



ORIGINAL ATTESTATION PAPER.

No.

SEP 17 1916

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

Folio.

A

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Gale*
- 1a. What are your Christian names? *Wm Gale*
- 1b. What is your present address? *183 Inspector Street Montreal*
2. In what Town, Township or Parish, and in what Country were you born? *Halimouth Jamaica B.W.I.*
3. What is the name of your next-of-kin? *~~Mrs Caroline Gale~~ Mrs Caroline Gale*
4. What is the address of your next-of-kin? *~~St Ann's St~~ ~~St Ann's St~~*
- 4a. What is the relationship of your next-of-kin? *Wife (Wife)*
5. What is the date of your birth? *Sept 4<sup>th</sup> 1878*
6. What is your Trade or Calling? *Blacksmith*
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? If so, state particulars of former Service. *No*
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*

*Mrs Caroline Gale (Wife)*  
*200 Metcalf St Ottawa Ont Canada*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Gale*, 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.

*Wm Gale* (Signature of Recruit)  
Date *Sept 6<sup>th</sup>* 1916. *Supt. Chas. Stewart* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Gale*, 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.

*Wm Gale* (Signature of Recruit)  
Date *Sept 6<sup>th</sup>* 1916. *Supt. Chas. Stewart* (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 *Umbreos* this *6<sup>th</sup>* day of *Sept* 1916.  
*Amulow* (Signature of Justice)

7821 A

Description of Geo. J. [unclear] on Enlistment.

Apparent Age 28 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. 7 ins.

Chest measurement { Girth when fully expanded ..... 34 1/2 ins.  
 Range of expansion ..... 2 1/2 ins.

Complexion ..... Copied

Eyes ..... Dark

Hair .....

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



**CERTIFICATE OF MEDICAL EXAMINATION.**

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

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

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

Date ..... Sept 19 1916.

Place ..... Montreal

H. Aubrey  
 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.**

William Gale ..... 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. Reis Capt ..... (Signature of Officer)

Date Oct 23 1916 1916.

1916  
10/23  
58

DUPLICATE

931268

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 #7 Construction Batt  
(C.E.F.)

(2) Regimental Number 931268

(3) Full Name of Soldier William Gale

(4) Place of Birth Jamaica B.W.I.

(5) Are you married, or not? No

(6) If married, state,  
 (a) Full name of your wife Mrs Caroline Gale  
200 Medcalfe St Ottawa ON  
 (b) Present Postal Address Falmouth P.O.  
Sherwood Content Jamaica B.W.I.

(7) Are you a widower?

(8) Have you any children?

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

Also their names and ages.....



(9) Is your Father alive? *Yes* *William Gale (Sr)*  
If so, state name and address *Falmouth P.O. Sherwood Content Jamaica B.W.I.*

(10) Is your Mother alive? *No*  
If so, state name and address \_\_\_\_\_

(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.  
*Yes*

(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.

*C. W. Reip Capt*  
for Officer Commanding.

Date **NOV 24 1916**



KH 24-219

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Purchase Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A7B122

M7W129

M7W2571

M7W192

M. F. W. 62.

50M-9-18.

H. Q. 1772-89-835.

DISCHARGE DOCUMENTS

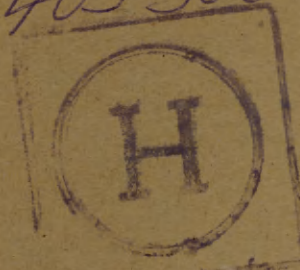
Name GALE W<sup>M</sup>

Regt. No 93/268 Rank Plt

Corps #2 Cons. Bn.

*Demob.*

405300



Box #  
AO-132-3370

R. O. No.....

H. Q. No.....

01715

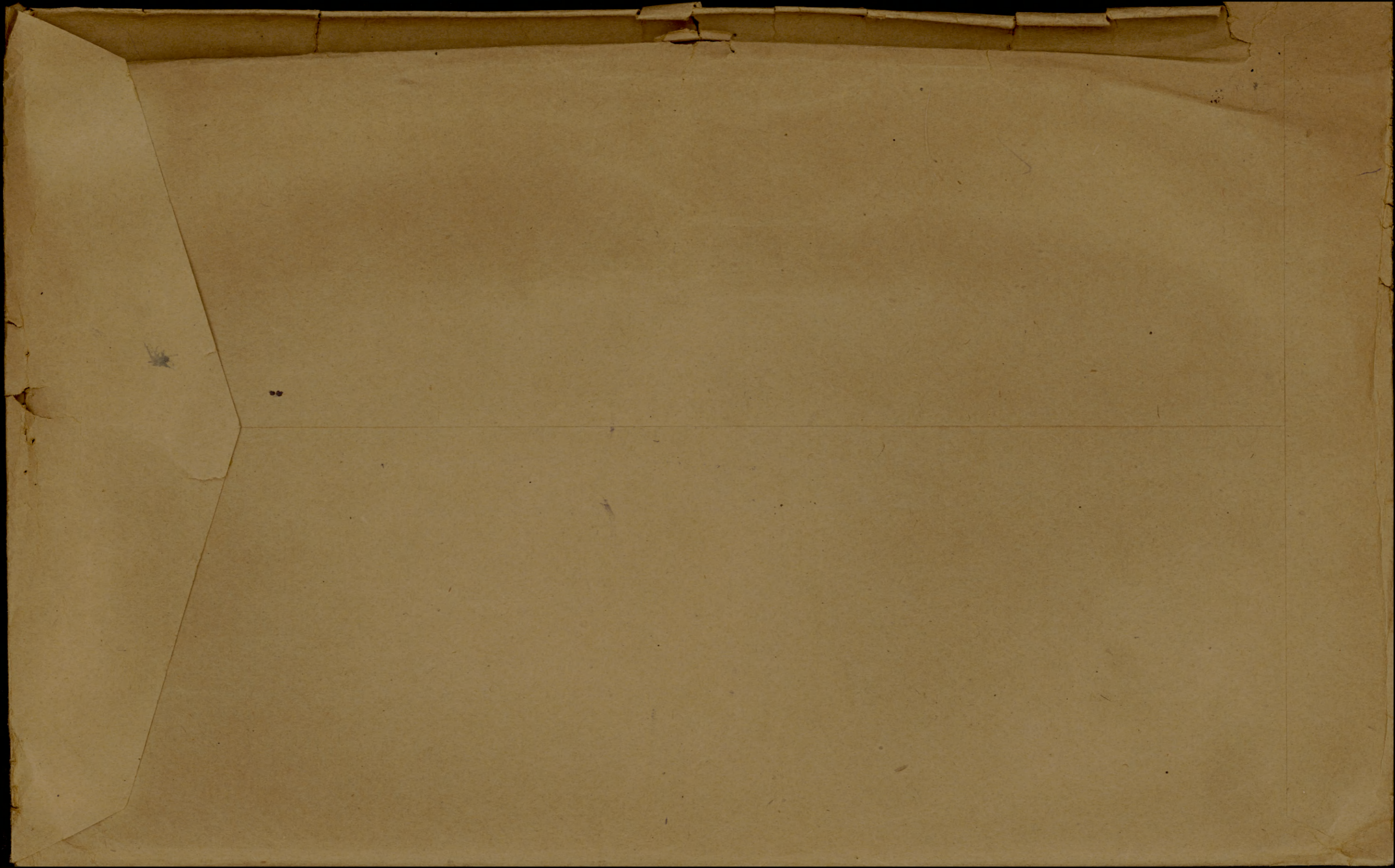
Dep. to M.D. #  
on M.Y.U. 2509

Ref. H

346d/13-3-19  
B.Y



PUBLIC ARCHIVES RECORDS CENTRE  
DEPOT DES ARCHIVES PUBLIQUES  
OTTAWA



7821

*Autiss*

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

M. F. W. 54. (Ar. S. 105.)  
330a.—5-16  
H. Q. 1772-39-920.

# Casualty Form — Active Service.

*B*

Unit, Regiment or Corps. *No. 2 Construction Batt. C.E.F.*

Regimental No. *931268* Rank *Plt* Name *William Gale*  
C. E. F.

Enlisted (a) *6-9-16* Terms of Service (a) *Period of war* Service reckons from (a) *6-9-16*  
*46 months*

Date of promotion to } Date of appointment } Numerical position on }  
present rank } to lance rank } 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				
		Embarked, Canada	Halifax N.S.	25/3/17	
		Disembarked, England	Liverpool	7/4/17	
		Proceeded Overseas	Seaford	17/5/17	Pt 2 D.O. #
					<i>J.H. Barnhill Lieut</i> Adjutant, No. 2 Construction Batt'n, C.E.F.
					Landed in France 17-5-17 N.R.
<i>5/1/18</i>	<i>McWhitt</i>	<i>att to 1 Dist C.F.C.</i>		<i>30/12/17</i>	<i>B 213</i>
<i>21-8-18</i>	<i>or 38650</i>	<i>granted 14 days leave</i>	<i>uk.</i>	<i>28-8-18</i>	<i>B 213 115 51 7 Sept 1918</i>
<i>28-9-18</i>	<i>do</i>	<i>repairs from leave</i>	<i>Field</i>	<i>14-9-19</i>	<i>B 213 115 44 7 Dec 1919</i>
<i>19-10-18</i>	<i>do</i>	<i>unaided on G.E. duty</i>	<i>Field</i>	<i>6-9-18</i>	<i>B 213 115 59 9 Dec 1918</i>

CERTIFIED CORRECT  
 6 JUN. 1917  
 CAN. RECORDS, LONDON.



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

7821

13

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				
12/19	aal	Trans to Eng reported to <del>the</del> N.S. Reg. sep Bramshott	Bramshott	14/12/19	K.A. 3114 en/r. C.A. Hewett Lient. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, S. E. F.
17-12-18.	H.S. R.D.	T.O.S. & attached to 2nd C.B.D. for Quarters & Relations.	Bramshott	14-12-18	S.O. 305.
12/1/19	NSRD	ON COMMAND TO CDD Kimmel Rhyl	BRAMSHOTT		PART II D.O. NSRD 313 27/18 C.A. Fought LIEUT. OFFICER i/c RECORDS, NOVA SCOTIA REGTL. DEPOT.
13.2.19	SOS Discharged	Cad. A. Vernal			DD 4/20/46 H. J. Porter Lieutenant, Officer i/c Discharge Section, District Depot No. 4.





7821

6

Rank \_\_\_\_\_ Name **GALE, William** Reg'l No. **931268**  
 Unit **No 2 Construction Bn** If in perm. Corps, \_\_\_\_\_  
 What Unit? \_\_\_\_\_ Married or Single **Married**  
 Place and Date of Enlistment **Montreal 6<sup>th</sup> Sept 16.** Place of Birth **Falmouth Jamaica**  
 Name and Address, Next-of-Kin **Caroline Gale**  
**200, Medcalfe St, Ottawa** Relationship **Wife**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

R.B. No. **6646**  
 File R.L. **OR CAN**  
 Category \_\_\_\_\_

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

H. W. & V., Ld.—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.				
<i>Arrived in England. S.S. Southland 7.4.17.</i>					<i>AWWW</i>
<i>14.6.17</i>	<i>2<sup>nd</sup> Com Bn</i>	<i>Arrived in France</i>	<i>Field</i>	<i>14.5.17</i>	<i>P. 5 100 115.</i>
<i>29.10.18</i>	<i>Ind 666</i>	<i>awarded one good conduct badge</i>	<i>St Field</i>	<i>6.9.18</i>	<i>59</i>
<i>16.12.18</i>	<i>NSRD</i>	<i>TOS from 2<sup>nd</sup> CO.</i>	<i>" Bickth</i>	<i>14.12.18</i>	<i>20305471 / 2<sup>nd</sup> CO.</i>
<i>27.12.18</i>	<i>NSRD</i>	<i>ofc to G.D.D. Phys</i>	<i>"</i>	<i>27.12.18</i>	<i>80 313</i>
<i>25.1.19</i>	<i>n S.R.W.</i>	<i>ceased ofc to 1 Phys &amp; S.I.S. to G.C.F. Canada</i>	<i>Ripon</i>	<i>12.1.19 - 18.</i>	

A.F.B. 100 CHECKED  
29 MAY 1917





6599-253



DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.



OTTAWA, CANADA.



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

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

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

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

1. Christian Names *William* ..... 2. Surname *Gale* ..... g
3. Rank *Pte* ..... 4. Original Unit *No 2 Construction Batt* ..... 5. Reg. No. *931268* .....
6. Address, in full, to which future payments of gratuity are to be forwarded .....  
*141 Lussignan Street, Montreal*  
*P.Q.*
7. Date of enlistment in the C.E.F. *16<sup>th</sup> Sept. 1916* .....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..... *Dona Carlona Gale* .....
9. Relationship of such dependent ..... *wife* .....
10. Address, in full, of such dependent ..... *Same address*  
*at 141 Lussignan St*
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:—  
*England March - April 1917 No 2 Construction Batt*  
*France April 1917 - Nov. 1918 Construction and Forestry Batt.*
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? *not applicable* .....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service .....  
*not applicable*
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 *29 months* .....  
*2 months No 2 Construction Batt 20 months*  
*units construction and Forestry Batts*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ..... *not applicable*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no* .....

13

77

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.....

*not applicable*



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.....

*Received \$70.00 Wife \$30.00 War Service Gratuity  
Paymaster B. D. No 4 as 1st instalment*

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

*no*

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.....

*not applicable*

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?.....

*no*

24. Are you now serving in the C.E.F. .... If not, give:—(a) Date of discharge.....

*no*

*Feb 13th 1919*

(b) Reason for discharge.....

*Demobilization*

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.....

*not applicable*

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit.....

*19 months*

*in France with Construction and Forestry Batts*

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.

Signature of Applicant: *Wm. Gale*

Place of Residence: *141 Main Street*

Declared before me at: *Montreal*

This *17th* day of *Feb* 1919.

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

*James Nolin*  
A Commissioner of the Superior Court for the Province of Quebec.

**POST DISCHARGE PAY.**

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

Certified Correct.

District Paymaster.



# CANADIAN EXPEDITIONARY FORCE

7821

J

## Discharge Certificate

This is to Certify that No. 931268 (Rank) Private

Name (in full) GALE, William enlisted in the No 2 Construction Battalion,

CANADIAN EXPEDITIONARY FORCE at Montreal, Quebec on the 16th day of September 1916.

HE served in France

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

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

Age 40 yrs. 5 months.

Marks or Scars

Height 5 ft. 9 ins.

Two vaccination marks left arm.

Complexion Colored

Eyes Dark

Hair Dark

Wm. Gale

Signature of Soldier

[Signature]

Leading Officer Lieutenant,

Officer i/c Discharge Section, District Depot No. 4.

Rank

Date of Discharge February 13th, 1919.

Appointment

Signed at Montreal, Quebec this 13th day of February 1919.

in Military District No. 4.

File Reference No. DD4.19-G-455.

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



CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

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

Medals and Decorations .....

Remarks .....

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

.....  
Name of Officer

.....  
Rank

.....  
Appointment

On demobilization the  
particulars of this cer-  
tificate will not be com-  
pleted.

7821 931268

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Gale Christian Name William

Examined { on 15 day of Sept 1916 at \_\_\_\_\_ Approved by H. Aubrey

Birthplace { City or Town Falmouth Rank Major M.O. County Jamaica

Apparent age 38 EXAMINED FOR RE-ENGAGEMENT.

Trade or occupation Blacksmith M.O.

Height 5 Feet 7 Inches. M.O.

Weight 135 Lbs. M.O.

Chest measurement { Minimum 39 inches. M.O.

{ Maximum expansion \_\_\_\_\_ inches. M.O.

Physical development None M.O.

Small-Pox Marks \_\_\_\_\_ M.O.

Vaccination Marks { Arm Right Left. Date. Result. VACCINATIONS.

When Vaccinated last Child 18/3/72 2/3/71 Dau Murray M.O.

(a) Marks indicating congenital peculiarities or \_\_\_\_\_ M.O.

previous disease \_\_\_\_\_ M.O.

(b) Slight defects but not sufficient to cause rejection. Date. Result. ANTI-TYPHOID INOCULATIONS, ETC.

Subcutaneous Typh 1/2/17 S.G.R. H.V. Keet Major Genl M.O.

1/9/17 S.G.R. H.V. Keet Major Genl M.O.

1/24/17 S.G.R. H.V. Keet Major Genl M.O.

Enlisted on 6 day of Sept 1916 at Montreal

Joined on enlistment \_\_\_\_\_

Transferred to \_\_\_\_\_

Corps \_\_\_\_\_ REG'L NUMBER 931268 Habits \_\_\_\_\_ Date 6/9/16

**No. 2 CONSTRUCTION, B.N. C.E.F.**

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Mont.</u>	<u>19/9/16</u>	<u>Heart block</u>	<u>Passed fit by</u>
<u>Montreal</u>	<u>11-1-19</u>	<u>nil</u>	<u>Standing in</u>
<u>Montreal</u>	<u>11-2-19</u>	<u>nil</u>	<u>Board</u>
			<u>no symptoms</u>
			<u>Comd E Talbot</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.





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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

m 2-4

NAME OF SOLDIER (Block Letters) GALE - W.  
REGIMENT No 2 Construction Bde RANK Pte No. 931268

Date of Examination in England \_\_\_\_\_ 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
2. : EXTRACTIONS 17,
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 - yes.

KINMEL PARK,  
NORTH WALES.

Signature of Dental Officer W. J. Daniel Capt.

100

GALE - 11

100

100

100

100

7821

H

# MEDICAL 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. 931268 Rank PO4 Surname Gale William  
(Given name in full)  
 Unit or Corps D.S.A Birthplace 147 Lusignan St. Montreal  
British West India

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

### 1. GENERAL DESCRIPTION:

Physique good Weight 143 lbs. Height 5 ft. 9 in. Colour of Eyes Brown  
 Nutrition good  
 Pulse 70  
 Condition of arteries good  
 Vision Rt. OK Left OK  
 Hearing (conversational voice) Rt. OK ft. Left OK ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)  
Ten race marks  
up arm  
Army

Opinion as to general health and physical condition good

### 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 Sytem 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.

7521

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at .....(Overseas)

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

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

Signature .....

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

## THIS SECTION FOR USE IN CANADA—

Examined at *Montreal* .....(Canada)

Date *11-2-19* ..... Signed *Edmund M.* 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 *Wm. Gale* .....

(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.)

MDH  
G

### 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 *Plt.* Name *William* Surname *GALE*  
Unit or Corps *Res. No 2. Co. B. B.* (If a soldier) Regtl. No. *931268*  
Born at *Jamaica B.W.I.* on, date *4. Sept. 1878.*  
Signature (for identification) *Wm Gale*

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 *5-9* 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? *68* Intermittence or irregularity? *no*

6. ARTERIES.—Any hardening? *no*

7. DIGESTIVE SYSTEM? *no*

8. GENITO-URINARY SYSTEM?  
Urinalysis—s.g.? *1020* 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 *Kivimel Park* Signed *W. S. ... Capt. M.O.*  
Date *11-1-19* Signed *W. S. ... M.O.*

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

Medical Examination upon leaving the Service

of an Officer in the Regular Army or a Soldier in the Army

GALL

1. Name of Officer or Soldier

2. Branch of Service

3. Station or Post

4. Date of Examination

5. Name of Examining Officer

6. Name of Surgeon

7. Name of Assistant Surgeon

8. Name of Medical Officer

9. Name of Hospital

10. Name of Regiment

11. Name of Company

12. Name of Battalion

13. Name of Brigade

14. Name of Division

15. Name of Army

16. Name of Corps

17. Name of Army

18. Name of Corps

19. Name of Army

20. Name of Corps

SEPARATION ALLOWANCE

Name Dona C. Gale

Name of Soldier Gale William

Address ~~Truro P.O.~~

Regtl. No. 931268

~~Truro N.S.~~

Rank Pte.

200 Metcalfe St. Ottawa Ont

Corps No 2 Con. Batt.

Relation to Soldier

To what Corps belonging

wife, child or mother

Wife

when called out

✓ ✓

PAYMENTS

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



Handwritten scribble

2 16 33

Handwritten scribbles

1 1 1

Handwritten mark

Handwritten mark





MILITIA AND DEFENCE  
SEPARATION ALLOWANCE

M. F. W. 11a.  
50m.-4-18.  
1772-30-518.

OVERSEAS CONTINGENTS.

Sheet No. 2.

Donald B. Gale

Wife.  
PAYMENTS.

Name of Soldier

Gale Wm

L. L. Job 310.—Req. 6574.

Pte.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917	N30901	20	20 R
Feb.		U31430-20	20	
March	19	A.P.U. 34510	20	20 200 Metcalfe St. Ottawa Ont.
April		U985	20	20
May		U4231	20	20
June		V.7632	20	20
July		X 10687	20	20
Aug.		F 14851	20	T
Sept.		G 18615	20	Bo
Oct.		G 20005	20	T
Nov.		W 23135	20	B
Dec.		J 26527	20	Bo
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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

**PAYMENTS**

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

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

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

To Whom *Wife*  
*Mrs* *Dona Caroline Gale*

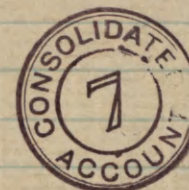
By Whom Assigned *Gale William*

Address

~~*200 Metcalfe St*~~Regtl. No. *931268**1/6 Bank of Toronto.**Ottawa  
Ont*Rank *Pte*Corps *no 2 const. Bn.*Rate *20<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				





ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 7  
(Assignee)

*Mrs. Lona Caroline Gale* *Wife*

Name of Soldier

*Gale, William*  
*Vte no 2 const Bn.*

PAYMENTS.

*no 931268*

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>20<sup>00</sup></i>	<i>APR 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>Z 4825</i>	<i>20</i>	
May		<i>B 4849</i>	<i>20</i>	<i>20 W.</i>
June		<i>D 14731</i>	<i>20</i>	<i>20 - Am. % Bank of Toronto</i>
July		<i>H 22046</i>	<i>20</i>	<i>W. 12/17 200 -</i>
Aug.		<i>K 28849</i>	<i>20</i>	<i>D</i>
Sept.		<i>O 36108</i>	<i>20</i>	<i>W</i>
Oct.		<i>F. 41728</i>	<i>20</i>	
Nov.		<i>A 27781</i>	<i>20</i>	
Dec.		<i>L 58121</i>	<i>20</i>	
Jan.	1918		<i>180<sup>00</sup></i>	
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier

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.				

No. 1268.

RANK

Pte

NAME

Gale William

T. O. S. 6-9-16

UNIT

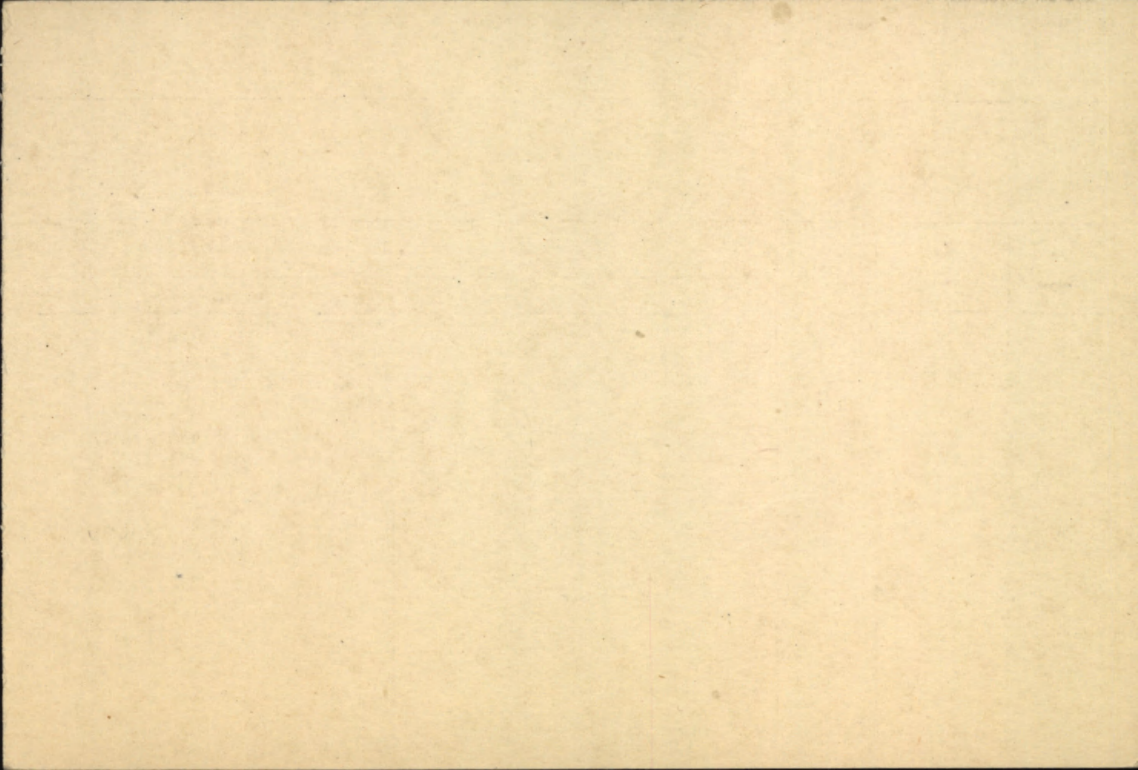
No 2. Construction Battalion

D.O. 32. 21-9-16.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Sept. 6	Sept. 30	n		
Oct.		n		
Nov.		✓		
Dec.		✓		
1917	Jan 1917	✓		
	Feb.	n		
	Mar	n		







mo:0

Number 931268

Rank *Platoon*

Surname GALE



*[Handwritten mark]*

Christian Name William

Units *C.O.R.C.C.* Theatre of War *France*

Date of Service 12-5-17

Remarks

Latest Address ~~141 Susquehanna St.~~  
635 Notre Dame St. ~~Washington~~

Roll No. *B* *Monkhouse* *Que*

200m.-2-21.M. *Page 15768*

*2.3.71 17.3.71*

REPLACEMENT ON PREPAYMENT

*(transposed)*

British War Medal and Victory Medal

Mr. Thamis Gale, (son) **MAR 31 1971**  
632 Thorncrest Ave. N.,  
Dorval 790, Quebec.



DESP AUG 20 1922  
REGN. NO. *GV1646*

*26*

SURNAME.

*Gale*

CARD NO.

*V*  
*7MB*

CHRISTIAN NAMES

*William*

S.O.S. 13 - 2 - 19

P.O. 46 FOLL. 15 - 2 - 19

demob 48 *MB*

REGL. No.

*931268*

RANK

*Pte.*

UNIT

*No. 2. Construction**Bn.*

FORMER CORPS

*nil.*

NEXT OF KIN.

NAMES IN FULL

*Gale, Margaret*

RELATIONSHIP TO SOLDIER

*Sister*

ADDRESS

*Falmouth, Jamaica B. W. I.**also notify*~~CHANGE OF ADDRESS~~*Mrs. D.C. Gale**Bank of**Toronto, Ottawa**S.A. P. 12/6/17*

COUNTRY OF BIRTH

*B. W. I. Falmouth.*

DATE

*Sept. 4<sup>th</sup> 1878.*

PLACE OF ATTESTATION

*Montreal, P. Q.*

DATE

*Sept. 16<sup>th</sup> 1916*

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

MARRIED

SINGLE *Yes.*

WIDOWER

TRADE OR CALLING

*Blacksmith*

RELIGION

*not stated*

DESCRIPTION.

APPARENT AGE

*38* YEARS

MONTHS

HEIGHT

*5* FEET

*7* INCHES

CHEST MEASUREMENT

*34 1/2* INCHES

EXPANSION

*2 1/2* INCHES

COMPLEXION

*Coloured*

EYES

*Dark*

HAIR

*Dark.*

DISTINGUISHING MARKS

*not stated.*



MEDICAL EXAMINATION.

PLACE

*Montreal, P. Q.*

DATE

*Sept. 19<sup>th</sup> 1916.*

*Present address*

*183 Inspector St.,  
Montreal, P. Q.*

\*Name..... **GALE,** **William** Rank **Pte.** Regtl. No. **931268**

Original unit **2dn C.Br** Present unit **D.D.No.4** M. or  Age **40** Religion ..... Fyle Depot **19-G-455** Ref. H.Q. ....

Port, ship, and date of arrival..... **Halifax.** **N.S. Emp. Of Br. 22-1-19**

Next of kin..... **Caroline Gale, 200 Redealfe St., Ottawa, Ont.**

Address on leave..... **c/o Bank of Ontario, Ottawa, Ont.**

Address on discharge.....

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



Previous occupation **Blacksmith** Date and place of enlistment **12-9-16 Montreal, Que.**

Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
29-1-19	T.O.S. from O/S posted to Cas. Coy. 23-1-19 Fur. W/S to 8-2-19	29

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

Date.

Remarks.

Pt. 2 Order No.

15-2-19

SOS. di.s 1420.P ra.C demob. effect 13-2-19 Cat."A"

46













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

EFFECTIVE DATE: 1<sup>st</sup> April 1917 EFFECTIVE DATE: -

AMOUNT: 20.<sup>00</sup> AMOUNT: -

NAME: GALE, William NUMBER: 931268

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.

Wagona Caroline Gale wife  
200 Metcalf St. Ottawa Ont

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

Pte

UNIT AND TRANSFERS

ORIGINAL UNIT: 2 Construction Bn  
DATE ACCOUNT FIRST OPENED: 1 APR 1917

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F D UNIT TRANSFERRED TO

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
4/18	6617		4.66				
4/18	3576	P.R.D.G.	9.73				
			14.39				

91154 New Book issued L/N 5  
 P.P. Bal Thirteen Dollars 47/100 (13.47/100)  
 Ledger Bal. Twentyseven Dollars 86/100 (27.86/100)

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
MAR	Bal Ford								66.89		
apl	P. Pay	33	-	Ass Pay				20			
				AR 119 6/4 CFC 201	3.57						
				AR 201 20/4 - - -	3.57				72.75		
May	P. Pay	33	24/10	Ass Pay	7.14			20			
				AR 496 7/5 CFC 1	2.68						
				AR 724 22/5 ✓	4.46				79.71		
June	P.P.	34	10	Ass Pay	7.14			20			
				AR 911 7/6 CFC 1	3.57						
				AR 488 19/6 L/N	50.00						
				AR 1107 22/6 CFC 1	3.57				35.57		
July	Play	33		Can ad.	57.14			20			
				AR 1297 6/7 CFC 1	3.57						
				AR 1506 22/7 CFC 1	3.57				42.53		
Aug	Play	33	10	Can ad.	7.14			20			
				AR 1701 6/8 CFC 1	3.57						
				AR 2004 7/8 CFC 1	1.78						
				AR 3208 76/8 ✓	43.80						
				AR 1949 22/8 ✓	3.57				3.91		
Sep	PP.	33	10	Can ad.	57.14			20			
				CP 30903 5/9 London	2.43						
				AR 2444 23/9 CFC 1	3.57				10.91		
					6.00			20			

Canada Section

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

COMPILED BY [Signature]  
CHECKED BY Morgan

\* Strike out whichever inapplicable.

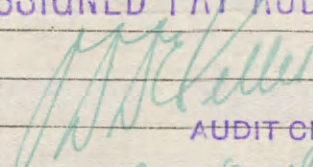
NUMBER 931268

RANK *PL6*

NAME GALE W

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
OCT	<i>Pay</i>	<i>34</i>	<i>10</i>	<i>AR</i>				<i>20</i>	<i>10.91</i>		
				<i>AR2682 - C.I. France - 7/10/18</i>	<i>3.73</i>						
				<i>AR2934 - " - 23/10/18</i>	<i>3.73</i>				<i>17.55</i>		
Nov	"	<i>34</i>	<i>10</i>	<i>CAD</i>	<i>7.46</i>			<i>20</i>			
		<i>33</i>		<i>AR3101 - C.I. (U) - 8/10/18</i>	<i>3.73</i>			<i>20</i>			
				<i>AR3308 - " - 25/10/18</i>	<i>13.06</i>						
Dec	"	<i>34</i>	<i>10</i>	<i>C.A.P.</i>				<i>20</i>	<i>27.86</i>		
				<i>AR6612 - C.I. (U) - 10/12/18</i>	<i>4.66</i>						
		<i>69</i>	<i>10</i>	<i>AR3576 - BRDY - 18/12/18</i>	<i>9.73</i>			<i>40</i>	<i>13.47</i>		
				<i>AR1370 - Kim RR - 9/19 (L.P.B.)</i>	<i>9.73</i>				<i>3.74</i>		

*S.O.S. Canada Boils 25/1/19 Eff 12-1-19*

CANADIAN  
 ASSIGNED PAY AUDITED  
  
 AUDIT CLERK  
 DATE *21-5-19*

This space to be for numbers.

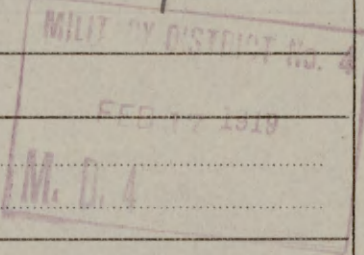


# Proceedings on Discharge.

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

*g.H.*

No. 931268	
Rank Pte	
Surname GALE	
Christian name William	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) No. 2 Constr. Bn. C.E.F.	
Date of discharge Feb. 13/19.	
Place of discharge Montreal, Que;	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 40 ..... years..... 5 ..... months.	Descriptive marks Two vaccinations marks left arm.
Height..... 5 ..... feet..... 9 ..... inches.	
Complexion Colored	
Eyes Dark	
Hair Dark	
Trade Blacksmith	
Intended place of residence 141 Lusignais St. Montreal.	
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of  Demob. Cat. A. R.O. 1420 Para. C.  Authority for discharge.....	
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.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)



M. F. B. 218.

200M.—5-18.

H. Q. 1772-39-113.

(OVER)

*E. R. J.*



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.....

Empty box for listing 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, and that I have received my permanent discharge certificate.

(Place) Montreal, Que.

Wm. Gale (Signature of Soldier.)

(Date) Feb. 13/19.

R. Minetti (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) Montreal, Que.

(Signature)

R. [Signature]

(Date) Feb. 13/19.

Officer i/c Discharge Section, District Depot No. 4.

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.)

NO RESERVATIONS,

*Wm. Gale.*

## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263 Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178 Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia form B. 313 Casualty Form " W. 54 Medical Report for Invalid§ " B. 227 Dental History Sheet " B. 465 Last Pay Certificate " W. 44 Duplicate Discharge Certificate " W. 39A ‡Form of Will " W. 82 §Only if discharged "Medically unfit." ‡Only if man has not been overseas.	Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133 Proceedings on Discharge " B. 218  In the case of recruits who are rejected on final approval, the discharge documents will consist of  (a) Proceedings on Discharge  (b) Attestation.  (c) Medical History Sheet.
---	---

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

*N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-1-17

# Separation and Assigned Pay Branch

# G

335

Apr 4/17

OVERSEAS CONTINGENTS

### RATE OF SEPARATION ALLOWANCE

<del>20</del>	25	30	
---------------	----	----	--

1-12-17  
P.6 3259  
1-9-18  
P.C. 2758  
No 34093

### RATE OF ASSIGNMENT

20			
----	--	--	--

### PARTICULARS OF SEPARATION ALLOWANCE

No. **931268**  
 Rank **Pte** Promoted Reverted Discharge  
 Soldier's Name **William Gale**  
 Battalion **No 2 Const Batts**  
 Beneficiary **Lona C. Gale**  
 Relationship **wife**  
 Address **MFW 2554 - 6-8-18.**

### PARTICULARS OF ASSIGNMENT

Name **Mrs Lona Caroline Gale** (wife)  
 Address **% Bank of Toronto Ottawa**  
 Change of Address **Cent**  
 1  
 2  
 3  
 4  
**MFW 2554 Rel'd P.K. 24-11-18 M.C.**

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31		240	180	420	
Jan	C 69588	30	20	50	9
Feb	F 98130	25	20	45	
March	A 137933	25	20	45	
April	G 15117	25	20	45	8
May	S 14226	25	20	45	8
June	m 24649	25	20	45	5
July	m 32033	25	20	45	6
Aug	m 40116	25	20	45	
Sept	T 42848	25	20	45	
Oct	B 6505	25	20	45	
Nov	n 59302	25	20	45	
Dec	n 66290	45	20	65	
Jan/19	T 70410	30	20	50	
		<b>595</b>	<b>440</b>		

6599-W-20

M.R.O 63677-Des. 28.1.19. Cf

M. F. W. 128.  
 Form 6-17-1772-33-1141  
 L. L. 22320-M. & P. 1933.

31.1.19 A/c Closed  
 Ret'd per. *Empress of Britain*  
 Date 22.1.19 F.X. 28.1.19  
 Clerk *A. Johnson*

**CANADIAN ASSIGNED PAY AUDITED**  
*[Signature]*  
**AUDIT CLERK**  
 DATE **21-5-19**



