14-12-18	+305+71 d/ 19-12-18 2 nd con
27-12-18	NSRD	Te to C.D.D. Bshott		27-12-18	D.O. 313
19 JAN. 1919	NSRD	SOS to CEF	Bshott	9 JAN. 1919	PT2DO 16
		CANADA			

A.F.B. 123 CHECKED
 29 MAY 1919
 A.W.W.

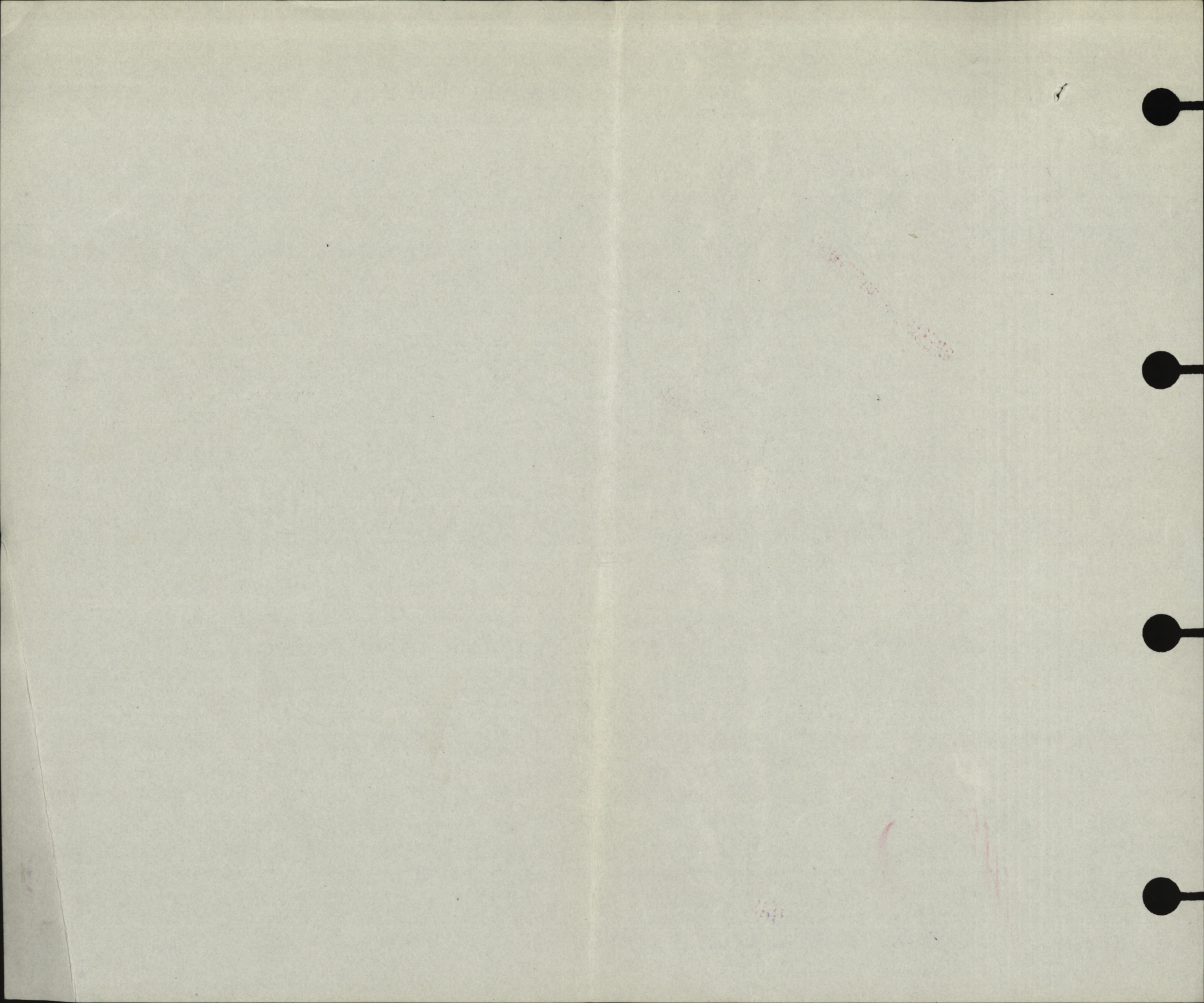
MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. Martha Stewart* By Whom Assigned *Wellsworth Lee*
 Address *P.O. Box. 2621* Regtl. No. *931598*
Dresden, Rank *Plt.*
Out. Corps *2 Co. Cav*
 Rate *\$25.00*

SPECIAL REMITTANCE

Sched 441. 11.10.17 PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915 ¹⁹¹⁷			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>U 43397</i>	<i>25</i>	
Dec.				<i>U 48751 Remitted 30.1.18</i>
Jan.	1916 ¹⁹¹⁸	<i>U 48751</i>	<i>10</i>	<i>Sched * 471. 8.12.17</i>
Feb.				
March				



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

THIS SECTION FOR USE OF OFFICERS

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

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. 931598 Rank Pte. Surname FILSWORTH
(Given name in full)

Leo

Unit or Corps No. 1 Dist. Depot Birthplace Dresden, Ontario

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

1. GENERAL DESCRIPTION:

Physique GOOD Weight 147 lbs. Height 5 ft. 9½ in. Colour of Eyes GREY.

Nutrition GOOD

Pulse 69

Condition of arteries GOOD

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)

Scar 2½" long volar aspect
 lower third left forearm
 due to cut 7 years ago.

Opinion as to general health and physical condition GOOD. "A" I I

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.

NO DISABILITY DUE TO SERVICE.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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.....(Canada)

Date *5-2-19* Signed *McMorison*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. Shworth L.*

(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]

LAST PAY CERTIFICATE

Regt.No. 931598 Rank pte Name Ellsworth Leo
 Corps Infan. who was Discharged
 on 7²/19 to

The following is a statement of the account of the above named
 from 1³/19 to 7²/19

Bal Dr	from mon. of	Bal. Cr.	from mon. of	
	from L.P.C.		from L.P.C.	
ASSIGNED PAY:		Regt. Pay	7 dys. @ \$100	700
<u>D0469</u>	<u>4 50</u>	F'ld. All.	7 dys. @ \$10	70
SEPARATION ALLOWANCE:		SEPARATION ALLOWANCE:		
OTHER CHARGES:		OTHER CREDITS:		
		Clothing Allowance		<u>35 00</u>
PAYMENTS:		Subsistence,		
<u>D0470</u>	<u>192 80</u>	Bal. Dr. (to be deducted)		
Bal. Credit (to be pd.)		(from soldier \$		
<u>Overseer</u>	<u>177 30</u>	(from Dependent \$		<u>177 30</u>
<u>PDP</u>				

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ <u>20</u> per month	at \$ <u>20</u> per month	Subscribed \$
has been <u>pd</u> to	has been <u>pd</u> to <u>7²/19</u>	Pd. by other
	<u>undisb'd</u>	Units \$
		Pd. by this
		Unit \$

Dependent or Beneficiary: Mrs Martha Stewart
 Address: PO Box 202 Dundas Ontario

REMARKS: Discharged 7²/19 D 37.
D enot.
 Date of Enlistment 2-10-16
 If married and if Separation Allowance card submitted Yes

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

PERSONAL ONIATO

DATE:

TO: COLLECTOR OF REVENUE, DISTRICT OF ...

IN MATTER OF ...

10

REVENUE:

...

...

...

...

...

...

...

...

...

...

...

931598

DUPLICATE

To be made out in duplicate.

H.C. 52-21-23-53

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.

No. 2 CONSTRUCTION, B'n. C.E.F.

- (1) Name of Overseas Unit which Soldier joins.....
- (2) Regimental Number..... 931598
- (3) Full Name of Soldier..... Leo Ellsworth
- (4) Place of Birth..... Dresden Ont
- (5) Are you married, or not?..... No
- (6) If married, state,
 - (a) Full name of your wife..... X
 - (b) Present Postal Address..... X
- (7) Are you a widower?..... No
- (8) Have you any children?..... No X
 - If so, give number of boys and girls..... X
 - Also their names and ages..... X

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

If so, state name and address

(10) Is your Mother alive?..... *yes Mrs Martha Stewart*

If so, state name and address..... *Dresden Ont*

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

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*

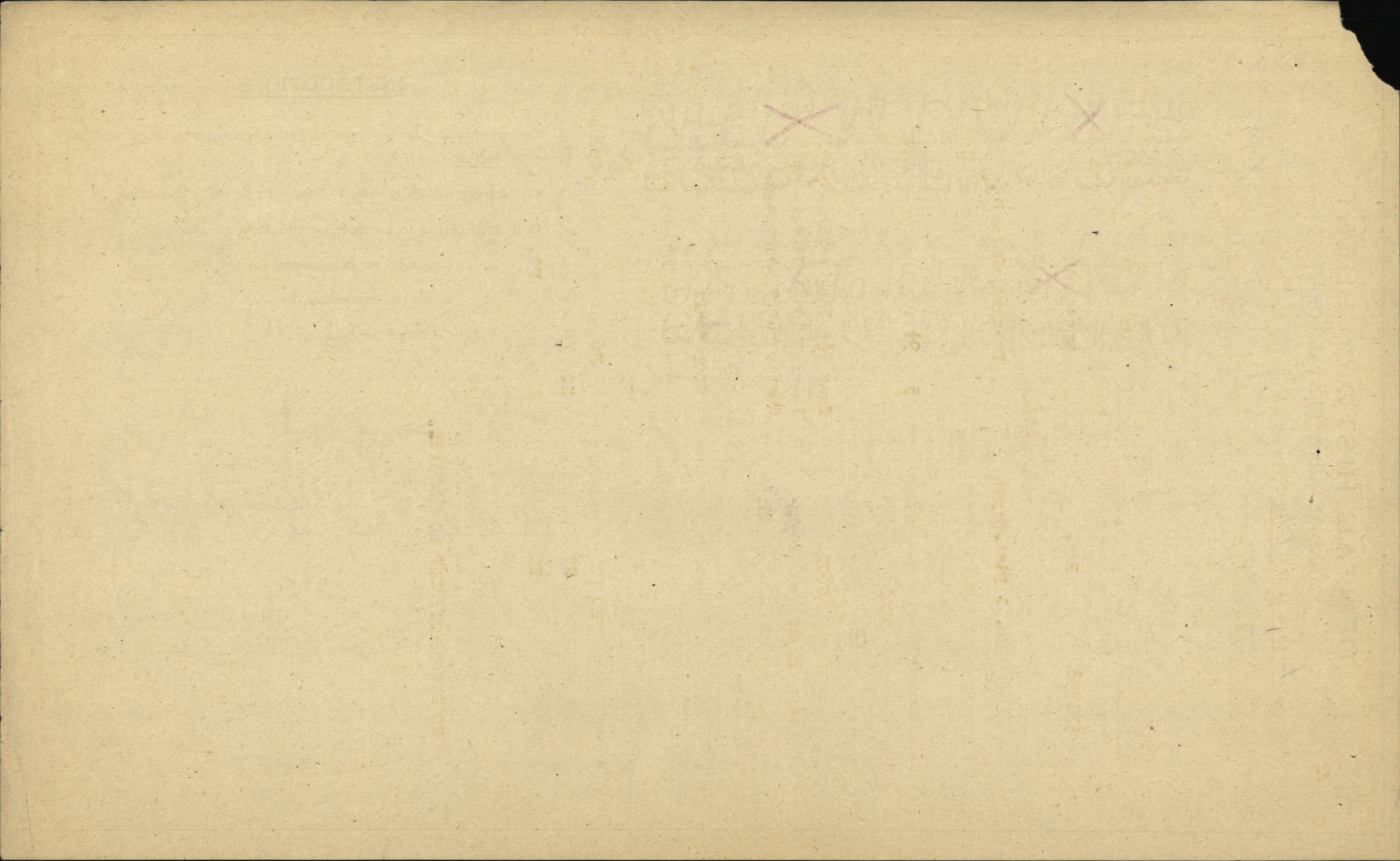
If so, in what Company?..... *X*

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

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

D.H. Sutherland LT. COL.
- O. Comd'g No. 2 Construction Battalion, C. E. F.
.....
Officer Commanding.

Date..... *Nov 14th/16*



ORIGINAL MEDICAL HISTORY SHEET.

931598

Surname Ellsworth Christian Name Leo

Examined { on 3rd day of Oct 1916
 at Dresden
 Birthplace { City or Town Dresden
 County Kent
 Apparent age 27
 Trade or occupation Laborer

Approved by J. F. Williams
 Rank _____ M.O.

Height 5 Feet 11 Inches. M.O.
 Weight 154 Lbs. M.O.
 Chest measurement { Minimum 33 inches. M.O.
 Maximum expansion 37 1/2 inches. M.O.
 Physical development good M.O.
 Small-Pox Marks no M.O.

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

Vaccination Marks { Arm Right. Left. yes
 Number one
 When Vaccinated last 1907
 (a) Marks indicating congenital peculiarities or previous disease none

Date.	Result.	VACCINATIONS.
<u>3/4/17</u>	<u>L. 1/2</u>	<u>Dan Murray</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection none
L. Eyes 2/60 R. Eyes 2/60
vision good

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>17/4/17</u>	<u>L. 1/2</u>	<u>55 Slepely</u> M.O.
<u>26/4/17</u>	<u>L. 1/2</u>	<u>Dan Murray</u> M.O.
<u>3/4/17</u>	<u>L. 1/2</u>	<u>Dan Murray</u> M.O.

Enlisted on 3rd day of Oct 1916 at Dresden

JOINED ON ENLISTMENT	CORPS.	REG'TL. NUMBER.	HABITS.	DATE.
	<u>#2 Band Co</u> <u>654</u>	<u>931598</u>		<u>3/10/16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Windsor. Ont.</u>	<u>Oct. 26/16</u>	<u>on enlistment</u>	<u>fit.</u>
<u>S. B. Medical School</u>	<u>Leo & Levin</u>	<u>capt. med</u>	<u>[Signature]</u>
			<u>Capt [Signature]</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.

\$6 931598 Ellsworth R

20⁰⁰

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. OF DAYS	RATE	AMOUNT	No. OF DAYS	RATE	AMOUNT				No. OF DAYS	RATE	AMOUNT	1	2	3	4	1				2	3			
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SER. ALLGE. ENG.														
	Oct. Bal								195 55																
Nov.	7 P.P.	33	-						20																
	HR 820 28 ² / ₇ C.F.C.				3 57																				
	" 844 12 ¹⁰ / ₇ -				3 57																				
	" 966 25 ¹⁰ / ₇ -				3 57																				
	" 1084 10 ¹¹ / ₇ -				3 57																				
	R. R. 1278 ¹³ / ₇ "V.N. 1052				10 -																				
DEC		34	10						20	194 80															
JAN	1918 P.P.	27	10						40																
		34	10						20																
	HR 1284 23 ¹¹ / ₇ 2 Const. Pay				12 49																				
	" 1428 21 ¹¹ / ₇ -				7 14					189 27															
		34	10						19 63																
FEB		30	80						20																
	Assigned Pay																								
	" 2034 5 ¹¹ / ₇ 2 Const. alt. C.F.C.				3 57																				
	" 2193 21 ¹¹ / ₇ -				3 57																				
	" 2375 5 ¹¹ / ₇ 18. K.L. "				3 57					189 36															
		30	80						10 71																
MAR	1918	34	10						20	105 -															
	Asst. Pay																								
	HR 2613 20 ¹¹ / ₇ 18 C.F.C.				3 57																				
	" 2871 7 ¹¹ / ₇ -				3 57																				
	3067 19 ¹¹ / ₇ -				3 57					192 75															
		34	10						10 71																

CANADIAN ASSIGNED PAY AUDITED
 AUDIT CLERK
 DATE 15/5/19 [Signature]

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME: *F. ELLSWORTH Leo.*

EFFECTIVE DATE: *1st Nov. 1917.*

EFFECTIVE DATE: -

NUMBER: *931598*

AMOUNT: *70.00*

AMOUNT: -

PARTICULARS OF RANK OR APPOINTMENT

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.

*Wm Martha Stewart
P.O. 767. Dresden Ont.
*Stopped 7.1.19.**

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>No.</i>

UNIT AND TRANSFERS

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

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T SP'D	UNIT TRANSFERRED TO
<i>Canada Section</i>			

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>4/12/18</i>	<i>6608</i>	<i>Field</i>	<i>2872</i>				<i>466</i>
<i>18/12/18</i>	<i>3573</i>	<i>BR Dly.</i>	<i>4/12</i>				<i>973</i>
							<i>1439</i>

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: *2/1/18 Canada 31/12/18 NR Rbr 17/12 NSR Led Bal 141¹⁶ CR C Bal 126⁷⁷*

1918 MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
<i>MAR</i>	<i>Balford</i>								<i>19275 105</i>		
<i>apl</i>	<i>P. Pay</i>	<i>33</i>		<i>Ass Pay</i>				<i>20</i>			
				<i>AR 117 1/4 CFC 201</i>	<i>357</i>						
				<i>AR 299 20/4 - -</i>	<i>357</i>				<i>19861 105</i>		
<i>May</i>	<i>P. Pay</i>	<i>33</i>	<i>34 10</i>	<i>Ass Pay</i>	<i>714</i>			<i>20</i>			
				<i>AR 494 7/5 CFC 1</i>	<i>268</i>						
				<i>v 720 2/5 - -</i>	<i>446</i>				<i>20557 105</i>		
		<i>34 10</i>			<i>714</i>			<i>20</i>			
<i>June</i>	<i>P.P.</i>	<i>33</i>		<i>Ass Pay</i>				<i>20</i>			
				<i>AR 909 7/6 CFC 7</i>	<i>357</i>					<i>105</i>	
				<i>v 1105 22/6</i>	<i>357</i>				<i>21143</i>		
		<i>33</i>			<i>714</i>			<i>20</i>			
<i>July</i>	<i>PP.</i>	<i>34 10</i>		<i>Canada</i>				<i>20</i>			
				<i>AR 1295 6/7 CFC 17</i>	<i>357</i>						
				<i>AR 1504 22/7</i>	<i>357</i>				<i>21839 105</i>		
		<i>34 10</i>			<i>714</i>			<i>20</i>			
<i>Aug</i>	<i>PP.</i>	<i>34 10</i>		<i>Canada</i>				<i>20</i>			
				<i>AR 1699 6/8 CFC 1</i>	<i>357</i>						
				<i>AR 1947 22/8</i>	<i>357</i>				<i>22535 105</i>		
		<i>34 10</i>			<i>714</i>			<i>20</i>			
<i>Sep</i>	<i>PP.</i>	<i>33</i>		<i>Canada</i>				<i>20</i>			
				<i>AR 2202 6/9 CFC 1</i>	<i>357</i>						
				<i>AR 2357 18/9</i>	<i>357</i>						
				<i>AR 4831 20/9</i>	<i>9733</i>				<i>13388 105</i>		<i>apl agd.</i>
		<i>33</i>			<i>10447</i>			<i>20</i>			
<i>Oct</i>	<i>PP.</i>	<i>34 10</i>		<i>Canada</i>				<i>20</i>			
				<i>OP. 41487 3/10 London</i>	<i>2433</i>					<i>105</i>	
				<i>AR 2932 23/10 CFC 1</i>	<i>373</i>				<i>11992</i>		
		<i>34 10</i>			<i>2806</i>			<i>20</i>			

*126-77
14-39
141-16*

COMPILED BY.....
CHECKED BY.....

* Strike out whichever inapplicable.

NUMBER 931598

RANK

NAME ELLSWORTH

L.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Prot Lond.				22.03			20	119.92		
				bar							
Nov	PP	33		AR3099 - CFCW - 8/1/18	3.73			20			
				AR3306 - " - 25/11/18	13.06						
				AR6608 - Cymd - 10/12/18	4.66						
Dec	PP	34		bar				20			
	Int on Def Pay	10									
		93		AR 3573 BDR. 18/12/18	9.73						
								40			
								80			
									126.77		
					78.03						
						31.78					

S.O.S. Canada. Bs 16 19/1/19 Eff 9-1-19

CANADIAN
ASSIGNED PAY AUDITED

AUDIT CLERK
DATE 15/5/19 T. Lane.

Proceedings on Discharge.

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

No. 931598	
Rank PRIVATE	
Surname ELLSWORTH <i>Leo</i>	
Christian Name Leo <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 2ND CONSTRUCTION BATTALION, C.O.M.F.	
Date of Discharge FEB 7 1919 <i>2037 of 6.2.19</i>	
Place of Discharge LONDON, ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 25 years..... months.	Descriptive Marks
Height..... 5 feet..... 11 inches.	
Complexion DARK	
Eyes GREY	
Hair BLACK	
Trade Laborer	
Intended place of residence } Box 262, Dresden, Ont. (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of ON DEMOBILIZATION	
<small>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.</small>	
3. Conduct and character while in the service have been, according to the records, etc.	
<small>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.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

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

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

*a.m.k.
26-3-19*

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place) LONDON, ONT. *Edwards Leid* (Signature of Soldier.)

(Date) FEB 7 1919 *J. Reddon* (Signature of Witness.)

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

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

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

.....(Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) LONDON, ONT.

(Date) FEB 7 1919

(Signature) *J. Fletcher*
O. C. Discharge Section, No. 1 D. I.

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

Edward L. Ellsworth

<p>Attestation Paper Militia Form B. 232</p> <p>Proceedings on Discharge B. 318</p>	<p>Reg. Conduct Sheet Militia form B. 263</p> <p>Conduct Sheet B. 263a</p> <p>Squadron Battery Company</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared).</p>	<p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet Militia Form B. 313</p> <p>Medical Report for Invalids B. 237</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate D. 877</p> <p>*Only if discharged "Medically unfit."</p>

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.

Reservations referred to at Form 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.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.

Statement of Service.

Confirmation of Discharge.

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

AUDITOR *Am* PAYMASTER *M*

M. OR S.

REGT. No. *931598* RANK *Pte* NAME (IN FULL) *ELLSWORTH Leo*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY
ADDRESS				
IS SEPARATION ALLOWANCE PAID?	<i>Nil</i>			
TO WHOM PAID	RELATIONSHIP			
ADDRESS				

ORIGINAL UNIT C.E.F. <i>2. Cont</i>	IF IN P.F. WHAT UNIT <i>Rawdon Ontario</i>	PLACE OF ATTESTATION	TRANSFERRED TO <i>331 Rawdon St</i>	DATE <i>Brantford</i>	AUTHORITY
DATE OF ATTESTATION <i>2-10-16</i>	TRANSFERRED TO	DATE			
ASSIGNED PAY, \$ <i>20</i>	DATE EFFECTIVE <i>31-1-19</i>				
PAYABLE TO <i>Mrs Martha Stewart 18</i>	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS			
ADDRESS <i>P.O. Box 262, Wexford Ont</i>					
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE				
DISCHARGED <i>London</i>	DATE <i>7/29</i>	REASON <i>Demob.</i>	AUTHORITY <i>8037</i>	IF ENTITLED TO POST DISCHARGE PAY <i>Yes</i>	

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
Balance from previous account																			
<i>31-12-19</i>						<i>126 77</i>							<i>20</i>		<i>30 00 487 500</i>	<i>39 87</i>			<i>AP for Jan Am Swat</i>
<i>1'631'</i>	<i>31</i>	<i>110</i>	<i>34 10</i>	<i>13 60</i>	<i>86 90</i>	<i>47 70</i>													<i>Jan 10/19 100 29</i>
						<i>86 90</i>													<i>Subst Jan 20/19 65 1/4 80 29</i>
<i>12 19 7/19 7</i>	<i>110</i>	<i>7 70</i>	<i>35 00</i>	<i>134 60</i>	<i>177 30</i>				<i>172 80</i>	<i>4 20</i>									<i>35 1/4 Obvies Total Debits 5 9 87</i>
<i>WAR SERVICE GRATUITY</i>																			<i>W-S G # 350</i>
<i>7/3/19</i>			<i>280</i>			<i>280</i>													<i>AR Mortuary May</i>
<i>7/4/19</i>			<i>210</i>			<i>210</i>													<i>Bles</i>
<i>7/5/19</i>			<i>140</i>			<i>140</i>													<i>3999</i>
<i>7/6/19</i>			<i>70</i>			<i>70</i>													<i>67628</i>
																			<i>7777 6</i>
																			<i>6/6/19 488568</i>
						<i>350</i>													<i>20- 240 350</i>

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

E

1696

1696

Nov 1-17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

20			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 9315-98
 Rank Pte Promoted _____ Reverted _____ Discharge _____
 Soldier's Name Leo Ellsworth
 Battalion #2 Cons. Battn
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

Name Mrs. Martha Stewart
 Address P.O. Box 262 Dresden Ont
 Change of Address
 1 _____
 2 _____
 3 _____
 4 _____

1917 Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
June	C 62960		40	40	M
July	P 70985		20	20	M
Feb.	F 90670		20	20	
Mar	A 130577		20	20	
Apr	A 9540		20	20	Ø
May	2 14365		20	20	Ø
June	K 95141		20	20	Ø
July	O 31095		20	20	Ø
Aug	K 39840		20	20	Ø
Sept	R 43792		20	20	Ø
Oct	2 54049		20	20	Ø
Nov	L 56642		20	20	Ø
Dec	2 42724		20	20	Ø
Jan	2 70188		20	20	Ø
A/c Closed 131-1-19					5467-2-1
Ret'd per. <u>Deymair</u>					
Date 17-1-19 M.E.W. 187					
Closed <u>[Signature]</u> no 58398					27m. 13. 11-17

M. F. W. 128.
 400M-517-1772-39-1141
 L. L. 22320-M. & D. 7993.

CANADIAN
 ASSIGNED PAY AUDITED
 - D.P. [Signature]
 O.K. AUDIT CLERK
 DATE 15-5-19

A STENCIL
 HAS BEEN MADE
 FOR THIS ACCOUNT

