

DUPLICATE

Unit No 2. const B Rank *Serjt* Name *E. N. H. Fyles*

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

*cond 91  
18-12-16*

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

- 1. (a) What is your Surname? *Fyles*
- (b) What are your Christian Names? *Ernest Noel Walton*
- 2. (a) Where were you born? (State place and country) *Poit-Suroi Quebec Canada*
- (b) What is your present address? *368 Frank St., Ottawa Ont*
- 3. What is the date of your birth? *December 23/1885*
- 4. What is (a) the name of your next-of-kin? *Rev Dr J W Fyles*
- (b) the address of your next-of-kin? *368 Frank St Ottawa, Ont*
- (c) the relationship of your next-of-kin? *Father*
- 5. What is your profession or occupation? *Contracting & Engineering*
- 6. What is your religion? *Church of England*
- 7. Are you willing to be vaccinated or re-vaccinated and inoculated? *yes*
- 8. To what Unit of the Active Militia do you belong? *702 Construction Batt CE 7*
- 9. State particulars of any former Military Service *8th Royal Rifles Quebec*
- 10. Are you willing to serve in the  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *yes*

The undersigned hereby declares that the above answers made by him to the above questions are true.

*E. N. H. Fyles* (Signature of Officer)

Taken on strength (place) *Limo NS*

(date) *Oct 10<sup>th</sup> 1916*

*D. H. Sutherland*  
(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him\* *fit* for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date *Nov 25<sup>th</sup>* 191*6*

Place *Kingston Ont*

\*Insert here "fit" or "unfit" *3*

*W. A. Jones*  
Medical Officer.  
*Capl W. A. Jones*

OFFICERS' DECLARATION PAPER

UNITED STATES OF AMERICA

QUESTIONS TO BE ANSWERED BY OFFICERS

1. Name

*John A. Smith*  
*1st Lt.*  
*Company B*  
*1st Infantry Division*  
*Fort Benning, Georgia*

*John A. Smith*  
*1st Lt.*  
*Company B*  
*1st Infantry Division*  
*Fort Benning, Georgia*

*John A. Smith*  
*1st Lt.*  
*Company B*  
*1st Infantry Division*  
*Fort Benning, Georgia*

*John A. Smith*  
*1st Lt.*  
*Company B*  
*1st Infantry Division*  
*Fort Benning, Georgia*

CERTIFICATE OF MEDICAL EXAMINATION

Examination of the above named person was conducted on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_, Georgia.

The above named person is fit for military service and is not suffering from any physical or mental condition which would render him unfit for military service.

Signature of Examining Officer: \_\_\_\_\_  
Rank: \_\_\_\_\_  
Branch: \_\_\_\_\_

C.E.F.

FYLES ERNEST NOEL HALTON

LT.

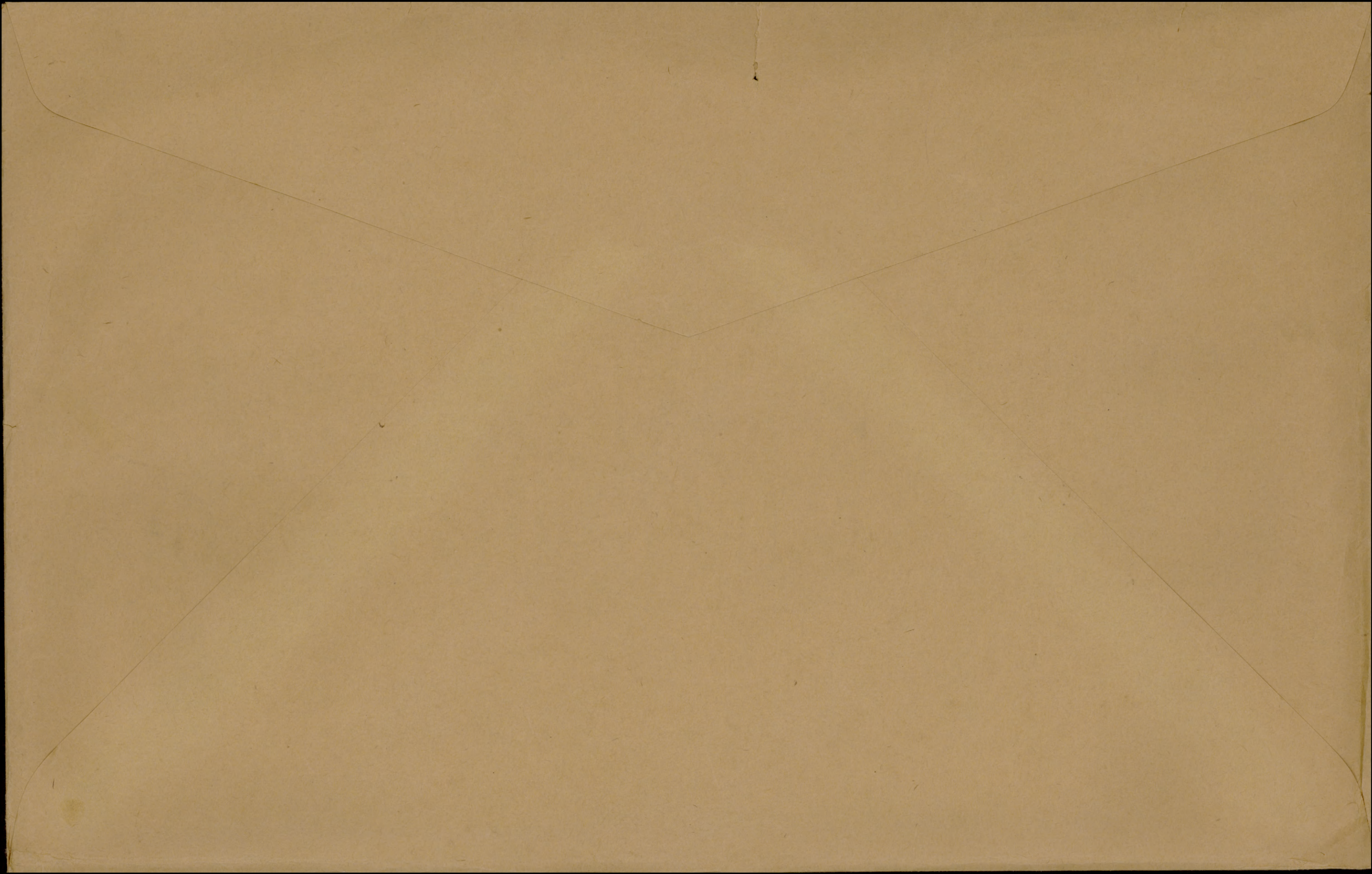
3 D.D.

22233

DEMOB.



Box  
405276



P  
Number..... Rank *1/2 CAPT.*

Surname *FILES:*

Christian Name *ERNEST NOEL HALTON.*

Unit..... Theatre of War *FRANCE.*

Date of Service *25.3.17. 17.5.17. 18.1.19.*

Remarks *Opt 4*  
*6.7.6.* *305 Wilbros*

Latest Address *368 Frank St.*

*Ottawa Ont.*

Roll No. *B. Page 4895*

*B*  
*V*

DESP. DEC 24 1925.

REGN. NO. 19257

No.

RANK

Lieut.

NAME

Fyles. Halton

T. O. S.

UNIT

No 2. Construction Battalion

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Oct 3	1916 Oct 31	—	Appointed Lieut. on 3-10-16	D.O. 51. 16-10-16
	Nov.	✓		
	Dec.	✓		
1917	Jan. 1917	✓		
	Feb.	✓		
	Mar.	—		

W. G.

—————  
—————

ms

~~ms~~  
7







SURNAME.

*Tyles*

CHRISTIAN NAMES

*Ernest Noel Halton*

REGL. No.

RANK

*Lieut.*

UNIT

*No 2 Construction. 3 W.D*

*Br.*

FORMER CORPS

*8<sup>th</sup> Royal Rifles. (Que)*

NEXT OF KIN.

NAMES IN FULL

*Tyles Rev. Mr T W.*

RELATIONSHIP TO SOLDIER

*Father.*

ADDRESS

*368 Frank St., Ottawa, Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*Canada, Point Lewis P.Q.*

DATE

*Dec. 23<sup>rd</sup> 1885.*

PLACE OF ATTESTATION

*Treuro. N.S.*

DATE

*Oct. 10, 1916*

*Apr. 25-1-19 258/4 Lieut.*

6. CARD NO. *✓*  
*res. demob 11-2-19*  
D094 FOLY *4/4/19.*  
*3 W.D*

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

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

*Contracting*

RELIGION

*Church of England.*

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

*Kingston, Ont.*

DATE

*Nov. 25<sup>th</sup> 1916.*

*Present Address, 268 Frank St., Ottawa, Ont.*

NAME *Fyles E. N. H.*

REGT'L. No.

H. Q. FILE No. 649

RANK AND CORPS *Lieut. 2nd Fan Const Co*

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

1025

C. F. C. Lajoux

4-7-18

Debility

1033

American Blavitz

4-7-18

" "

Name		Rank	C.E.F.	Unit	Rank	Militia	Unit
Jyles Ernest Noel Halton							
File No.		602-6-46		Lieut	CYC	Lieut	CMo
M.D. No	3	Date					Reference
Appointed	Lieut CYC	2.10.16	Struck off C.E.F.	11.2.19			1826
Promoted			Reason	Demobilization			
Transferred		11.6.16	Struck off C.E.F.				
			Reason				
<b>TRANSFERRED TO R.O.</b>							
<b>G.O. 26</b>		1.2.2	Transfer to R.O., C.E.F.	12.2.19			1946
			Transfer to Active List on appt. as				
Sailed			Date				
			Transfer to R.O., C.E.F.				
O.M.F.C. to C.E.F.			Transfer to Active List on appt. as				
							11.58
Active Operations	20 Mos CE	France.	Transfer to R.O., C.E.F.				

REMARKS

M. F. W. 2579.  
5m-9-18.  
1772-39-1366.

*Date of Birth 23. 12. 83.*



Surname. Christian Name.  
 E. N. H.  
 Rank. Unit.  
 Lieut' 2nd. Can' Constr'n. Co.  
 Date of admission.

Canadian Forr. Corps Hospital, LaJoux. 4-7-18.  
 The American Hospital, Biarritz 4-7-18.

Transferred ..... Hosp.  
 ..... Hosp.  
 ..... Hosp.  
 ..... Hosp.

Debility *Am*

Diagnosis.

Later diagnosis. ....  
 .....  
 .....  
 .....

Disposition. Date.  
 5-7-18 1025.  
 15-7-18 1033. ....

C.L. .... Remarks.  
 C.L. ....  
 C.L. ....  
 C.L. ....  
 C.L. ....  
 C.L. ....  
 C.L. ....

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

Surname

Christian Name

Reg. No.

Rank

Unit

**MEDICAL BOARD** held at

Date

Serial No:

(1)

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

**PENSIONS & CLAIMS BOARD** held at

Date.....

Disposition

Remarks

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

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

To Whom *Mrs. Elvira Tyles,*  
Address *368 Frank St.,*  
*Ottawa,*  
*Ont.*

By Whom Assigned

Regtl. No.

Rank

Corps

*Tyles, Ernest N.H.*  
*Lieutenant,*  
*#2 Const. Btu.*

Rate

*\$25.<sup>00</sup>*

*APR 1917*

## PAYMENTS

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



*Make envelope  
give*



MILITIA AND DEFENCE

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

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.  
(Assignee)

*Mrs Mary Fyles*

Name of Soldier

*Fyles Ernest N.L.  
Lieutenant #2 Constra Bn*

I. L. Job 5470—Req. 6888.

PAYMENTS.

*\$25.00*

Remarks.

1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>Z 4823</i>	<i>25</i>	
May		<i>Z 8346</i>	<i>25</i>	<i>25 wt</i>
June		<i>C 04419</i>	<i>25</i>	<i>25 Cu</i>
July		<i>21590</i>	<i>25</i>	<i>Pa</i>
Aug.		<i>53343</i>	<i>25</i>	<i>Pa 73343 Remitted 13-917 Co. L.</i>
Sept.		<i>N 39477</i>	<i>25</i>	<i>D</i>
Oct.		<i>F 41422</i>	<i>25</i>	
Nov.		<i>A 27488</i>	<i>25</i>	
Dec.		<i>L 57840</i>	<i>25</i>	
Jan.	1918			<i>225</i>
Feb.				
March				
April				
May				
June				
July				

*w. B*

*APR*

*225*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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

**PAYMENTS.**

Month.	Year.	Cheque No.	Amnt.	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.				

*Apr & May chgd May*

*27 Oct 26*

*to  
of*

N/R effective April 1/17.  
L.P.C. to March 31/17.

Assignment as at  
April 1st 1917.

Fyles,

E.N.H.

Lieut.

No.2 Constr.Bn.

25

*CFC*

Mary Fyles,  
368, Frank Street,  
Ottawa, Ontario.

*\$ 12/19*  
Payment  
A. 3 M. Form  
*Chen*

Remarks,  
Casualties, etc.

Balance

Total  
Debits

Other  
Charges

Assigned  
PAY

Cash  
Payments

Voucher  
No Date

Total  
Credits

Other  
Credits

Field Allowance  
Rate Amount  
No. of Days

PAY  
Rate Amount  
No. of Days

To

From

Date





Surname **YLES**

Christian Names

**Ernest Noel Halton**

Rank **Lieut.**

Name and Address of Next-of-Kin

**Father.**

Promotion

**Rev. Dr. T.W. Fyles.**

**368. Frank St. Ottawa. Ontario.**

Unit **No. 2. Construction Battn**

Place of birth **Point Levis. Quebec. Canada**

Married (Yes or No)

Appointments

Date of leaving Canada **25.3.17**

Date and Cause of Resignation



*Wrote him  
for  
K. Kelly*

**M**

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			
1	14.6.17	<b>2nd Const. Coy.</b>	Landed in France	17.5.17	<b>Pl. II ord. 115</b>
2	5.7.18	<b>B.A.M.S.</b>	Adm. C.F.C. Hospital La Touze	4.7.18	<b>CL 1025, <del>France R. Hospital</del></b>
2	15.7.18	..	American Hosp, Biarritz	4.7.18	<b>CL 1033 Debility</b>
3	18.8.18	<b>G.H. Coy.</b>	from No 2 Can. Constr. Co. To be Temp. Lieut. <sup>etc.</sup> on posting to 22 Co. C.F.C.	23.8.18	<b>Pl 750 2 Cdn. Constn Coy d/7.9.18.</b>
				16.6.18	<b>CCR 201 LG 30885 d/6.9.18.</b>
	7.9.18	<b>No 2 Constn Coy.</b>	S.O.S and Est. on transfer to No 22 Coy C.F.C.	15.6.18	<b>Pl 750.</b>
	4.9.18	<b>No 2 Constn Coy.</b>	TOS on transfer from 2nd Cdn Constn Coy	16.6.18	<b>Pl 754</b>
4	8.2.19	-do-	SOS + Est on t'fer to C76 Pool.	7.1.19	} <b>Written</b>
5	16.2.19	<b>CFC Pool</b>	TOS from 22nd Coy CFC	8.1.19	
	28.12.18	<b>B.D. 76</b>	Att from C76 France pending instructions	27.12.18	<b>Pl 750</b>
	24.6.19	<b>CFC Pool</b>	SOS + hosted to B.D. 76.	27.12.18	<b>Pl 752</b>
6	12.1.19	<b>WO</b>	To be Capt while 2nd/c 22 Coy	16.11.18	<b>CCR 222 LG 31157 d/30.1.19</b>
	30.5.19	<b>WO</b>	Relinquishes the aprank of Capt	8.1.19	<b>LG 31366 At 338</b>
7	30.1.19	<b>B.D. 76</b>	SOS B.M. 76. on t'fer to C.F.C. in Canada	18.1.19	<b>Pl 750</b>

11806



# CANADIAN EXPEDITIONARY FORCE

J.C.F. 3-27.

R.A.P.

## Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... **Lieutenant**

(Name in full)..... **Ernest Noel Halton FILES,**

Enlisted in..... **No. 2 Construction Battalion.**

CANADIAN EXPEDITIONARY FORCE, on the.....

day of..... **191** AND WAS APPOINTED to COMMISSIONED RANK

in..... **No. 2 Construction Battalion.**

CANADIAN EXPEDITIONARY FORCE on the..... **Tenth** day

of..... **October** 191**8**

He SERVED in CANADA,..... **England and France with the No. 2 Construction**

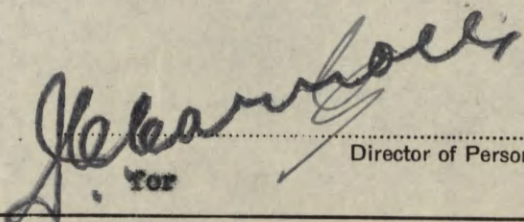
**Battalion, 2nd Coy., C.F.C., and District Depot No. 6.**

and was STRUCK OFF THE STRENGTH on the..... **Eleventh** day

of..... **February** 191**9** by reason of..... **General Demobilization**

Dated at Ottawa, this..... **Twenty Second** day

of..... **October** 191**9**



Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that (Rank)

Name (Full)

Rank (Full)

CANADIAN EXPEDITIONARY FORCE on the

AND WAS APPOINTED / COMMISSIONED / RANK

CANADIAN EXPEDITIONARY FORCE on the

HE BECAME IN CANADA

and was STRUCK OFF THE ROSTER on the

of (Rank) by reason of

Date of issue this

191

*[Handwritten signature]*

Director Personnel Service

191

191

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.D. 3

NAME OF SOLDIER (Block Letters) FYLES E.N.H.  
REGIMENT 67th Lt. RANK Lt. No.

Date of Examination in England 14/1/19 Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

*repair Bridge*

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

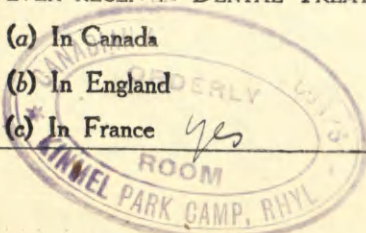
HAS HE EVER REFUSED DENTAL TREATMENT ?

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 *Yes*



Signature of Dental Officer

*C.C. Graham Capt*

STATIONERY DEPARTMENT

FILES E.N.H.

10/12

TO THE DIRECTOR  
GENERAL INVESTIGATIVE  
DIVISION  
WASHINGTON, D.C.

RE: [Illegible]

- 1. [Illegible]
- 2. [Illegible]
- 3. [Illegible]
- 4. [Illegible]
- (a) [Illegible]
- (b) [Illegible]
- (c) [Illegible]

- (d) [Illegible]
- (e) [Illegible]

STATIONERY DEPARTMENT  
GENERAL INVESTIGATIVE  
DIVISION  
WASHINGTON, D.C.

DEPARTMENT OF VETERANS AFFAIRS

P.A.

To Copy for H.O. File

Ottawa, Ont.

Attention of

Date APR 22 1966

NAME FYLES, Ernest Noel Halton

SERVICE CAPT. WW1  
NUMBER

C.P.C. No.  
W.V.A. No.

NAVY  
ARMY ~~XXXX~~  
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. Montreal, P.Q. Tel Memo d/April 20, 1966

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death April 18, 1966

Cause of Death .....

Place of Death Ste. Anne's Hospital, Ste. Anne de Bellevue, P.Q.

Name and Address of next of kin (if known) .....

Copies to: W.S.R.  
V. I.  
~~FRAM~~  
~~DOX~~  
H.O.

} Destroy form if advice of death already received.

*E.C. Richards*

for  
Chief, Central Registry

Copy for H. O. W. 511a

October, 1944

Page 2

0/17/44

First Lieut. Col. Nelson

ADJUTANT GENERAL

WVA No. 100-100000

100-100000-100000

WAVE

including the following information:

The following are as follows:

Date of Death: April 10, 1944

Place of Death: General Hospital, Camp Pendleton, California

Address of next of kin: Mrs. J. W. Nelson

Case No. 7512  
V.I.  
KEXX  
WAV  
100

This copy is a duplicate of the original received

100-100000-100000



22  
CERTIFIED CORRECT

24 MAY 1917 *Mc*

CANADIAN RECORD OFFICE

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

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'n. C.E.F.

Regimental No. Lieut Rank S. 7 Name Ernest Noel Hallon Fyles

Enlisted (a) 10/10/16 Terms of Service (a) War ~~C. E. F.~~ 6 months Service reckons from (a) appointed

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

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

17/5/17

O.C. No. 2  
Constn  
Bath

Embarked, Canada  
Disembarked, England  
Proceeded Overseas

Halifax, N.S. 25/3/17  
Liverpool 8/4/17  
Seaford 17/5/17

Leaves Rec.  
Pt. of Det. # 222  
A. G. G. Capt  
pt. of Det. + adjt

Landed in France 17-5-17 N.R.

4-6-1918	by <u>unit</u>	Shells with unit	Squad.	4/6/18	K 9. 18/17804.
3-7-18	Genl Hq	Detached (Sable) adn	Genl Hq	3-7-18	W. 6217, G. 233
4-7-1918	" "	" discharged	Squad	4-7-18	W 6299 / G 299
6-7-1918	unit	Evacuated to Hospital	Squad	2-7-1918	B 213 6190. 419 July 1918
13-7-1918	unit	Transferred to American Hq	Brandy	4-7-18	B 213
24-8-18	unit	Returned from Hospital		25-8-18	B 213

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

[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
18.8.18	a.c.f.	Struck off strength and Establt. on transfer to No 22 Coy b. 26 and to be T/Lieut. from		15. <del>16.6.18</del>	List No 201 part 50.50 of Sept 1918
"	"	J.O.S. of 22 Co. C & C. on transfer from 2 Cdn Con. Co.		16.6.18	List 201 Pt 50 "34 of Sept 1918
6.9.18	Kdn Gazette	To be Temp. Lieut. in Cdn. Forestry Corps		16.6.18	"30855"
21.12.18	By B.D.	arrived at Base from United		21.12.18	2A.563. Capt Hewett Lieut for Lieut-Col., A.P.C.

4/1/19  
21/12/18

12 — 2 — 19

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

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

500M.—9-16

H. Q. 1772-39-920.

## Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No..... Rank *Serjeant* Name *Fyler* *E. H. H.*

C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>11-2-19</i>	<i>Ottawa</i>	<i>T.O.S. C.C.F. Canada Genhlembr</i>	<i>Tn L. 6</i>	<i>18-11-19</i>	<i>C.C.F. Co. 1634 — 19</i>
<i>26/3/19</i>	<i>Ottawa</i>	<i>S.O.S. C.C.F. Canada on Gen Demoln.</i>	<i>3</i>	<i>11/2/19</i>	<i>C.C.F. Co. 1826-19</i>
				<i>12-2-19</i>	<i>Lieut. for Director Personal Services</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Casualty Form - Active Service

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

# FORM OF WILL

I, Ernest Noel Halton Fyles (Name in full)

Regimental Number Lieut serving in No. 2 CONSTRUCTION, B'n. C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

*father* Rev Dr J W Fyles FRS  
368 Frank St  
Ottawa Ont

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

*father* Rev Dr Fyles FRS  
368 Frank St  
Ottawa

Name and Address of person or persons to receive personal estate\* (See note).

### NOTE

This space for the appointment of Executor if necessary.

### IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 21<sup>th</sup> day of March A.D. 1917

Ernest Noel Fyles Signature of Soldier.  
Lieut

\*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness [Signature]

Address of Witness 293 Kempt St Ottawa

Occupation of Witness bank

THE TWO WITNESSES

Signature of Second Witness [Signature]

MUST SIGN HERE

Address of Witness Waverton NB

Occupation of Witness Dr rest

FORM OF WILL

STATE OF

I, *William*, of the County of *William* State of *Virginia*, do hereby certify that the within and foregoing is the true and correct copy of the original of the within and foregoing will of *William* made and executed by me on the *11th* day of *April* 19*13*.

WITNESSETH

my hand and seal of office

this *11th* day of *April* 19*13*

at *Richmond*

County of *William*

State of *Virginia*

*William*

**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 Lieut Name Ernest Noel Walton Surname Fyles  
Unit or Corps C.F.C. (If a soldier) Regtl. No. \_\_\_\_\_  
Born at Levis Que Canada on date 23 December 1986  
Signature (for identification) Ernest Walton Fyles

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

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

Weight 140 lbs.  
Height 5-6 ins.

2. **NUTRITION AND DIATHESIS?** good

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

3. **NERVOUS SYSTEM?** no

4. **RESPIRATORY SYSTEM.** no

5. **HEART?**

Abnormal Sounds? no  
Abnormal Size? no  
Pulse Rate? 64 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening? no

7. **DIGESTIVE SYSTEM?** no

8. **GENITO-URINARY SYSTEM?** no

Urinalysis—s.g.? 1.020 Reaction? ac Albumen? no Sugar? no

9. **SKIN, MIDDLE EAR, EYE**  
or any other part? no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? good

Examined at Kinross Pt Signed W. J. [Signature] M.O.  
Date 15, 19 Signed [Signature] M.O.

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

Medical Examination upon leaving the service

Office for general service of a soldier in the

about a month and a half

at the ...

111

of the ...

100

below ...

...

...

...

...

...

...

...

...

...

...

...

...



DUPLICATE

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... *No. 2 Construction Batt. C.E.F.*  
 ..... **No. 2 CONSTRUCTION, B'n. C.E.F.** .....

(2) Regimental Number ..... *Lieut* .....

(3) Full Name of Soldier ..... *Ernest Noel Halton Fyles* .....

(4) Place of Birth ..... *Point Sturis, Que. Canada* .....

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

(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 ..... \_\_\_\_\_ .....

.....

.....

.....

02900

(9) Is your Father alive? *yes*

If so, state name and address *Thomas Wm Fyles 368 Frank St Ottawa*

(10) Is your Mother alive? *yes*

If so, state name and address *Mary Fyles 368 Frank St Ottawa Ont*

(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? *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.

Date *Nov 27 1916*

*D H Sutherland*

Officer Commanding

**LT. COL.**  
**C. Comd'g No. 2 Construction Battalion, C. E. F.**

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Fyles Christian Name E. N. Walton

Examined { on 25<sup>th</sup> day of Nov. 1916  
at Kingston Out  
Birthplace { City or Town Pt. Lewis  
County Quebec

Approved by W. A. Jones  
Rank Capt. Amc M.O.

Apparent age 30 yrs  
Trade or occupation Engineer  
Height 5 Feet 6 Inches.  
Weight 135 Lbs.  
Chest measurement { Minimum 33 inches.  
Maximum expansion 36 inches.  
Physical development Good  
Small-Pox Marks None

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

Vaccination Marks { Arm Right Left  
Number - -  
When Vaccinated last 1911

Date.	Result.	VACCINATIONS.
<u>1/3/17</u>		<u>SS Shepley</u> M.O.
<u>12/2/17</u>		<u>DR Dammurray</u> M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease perfectly healed wound of respiratory operation 7/19/14  
(b) Slight defects but not sufficient to cause rejection

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>27/1/17</u>		<u>DR Dammurray</u> M.O.
<u>13/3/17</u>		<u>DR Dammurray</u> M.O.
<u>22/5/17</u>		<u>DR Dammurray</u> M.O.

Enlisted on 10<sup>th</sup> day of October 1916 at Truro NS.

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment		<u>None</u>		<u>10-10-16.</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Kingston Out.</u>		<u>On Enlistment</u>	<u>Fit.</u>
<u>Pt. Lewis</u>		<u>Major Amc</u>	<u>Earle &amp; Shepley</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.



ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$25.

Separation Allowance issued. Yes or No.....

NAME OF UNIT DATE AUTHORITY

2<sup>nd</sup> Lab. Loan. Div.  
C.F.C. #226.  
S. Div. b.2.b.

Pay. \$ 3  
7.2. 40  
mess. 1/1  
B. 60 / 50

Lieut.

Lieut  
a' bapt.

mess. DATE

AUTHORITY

8<sup>th</sup> 17<sup>th</sup> Tr. Canada.  
Sea. R.O. 1643. 4/4  
16<sup>th</sup> 18<sup>th</sup> A.C.R. 2014/18<sup>th</sup>  
16<sup>th</sup> 18<sup>th</sup> A.C.R. 2014/18<sup>th</sup>

Name

Initials

Bank

Hyles.  
E. N. H.  
of Montreal.

Add. Outfit Allow. \$100.00 1-11.

DATE

1918

PARTICULARS

1918-19

CK. NO.

CR.

DR.

ASSIGNED PAY PAID IN CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialed by P.M. in every case.

INITIALS

apl. 18

Pay R.  
A. P. Can.

108

25

25

Bank

1191

83

May

A.P. Can  
Pay R

111 60

25

25

Bank

2679

86 60

June  
Pay R

108

25

a' ban

July

Pay R

Bank

4158

83

20

a. P. Can

111 60

25

25

Bank

5634

86 60

aug 13

a' P. Can

25

20

Pay R

111 60

23

Bank

7207

86 60

Sept 16

a. P. Can

25

18

Pay R.

108

25

Bank

9162

83

Oct. 11

a. P. Can.

25

17

Oct Pay. (19)

111 60

24

Bank

10430

86 60

24

Add. Outfit Allow.

100

24

Bank

10930

700

Nov. 15

a. P. Can

25

24

Nov Pay

140

24

Bank

13568

115

Tr. from L. 27 to L. 26. 5<sup>th</sup> 18

ASSIGNED PAY.	UNIT.			RANK.			NAME.
	NAME OF	DATE	AUTHORITY	DATE	AUTHORITY		
Beneficiary Address Amount. \$ 25.00 Separation Allowance issued. Yes or No.....	L. S. L. S. Dist. L. S. L.	18/18 18/18	1 1/5	Serjeant a' Capt. Prest.	16/18 16/18 8/19	Act 201 of 18/18 Act 201 of 18/18 S.D.C. 338 924 5/19	Name: Styles Initials: S.H.H. Bank: of Montreal

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
Dec 11	A.P. loan				25			
13	Wet pay (R)		124					
1919								
Jan 10	Adv. Jan P.M.	Bank 13791		99		19.99		
17	A.P. loan	Bank 14681		99				
23	Jan Pay (R)		124					
28	Wiffed L.S. Capt's rate for 16/18 - 31/19. 77 days @ 1 <sup>st</sup> pd No 21978.		77					
June 17	paid diff Capt's rate for 9/19 - 1/20. 759.338 d 24/19. 7972			23 00				
Dec 31	Chgd. to Can.			54 00				

RETURNED TO CANADA  
L.P.C. TO 27/1/19  
TRANSFER TO N.E. LEDGER

br. 77. 10d 12. pd 27 Feb. '19.  
br. 54<sup>00</sup> 16/19 Adv. note br. 54<sup>00</sup>

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

Mess DATE AUTHORITY

Beneficiary

Address

2<sup>nd</sup> Lab Const Bn  
C.R.J.

Lieut

8<sup>th</sup> Sea Robt 43<sup>rd</sup> 1917  
F. Canada (92)

Name *Fyles*  
Initials *E. N. S.*  
Bank *of Montreal*

Amount. \$2500.

Separation Allowance issued. Yes or No.....

Canada  
f. 1<sup>st</sup> 17

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1917.								
Apr. 1 <sup>st</sup> - 30 <sup>th</sup>	Less Assgd. Pay. \$2500 mess. f. 8 <sup>th</sup> - 30 <sup>th</sup> 1917.	2808		76				
- do -	Bank No. 1535.		101			25		
May 17	A.P. bank.				50		2 mos.	
19	Ca. Bal. f. Can. 31 <sup>st</sup> 1917. No. 35. Can		310					
21	Pay May R.		11160					
23	Bank. 60049			8970				
June 15	A.P. Canada.				25			
19	Pay R.		108					
21	Bank. 9000			83				
July 20	A.P. bank.				25			
23	Pay R.		11160					
	Bank. 19082			8660				
Aug 14	A.P. bank				25			
	Pay R.		11160					
23	Bank. 17394			8660				
Sep. 17	A.P. bank				25		Transferred to	
19	Pay R.		108				Ledger # 27 from	
25	Bank. 21921			83			Ledger # 17. 4 <sup>th</sup> 1917.	
Oct. 11	A.P. Can.				25			
16	Pay R.		11160					
13	Bank. 26282			8660				
Nov. 16	Pay R.		108					
	A.P. Can.				25			
24	Bank. 30676			83				
Dec. 6	Pay R.		11160					
	A.P. Can.				25	8660		

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount, \$

Separation Allowance issued. Yes or No.....

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

C.R.T.

Jan. 2.00  
Feb. 60  
Mar. 1.00  
3.60

Lieut.

Name

Initials

Bank

*Stylos*

*E. N. H.*

*Bank of Montreal.*

*Canada.*

*25.00*  
*xx*

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialed by P.M. in every case.

INITIALS

1917

Dec

*Balance fwd*

*Bank*

*35096*

*86 60*

*86 60*

1918

Jan

*Pay. R.*

*111 60*

10

*A.P. Can.*

*Bank*

*39425*

*86 60*

*75*

11

Feb

*Pay. R.*

*100 80*

11

*A.P. Canada.*

*Bank*

*40995*

*75 80*

*75*

12

1918

Mar

*Pay. R.*

*111 60*

12

*A.P. Can.*

*Bank*

*42629*

*86 60*

*75*



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

M. OR S. *r*

REGT. No.

RANK *Lieut*

NAME (IN FULL) *Fyles Ernest Noel Halton*

*Fyles Ernest Noel Halton*  
(BLOCK LETTERS SURNAME FIRST)

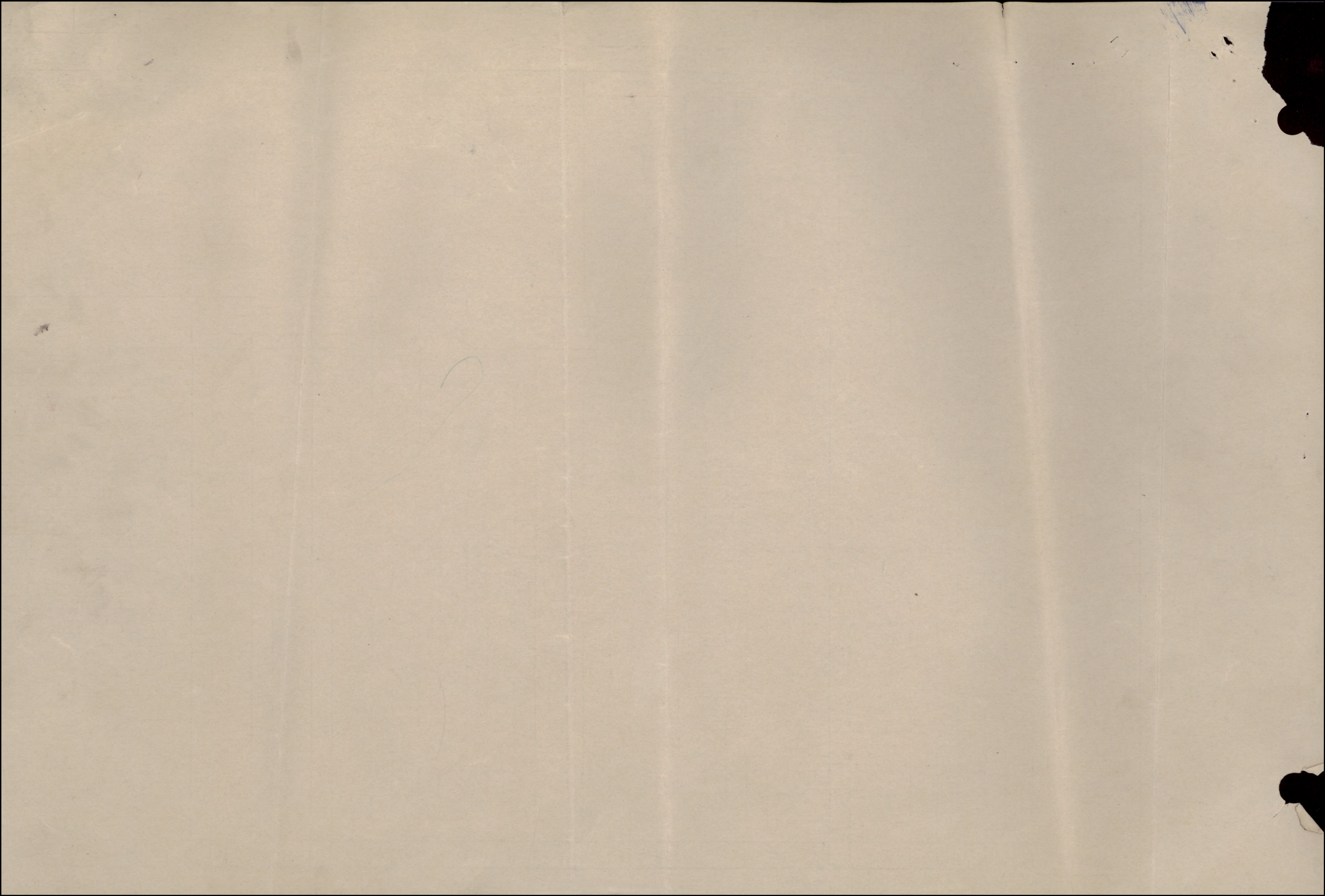
NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS		<i>Reg Pay \$2.00 Fallon \$1.00</i>			<i>650</i>	
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO
<i>- nil -</i>		<i>Lieut E.M. Fyles</i>			DATE OF ATTESTATION	DATE
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE
ADDRESS		<i>of Rev. Mr. Fyles 368 Frank Street Ottawa</i>			<i>25.00</i>	<i>1-7-19</i>
					PAYABLE TO	RELATIONSHIP
					<i>Mrs Mary Fyles</i>	<i>(Mother)</i>
					ADDRESS	ANY CHANGE IN ASSIGNEE OR ADDRESS
					<i>368 Frank St. Ottawa Ont.</i>	
					STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE
					DISCHARGED	PLACE
					<i>Kingston</i>	DATE
						<i>11-2-19</i>
					REASON	AUTHORITY
					IF ENTITLED TO POST DISCHARGE PAY	

*27-30*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBIT	CREDIT	DEBIT	CREDIT		
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.									\$
<i>1919</i>																					
<i>Jan</i>																					<i>overpaid miss allow from 18-31-19</i>
<i>Feb</i>	<i>11</i>	<i>37</i>	<i>33</i>		<i>23</i>	<i>80</i>											<i>63.00</i>	<i>63.00</i>			<i>Ch 1788 adv by bank 30.00</i>
<i>1920</i>																					
<i>Jan 22</i>					<i>54.00</i>		<i>54.00</i>				<i>54.00</i>						<i>54.00</i>	<i>6.20</i>	<i>35</i>		<i>9.93 dubs 14 dya diffusion for adbrates 16-11-18 to 8-1-19 P.S. 21799 d/22-1-20 with O.P. 553-E-5 d/17-1-20</i>
																					<i>MTW 2595 R</i>
					<i>459</i>		<i>459</i>														<i>Ch 316928 apt 26/19</i>
<i>153 @ 3</i>																					<i>Ch 329092 May 6/19</i>
																					<i>339440 June 5/19</i>

*117*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

*E 6557*  
*6489*

*Apr. 1-1917.*

RATE OF SEPARATION ALLOWANCE

--	--	--	--

*6369*

RATE OF ASSIGNMENT

<i>25</i>			
-----------	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

No. *✓*  
 Rank *Lieut* Promoted *16-11-18* *a Capt.* Reverted *of Capt 4/1/19* Discharge  
 Soldier's Name *Ernest N. H. Fyles*  
 Battalion *# 2. Const. Battr.*  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name *Mrs. Mary. Fyles*  
 Address *368 Frank St.*  
 Change of Address *Ottawa. Ont.*  
 1  
 2  
 3  
 4

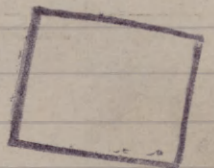
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31/17</i>			<i>225</i>	<i>225</i>	
<i>Jan</i>	<i>Q 67963</i>		<i>25</i>	<i>25</i>	<i>S</i>
<i>Feb</i>	<i>F 97878</i>		<i>25</i>	<i>25</i>	
<i>March</i>	<i>A 137615</i>		<i>25</i>	<i>25</i>	
<i>Apr.</i>	<i>G 14810</i>		<i>25</i>	<i>25</i>	
<i>May</i>	<i>S 13897</i>		<i>25</i>	<i>25</i>	
<i>June</i>	<i>M 24339</i>		<i>25</i>	<i>25</i>	<i>S</i>
<i>July</i>	<i>M 31714</i>		<i>25</i>	<i>25</i>	<i>C</i>
<i>Aug</i>	<i>M 39791</i>		<i>25</i>	<i>25</i>	
<i>Sept</i>	<i>T 42471</i>		<i>25</i>	<i>25</i>	
<i>Oct</i>	<i>R 56125</i>		<i>25</i>	<i>25</i>	<i>i</i>
<i>Nov</i>	<i>N 58925</i>		<i>25</i>	<i>25</i>	<i>✓</i>
<i>Dec.</i>	<i>V 68094</i>		<i>25</i>	<i>25</i>	<i>f</i>
<i>Jan</i>	<i>T 70054</i>		<i>25</i>	<i>25</i>	

*6553-E-5*

*m R 068103 - Dec 30.1.19. Edg*  
*a 3m. recd. stopping a P. eff 1-2-19. Edg*  
*- soldier std to Can.*

*Alc Closed 31.1.19*  
*Ret'd per. Aquitania*  
*Date 25.1.19 M.F.W 187 31.1.19*  
*Clerk Ed Johnson*

M. F. W. 128  
 400M. - 6-17-1772-38-1141  
 L. L. 22320 - M. & D. 7583.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

### PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

*Handwritten notes in blue ink:*  
 Beneficiary: *J. D. ...*  
 Relationship: *W. D. ...*  
 Address: *...*

### PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128  
 40036-6-17-1772-89-1141  
 L. L. 22320-M. & D. 7593.