

33697

ATTESTATION PAPER.

No.

33697

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio. 388

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Claude Jenkins
2. In what Town, Township or Parish, and in what Country were you born?..... Newkey, Cornwall
3. What is the name of your next-of-kin?..... Thomas Jenkins (Father)
4. What is the address of your next-of-kin?..... Balcony House, Fore St. NewQuay.
5. What is the date of your birth?..... 28th December 1888
6. What is your Trade or Calling?..... Musician
7. Are you married?..... No.
8. Are you willing to be vaccinated or re-vaccinated?..... X 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

Claude Jenkins (Signature of Man).
W. Duguid (Signature of Witness).
Recruit

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Claude Jenkins, do solemnly declare that the above answers made by me to the above questions 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.

Claude Jenkins (Signature of Recruit)
W. Duguid (Signature of Witness).
Recruit

Date 28th December 1914.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Claude Jenkins, 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.

Claude Jenkins (Signature of Recruit)
W. Duguid (Signature of Witness).
Recruit

Date 28th December 1914.

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 Salisbury Plains this 28th day of December 1914.

J. G. Creelman (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

J. G. Creelman H. Col. (Approving Officer)

3.6.24 M.C.

Description of C. Jenkin on Enlistment.

Apparent Age.....25 years.....7 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5 ft.....7 ins.

Chest measurement { Girth when fully expanded.....36 ins.
 Range of expansion.....25 ins.

Complexion.....Fresh

Eyes.....Brown

Hair.....D

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

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.)

Tattoo forearm (fist & scapula)
3 Vace left arm
Numerous moles on abdomen
2 Moles L. Shoulder Blade

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 8.....1914.
 Place.....Valcartier

R. Wilson H. A. M. C.
Per Hesh
 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.

.....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.

J. J. Crehnan H. C. M. C.
 (Signature of Officer)

Date.....Sept. 8.....1914.

REGIMENTAL DOCUMENTS

NAME

Jenkins

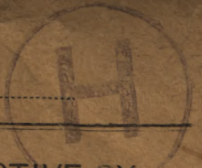
Claude

REGT. NO.

33697

UNIT

H. Q. FILE NO.



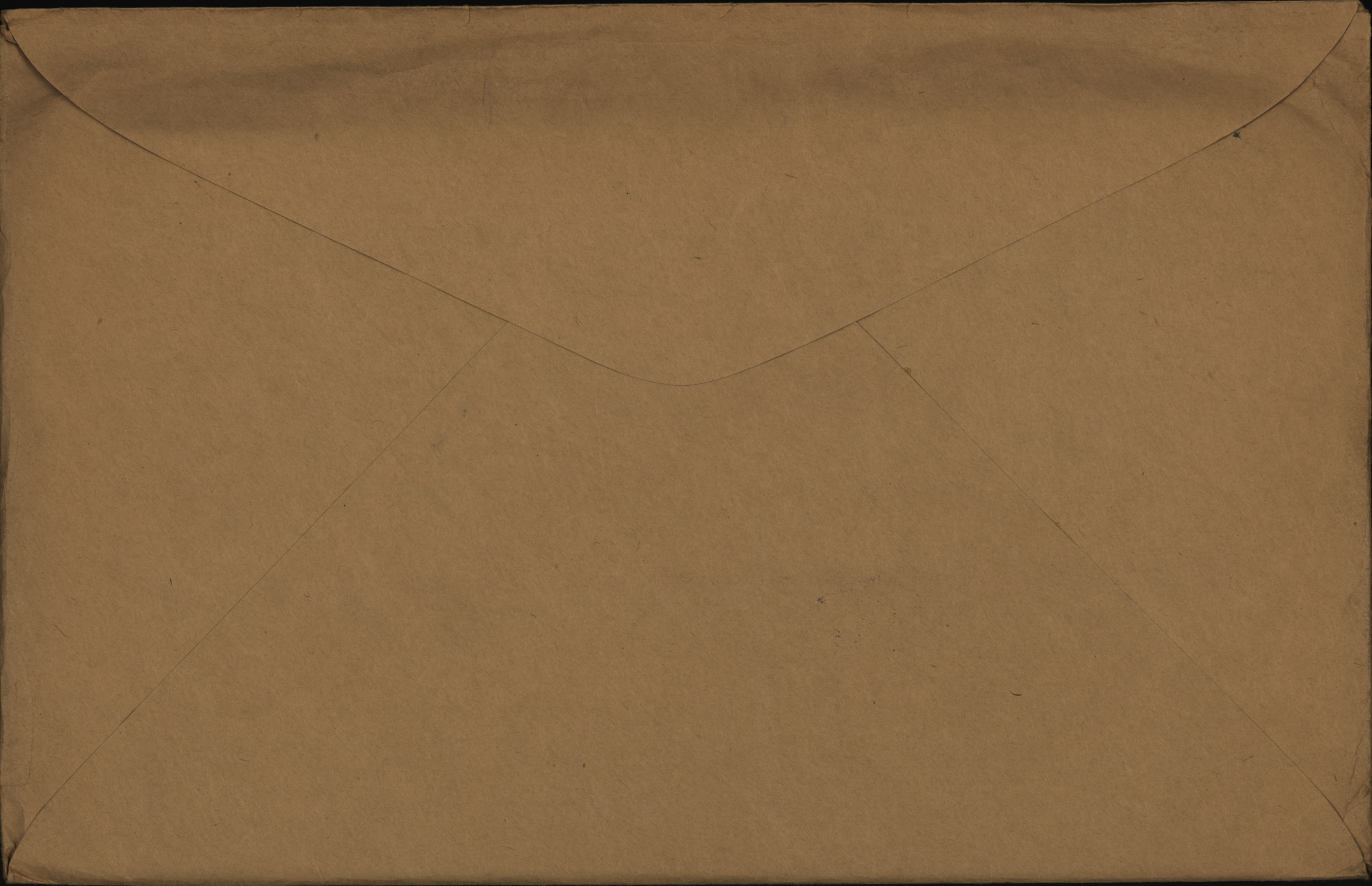
CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
⑤ ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				04478	DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category Demot
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					in Eng
MEDICAL EXAMINATION (M.F.W. 129)					
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					4-23
1 Record					19-23
4 1122					32-23
4 min					
1 to 40 books					
1 R149					
1 Hall, C					

Med 11-9-20



*4-23
19-23
32-23*

1-



Surname

Christian Name or Names

Reg. No.

Jenkins

a. f.

320571.

Rank

Unit

96

alpha 31.

Cas. List.

18. 10. 18 a 347

83. S. A. Boulogne

13. 10. 18

23. 10. 18 B 351

1st. W. Gen. Liverpool.

19. 10. 18.

23. 1. 19 B 424.

5. 6. 9. Kirkdale

21. 1. 19.

4. 4. 19 B 487

Invalided to Canada 31. 3. 19

Cas. List.

Surname *Jenkins.* Christian Name or Names *C.* Reg. No. *99?*
33604.
 Rank *Cpl.* Unit *C.A.M.C.* Co. *Att. 2nd Bde* Troop *C.F.A.* Batty. *C.F.A.*
 Hospital *# 4. Sta. Hosp Argues St. Omer.* Date of Admission *13.12.16*

Transferred _____ Hosp. _____
 _____ Hosp. _____
 _____ Hosp. _____
 _____ Hosp. _____

Diagnosis
 (1) *myopia*
 Later Diagnosis (if changed)
 (2)
 (3)

Additional Diagnosis: if more than one state present

Dis-23.12.16
 Date

DISPOSITION

PZ 20-12-16A415
+ 4.1.19 A425(2)

REMARKS

A.M.D. 2 DEPT.

Ch of D.M.S. O.M.F.C. London.
 O.M.F.C. London.

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Number 33697 Rank Cpl

Surname ~~JENKINS~~ JENKIN

Christian Names Claude

Unit C. F. A. Theatre of War France

Dates of Service 11-2-15

Remarks

Latest Address Balcony House
~~St. Gore St.~~

Newquay Cornwall
England

Roll No. "B" Page 1381

~~P~~
~~V~~

G 8672 Recd

APR 4 - 1921

Ga 29846 sub

AUG 19 1921

SURNAME.

Jenkins

CHRISTIAN NAMES

Claude

REGL. No. 33697

RANK Corp'l.

UNIT 2nd. C.F. A. Bde

FORMER CORPS

Nil.

lost Dis. 25-4-19 6/8.
 No. 107 of FOLL. 8-5-19
 General Order

b.a.m.c.
 lost 25-4-19
 2076 of 18-7-19
 Can Corps Camp Bishops

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Jenkins, Thomas

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Balcony House, Fore St.,
 Newquay, Eng.

COUNTRY OF BIRTH

England Newkey, Cornwall

DATE

Dec, 28th. 1888

PLACE OF ATTESTATION

Salisbury.

DATE

Dec, 28th. 1914

0/89/10/124 36
 1.

From Quebec, P. Q., "Ivernia" 3-10-14

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

musician

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

25

YEARS

7

MONTHS

HEIGHT

5

FEET

7

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

2 $\frac{1}{2}$

INCHES

COMPLEXION

Fresh

EYES

Brown

HAIR

D. Brown

DISTINGUISHING MARKS

Tattoo forearm "Post & Scout." 3 Vace.
left arm. Numerous moles on abdomen. 2 moles
& shoulder blade.

MEDICAL EXAMINATION.

PLACE

Valcartier, P. Q.

DATE

Sept. 8th 1914

Present Address: - Not stated.

NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REGT'L No

33697

H. Q. FILE No. 649-

FOLLOWS

No.

FOLLOWS

Jenkins

Cpl.

C. A. M. C. Lines of Comm.

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 415	#4 Stat. Argues St. Mer	13-12-16	Myapcia
A 425	Disch to duty	23-12-16	"

To: Officer Commanding 3rd Field Amb.

The following is a special M&E report on the undermentioned; Your M.O's attention should be called to it, and the case should now be paraded with this report in triplicate, the Medical History Sheet and the Casualty Form to

the LOM Board as there is a disability of the Eye.

Name Jenkins C Number 33697 Rank Sgt
 Unit 3rd Field Amb. Former Occupation Pianist
 Original Disease or Injury Nippia R/L
 Date of Onset Childhood Place of Origin
 Cause congenital
 Present Disability defective vision R/L
 Present Condition:-
 Vision Rt:- 6/18 with glasses Rt:- 6/9
 Lt:- 6/18 Lt:- 6/9

Category recommended A

History of present condition always has had poor eyesight - has correction.

Did the disabling condition have origin before enlistment? yes

If so, has it been aggravated by service? no

Has the disability been caused or aggravated by Intemperance or of improper conduct or unreasonable refusal to accept treatment?

What is the probable duration (in months) of the disability? permanent

Can the former trade or occupation be resumed? yes

Fundi: divergent squint

J. M. P. R. S. Capt
 Major, C.A.M.C.
 Officer i/c. Eye & Ear Dept.,
 Medical Board, Bramshott.

Date 30/3/19

2nd Street

1877
Chicago
Chicago
Chicago
Chicago

Chicago - New York
Chicago - New York

Chicago
Chicago
Chicago
Chicago

Chicago

Chicago

Chicago

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) JENKIN, G.
 REGIMENT 3 Field Amb. RANK Sgt. No. 33697.
 Date of Examination in England 29-3-19. 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

24
M.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 3.4.28.
2. EXTRACTIONS _____
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

BRAMSHOT CAMP
HANTS.

Signature of Dental Officer R.H. Aljoe Capt

JENKIN, J. W.
3734
2134

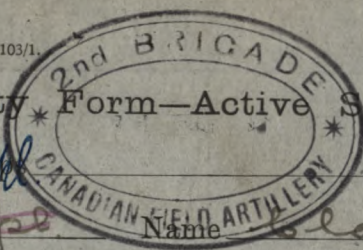
111

- (1) The first
- (2) The second
- (3) The third
- (4) The fourth

- (1) The first
- (2) The second
- (3) The third

111

Casualty Form—Active Service.



Regiment or Corps 2nd Bde Headquarters

Regimental No. 33697 Rank Cpl Name Claude Jenkins

Enlisted (a) 22.9.14 Terms of Service (a) 1 year Service reckons from (a) 22.9.14

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				
		<u>Embarked</u>	<u>Provençal</u>	<u>11.2.15</u>	<u>Normal 15 2/5</u>
<u>12/10/15</u>	<u>C. C. 2nd Can Art Bde.</u>	<u>Proceeded on leave to</u>	<u>England.</u>	<u>11.12.15</u>	<u>B213. P.2.0.43. 18/12/15.</u>
<u>26/12/15</u>	<u>"</u>	<u>Returned from</u>	<u>"</u>	<u>21/12/15</u>	<u>B213. P.2.0. no I 1-1-16.</u>
<u>Rank of Cpl see</u>	<u>file 102/353.</u>	<u>Auth: Chief</u>	<u>Paymaster</u>	<u>15.9.14.</u>	
<u>15.2.15</u>	<u>OC 2 AB</u>	<u>Taken on strength of CMC Gen</u>	<u>St Nazaire</u>	<u>15.2.15</u>	<u>WR. Pt II Ord 90 dt 27/16</u>
		<u>on arrival in France as water</u>			
		<u>detail att'd 2nd Bge CF Art.</u>			
<u>13.12.16</u>	<u>H Stat</u>	<u>Myalgia</u>	<u>Adm</u>	<u>Field</u>	<u>13.12.16 W3034/162</u>
<u>17.12.16</u>	<u>OC Unit</u>	<u>To Hospital</u>	<u>"</u>	<u>"</u>	<u>16.12.16. B213 DCB. 396 dt 27/16</u>
<u>23.12.16</u>	<u>H Stat</u>	<u>Myalgia</u>	<u>To duty</u>	<u>"</u>	<u>23.12.16. W3034/218.</u>
<u>74-1-17</u>	<u>OC Unit</u>	<u>Granted leave of absence.</u>	<u>"</u>	<u>"</u>	<u>10.1.17. B213. Pt II Ord 11 dt 24/17.</u>
<u>24.12.16</u>	<u>"</u>	<u>From Hosp.</u>	<u>"</u>	<u>"</u>	<u>23.12.17. B213. DCS 398 dt 4/1/17.</u>
<u>11.12.16</u>	<u>12 CFA.</u>	<u>Eyes of refractive Error.</u>	<u>"</u>	<u>"</u>	<u>11.12.16. A36. DCB. 401 dt 12/17.</u>
<u>16.12.16</u>	<u>G. CC Stn.</u>	<u>Ametropia.</u>	<u>Adm.</u>	<u>6. CC Stn.</u>	<u>11.12.16. A36 DCS. 408.</u>
			<u>Trans</u>	<u>4. Statg Hq</u>	<u>13.12.16</u>

(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, Shoehing Smith, etc., etc., also special qualifications in technical Corps duties.

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.
From whom received					
22-2-17	Unit	Rejoined from leave	Field	23-1-17	B213 Pt II Ord 22d/13 17
22-19	2 Bge.	Granted 14 days leave	"	30-12-17	B213 Pt II Ord 5
5-1-18	"	Rejoined from leave	"	16-1-18	" Pt II " 9
19-1-18	"				
3/8/18	3 b.7. Amb.	Leaves to be attached as in War Sol. to 2 nd Bde b.7. A and posted to 3 rd b.7. Amb. Auth: A.D.M.S. 1 st Cdn. Div. W.D. 1/19.		28/7/18	B.213. " 50. 1918

3/8/18	3 b.7. Amb.	T.O.S. No 3 bdm. Fld. Amb.	Field.	29/7/18	B213. Pt II O. 53. 1918
2/11/18	"	To course at Cdn Corps Gas School	"	2/11/18	B213
16/11/18	"	Rejoined Unit for duty	"	16/11/18	B213
14/1/19	"	Granted 14 days leave	U.K	1/1/19	B213 " 2 1919
25/1/19	"	Rejoined from leave	Field	21/1/19	B213
	C.C. Moore	Proceeded to Eng		23-3-19	N. R. pt II 0 1919

A. H. [Signature] Lieut.
 for Lt. Col., AAG.,
 Canadian [Signature]
DISCHARGED IN ENGLAND,
K.R. & O. PAR. 392, SEC. XXV.

S.O.S. OF O.M.F.C. ON
 PROCEEDING TO CANADA.

R. M. [Signature] Major
 Captain
 Officer Commanding,
 No. 2 Canadian Discharge Depot.

ASSIGNED PAY and/or SEPARATION ALLOWANCE

Payable to JENKINS. Claude. 33697
 Address Balcony House Fore St
Newquay Cornwall Eng.

Name _____
 From Canada: No. _____ Rank _____ Unit _____

Rank	Authority	Unit

ASSIGNED PAY

Authority _____ Dol. _____ Effect _____
 " _____ " _____
 " _____ " _____

Month	Cheque No.	Assigned Pay	Amount Separation Allce.	Total A.P. and S.A.	REMARKS
DEC.	191				
JAN.	<u>Apr 25 6647</u>		<u>14 7 8</u>	<u>14 7 8</u>	<u>Gratuity.</u>
FEB.	<u>May 20</u>	<u>86 6 0</u>			
MARCH	<u>. 26 18271</u>		<u>14 7 8</u>	<u>52 10 8</u>	
APRIL	<u>June 26 31995</u>		<u>14 7 8</u>	<u>43 3 -</u>	
MAY	<u>Aug 31 81206</u>		<u>28 15 4</u>	<u>14 7 8</u>	<u>2th 15th inst.</u>
JUNE	<u>Sep 1 88731</u>		<u>14 7 8</u>	<u>2</u>	<u>Janar</u>
JULY					
AUG.					
SEPT.		<u>86 6 0</u>	<u>86 6 0</u>		
OCT					
NOV.					
DEC.					
JAN.					
FEB.					
MAR.					
APRIL					
MAY					
JUNE					
JULY					
AUG.					

STATION ALLOWANCE

NAME JENKINS Claude, *Capt.*

Regimental No. 33697

Name and address of next-of-kin

Unit 2nd., Brigade C.F.A.

Thomas Jenkins, (Father)

Date of enlistment 28th., Dec., 1914

Balcony House Fore St. New Quay

Place of birth Cornwall

Married (yes or no) No

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate			Amount	No.						
16-9-14	31-10-14	46	1-10	50 60	46	10	4 60				55 -		55 -			
1-11-14	30-11-14	30	"	33 -	30	"	3 -	2 50			35 -		2 40	37 40		<i>Apr. Overruled Oct. Payed -</i>
1-12-14	31-12-14	31	"	34 10	31	"	3 10	1 10			35 -			35 -		<i>overdebit 10¢</i>
1-1-15	31-1-15	"	"	34 10	"	"	3 10	3 30			35 -			35 -		
1-2-15	28-2-15	28	"	30 80	28	"	2 80	5 50			✓			✓	39 10	
1-3-15	31-3-15	31	"	34 10	31	"	3 10	29 10			9 -			9 -	67 30	
<i>April</i>		30	.	32 .	30	.	3 -				3			3	100 30	
<i>May</i>		31	.	34 10	31	.	3 10				3			3	134 30	
<i>June</i>		30	.	33 .	30	.	3 .				6			6	164 50	
<i>July</i>		31	.	34 10	31	.	3 10				6			6	195 70	
								5 -							5 -	<i>Ca. Diff.</i>
															200 70	
<i>Aug</i>		31	1-10	34 10	31	10	3 10	5			5 66			5 66	232 24	
<i>Sep.</i>		30	.	33 .	30	.	3 .				5 42			5 42	262 82	
<i>Oct.</i>		31	.	34 10	31	.	3 10				7 84			7 84	292 18	
<i>Nov</i>		30	.	33 .	30	.	3 .				5 29			5 29	322 89	
<i>Dec</i>		31	.	34 10	31	.	3 10				7 33			7 33	362 76	<i>*Pan. Rem. No 784</i>
<i>Jan</i>		31	.	34 10	31	.	3 10				6 98			6 98	392 98	
				553 30			50 30	5			315 52			315 52	293 08	<i>Cred 10¢</i>
				553 30			50 30	5			315 52			315 52		

33697

Jenkins Claude

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
				553 30			50 30	5	608 60			315 52			315 52	
Feb.	29	110		31 90	29	10	2 90	10	34 90			6 98			6 98	320 90
Mar	31			34 10	31		3 10		37 20			6 98			6 98	351 12
				619 30			56 30	5	90 60			329 48			329 48	

Audit Obs. of Feb. Nov 1914

ASSIGNED PAY. ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA. NAME: **JENKINS. G.**
 EFFECTIVE DATE: **1/1/14** EFFECTIVE DATE: NUMBER: **33697.**
 AMOUNT: **20⁰⁰** 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. AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT
Mrs. Jenkins Balcony House, Fore St Newquay Cornwall | | | **Cpl.**

UNIT AND TRANSFERS
 ORIGINAL UNIT: **2 Bde. CFA.**
 DATE ACCOUNT FIRST OPENED: | AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S'D UNIT TRANSFERRED TO
 | | **1-1-17** | **C 820**
 | | **1/1/18** | **C 700**

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
13/19	3822		H 66				
14/1	F.35.		H 57				
			H 53.33				

DAILY RATES OF PAY AND ALLOWANCES

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

L.P.C. 243.16

PARTICULARS OF RENDERING NON-EFFECTIVE: **Dismissed 25/19. Miss in England. D.B. C.B.D. 520.**

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31	B. 72								349 43	284 35	
Apr 30	Cpls Pay.	36 5		A 17719. P/N 42 "14 2 nd Bde CFA.	5 35		20		360 08	284 35	
May 31	Cpls Pay.	36 20		A 86332 P/N 42 92 "14/2/18 2 Bde CFA.	5 35		20		371 93		
June	Cpl P	37 20		A 44229 N.N. 202 2 Bde CFA 14/5	5 35		20				
		36 00		N.N. 145 " " 2/2/18	5 35						
				N.N. 324 2 CFA 20/6	5 35						
				N.N. 259 " " 1/6/18	5 35		20		366 53	284 35	
July	Cpl P	36 00		C 11107. A.N. 382 2 Bde CFA 12/7	5 35		20				
		37 20		N.N. 364 12 " " 3/7	5 35		20		373 07		
Aug	Cpls Pay.	37 20		C 61447 N.N. A 1619-1 D.F. 2 nd 18	5 35		20				
		37 20		" 1733 1 CFA. 15 th 18	H 46		20		380 47		
Sept	Cpls Pay.	36 -		C 78298 1901. 6/18 1 CFA.	5 35		20		416 42		
				2052. 20/18. "	3 57				387 50		
		36			8 92		20		387 50		Cleared.
Oct		37 20		D 39848 2205. 4 th 18 1 FA.	4 66		20				
		37 20			4 66		20		400 04		
Nov		43 20		E 30246 E 69849 2656 n th 18	15 86		20				
Jan		37 20		E 24246 2430. 2 nd 18 1 CFA.	7 46		20				
		100 40			23 32		60		427 12		

NUMBER	RANK	NAME					BALANCE	DEFERRED	SEPARATION
MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	
									12712
Feb	Cpl Pay	3360		Sal 98206. 4 th 19.	12164				
				\$ 37641			20		
				7625. 8 th 19. C Details	466				
				2785. 16 th 19.	908				
Inc		3720		\$ 27038.			20		
				3663. 14 th 19.	466				
				3403. 1/2/19. 3rd Y.	1586				
				8751. 11/3/19. Brussels.	2738				27461
		7050			18831		40		
Apr	1 st 19 to 25 th 19. (inc)	38		A 20241.			20		31651
	Interest on def pay.	1900		80169. Full sett acct	24318				
				35. 1 st 19. Fulwing	4467				466
		4190			19165		20		

MARRIED OR SINGLE *S.*
 PLACE OF BIRTH *Cornwall*
 NAME AND ADDRESS OF NEXT OF KIN *Thomas Jenkins*
Balcony House Fore St. New Quay
 RELATIONSHIP OF NEXT OF KIN *Father.*
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. *33697* RANK *Capt.* NAME *Jenkins, Claude*
 IF IN PERM. CORPS | UNIT *2 Bde C.F.A.* TRANSFERRED TO *ceac* DATE *1.2.17* AUTHORITY *B556*
 WHAT UNIT |
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *Brit. Hosp. Par.* DATE *3/5/17* AUTHORITY
 PLACE OF ATTESTATION TRANSFERRED TO *1 July Co.* DATE *11.8.17* AUTHORITY *AR.*
 DATE OF ATTESTATION *28 Dec. 1914.* TRANSFERRED TO *CETA* DATE *1/1/17* AUTHORITY
 ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE *June 1st 1917* *22m. Standard 18.5.17*
 PAYABLE TO *Thomas Jenkins Balcony House, Fore St. New Quay Cornwall* RELATIONSHIP *Father*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)


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	4	CREDIT	DEBIT																								
			\$	c.			\$	c.			\$	c.														NO.	DATE				NO.	DATE				NO.	DATE	NO.	DATE										
1916			619	30			56	30					5	680	60																																		
April	30	1 ¹⁰	33	-	30	10	3	-						36	-			1096	26						3	48																							
May	31	1 ¹⁰	34	10	31		3	10						37	20			1193		10AC					3	41	5	11																					
June	30		33	-	30		3	-						36	-			1240							3	41																							
July	31		34	10	31		3	10						37	20	1285	1360								3	41	3	49																					
Aug	31		34	10	31		3	10						37	20	1413	1462								2	49	5	49																					
Sept	30		33		30		3							36		1530	1564									5	24	3	48																				
Oct	31		34	10	31		3	10						37	20																																		
Nov	30		33		30		3							36																																			
Dec	31		34	10	31		3	10						37	20																																		
1917			83	50																																													
Jan.	31	1 ¹⁰	37	20										37	20	1659										6	97			4	86	292																	
Feb	28		33	60										33	60																																		
			1076	40									5	1081	40																																		

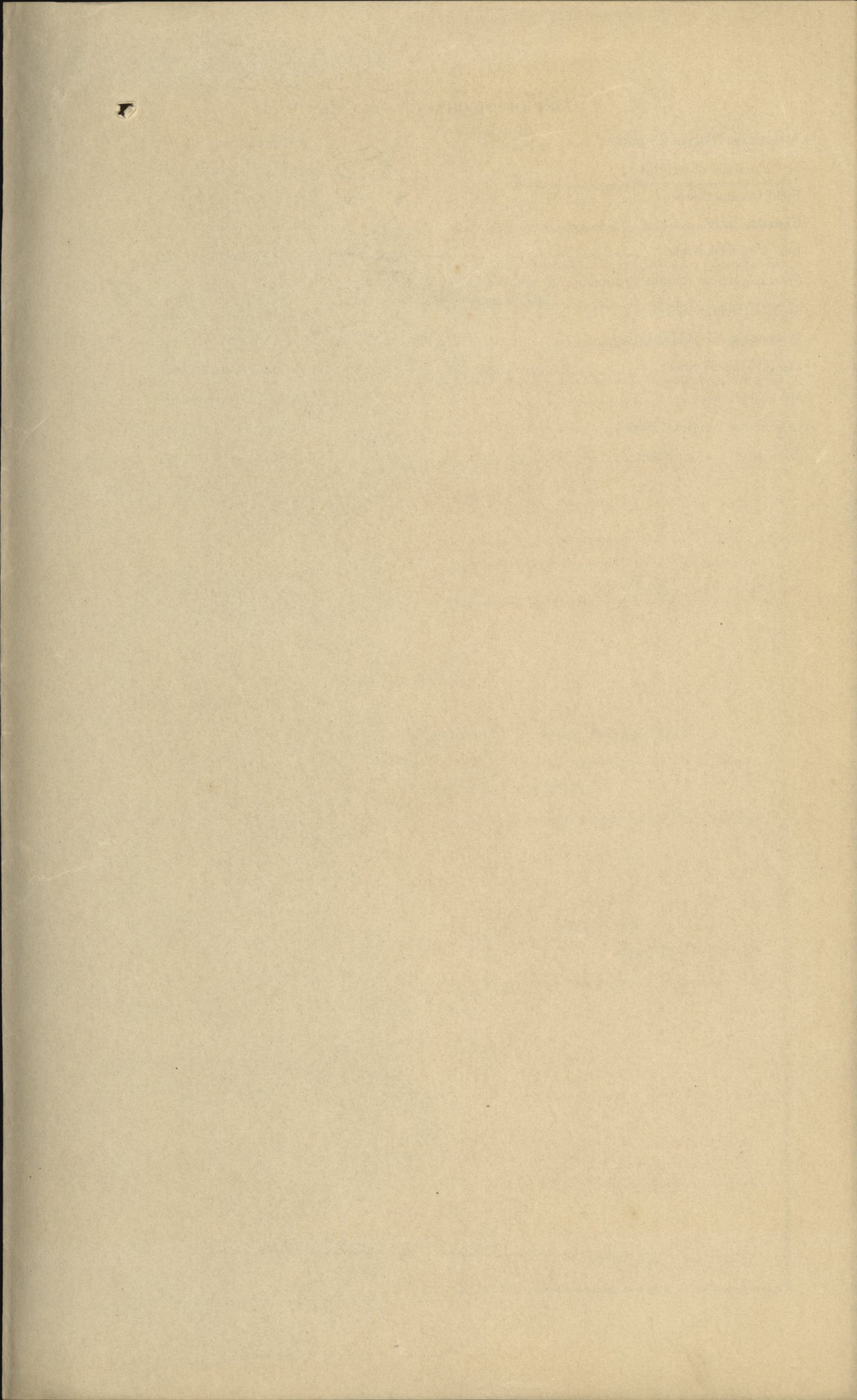
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To Ceac B-56

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

J-288

1. No.	33697		
2. Rank	Lt Col a/Sgt.		
3. Name	Jenkins Claude		
4. Unit	C.A.M.C.		
5. Date of Discharge	25/4/19	Place	26. Fore St
6. Reason for Discharge	K. R. & O. Para. 392 Sec. XXV (Being Demobilized in England-C.R.O. 5222)		
7. Authority	D.B.		25-4-19
8. Proposed Residence after Discharge	26. Fore St. Newquay Cornwall		
9. CERTIFICATE TO BE SIGNED BY SOLDIER.	I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M.F.W.? A.F.B. 2079		
	C. Jenkins Signature of Soldier.		
10. CONFIRMATION.	The discharge of the above named man is hereby confirmed.		
Place	Date		
			
Signature	(O. C. Discharging Unit.)		
	B. Hottel		



LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

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THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Granshott DATE April 1st 1919

1. 1 (a) Unit. 3rd Bn Field Amb (b) Regimental No. 33697 (c) Rank. S/sergt.
 (d) Surname Jenkins (e) Christian name Claude
 (f) Home address Balcony House, Fore St. Newquay Cornwall. Eng.
 (g) Next of Kin Thomas Jenkins (h) Relationship Father
 (i) Address of Next of Kin Balcony House, Fore St. Newquay Cornwall. Eng.
2. Age last birthday 30 Date of birth Dec. 28th 1888
3. Enlistment, or Appointment (if an Officer) (a) Place Valcartier (b) Date 22-9-14
4. Personal description:
 (a) Height 5'-7" (b) Weight 136 (c) Complexion Dark
(stripped)
 (d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Scars marks both arms
Pianist
5. Former trade or occupation Pianist

	Years	Days
6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	4	188

	PERIODS	
	From	To
Canada	22-9-14	25-9-14
England	26-9-14	10-2-15
France or other theatres of War	11-2-15	27-3-19

7. Original disease, or injury Myopia R & L

- (a) Date of origin Childhood (b) Place of origin Cornwall England
 (c) Cause Congenital



8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons (d) Any other restrictions in choice of occupation.)

Defective Vision Rt & Ll

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

R 6/18 with glasses 6/9
L 6/18 6/9

Divergent Squint J. H. McKee Capt Army
30-3-19

Complains defective vision

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

Nervous System... no Cardio-Vascular System... no Genito-Urinary System... no
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses... no Respiratory System... no Integumentary System... no
Disturbances of Mentality... no Digestive System... no Muscular System... no
Osseous and Joint Systems... no Any other general condition... no

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

He has always had poor eyesight. And has always had correction ever since 12 years of age.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

*Myopia 13-12-16 to 23-12-16. Refraction of eye 11-12-16
to 2-2-17*

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

nil

11.—(a) Did the disabling condition have its origin before enlistment?

yes

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

no

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

no

no

The regimental documents will be referred to.

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

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

Permanent

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

lenses glasses

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

no

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

yes

17. Recommendations

none

Geo. Moore, Capt. C.A.S.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned *Claude Jenkins* have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of *nothing*

A. Sgt. Claude Jenkins Rank.
Signature of invalid examined.

D.H.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

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

Yes Cat A

20. It is certified that the invalid

- (a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged.

(When not for discharge add special recommendation.)

Boarded with A.G. teleg 9083 11/11/18

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

PLACE

Braunschott

DATE

2/4/19

C.P. Jentsch Capt. President
D. Nathan Capt. Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE

DATE

President

Members

APPROVED BY

APPROVED BY

A. McLenzie Capt. Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 2/4/19

DATE

E-25993

Rank and Name *Cpl* JENKINS, Claude
 Regimental No. 33697
 Unit 2nd Bgde C.F.A.
 Date of enlistment 28th Dec., 1914.
 Place of birth Cornwall.
 Married (Yes or No) No
 If in Permanent Force
 Promotions or appointments

Name and Address of Next-of-kin
 Thomas Jenkins, (father)
 Balcony House Fore St.,
 New Quay.
 Date and place of discharge
 Reason for discharge
 Character on discharge

1328
 23 J 288
 R.E. R.B. No. 1328
 File No. 23 J 288

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				
1-8-15	<i>of</i> 2 nd Bde	On Nom Roll	France	1-8-15	Muste Roll
18-12-15	" "	Proceeded on leave	"	11-12-15	Part II 0 th 43.
1-1-16	" "	Returned from leave	"	21-12-15	" " 0 th 1.
31.5.16	" "	Attached to 1 st WAB and carried as supernumerary to unit	"	22/5/16	" " 22 H 000 22
14.6.16	" "	Rejoined unit for 1 st WAB	"	20/5/16	" " 24 " 23
07.11.16	" "	Confirmed in rank of Corporal	"	16/9/14	P-I 0 110
"	same	Taken on strength and attached as Water Sinker to 2 nd Bde C.F.A.	France	15/5/15	" " " " " " " "
20.12.16	" "	Admit No 4 Staff Hoop St. Over	"	13/12/16	EL 4415 (same) Mysja
4.1.17	" "	Discharged to duty	"	23/12/16	" " " " " " " "
13.8.18	same Gen	beases att ^d to 2 nd Bde C.F.A. Cpl Field	"	28.7.18	Pl II 0.50. 2 nd Bde C.F.A. Pl III 0.19 of 138-18

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M
 1917

Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
13-8-18	387 Amb	JOS from Camb Gen	Field	29-7-18	Pl 53. ^{CAMB Gen} R 50/13-8-18
31-3-19	---	Emb. to have for Eng 22-3000	"	27-3-19	- 15
26-4-19	1st Camb Div/Pool Gen. C.C.C.	J.O.S. to 2 C.O./D. London	Bo Hall	29-4-19	Do 14
disc in P.					
31-3-19	Jing CCC	JOS from 3rd xamb pending RTC	"	28-3-19	Pro 11
22-4-19	1st D. Pool S. Wing	J.O.S. pending R.T.C.	8" Bshott	21-4-19	- 14
		obs made 5-5-19			
8-5-19	Camb. b. bay	TOS on party of 3 C.F.A for discharge in S. D. Co.	8" Bshott	22/4/19	Do 107
8/5/19	Camb. b. bay	Having been discharged in the British Isles. Cases of 2000 in SOS ON FC. ^{sup. E.}	8" Bshott	25-4-19	Do 107
8/5/19	Camb. b. bay	C. 2 CDD London	8" Bshott	23-4-19	Do 107
7-6-19	6 to ccc	P. 11 of 26-4-19 and bread of 2000	8" Bshott	23-4-19	- 53
19-7-19	ccc Pool	SOS of 1 M.F.C. on Dis in U.K.	" Do	25-4-19	Do 76