

Original

73rd Regiment

# ATTESTATION PAPER.

No. 794229

Folio. 74

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Kingston.....
- 1a. What are your Christian names?..... Cornelius, Francis.....
- 1b. What is your present address?..... Wayerton, Northumberland Co., N.B.....
2. In what Town, Township or Parish, and in what Country were you born?..... North Esk, N.B., Canada.....
3. What is the name of your next-of-kin?..... Paul Kingston.....
4. What is the address of your next-of-kin?..... Wayerton, Northumberland Co., N.B.....
- 4a. What is the relationship of your next-of-kin?..... Father.....
5. What is the date of your birth?..... March 20th, 1895.....
6. What is your Trade or Calling?..... Lumberman.....
7. Are you married?..... Single.....
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.....
9. Do you now belong to the Active Militia?..... Yes.....
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 } Yes,  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, C. F. Kingston, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date Aug. 31st 1916. C. F. Kingston (Signature of Recruit)  
Geo. W. Messersman (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, C. F. Kingston, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date Aug. 31st 1916. C. F. Kingston (Signature of Recruit)  
Geo. W. Messersman (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 Valcartier P.Q. this 31st day of August 1916.

Geo. W. Messersman Ch. Cl. (Signature of Justice)

Description of Cornelius Francis Kingston on Enlistment.

Apparent Age 21 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. 11 ins.

*Scar of boil on back of neck*

Chest measurement { Girth when fully expanded..... 40 ins.  
 Range of expansion..... 2 1/2 ins.

Complexion ..... medium

Eyes ..... hazel brown

Hair ..... Brownish Black

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date 31 — 8 1916.

*J. G. Park Capt. C.M.C.*

Place Valcartier Camp.

*182<sup>nd</sup> Bn C.E.F.*

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.

C. F. Kingston ..... 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.

*Gen. H. Muscard Major* (Signature of Officer)

Date Aug 31<sup>st</sup> 1916

*182<sup>nd</sup> Bn C.E.F.*

WB.  
18-5-18.

- 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.....
- Parchment 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.....

(S)

*Handwritten scribble*

Name Kingston. Cornelius Francis.  
 Regt. No 794229 Rank pte.  
 Corps 42nd Bn.

R. O. No.....  
 H. Q. No.....

(H)

*Medically unfit*  
 (VI) *Cards*  
*27/12/19*  
*27/12/19*

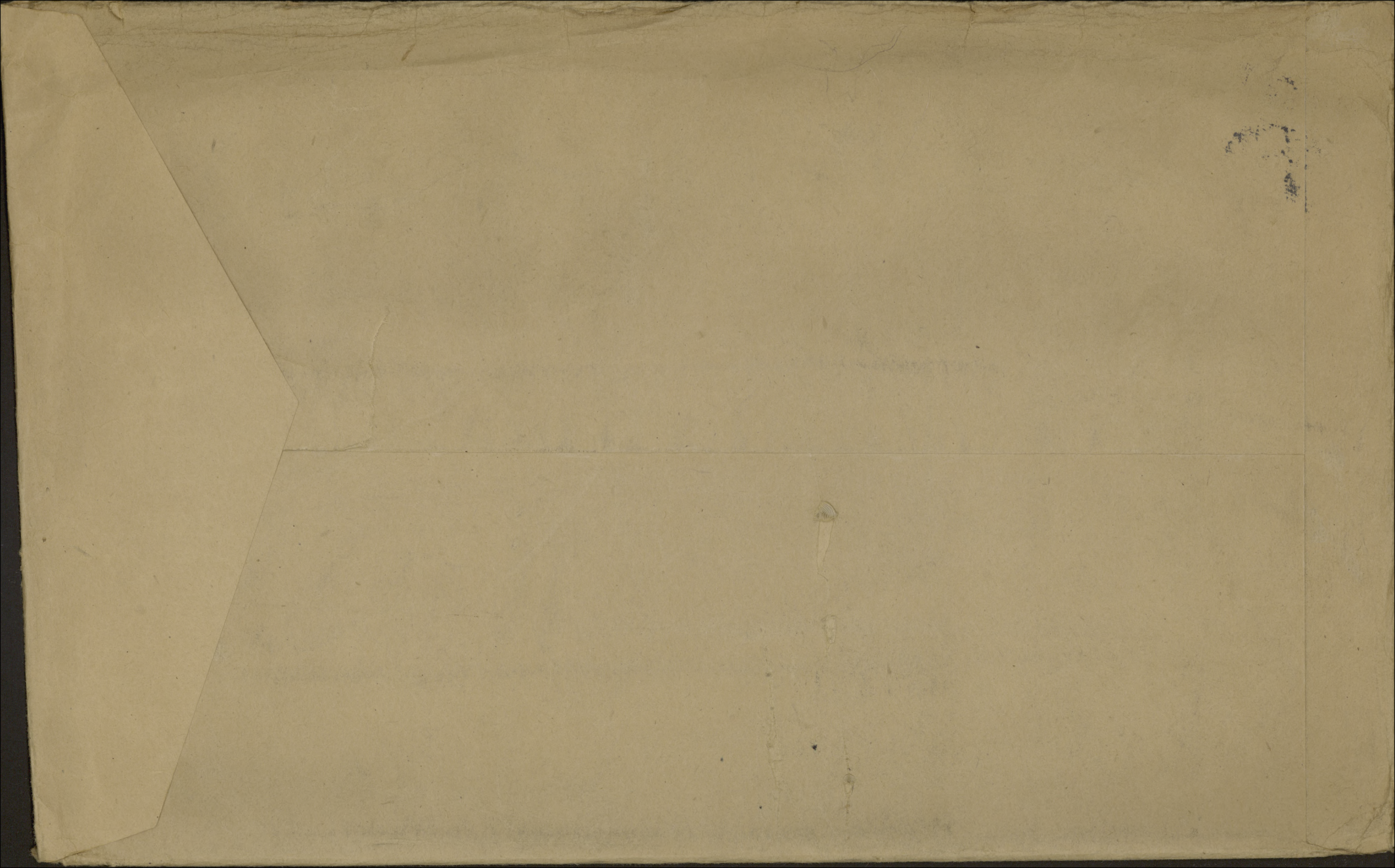
*1 Index Removed 15/11/18*  
*1 Change of Address*  
*1 Part II*  
*1 Casualty*

10025

*13*  
*20*  
*28*  
*27*  
*27*

(H)

*A.F.B. 122 - 1*  
*misc - 2*  
*cas card - 1*  
*a721237 - 1*  
 M. F. W. 62.  
 100m.-6-17.  
 H. Q. 1772-39-935.  
*m.f.w. 67-1*



com.

Number

794229

Rank

Pte.

Surname KINGSTON

Christian Name Cornelius Francis

Units 42nd Am. Can. Inf. Theatre of War France

Date of Service 28.11.16.

Remarks

Latest Address

Newcastle,  
Waggon, P.O.  
Northumberland Co.,  
N. B.

Roll No.

200m. -2-21, 1st,

B. Page 16251

Next of kin \_\_\_\_\_

Address on leave \_\_\_\_\_

Address on discharge \_\_\_\_\_

Transportation issued      Yes      No      Date \_\_\_\_\_      Character on discharge \_\_\_\_\_

Previous occupation \_\_\_\_\_      Date and place of enlistment \_\_\_\_\_

Diagnosis \_\_\_\_\_      Date of Medical Boards \_\_\_\_\_

Date	Remarks

SEP 26 1922  
REGN. NO. 135541

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

SURNAME.

Kingston

CHRISTIAN NAMES

Cornelius Francis

REGL. NO.

794229

RANK

Pte.

UNIT

132nd.

FORMER CORPS

Nil.

FOLL.

303. Div 304/187 Pt II

13 of 304/18. 24

Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Kingston Paul

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Wayerton, Northumberland Co  
N.B.

COUNTRY OF BIRTH

Canada, North Esk, N.B.

DATE

Mar. 20th. 1895

PLACE OF ATTESTATION

Valcartier P.Q.

DATE

Aug. 31st. 1916

L. L. 6945. M. & D. 6994.

R/C. 25-10-19

M. F. W. 22. 100M.-8-16. H. Q. 1772-39-339.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Lumberman

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

21

YEARS

MONTHS

HEIGHT

5

FEET

11

INCHES

CHEST MEASUREMENT

40

INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Medium

EYES

Hazel Brown

HAIR

Brownish Black

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Valcartier P.Q.

DATE

Aug. 31st. 1916

Present Address: Wayerton Northumberland Co. N.B.



No. 794229 RANK *Pte*

NAME *Kingston C.F.*

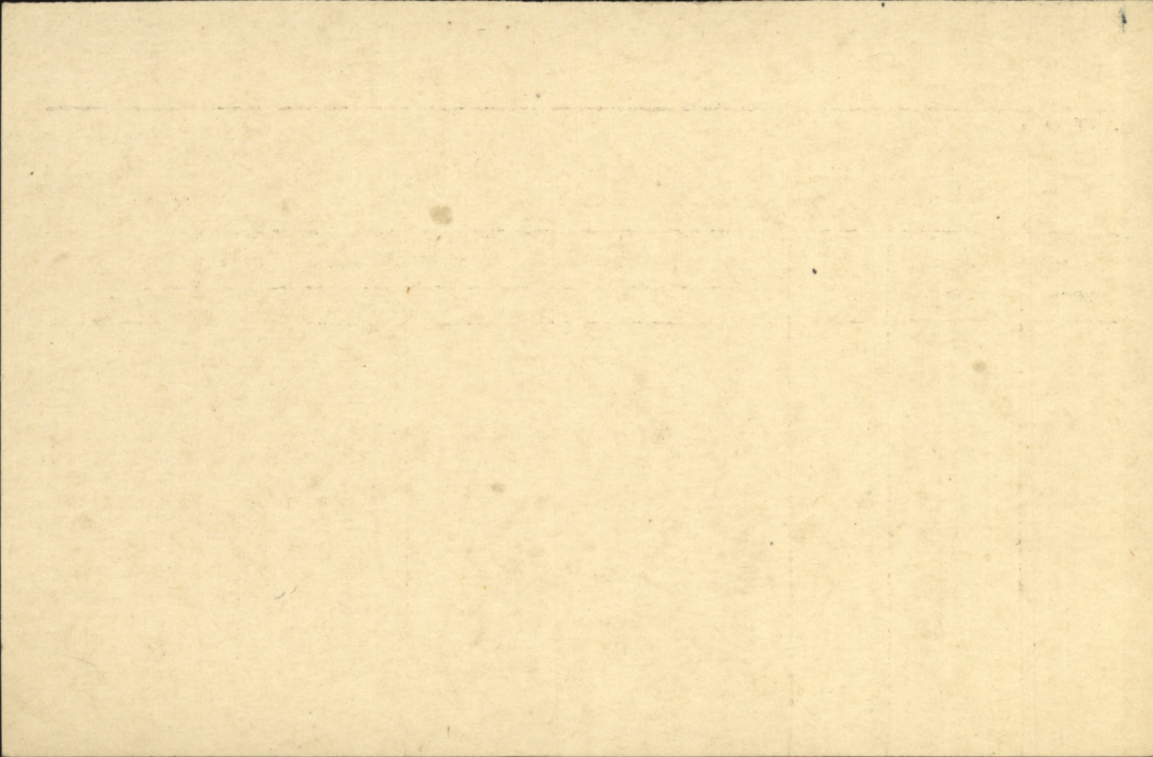
T.O.S. 26-8-16. UNIT *132<sup>nd</sup> Battalion, C.F.*  
DO 210-1-9-16.

M. D. *6*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i> <i>Aug 28</i>	<i>1916</i> <i>Sept 30</i>	<i>✓</i>		
<i>Oct</i>		<i>✓</i>		
<i>Nov</i>		<i>✓</i>		

**UNIT SAILED**

**OCT 25 1916**



Reg. No. 796229 Name Kingston G F  
 Rank Pte Corps 42nd Age 23 Service 6<sup>4</sup>/<sub>12</sub> 6<sup>7</sup>/<sub>12</sub> 6<sup>7</sup>/<sub>12</sub>  
 Ledger No. .... Serial No. ....

HOSPITALS	DATE	DIAGNOSIS
Millbank St John N.B	13. 3. 18	G.S.W. St Leg
Dio D.D	16. 3. 18	

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.  
75M.—9-19.  
1772-39-1332.

REGT'L NO 794229.

H. Q. FILE NO. 649-

NAME

Kingston, Cornelius Francis

RANK AND CORPS

Pte. 4<sup>th</sup> Bn. (form. 132<sup>nd</sup> Bn.)

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

b.

No.	DATE	NATURE OF CASUALTY
m.1348	7-4-17.	Adm. to H. Gen. Hosp. banners march 30 <sup>th</sup> 1917. (H.S.W.L. leg) ✓
m.2707	<sup>w. S.M.</sup> 24-4-17.	3 <sup>rd</sup> London General Hospital.
m.2792	<sup>w. S.M.</sup> 26-4-17.	Doing very well.
T356	23-10-17	Sailed from Liverpool for Canada per the H. S. "Araguay" Oct 17 <sup>th</sup> 1917. "Head, L. Leg."

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 392	No 4 Gen. Hannes Amiers	30.3.17	Gsw Left leg Sev.
B 272	3 <sup>rd</sup> London Gen. Wandsworth	7-4-17.	G S W. L. Leg.
B. 311	S.W. Ex. 3 <sup>rd</sup> Can. Conv. Bromley	31-5-17	Gsw. L. Leg.
B 25 <sup>12</sup>	20. Can. Mil. Kirkdale Liverpool	28-9-17.	Gsw L. Leg 1st 2nd R.
B 47-5	Invalided to Canada	17-10-17	Gsw L Leg.
44	Mable St John	26.10.17	O.P. Institution

Chaffee

Form DMS 1401

8289 100M 9/8/17.

A. & D. CARD

7

CANADIAN CONVALESCENT HOSPITAL HOSPITAL.

AT BROMLEY, KENT.

A. & D. No.

71843

PL. OF ACTION

RANK

794229 Plt

UNIT

42nd Bn. A Coy

SICK OR WOUNDED

NAME

Kingston C.F.

AGE

22.

RELIGION

R.C.

PLACE IN HOSPITAL

DIAGNOSIS

GSW Left Leg

ADMITTED

30.5.17

FROM

3rd Hon. Gen

DISCHARGED

27-9-17

TO

Stirkdale

TRANSFERRED

8/12

Liverpool

SERVICE AT HOME

IN FIELD

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

REMARKS.



Name Kingston, Cornelius <sup>Francis</sup> Pte.

Reg. No. 794229.

Unit 42nd. Bn.

Francis

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
30-3	No. 4. Gen. Hos. Camiers.	GSW. L. Leg	Sev.	A392	M1348	10-4
7-4	3rd London Gen Hos	Wandsworth SW		B 272		
31-5	Gen Hos	Bromley		B 311		
28-9	M. H. Kirkdale	(BC 2855)	do	B 25		
17-10	Died to Canada	940	"	B 44	RTT 30/11/17	12 13



Surname **Kingston.** Christian Name or Names **C.F.** Reg. No. **794229.**  
 Rank **Pte.** Unit **42nd. Bn.** Co. **1st. Que. Regt.** Troop  Batty.   
 Hospital  Date of Admission

Transferred **4. G. H. Camiers.** Hosp. **30-3-17.**

**3. Lond Gun Wndsworth** Hosp. **7.4.17.**

**Bromley Can. Conv.** Hosp. **31.5.17**

**Can. Mil. Kirkdale Liverpool** Hosp. **28.9.17**

Diagnosis

**G.S.W. Lt. Leg. Sev.**

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

**A.M.D. 2 DEPT.**

**Bch. of D.G.M.S. O.M.F.C. London.**

DISPOSITION

Date

**C.L. 10-4-17. A/392.**

REMARKS

**18-4-17. B272. T.T.E.**

**4.6.17 B/311**

**2.10.17 B25-2**

**27-10-17. B47(5)**

**Dis to Canada per HS "Araguaya" from Liverpool 17-10-17**

**R**

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

# ORIGINAL MEDICAL HISTORY SHEET.

Surname Kingston Christian Name Cornelius Francis 59

Examined { on 31<sup>st</sup> day of August 1916  
 at Valcartier Camp P. 2.

Birthplace { City or Town Waynton  
 County Northumberland Co.

Approved by J. G. Park  
 Rank Captain M.O.

Apparent age 31 years  
 Trade or occupation Lumberman  
 Height 5 Feet 11 Inches.  
 Weight 175 Lbs.  
 Chest measurement { Minimum 37 1/2 inches.  
 Maximum expansion 40 inches.  
 Physical development Good  
 Small-Pox Marks none

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		19 APR 1917 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

HOSPITAL REPRESENTATIVE, CANADIAN COVALESCENT HOSPITAL, C. ONLY

Vaccination Marks { Arm Right Left  
 Number \_\_\_\_\_

Date.	Result.	VACCINATIONS.
<u>18-9-16</u>	<u>Positive</u>	<u>J. G. Park Capt</u> M.O.
		M.O.
		M.O.

When Vaccinated last \_\_\_\_\_  
 (a) Marks indicating congenital peculiarities or previous disease none

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1-9-16</u>	<u>500 million</u>	<u>J. G. Park Capt</u> M.O.
<u>10-9-16</u>	<u>1 Billion</u>	<u>J. G. Park Capt</u> M.O.
<u>18-9-16</u>	<u>1 Billion</u>	<u>J. G. Park Capt</u> M.O.

(b) Slight defects but not sufficient to cause rejection none  
 Vision R.D. 20 L.D. 20

Enlisted on 26 day of August 1916 at Valcartier camp

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>132nd Bn</u> <u>C.E.F.</u>	<u>794 229</u>		
Transferred to	<u>42nd Bn</u>			

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Brouley</u>	<u>24/8/17</u>	<u>flu (feet)</u>	<u>J. G. Park Capt</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

11

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
LONDON GENERAL HOSPITAL WANDSWORTH.		7	4	17	30	5	17	G.S.W. IX 1. Left leg.	51	Wounded in France 28/3/17. Transferred to Can. Gen. Hosp. Bromley.	W. S. Myles Capt RAMON.
CANADIAN CONVALESCENT HOSPITAL BROMLEY, KENT.		30	5	17				Do		Received wound G.S. in left leg on 20.3.17 causing compound fracture of the tibia and some impingement to tibia. Wounds are healed <sup>with</sup> bones in good positions. There is no voluntary movement possible at ankle or toe joints. There is no anaesthesia - extensive laceration of muscles & no marked foot-drop. The peroneus is probably functional. There is no limitation in passive movements at the ankle on account of fibrosis of the muscles.	

CANADIAN MILITARY HOSPITAL LIVERPOOL

27 9 17

Left foot abducted, flexion possible to right angle.  
Scar on surface lower part of leg adherent to muscles.  
Sensation limited below this & over medial half dorsum of foot. J. P. Blagden

DUPLICATE

NO DUPLICATE

MEDICAL HISTORY SHEET.

Surname *Kingston*

Christian Name *Cornelius Francis*

Examined { on *31<sup>st</sup>* day of *August* 191*6*  
at *Valcartier Camp. P. 2.*

Approved by

*J. G. Park*

Birthplace { City or Town *Weyerton*  
County *Northumberland No.*

Rank *Captain* M.O.

Apparent age *21*

Trade or occupation *Lumberman*

Height *5* Feet *11* Inches.

Weight *175* Lbs.

Chest measurement { Minimum *37 1/2* inches.  
Maximum expansion *40* inches.

Physical development *good*

Small-Pox Marks *none*

Vaccination Marks { A r m. Right  Left   
Number *—*

When Vaccinated last *—*

(a) Marks indicating congenital peculiarities or previous disease *none*

(b) Slight defects but not sufficient to cause rejection *none*

Vision *R.D. L.D.*

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

Date.	Result.	VACCINATIONS.
<i>18-9-16</i>	<i>Positive</i>	<i>J. G. Park Capt</i>
		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<i>1-9-16</i>	<i>500 million</i>	<i>J. G. Park Capt</i>
<i>10-9-16</i>	<i>William</i>	<i>J. G. Park Capt</i>
<i>18-9-16</i>	<i>William</i>	<i>J. G. Park Capt</i>
		M.O.
		M.O.

Enlisted on *26* day of *August* 191*6* at *Valcartier Camp*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>132nd Batti C.E.F.</i>	<i>794229</i>		
Transferred to	<i>H2nd Bn</i>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

*5*

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.

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from: whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
"ARAGUAIA"		17	10	17	27	10	17	Y.W.H. Coq.		Condition unchanged.	Geo Grant Capt. Lane
A.M.C.F. St. John M.D.		13	3	18	16	3	18		3	Medical Board recommended discharge	W. Lunny Leitch M.D.



# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE "K" UNIT M. H. C. C.

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 744229 Rank Pte. Name Kingston C. F.

Corps 42nd Bn. who was\* Discharged

On 30/4/18 191... to.....  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/4/18 191... to 30/4/18 191... the inclusive date of transfer or discharge.

Dr.		\$	c.	Cr.		\$	c.
Bal. Dr. from prev. month.....				Bal. Cr. from prev. month.....			
Advances } No.....				Regt'l Pay..... <u>30</u> days at \$ <u>1</u> c <u>00</u>	<u>30</u>	<u>00</u>	
by } No.....				Field Allow. .... <u>30</u> days at \$..... c <u>10</u>	<u>3</u>	<u>00</u>	
Cheques } No.....				Separation Allowances* (Monthly) .....			
Assigned Pay and Sep'n Allce. No.....				Other Allowances* <u>clo. Allce.</u>	<u>8</u>	<u>00</u>	
Other charges .....				Subs. <u>1/4/18-19/4/18</u>	<u>15</u>	<u>20</u>	
Payment on transfer or discharge No. <u>362</u>	<u>89</u>	<u>20</u>		Other Credits*.....			
Balance Cr. (to be paid by the new unit).....				Bal. Dr. (to be deducted by new unit).....	<u>33</u>	<u>00</u>	
Total.....	<u>89</u>	<u>20</u>		Total.....	<u>89</u>	<u>20</u>	

\* Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned Pay for the month of..... 191... (to) Assignee.....  
 { and Sep'n Allce. for month of..... 191... }  
 (Address).....

Made By	<i>[Signature]</i>
Checked By	<i>[Signature]</i>
No. Last Part	<u>12</u>
D.O.	<u>12</u>
Date	<u>29/4/18</u>

**M. D. No. 7**  
**No. 10**  
 N I L

(†) Insert amount to be assigned, whether it has been paid or not.  
 (‡) Insert "not" if amount has not been paid for period of account.

### On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

### REMARKS:—

- State (1) date of enlistment .....
- (2) if married and if a Separation Allowance Card has been submitted..... No
- (3) cause of discharge..... authority O.C. D.D. #7. D. O. 13.
- (4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date..... April 29, 1918

Place..... Fredericton, N. B.

*[Signature]*  
 Capt.  
 PAYMASTER "K" Paymaster M. H. C. C.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.  
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.  
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

100M.—12-17.  
 H. Q. 1772-39-903.



*Synopsis for Canada*

9

**MEDICAL CASE SHEET.\***

No. in  
Admission  
and  
Discharge  
Book.

Regimental No.

Rank.

Surname.

Christian Name.

794229

Pte

Kington

C.F.

Year

Unit.

Age.

Service.

Year

42nd

22

7/12

Station  
and Date.

Disease

GSW Left Leg

wounded by shrapnel March 28/17  
Several large pieces of shrapnel on  
inner side of left leg removed in France  
and drained.

Apr 7. Wounds septic

X Ray showed numerous small pieces  
of shrapnel scattered over leg.

Wounds treated to celluloid & eusol  
later to Ung Hyd. & Olav.

C.M.H. Liverpool

4/10/17

Scar anterior surface leg just below middle  
bound down to muscles. Sensation limited  
below this & over medial half dorsum of foot  
Foot abducted flexion slightly limited

16/10/17

No change. Scar on inner surface  
of leg bound down to muscles and  
limit movement.

17/10/17

Embarked for Canada

J.B.

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

10

Station  
and Date.

Form to be used instead of Blank Space on Army form 179.  
PROCEEDINGS OF MEDICAL BOARD AT DISCHARGE DEPOT, ST. JOHN, N. B.

Number 794229 Original Unit 42nd. Battn.  
Rank Pte. Present Unit 42nd Bn.  
Name C.F. Kingston Date of Enlistment 26/8/16  
Age 22 Where seen Service France  
Home Address Newcastle, N.B.

Previous Civilian Occupation Woodsman

Disease or Disability Partial loss function left leg.

Cause of Disability S.I. Fr. causally Compound fracture.

Date of Origin 28/3/17 Place of Origin Griny Ridge.

Condition, in detail, which prevents the soldier from earning a full livelihood. From large scars over tibia adherent to underlying muscles. Very marked callus formation. Lower third of leg is swollen and oedematous. Cannot walk without a stick, and when doing so has marked limp. Has partial ankylosis of ankle. probably from disuse.

OPINION OF THE BOARD.

Class D III Degree of Incapacity (State in Fractions) 40%

Probable Duration of Incapacity Permanent, but will improve.

Is Final Disability liable to prevent return to previous occupation? Yes.

Recommendation of Medical Board Convalescent Hospital for massage etc.

Members of Board

Adjutant Capt President  
Major Capt Member  
----- Member

Discharge Depot, St. John, N.B.

Date Oct. 26/17.

Approving Medical Officer \_\_\_\_\_  
For

A.D.M.S. & G.O.C. M.D. No.6

Discharge Depot, St. John, N.B.

Date \_\_\_\_\_

1

Name of Member: \_\_\_\_\_

Residence: \_\_\_\_\_

Profession: \_\_\_\_\_

Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Previous Office: \_\_\_\_\_

Disease or Disability: \_\_\_\_\_

Case of Disability: \_\_\_\_\_

Date of Onset: \_\_\_\_\_

Continued: \_\_\_\_\_

Full Employment: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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 135<sup>th</sup> Battalion

(2) Regimental Number 794 229

(3) Full Name of Soldier Cornelius Francis Kingston

(4) Place of Birth Weynton Northumberland Co. New Brunswick

(5) Are you married, or not? no.

(6) If married, state,  
 (a) Full name of your wife.....  
 (b) Present Postal Address.....

(7) Are you a widower? no

(8) Have you any children? no

If so, give number of boys and girls..... none

Also their names and ages..... none

(9) Is your Father alive? Yes

If so, state name and address Paul Kingston

(10) Is your Mother alive? Yes Mrs Paul Kingston

If so, state name and address Waylston

Kathled Co. H. B

(11) If your Mother is a widow no

Are you her sole support, or not? no

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....  
.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....  
.....  
.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

.....

(15) Are you insured? Yes

If so, in what Company? Equitable Life Insurance Co.

Have you made arrangements for payment of your Insurance premium? Yes

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

.....  
Officer Commanding.

Date.....



NO 5. CAN. GEN. HOS<sup>3</sup> MEDICAL CASE SHEET.  
KIRKDALE. LIVERPOOL

S-9

15017

Rb 5/12

No in Admission and Discharge Book. 7/4/17. Year.

Regimental No: 794229... Surname: Kingston. Christian Name: Cornelius. Age: 22.  
Rank: Private. Unit: 42<sup>nd</sup> Canadians. Service: 7 months.

Date and Station. 25.5.17. Ab. W288.9. 970 alv.

Disease: G.S.W. of left leg

Pt was wounded on march 28<sup>th</sup> by shrapnel at the Vimy Ridge.

There were several large pieces of shrapnel on the inner side of the left leg which were removed in France & drained.

He was admitted to his hospital on April 7<sup>th</sup> with 5 flesh wounds in the lower part of the left leg, which were very septic.

X Ray showed numerous small pieces of shrapnel (24) scattered over the leg.

Wounds were treated with celluloid & Eusol & later with Ung Hyd. Ox. Flav. & are now healed.

Has had no massage; ankle still stiff.

Chamson R.M.O.

24 MAY 1917

Admitted for Bromley

27/9/17

Transferred to Gen. Military Hospital  
Kirkdale, Liverpool for disposal  
to Canada. Previously boarded & pass-  
ed for Canada.

D. Allison

CAPTAIN C.A.M.C.

CANADIAN CONVALESCENT HOSPITAL

C.M.H. Liverpool.

4/10/17

Two linear scars inner surface left  
leg well healed; two on anterior surface  
one at level of junction of middle & lower  
thirds bound down to muscles. Sensation  
limited below this and over medial half  
of dorsum of foot.

Flexion of foot only possible to right  
angle. Full extension, walks with  
foot abducted.

General condition good

Massage

J. B. Beard

17/10/17

No change. scars bound down to  
muscles.

Discharged J.H.C.

J.H.B.

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

WJA

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

250M.—1-16.

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 132nd. Bat. C.E.F.

Regimental No. 794229 Rank Pte. Name Kingston, Cornelius Francis

Enlisted (a) <sup>31</sup> 26-8-16 Terms of Service (a) C. E. F. Service reckons from (a) <sup>31</sup> 26-8-16

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

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

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				

CERTIFIED CORRECT.  
 11 DEC. 1916  
 RECEIVED 10:00M.

		Proceeded Overseas for Service with 42 Bn.	Canada	26-10-16	
		Disembarked	England	5-11-16	
		Proceeded Overseas for Service with 42 Bn.			

28/11/16	132 <sup>nd</sup>	Landed in France. Taken on strength 52nd Cdn. Bn. L. for <u>Training B. 9.</u>	Nom. Roll d/	29/11/16	
		Arrived Unit for duty <u>29/12/16</u>	Pt II D.O. 83d/	4/12/16	
31-3-17	42nd	Wounded. adu. to Hosp. Fed.	Nom. Roll d/	11/2/16	
30-3-17	42nd	Wounded. adu. to Hosp. Fed.	B. 213 d/	5/1/17	
6/4/17	do	Wounded. adu. to Hosp. Fed.		29-3-17	B. 213. D.C. 257. of 10-4-17
		Wounded. adu. to Hosp. Fed.		30-3-17	W 3034. 208.
		Wounded. adu. to Hosp. Fed.		6/4/17	W. 3083 (969) P. 43 of 12/4/17

H. D. Davis  
 CO. Post # 283  
 Major  
 Lieut. for 132nd. Bat. C.E.F.

(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.

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				
20-4-17	1 QRD	LOS	Shoreham	7-4-17	PTO 40 Lieut. for Colonel i/c Records, C.O.M.F.
					<p>INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT</p> <p><i>Wm. Jones</i> HOSPITAL REPRESENTATIVE CANADIAN CONVALESCENT HOSPITAL, BRONLEY.</p>

DEPARTMENT OF VETERANS AFFAIRS

War Service Records

JAN 17 1964

Referred to.....

Charged to.....

SERVICE NUMBER 794229 CEF

Ottawa Ont.

Date Jan, 17/64

C.P.C. No. 35568

NAVY

W.V.A. No. 206251

ARMY X

R.C.A.F.

To Copy for H.O. file

Attention of

NAME KINGSTON, Cornelius F.

The DEPARTMENT has received information from

CANADIAN PENSION COMMISSION CANDIAN NATIONAL TELEGRAPHS SAINT JOHN NB. JAN, 15/64..

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death January 15/64

Cause of Death

Place of Death Not Stated

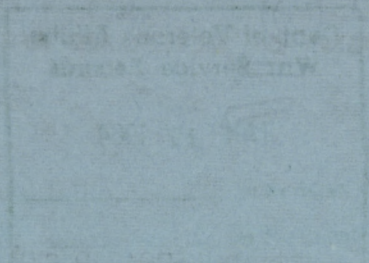
Name and Address of next of kin (if known)

Copies to: W.S.R.  
V. I.  
~~PAY~~  
~~DO~~  
H.O.

Destroy form if advice of death already received.

*C.C. Richards*

for  
Chief, Central Registry



11

The undermentioned "Medical Documents" have been detached from Discharge Documents and forwarded to B.P.C.

Medical History Sheet, M. F. B. 313.....  
" " or A. F. B. 178.....  
Proceedings of Medical Board A. F. B. 179.....  
Dental History Sheet, M. F. B. 465.....  
Medical Report D. M. S. 1375.....  
Miscellaneous Reports.....

*Can med Bd - 1*

*Ref  
BPC-34-a*

*M.A.  
R.O.*

Date *15-5-18*.....

Doc. S. F. #6.

500  
5/18.

*C. F. Kingston  
# 794229*

IONS

12 02

Unit .....  
Date .....  
Name .....

BAPTIST	CONGREGATIONAL	JEWISH	OTHER DENOMINATIONS
<p>12/12/1912</p> <p>12/12/1912</p> <p>12/12/1912</p>	<p>12/12/1912</p> <p>12/12/1912</p> <p>12/12/1912</p>	<p>12/12/1912</p> <p>12/12/1912</p> <p>12/12/1912</p>	<p>12/12/1912</p> <p>12/12/1912</p> <p>12/12/1912</p>



LTR

Rank Name KINGSTON, Cornelius Francis Reg'l No. 794229  
 Unit 132nd, Bn. If in perm. Corps, } Married or Single Single.  
 What Unit? }  
 Place and Date of Enlistment Valcartier P.Q. Aug 31st, 1916. Place of Birth North Esk, N.B.  
 Canada.  
 Name and Address, Next-of-Kin Paul Kingston.  
 Wayerton, Northumberland Co, N.B. Relationship Father.

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

N/E R.B. No 10859  
 File R.L.  
 Category M. L. Ban

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England S.S. Corsican		5/11/16	
28-11-16	132 Bn	Transfd to 42nd Bn. Oseas Bramshott		28-11-16	Pt II O. 283.
4.12.16	42nd	Taken on Strength,	Field.	29. II, 16	Pt, 2, O-83
10-4-17	"	Adm 4 general Hosp	Hannes Cammies	30-3-17	CL 9392 9.82. 2. Leg Ser. 20.4.17
12-4-17	"	Invalided Wd. Posted to 15th R.D.	Field	6-4-17	CF 11043. dlt 110 #40, 15th R.D.
18-4-17	"	To 3rd London general Hosp	Wandsworth	7-4-17	CF 13272.
4-6-17	-	Ifd Ban Ban Hosp	Bromley	31-5-17	- 311
1-10-17	1QR	" Ban mit 1403 Kirkdale	Pt Liverpool	28-9-17	- 25
26-10-17	-	Inval to ban	Pt Kirkdale	17-10-17	- 47
4-12-17	"	Invalided to Can & S.O.S accordly	B'shott	17-10-17	D1238

A.F.B. 103 C.I.E.K.E.D  
 7 DEC. 1916  
 W.R.



# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

*Handwritten initials*

10092-C-2.

Name **Kingston, Cornelius Francis**  
Surname Christian Name

Regimental Number **794229** Rank **Pte.**

Address (in full) **Wayerton P.O., Northumberland Co. N.E.**

Unit **42nd Bn. C.E.F.**

Original Unit

District where paid **M.D. 7.**

Date of Discharge **30-4-18.**

P. D. P. Filing Number **1-2-7.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **per month.**

L. L. 46038—M. & D. 9245.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	30	30-5-18	33 00	30	30-6-18	33 00	25	30-7-18	1 10	33 00	67 10

Remarks:

M. F. W. 127.  
25M-8-18.  
1772-39-1140.

File No. 100926-8.

WAR SERVICE GRATUITY.

Register No. A-887.

Inv. 27-9-19.W.93.

Reg. No. 794229. Pt

Name: *W. S. G. ...*  
Address: *North Oak, N. B.*  
Less further debit balance  
Net due paid as below

Dependent

Address

*Not applicable*

TRIBUTE TO DEPENDENT

Pay Soldier: *1*  
*CC Carmichael*  
*W. J. Turner*  
*H. M. Grejo*  
Clerk

Pay Dependent \$

Days 122 Rate #90 Due 280.

Less P.D.P. credited 100.10

Less further Dr. Bal. or overpayment.

Net 179.90

*R. W. 102  
6/11/19*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
2/10/19	24779	3/10/19 228762	179.90					
2								
3								
4								
5								
6								

GEN'L AUDITOR  
Posting checked by  
*[Signature]*  
Date 5.12.19

Pte Name *Kingsford C.F.*

M. F. W. 41  
10M-7-16  
1772-39 889  
L. P. U. No.  
K-721

Regimental No. *794 229*

*Home*  
Name and address of next-of-kin *Newcastle*

Unit *132 Bn*

*N.B.*

Date of enlistment *26-8-16*

*MPB 26-10-17* Con. Hoo.

Place of " *Newcastle*

Married (yes or no) *No (Mother)*

Date and place discharged

Amount of pay assigned monthly \$ *Nil*

Reason for discharge

To whom payable

Character on discharge

*Arquayna 25-10-17*

*Cate D.M. A. Dr. called.*

Form 5351-M. & D. 6880.

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					
	<i>17-9-17</i>							<i>246 69</i>								<i>E.L.P.C.</i>
<i>18-9-17</i>	<i>30-9-17</i>	<i>74</i>	<i>1.00</i>	<i>74 00</i>	<i>74</i>	<i>.10</i>	<i>7 40</i>		<i>328 09</i>				<i>9 73</i>	<i>100.</i>		<i>A.R. 124</i>
														<i>109 73</i>		<i>C.W. St John</i>
																<i>R.P.C. paid on 22/11/17.</i>
																<i>show. 9c adv 30/11/17</i>
									<i>328 09</i>							<i>pts to "K" Unit</i>
									<i>Cr Balance</i>							

*Raymond*  
*20-11-17*

*E.A.P. Nil*



P. 559.  
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

CASUALTIES, PROMOTIONS, &c.

PARTICULARS

EFFECTIVE DATE

AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED

DATE DISCHARGED

V. OR A.

NAME OF HOSPITAL

REG'L. No. 794229

RANK Private

NAME

Kingston, Cornelius Francis

IF IN PERM. CORPS }  
WHAT UNIT

UNIT 132nd Pn.

TRANSFERRED TO

42nd Bn.

DATE 30/1/16

AUTHORITY DO. 283

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

1st 2.R.R.

DATE 21-6-17

AUTHORITY Ch.R. 272

PLACE OF ATTESTATION

Valcartier, P.Q.

TRANSFERRED TO

Pay Office

DATE 18-9-17

AUTHORITY Do. 19214/9

DATE OF ATTESTATION

26/8/16

TRANSFERRED TO

W.A.H.

DATE 18-9-17

AUTHORITY

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

Canada 17-9-17

REASON AND AUTHORITY

Cronley 19-9-14 17/17  
Invalidated

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



Entered on B. Card Index

Checked by J. G. [Signature]

P. 67.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

794229 Pn. Kingston C.F.

Date of Paymet.	No. of Acq. Roll	AMOUNT				Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	¢			
14/2/17	123	1	4	96	Cronley	Eric Mon Role		
15/7/17	157	1	4	27	do	do		
17/8/17	183	1	4	76	do	do		
30/2/17	192	5	24	37	do	do		

SER DITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
		1		2		3		4		1	2	3	4				CREDIT	DEBIT			
		No.	DATE	No.	DATE	No.	DATE	No.	DATE												
0	34 10															34 10				Part from Canada	
	33	24	11/1/16	45	27/1/16					29 20	4 86			34 06	33 04	15	18 04	Trans to 42nd Bn. DO 283			
	34 10										10 46			10 46	56 68						
	34 10	14	27/12							5 24				5 24	85 84	45	40 54				
	30 80	15	24 19/1	15	63 8/2					5 23	2 62			7 85	108 49	60					
	34 10	16	17 21/2	16	51 5/3					2 61	2 62			7 85	134 74	78 00					
	33 -														167 74						
	34 10												9 73 4 87		14 60	187 24	105				
	27 -														209 24						
	389 30														220 24		120				
	11														254 34		135				
	34 10														288 44		150				
	34 10									4 28	2 18		1 60	800 6	288 44						

Saledon A.S. Araguaya 17/10/17





794229 De Kington Cornelius Stances a/gp Lt

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		AMOUNT					NO. OF DAYS	RATE	NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE				NO.	DATE	1	2	3	4	CREDIT	DEBIT
			\$	c.	\$	c.																											
Sept 17	17	1.10	18	90				210	368	50									14	60			8006	288	44	150							
								281	189	0														2433	282	81							
								281	281															10249	285	62	3893						
																								3893	246	69							

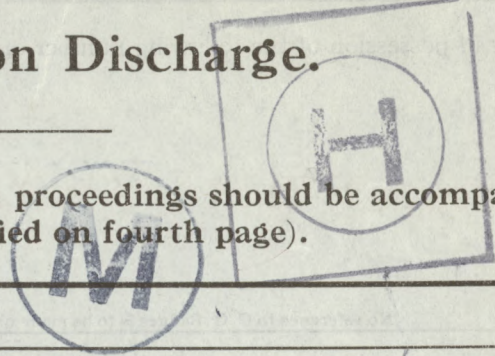
3M. FORM REND. EFFEC.   
 DISCHARGED TO Com DATE 17/9/17  
 PAYBOOK VERIFIED unavailable  
 Ck. BAL 246.69 L.P.C REND. 17/9/17  
 AUTHY. Cornelius 19-a-14 17/9/17  
 Invalid

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEBIT	SER. ALLOC. PAY	END.
Sept 17	Bal. Fwd								285	62		
	Med 123 15/6/17 <sup>Stromley</sup> Collt				4	87						
	✓ 183 17/8/17 " "				4	87			275	88		
						9	74					
	Med 152 13/7/17 <sup>Stromley</sup> Collt				4	87						
	✓ 192 30/8/17 " "				24	33						
	✓ 124 13/17 " <sup>S. Gen. Hops</sup>				9	73			236	95		
						3	8					
	Balance transferred to N. E. Branch. NIL											

Checked [Signature]  
 Supp LAC 4.2.18 C. 236.96

# Proceedings on Discharge.

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



No.	794229	
Rank	Private	
Surname.....	KINGSTON	
Christian Name.....	CORNELIUS FRANCIS	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	42nd Battalion- C.E.F.	
Date of Discharge	April 30th, 1918	
Place of Discharge	Fredericton, N. B.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	23..... years.....	months.
Height.....	5..... feet.....	11..... inches.
Complexion	Fresh	
Eyes	Hazel	
Hair	Black	
Trade	Woodsmen	
Intended place of residence	Wayerton P.O., Northumberland Co., N.B.	
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of being no longer fit for War Service.  K.R. & O. 1912. Para. 392. Sec. XVI.		
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>		
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.  " G O O D "	
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		

*rec 27/1/19*

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

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

6. Medals and Decorations.....

One Casualty Stripe

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) Fredericton, N. B.

(Date) April 30th, 1918

*J. J. Ruce Major*  
For O.C.  
Dist. Depole  
Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Newcastle N.B. *A. J. Kingston* (Signature of Soldier.)

(Date) 17 April 1918 *William Davidson* (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) Fredericton, N. B.

(Date) April 30th, 1918

(Signature) *J. J. Ruce Major*  
For O.C. Dist. Depole.

**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.)

My claim for pension by reason of war service and wounds and injuries received therein.

*C. F. Kingston*

## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p><small>*Only if discharged "Medically unfit."</small></p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

Duplicate B.P.B.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

# MEDICAL HISTORY OF AN INVALID

STATION St John, N.B. DATE March 14/18.

1. (a) Unit 42 nd Battn (b) Regimental No. 794229 (c) Rank Pte

(d) Surname Kingston (e) Christian name Cornelius Francis

2. Age last birthday 22 Date of birth March 20/1895

3. Enlisted at Chatham, N.B. on Aug 26/16.

4. Personal description:—

(a) Height 5 ft 11 in (b) Weight 170 lbs (c) Complexion Fresh  
(stripped)

(d) Colour of hair dark (e) Colour of eyes hazel (f) Identification marks roundish scar of G.S.W. over inner surface r tibia 2 in above internal malleolus scar over anterior margin tibia outwards 1 in 2 higher up, scar up and down along border of tibia, 6 on back of lower half, scar on upper end internal flesh part of the calf, about its middle.

5. Address after discharge (for the use of the Board of Pension Commissioners)

Wayettown P.O. Northumberland Co., N.B.

6. Former trade or occupation Woods man.

	Years	Days
7. (a) Service	<u>1</u>	<u>200</u>

	PERIODS	
	From	To
<u>132 nd Battn</u>	<u>26/8/16</u>	<u>11/16.</u>
<u>42 nd Battn</u>	<u>11/16</u>	<u>25/11/17.</u>
<u>B &amp; K Units M.H.C.C.</u>	<u>25/11/17</u>	<u>14/3/18.</u>

(b) Has he been overseas? Yes in England and France 6½ months.

8. Present disease or disability (use authorized nomenclature if possible) Partial loss of function (due to cicatrices) rt leg and foot (below the knee)

(a) Date of origin March 28/17 (b) Place of origin Vimy Ridge.

(c) Cause\* Shrapnel shell explosion rt lower leg 5 wounds and compound fracture.  
\*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important to be a full description of the present disabling condition or conditions). a very healthy looking young man, walks lame on the rt leg, on thr heel on the outside of the foot with the foot and leg everted, about 35% from normal. no complaints except the leg. Exam:— L leg 4 scars as described in par all hae led with carictrix bound down, to unferluing tissues, bony union id good, leg is not sore but gets tired on a walk without a cane with the cane he can walk 2 or 3 miles, but hen the leg is very sore and tired, and requires a night rest for recuperation. ankle joint presents no ankylosis but there is a slight foot drop, and the volun tary flexion of the foot on thr leg is 10% less than a rt angle this may be forcibly flexed to rt angle, due to adhesions, of structures in the scar area, no nerve injury, a small piece of shrapnel may be felt under the skin, in cicatrices 3 between the 1&2nd . heart Lungs and other systems sre normal.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

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10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Was perfectly alright until wounded at Vimy Ridge March 1917 multiple shrapnel wound rt lower leg with compound fracture sent to Hosp in France and England. Convalesced returned to Canada Oct 25/17 out patient B.A.K Units H.H.C.C. convalescing at home since.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

55%

12. Did the disability arise on or off duty? On duty

13. Was a Court of Inquiry held? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? No.

If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

No.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

(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.)

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

17. Treatment (Case reports, general or special, should be secured and attached where possible). U.C.C. Hospital, London, Massey Harris Hosp Kingswood 3 months. Can Conv Bromley Boarded and returned to Canada arriving 25/10/17. Hosp 4 days St Marys

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.

19. Can the former trade or occupation be resumed? No.

20. Recommendations. That 794229 Pte G.F. Kingston 42 nd Bath be placed in category B and allowed to pass under his own control. Disability is due to service and treatment is not required.

[Signature] Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

G.F. Kingston.

I, the undersigned, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

[Signature] Signature of soldier examined.

### OPINION OF THE MEDICAL BOARD

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

*Yes.*

22. Is the soldier fit for

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

23. It is certified that the soldier

- (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).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

*794229 1st Cornelius Francis Kingston 42nd Inf C.S.F. be placed in Category B. Disability due to service. Treatment will not further benefit.*

*Alban... Capt* ..... President  
*J T ... Capt*  
*A E ... Capt* } Members.

STATION *St. John. N.B.*

DATE *24.3.18.*

APPROVED BY

DATE *23-3-18*

*C McRae*  
Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.





BPC-35568

CONFIDENTIAL INFORMATION

Port No. 856

Category D or E D.3.

No. of M. H. C. File No. of Local File No. of H. Q. File

Kingston, C. E.

Newcastle,

N. B.

"X"

No. 794229 Rank Private Original Unit 42nd Bn. Present Unit

Age 22 Height 5 ft. 11 ins. Complexion Fresh Hazel Hair Black Character

Date of enlistment 26/8/16 Where enlisted Newcastle, N.B. Where seen service France

Ship returned by "Araguaya" Date of arrival 25/10/17 Port of arrival Halifax

Birthplace Newcastle, N.B. Religion R. C.

Name and address next of kin Mrs. Mary Kingston (Mother) same address.

Notification of return to be sent to

Cause of disability G.S.W. causing compound fracture.

Condition in detail which prevents the soldier from earning a full livelihood

Four large scars over tibia, adherent to underlying muscles. Very marked callus formation. Lower third of leg is swollen and oedematous. Cannot walk without a stick, and when doing so has marked limp. Has partial ankylosis of ankle, probably from disuse.

E. 1. Discharge, no pensionable disability. E. 2. Waiting Reclassification. E. 3. Discharge with claim for pension.

Degree of incapacity (Please state in fractions) Eng. Board Canadian Board 40%

Probable duration of incapacity Permanent but will improve

Does it render him permanently unfit for Military Service? Yes

Would operation, Special treatment, or use of appliances etc., lessen incapacity?

Destination to which transportation issued Convalescent Hospital. for massage, etc.

Members of Board J. J. Blake, Capt. A. E. MacAulay, Capt.

INFORMATION TO BE FURNISHED BY SOLDIER

Table with 6 columns: DEPENDENTS, NAME, AGE, WHERE-IF EMPLOYED, WAGES, STATE OF HEALTH. Rows for Wife, Children 1-5.

C. Service in Canada. D. Treatment.

Occupation prior to enlistment Woodsman.

Regular trade or profession Average earnings previous to enlistment \$100.00 per Mo. Any other income?

Name and address of last employer Paul Kingston. Rent per month If purchasing property amount due and annual payment, \$

Taxes If Homestead, when is patent due?

If carrying life or accident insurance, annual premium

If in receipt of sick benefits or other insurance—name of society 1000 Equitable Life Co. Amt. per mo. \$

If unable to follow previous occupation, name preference

At what age soldier left school? 18 What grade, standard, &c., was he in? college.

Has he taken any Technical or Continuation Classes, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

References J. E. Burchill, Newcastle, N. B.

Witness Charles Robinson. I declare that the above statement is correct.

Date 26/10/17. Signature G. F. Kingston.

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., \$ 246.69 Dr., \$ Amount paid at Depot H.Q., \$ 100.00 L. P. C. leaving Depot, \$ Nil

Amount forwarded to H. Q. Unit, \$ Nil Credit Clothing allowances, \$ Nil

Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date

PENSION—Class—Amount per year, \$—Period granted for—Dating from—

First payment date

A. General Service. B. Service abroad, not general.

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Category D or E, No. of Local No. of

No. of Present Unit  
 No. of Original Unit  
 No. of Days  
 No. of Commission  
 No. of Height  
 No. of Date of enlistment  
 No. of Date of arrival  
 No. of Region  
 No. of What was received  
 No. of Cause of disability  
 No. of Condition in terms which prevents the soldier from earning full military pay

1. Discharge or release  
 2. Military service  
 3. Discharge or release

Degree of incapacity (Please state in fraction) Eng. Board  
 Probable duration of incapacity  
 Does it render him permanently unfit for Military Service?  
 Would operation, special treatment or use of apparatus etc. lessen incapacity?  
 Education to which transportation issued  
 Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE EMPLOYED	WAGES	STATE OF BIRTH
1					
2					
3					
4					
5					

Occupation prior to enlistment  
 Regular grade of enlistment  
 Average earnings previous to enlistment  
 Name and address of last employer  
 Rent per month  
 Taxes  
 If mortgaged, when is payment due?  
 Is he paying life or accident insurance, annual premium  
 List in order of rank benefits of other insurance - name of society  
 Is he able to follow previous occupation, name of service  
 At what age entered school?  
 What grade attended?  
 Has he taken any technical or Commercial Course at school?  
 What is given Vocational Training while in service in England? If so, what course?  
 References  
 Witnesses  
 Date

Recommended by (Name and rank) to be paid as follows:  
 Amount awarded to H.O. (Date)  
 Amount awarded to H.O. (Date)  
 Date of Discharge  
 Date of Commission  
 Date of Arrival  
 Date of Enlistment  
 Date of Birth

Approved by  
 Date

Reserved for M.H.C.

Regt. No. 794229 Rank PLS Surname KINGSTON Christian Name Cornelius Francis  
 Unit or Corps—(a) Overseas from United Kingdom 42<sup>nd</sup> Bln. (b) In United Kingdom 132<sup>nd</sup> Bln.  
 Born at—Town Wayerton County or Province New Brunswick Country Canada  
 Date of Birth—Day 20<sup>th</sup> Month March Year 1895 Age 22 yrs. 4/12 months.  
 Joined at Chatham, N.B. Date is not sure of date was in Aug or Sept 1916  
 Former Trade or Occupation Chauffeur

Permanent marks or peculiarities that will serve for future identification:—  
Scars on back of neck from a fall.

Height—feet 5 inches 11 1/2. Colour of eyes Brown  
 Signature of Soldier (for identification purposes) D. F. Kingston

**Medical Report.**

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. **DISABILITY** (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).  
 (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a). PARTIAL LOSS. FUNCTION LEFT LEG  
 Disabilities Group (b). \_\_\_\_\_  
 Disabilities Group (c). \_\_\_\_\_

2. **CAUSE OF DISABILITY.** (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i) As to Group (a) above.	<u>G S W, LEFT LEG</u>	<u>Union Ridge</u>	<u>28/3/17</u>
(ii) As to Group (b) above.	_____	_____	_____
(iii) As to Group (c) above.	_____	_____	_____

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 14th, 1914)

3. Is the disability due to disease contracted or injuries received prior to Active Service? no.  
 (i) As to Group (a) above? no. If yes, has Active Service aggravated it? \_\_\_\_\_  
 (ii) As to Group (b) above? \_\_\_\_\_ If yes, has Active Service aggravated it? \_\_\_\_\_  
 (iii) As to Group (c) above? \_\_\_\_\_ If yes, has Active Service aggravated it? \_\_\_\_\_

4. Is the disability due to disease contracted or injuries received while on Active Service—  
 (i) As to Group (a) above? yes.  
 (ii) As to Group (b) above? \_\_\_\_\_  
 (iii) As to Group (c) above? \_\_\_\_\_

4

5. If a cause of disability was an injury received on Active Service, was it received—

(i) While on duty? Yes

(ii) While off duty? no

(iii) Was a Court of Inquiry held? no

(iv) Where?                     

(v) When?                     

(vi) Opinion of the Court?                     

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

Was in good health up to time of being hit on 28/3/17 received wound from shrapnel in lower third left leg, which caused a compound fracture of tibia and considerable injury with loss of bony substance to tibia. Was to Aldershot and from there to Elphinstone and from there sent at Maryborough Paddington London. from there sent 3rd London Gen Hosp. and from there sent to Bromley, which he reached on 31/5/17.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

There are numerous scars on lower left leg. The lower third is swollen and oedematous and large callous formations can be felt in region of tibia. The function of the leg is interfered with and he cannot walk without the aid of a stick. He will not again be fit for duties as a soldier within six months.

8. OPERATION. (i) Was one performed? Refractory

(ii) If so, state what. Refractory

(iii) Was one advised and declined? no

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i) Is there loss or decay of teeth attributable to Active Service? no

(ii) If so, describe.                     

10. DO YOU RECOMMEND:—

(a) Fit for duty? no

(b) Fit for base duty? no

(c) Invalid to Canada? Yes

(d) Discharge from the Service as permanently unfit? no

Date of Report 21/8/17 1917.

Signed M S Inglis Capt  
Officer in medical charge of case.

Station Bromley, Kent.

I have satisfied myself of the above Report, and concur therein except



Dated at Bromley Station, on Aug 24 1917

\* Delete if inapplicable.

### Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I (1) *Yes.*  
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I (2) ? *Yes.*  
If not, indicate it.

13. Was the disability caused or aggravated by—  
(a) Negligence of the Soldier { Caused? *No.*  
Aggravated? *No.*  
(b) Misconduct of the Soldier { Caused? *No.*  
Aggravated? *No.*

14. THE ENTIRE DISABILITY. Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?  
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

15. THE PENSIONABLE DISABILITY—(see Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).  
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none,  $\frac{1}{5}$ ,  $\frac{2}{5}$ ,  $\frac{3}{5}$ ,  $\frac{4}{5}$ , or all).

16. Permanency of the Pensionable Disability estimated next above in (15).  
(i) Is it permanent?  
(ii) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks. *Considerable scarring about compound fracture of lft. tibia. The bone is in good position. There is no voluntary movement possible at the ankle or toe joints. There is no amsia, there is no extensive laceration of the muscle & no marked foot drop. paresis is probably functional. There is ~~to~~ 50% limitation in the passive movements of the ankle & toes on account of fibroses of muscles.*

19. Recommendation:—(a) Fit for duty? *No.*  
(b) Fit for base duty? *No.*  
(c) Invalid to Canada? *Yes.*  
(d) Discharge from Service as permanently unfit? *No.*

INVALIDATED TO UNFIT FOR FURTHER MEDICAL TREATMENT  
*Amos*  
Classification for the Military Hospital Commission  
HOSPITAL REPRESENTATIVE  
CANADIAN CONValescent HOSPITAL, BURLINGTON

Date of Board *Bromley Kent*  
*24 August 1917*

Signatures of the Board  
*A.P. Borden Capt. C.M.C.* President.  
*W. Dawson*  
*Cap. Allen*

Approved *A.W. Campbell* A.D.M.S.  
Dated at ..... Captain C.A.M.C. Station  
for A.D.M.S., Canadians, London Area.

A.D.M.S. CANADIANS,  
LONDON AREA,  
LONDON, ENGLAND  
3  
3 SEP 1917 191

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

THE ENTIRE DISABILITY. Without regard to the regular occupation to which he is or may be called, he is in a permanent condition of disability for earning a full livelihood in the general market for untrained laborers.

1. (a) Distance from Service to permanent home (b) Distance from Service to present home (c) Travel in Canada (d) Pay for base duty (e) Pay for base duty (f) Pay for base duty

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_

Signatures of the Board } President.