

# ATTESTATION PAPER

No.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

1. What is your name? ..... Norman Allen Owens
2. In what Town, Township, or Parish, and in what Country were you born? ..... Toronto Ontario.
3. What is the name of your next-of-kin? ..... Mrs. Anna Owens.
4. What is the address of your next-of-kin? ..... Tennyson Ave. Maywood P.O. Victoria
5. What is the date of your birth? ..... 25th July, 1887. 136
6. What is your trade or calling? ..... Plasterer.
7. Are you married? ..... No.
8. Are you willing to be vaccinated or re-vaccinated? ..... 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 CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes.

*Norman Allen Owens* (Signature of Man.)

*Sgt. Mackintosh* (Signature of Witness.)

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

I, *N. A. Owens*, 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.

*Norman Allen Owens* (Signature of Recruit.)

Date *July 31* 191*5* *Sgt. Mackintosh* (Signature of Witness.)

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

I, *N. A. Owens*, 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.

*Norman Allen Owens* (Signature of Recruit.)

Date *July 31* 191*5* *Sgt. Mackintosh* (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 *VERNON, B. C.* this *21* day of *AUG 21 1915* 191*5*.

*J. Meuzier* (Signature of Justice.)

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

*D. H. King* (Approving Officer.)

Lieut. Colonel

Commanding 62nd (Overseas) Batt., C. E. F.

DESCRIPTION OF Owen S. A. ON ENLISTMENT.

Apparent Age 28 years - months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Height 5 ft. 7 ins.

Chest measurement { Girth when fully expanded 38 ins.  
 Range of expansion 3 ins.

Complexion Ruddy

Eyes Blue

Hair Fair

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

*[Handwritten signature]*

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 July 20 1915

Place Victoria BC

*[Handwritten signature: Capt. Miller Paul]*  
*[Handwritten signature: C. P. Hyppon]*  
 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.

*[Handwritten signature: A. G. ...]* (Signature of Officer.)

Date AUG 28 1915

*[Handwritten signature: Major]*

62nd (OVERSEAS) BATT'N, C. E. F.

OWENS NORMAN ALLEN

463155

C.E.R .BN

07847

DEMOB

MB

C.E.F. REGIMENTAL DOCUMENTS  
WAR SERVICE RECORDS D.V.A.



111

GER. RECHENKUNSTEN  
UND ALGEBRA

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

X

Regt. No. 463155. A. & D. No. 8227.

Rank Pte

Name Owens, W.

Corps 48 Battr Coy.

Religion Pres Age 28.

M. H. Rec'd Recd M. H. Requested M. H. Ret'd 9/12/15

Disease Influenza

Admitted 7. 12. 15.

Discharged

Place in Hospital Ward 13

Transferred VAD 11-12-15

Results Victoria 4/12. No No 1. 50

REMARKS:

ENTRANCE TO THE ... BAY

...

...

...

...

...

...

...

...

...

...

...

W.P. R. ✓

Pte. ✓ B

Number 463155 Rank

Surname OWENS ✓

Christian Name Norman Allen ✓

Units 3rd Can. Tnr. Bn. Theatre of War France ✓

Date of Service Ocean Falls 9/3/16 ✓

Remarks B.C. ✓

Latest Address ~~3321 Seymour Ave.~~

~~Maywood P.O., Victoria~~

"B" Page 8061.  
Roll No.

B.C.

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 \_\_\_\_\_

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

1911  
OCT 20 1911  
DESP. REGN



CANADIAN CONVALESCENT HOSPITAL,  
AT

A. & D.  
CARD.

Monks Horton, Kent.

Regt. No. 463155 A. & D. No. 4-248  
Rank Pte. Corps 48th. Res. Bn.  
Name Owens Norman Age 28 Religion Pres.  
Service at Home 6/12  
,, ,, Front  
Diagnosis Influenza.  
Admitted 11-12-15 Moore Bks. Hosp. S'Cliffe.  
Discharged 18-12-15 To 48<sup>th</sup> Bn W Sandling  
Place in Hospital 8-15  
M. H. Rec'd (See Document card)  
Transferred  
Results fit for duty

REMARKS: Paraded sick Dec. 6th/15 at W.Sandling,  
complaining of cough, sore throat, apins in chest,  
hoarseness & pain in back. M.B.Hosp. 5 days.  
Pres. Cond. Appetite poor. Hard persistent cough. Some  
pain in chest. 11/12/15.

13-12-15. Not feeling any better; vomiting after eating.

18-12-15. Recovered.

Name **OWENS Norman Allen** *Bank Par*Reg. No. **463155**Unit **THIRD PIONEER BATTN**Next of Kin **CANADA**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916						
Jul 31	Div. Rst. Stn.		P.U.O	A122		
Aug 4	Rptd. Frm. Bse. Rtd to Duty		do	A122		
Sep. 20	NO. 10. Can. Fld. Amb.	Diarrhoea.		A169.		
Oct. 5.	RETURNED TO DUTY.		do	A170.		
1917						
Mch. 25.	Rptd. from Base. Adm. to Hsp. Not Stat ed.			A298.		
Apr. 5.	Rjnd. Unit.		do.	A309;		
	<i>Please read casualty as. Carhuncle neck, #351.</i>					



NAME

*Owens. Norman Allen.*

*U<sup>n</sup> 11* S.O.S. Div. 12-4-19  
Do. 105 815-4-19  
Demob # 1180

RANK & No.

*Pte.*

*463155*

CORPS

*62nd. (1st. B. D.)*

*Battalion*

ENLISTMENT. PLACE

*Vernon. B.C.*

DATE

*Aug. 21st. 1915. S.*

FORMER CORPS

*nil.*

COUNTRY OF BIRTH

*Canada. Toronto, Ont.*

NEXT OF KIN

*Owens, Mrs. Anna.*

ADDRESS OF NEXT OF KIN

*Penneyson Ave., Maywood. P. O.,  
Victoria, B.C., Canada*

DISCHARGE, PLACE

DATE

*R/C 5-4-19  $\frac{298}{58}$  spu*

*Sailed from Montreal 1-10-15*

*pr S.S. Scandinavian  $\frac{219}{7}$*   
M. F. W. 22-30m. -15.  
H. Q. 1772-35-839

REMARKS:



NAME *Owen N. A.*

H. Q. FILE No. 649-

REGT'L No. *463155*

RANK AND CORPS

*Pte*

*3rd Pnr. Bn.*

CABLE

NATURE OF CASUALTY

NO.

DATE

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
9169 a 309	No. 10 Can. 7 <sup>th</sup> Lt. Amb. Rep from Base Reg. hnd	20-9-16 34.17	Diarrhoea not stated



Name Owens, H.A. Rank Pte

Reg. No. 463155

Unit 48<sup>th</sup> Batt.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
11.12.15.	Can. Conv. Hosp.	Monkston	Influenza	51		
18.12.15.	Discharged			54		



No 463155

RANK

Pfc,

NAME

Owers n.

T. O. S. 25-7-15

UNIT

62nd. B attalion C.E. 7.

A.O. 11431-7-15

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 July 25	1915 July 31	✓	Overseas draft	Sept. Paylist.
Aug. Sept. 1	Oct. 15	✓		

UNIT SAILED  
APR 22 1916







NAME

*Owens, G.*

*A.*

H. Q. FILE No. 649-

REGT'L No.

*46315-5.*

RANK AND CORPS

*Plt.*

*48th Battalion.*

CABLE

NO.

DATE

NATURE OF CASUALTY

NO *390*

FOLL.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
5-1 <sup>(2)</sup> Can	Compt. H. Monks Horton, Hythe.	11/12/15	Influenza.
54. Can	Compt. Monks Horton, Hythe.	18/12/15	Influenza.
A122	Div. Rest Stin	31-7-16	D. U. O.
A122.	Reported from Base	4-8-16	Returned to duty.
A. 161	Rep from Base	21-9-16	Adm to Hosp Depent
W170 2	" " "	5-10-16	Returned to Duty (Diarrhoea)
a298	Rep from Base	25.3.17	Adm to Hosp not stated carbuncle neck as per a 351
a 87	No. 1 Can. Fld. amb.	27-6-17	Sonzellitis
a102.	To duty	2-7-17	"



Surname **Owens** Christian Name or Names **A. A** Reg. No. **463155**  
 Rank **Pfc.** Unit **48 Bn 3 Pion Bat** Co. **123rd Pn.** Troop  Batty   
 Hospital  Date of Admission

Transferred **Can Conv Pnmt's Horton** Hosp. **11.12.15**  
**Div. Rest Str** Hosp. **31-7-16**  
**10.6.7. amb.** Hosp. **20.9.16**  
**1 Can Field Amb.** Hosp. **27.6.17**

Diagnosis **Influenza**  
 (1) Later Diagnosis (if changed) **P U O**  
 (2) **Dysentery,**  
 (3) **Diarrhoea**  
 Additional Diagnoses: If more than one state present  
**carbuncle neck**  
**Toncellitis R**

DISPOSITION \_\_\_\_\_ Date \_\_\_\_\_

**Dis 18.12.15**

DISPOSITION	REMARKS	Date
<b>6.12.15</b>	<b>#54 to Duty</b>	<b>4-8-16</b>
<b>20.12.15</b>	<b>51 (w)</b>	<b>to hosp. 21.9.16</b>
<b>e.l. 22-8-16</b>	<b>A122 (1+2)</b>	<b>Base report</b>
<b>6.10.16</b>	<b>A161</b>	<b>to Duty 5-10-16</b>
<b>16.10.16</b>	<b>A169</b>	<b>R.T.B. to hospital 25.3.17</b>
<b>e.l. 17-10-16</b>	<b>A170 (2)</b>	<b>Rij. unit. 5.4.17</b>
<b>- 11-4-17 @ 298</b>		<b>Disc to Duty 2-7-17</b>
<b>24.4.17. A209</b>		
<b>21.6.17</b>	<b>A351</b>	
<b>31.7.17</b>	<b>A37</b>	
<b>" 18-8-17</b>	<b>A102</b>	

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

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 463155 (Rank) Spr.

Name (in full) Norman Owens enlisted in  
the 48<sup>th</sup> Battalion  
CANADIAN EXPEDITIONARY FORCE at Vernon B.C. on the 21<sup>st</sup>  
day of July 1915  
HE served in France

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

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

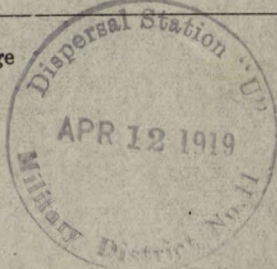
Age 31 yrs. 10 mos.  
Height 5' 7"  
Complexion Ruddy  
Eyes Blue  
Hair Fair

Marks or Scars \_\_\_\_\_  
nil

Norman Owens  
Signature of Soldier

W. J. Barton  
Issuing Officer  
Capt  
Rank

Date of Discharge \_\_\_\_\_



O. C. "U" DISPERSAL STATION  
Date APR 12 1919 1919

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

WAR SERVICE BADGE CLASS "A"

ISSUED ON NO. 173080

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

Name (in full) \_\_\_\_\_

Rank \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_

He served in \_\_\_\_\_

and is now discharged from the service by reason of \_\_\_\_\_

Medical Certificate \_\_\_\_\_

Demobilisation \_\_\_\_\_

THE DESCRIPTION OF THIS SERVICE ON THE DATE below is as follows:

Age \_\_\_\_\_

Height \_\_\_\_\_

Complexion \_\_\_\_\_

Eyes \_\_\_\_\_

Hair \_\_\_\_\_

Signature of Soldier \_\_\_\_\_

Date of Issuance \_\_\_\_\_

Signature of Officer \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CERTIFIED CORRECT.  
Canadian Record Office,  
Westminster House,  
7, Millbank, S.W.

Army Form B. 103.

## Casualty Form—Active Service.

Regiment or Corps

48th BATTALION, C.E.F.

(3rd Pioneer Bn)

Regimental No.

463155

Rank

Pte

Name

Quens Norman Allen

Enlisted (a)

21/7/15

Terms of Service (a)

War

Service reckons from (a)

21/7/15

Date of promotion  
to present rankDate of appointment  
to lance rankNumerical 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				
EMBARKED FOR FRANCE.					
6.8.16	9.C.F.A.	Pyrescia to Jk.	ade. 9.C.F.A.	9	102/PAR/3/2
			Tran. D.P.S.	10/3/16	121/7542/P.D.2
5.8.16	O.C. Unit	Returned to Duty from Hos.		31.7.16	} 436 D.P.S. 105
6.8.16	10.C.F.A.	Pyrescia to Jk.	ade. 10.C.F.A.	31.7.16	
			Ho. to Duty	2.8.16	} 436 D.P.S. 109
23.9.16	O.C. Unit	Dysentery.	To Hospital	21.9.16	
24.9.16	10.C.F.A.	Chamhosa	ade. 10.C.F.A.	20.9.16	436 D.P.S. 143
23.9.16	3.C.F.A.	"	ade. 3.C.F.A.	20.9.16	} 436 D.P.S. 143
			Tran. 10.C.F.A.	20.9.16	
7.10.16	O.C. Unit	Returned to Duty from Hos.		5.10.16	B.213. D.P.S. 144
28.9.16	263A	Diarrhoea	263A R to Duty	30.9.16	} 436 B & A 159
31.3.17	O.C. Unit	To Hospital	Field	25.3.17	
7.4.17		Regained from hosp.		5.4.17	" " 200.
31.3.17	5CFA	Carbuncle neck	5CFA	31.3.17	436 D.P.S. 214
		Trnsfd. to 123rd Bn.	Field	8.5.17	Pl. II 0.65 d.18.6.17
23.6.17	O.C. 123rd	D.O.S. from 3rd Div.	Field	9.5.17	Part II-31.

(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				
2.6.17	O.C. 123rd	Att to Cdn. C. Tram Co	Field	9.5.17	B. 213.
1.7.17	1.C.F.A.	Conjunctive. acc. adm	1.C.F.A.	25.6.17	A-36-EH808-D.C.S-29-27-7-17
4.8.17	"	To Duty	Field	2.7.17	Letter C-139-D.C.S-33-13.8.17
11.8.17	C.C.F. Co	Sick to Hosp.	N.S.	25.6.17	Letter N-381-a.a.g. Cdn.
11.8.17	"	Reid from Hosp.	Field	1.7.17	Sect. K-2-16-16099. <sup>9.6.8-34</sup> 17-8.17
1.7.17	3.C.F.A.	Conjunctive adm	3.C.F.A.	25.6.17	A-36-4804
4.7.17	"	Trans	1.C.F.A.	25.6.17	
29.9.17	123rd	ceases to be att	Field	22.9.17	B-213.
"	"	to C.F. Co.	"		
"	C.C.F. Co	T.O.S. from C.C.F. Co	"	22.9.17	N.R-R+R-3
13-10-17.	123rd	Awarded One G.C. Badge	Field	21-7-17	B-213-Part-11-68-22-10-17.
	A.A.G.	Transferred to Cdn Light Reg Const Co	Field	23-11-17	K.A-19206-Pt-1188-29-11-17.

T.O.S. CDN, LIGHT RLY  
OPERATING CONSTRUCTION  
COMPANY  
FROM 123<sup>rd</sup> Pw Bk

24.11.17 P II O. N. 1

2.2.18	C. R. Co	Granted 14 days leave to Paris.		29.1.18	B 213 P II O. N. 7.7 Jul 1918
16.2.18	"	Rejoined from leave		14.2.18	B 213

DESIGNATION  
CHANGED TO 2nd  
TRAMWAYS Co. C.B.

7/7/18	O.C. Unit	With Unit		7/7/18	K.C. 18/14254
4.1.19.	O.C. Unit	Granted 14 days leave to U.K.		1-1-19.	B213. P II O. N. 4. Jan 1919.
28-1-19	C.C.F. Co	Trans. to Eng. for demob and posted to C.C.F. Co Bedford		29-1-19	N.R 8.10 Do 6 d/1919

MEDICAL CASE SHEET.\*

*E. 15*

No. in  
Admission  
and  
Discharge  
Book.

Regimental No.

Rank.

Surname.

Christian Name.

*463155*

*P6*

*Queens*

*Sho.*

Unit.

Age.

Service.

Year

*1915*

*48th Bn*

*28*

*6/12*

Station  
and Date.

Disease

*Influenza*

*11/12*

*Paraded sick Dec. 6th w. Sundry  
complaining of cough, sore throat,  
pains in chest, hoarseness  
and pain in back.*

*In Moore Bks. 5 days*

*Present Condition.*

*Appetite poor*

*Hard persistent cough*

*Some pain in chest*

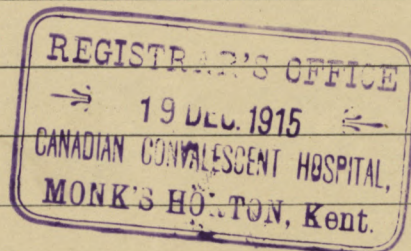
*Mistura tussi*

*13/12/15*

*not feeling any better  
vomiting after eating too*

*Repeat cough mixture.*

*Dis to Unit with  
Rec for Fullough.*



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





Forms  
I. 1237  
10  
8227

**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.

8227

Year

1915

Regimental No.

463155

Rank.

Private

Surname.

Owens

Christian Name.

H

Unit.

48<sup>th</sup> Batt New York

Age.

28

Service.

4/12

Station and Date.

Disease

M. B. Dec 6/15

Moore Barracks

L. H. Stormcliffe

*[Handwritten signature]*

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

Station  
and Date.

# CLINICAL CHART.

Army Form B. 181.

(To be attached to Case Sheet.)

Corps 48<sup>th</sup> Batt 405<sup>th</sup> Coy

Military Hospital Moose Branch

No. 463155 Rank and Name Owens H. Private

Age 28 Service \_\_\_\_\_

Disease Influenza Date of admission Dec 7/15 Date of discharge \_\_\_\_\_ Result \_\_\_\_\_

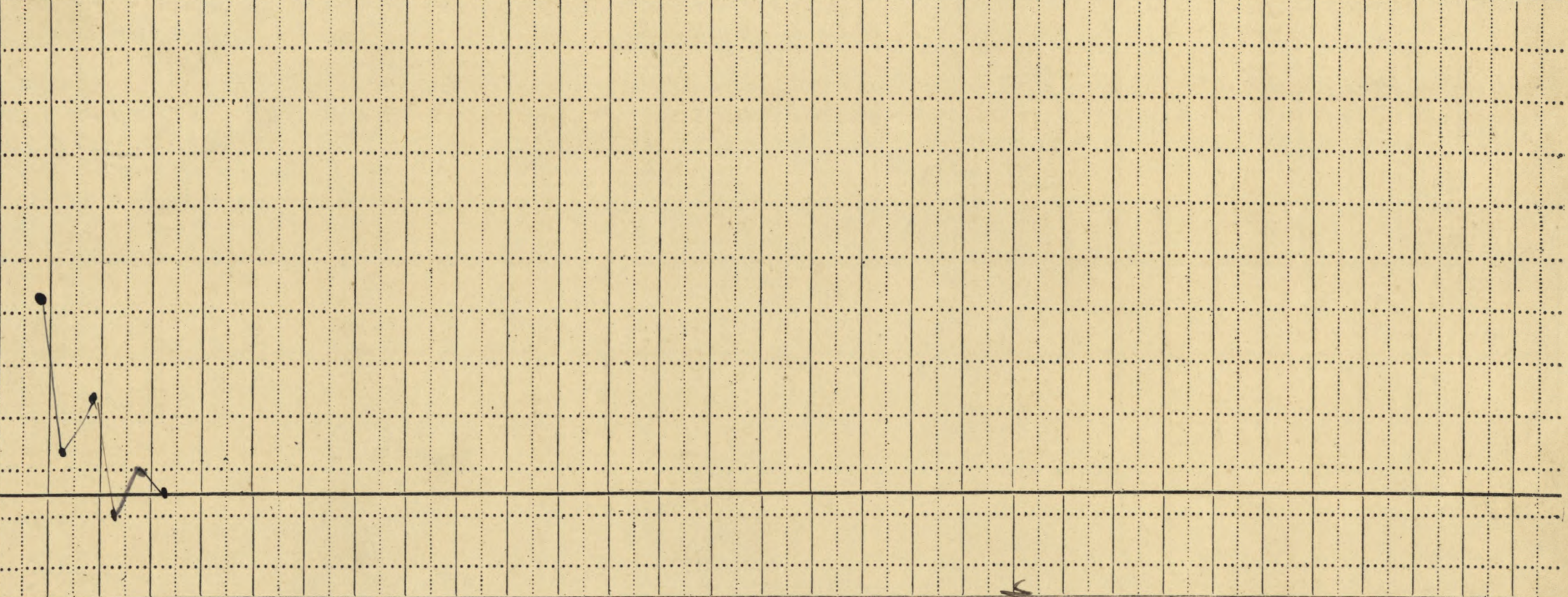
Dates of Observation	7 8 9 10 11																											
	1 2 3 4 5																											
Days of Disease																												
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°																												
106°																												
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99°																												
98°																												
97°																												
Pulse per Minute																												
Respirations per Minute																												
Motions per 24 hours																												

107° .8 .6 .4 .2  
 106° .8 .6 .4 .2  
 105° .8 .6 .4 .2  
 104° .8 .6 .4 .2  
 103° .8 .6 .4 .2  
 102° .8 .6 .4 .2  
 101° .8 .6 .4 .2  
 100° .8 .6 .4 .2  
 99° .8 .6 .4 .2  
 98° .8 .6 .4 .2  
 97° .8 .6 .4 .2

7 8 9 10 11

1 2 3 4 5

Time Time

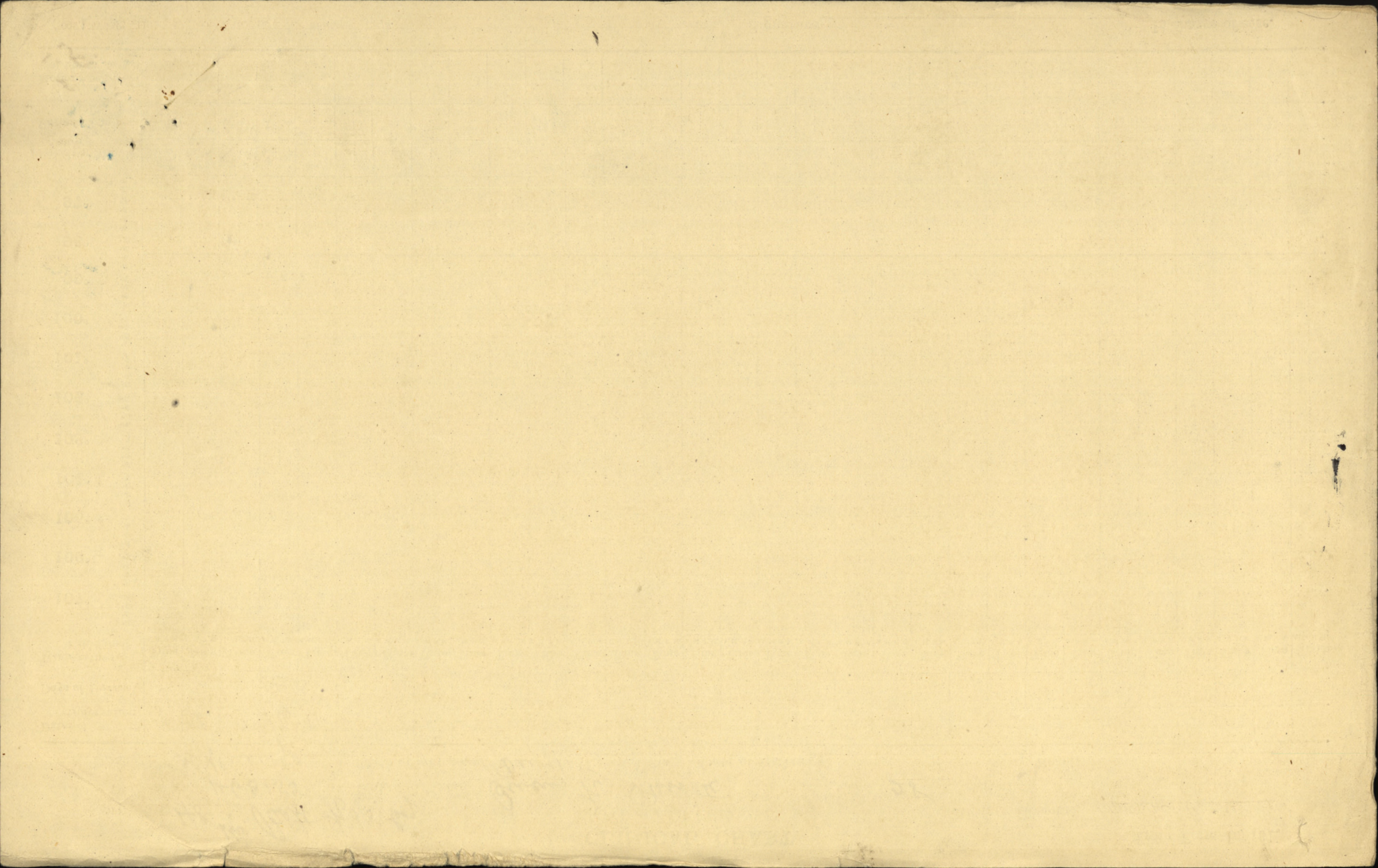


100 100 96 92 92 84

24 24 20 20 20 20

1 1 1

M. Bennett



ATD 10372  
MOORE BAR SHORNCLIFFE

West Sandling Jan 30. 16

from M.O. 39<sup>th</sup> BU

To O i/c of FD Room Moore Barracks Hospital

Sir:-

Re Pte O'Brien Chas. No 458227

History as follows.

Rt Wrist fractured, 14 yrs ago. Rt hand always a little weak since.

Fracture of forearm near elbow. Nov, 30.

admitted Hospital Dec 1, Moore Barracks.

afterwards to Yarrowstone Hospital Broadstairs.

Returned to 39<sup>th</sup> BU Jan 8/16

He has had stiffness of rt hand since arrival. He has improved slightly under Massage which he has had daily. He has however marked signs of a nerve lesion in the region of the elbow, these signs appear to ~~be~~ indicate a progressive change, so am sending him in for observation and treatment if necessary

Yours

L. H. M. C. C. C. C.

TRANSFERRED.

Ramsgate

24/2/16

S O S

11.03.07

1907

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S O S

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

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 463155 Rank Sgt. Surname OWENS  
(Given name in full)  
NORMAN ALLEN  
 Unit or Corps 1st CERB. Birthplace Toronto Ont.

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

**1. GENERAL DESCRIPTION:**

Physique good Weight 135<sup>ent</sup> lbs. Height 5 ft. 7 in. Colour of Eyes Blue  
 Nutrition good  
 Pulse 85  
 Condition of arteries palpable  
 Vision Rt. 20/20 Left 20/20  
 Hearing (conversational voice) Rt. ? ft. Left ? ft.

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

old scar on nose

Opinion as to general health and physical condition good

**2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)**

Nervous System no Genito Urinary System no Cardio-Vascular System no  
 Special Senses no Integumentary System no Respiratory System no  
 Disturbance of mentality no Muscular System no Digestive System yes  
 Osseous and Joint System no Any other general condition yes

**3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.**

23.	9	16	Dysentery
26	8	16	Pyuria. n.g.d.
1	7	17	Tonsillitis
11	12	15	Influenza.

Made a good recovery.

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at... Seaford ..... (Overseas)

Date 21 - 3 - 19 .....

Signed H. Manning M.O.

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

Signature H. Manning .....

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

## THIS SECTION FOR USE IN CANADA—

Examined at..... (Canada)

Date .....

Signed ..... M.O.

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

Signature .....

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

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]



# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

### DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) OWENS N.  
 REGIMENT 1ST CERB RANK SPR No. 463155  
 Date of Examination in England 19-3-19 Date of Examination in France \_\_\_\_\_

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



### PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS 16 30
- 2. EXTRACTIONS no
- 3. CROWNS no
- 4. DENTURES
  - (a) Full Upper no
  - (b) Part Upper no
  - (c) Full Lower no
  - (d) Part Lower no

HAS HE EVER REFUSED DENTAL TREATMENT? no

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada no
- (b) In England no
- (c) In France no

Signature of Dental Officer *L.H. Jones* Capt.  
O. A. D. C.

DEPARTMENT OF THE ARMY

TO: [Faint text, possibly recipient name]

FROM: [Faint text, possibly sender name]

[Faint handwritten notes or signatures]

[Faint handwritten notes or signatures]

- 1. [Faint text]
- 2. [Faint text]
- 3. [Faint text]
- 4. [Faint text]
- (a) [Faint text]
- (b) [Faint text]
- (c) [Faint text]
- (d) [Faint text]

[Faint signature or stamp at the bottom]

Rank \_\_\_\_\_ Name **OWENS, Norman Allen.**

Reg'l No. **463155**

Unit **62nd Bn.**

If in perm. Corps,  
What Unit?

Married or Single **Single**

Place and Date of Enlistment **Vernon July 21st 1915.**

Place of Birth **Toronto, Ontario**

Name and Address, Next-of-Kin **Mrs Anna Owens, Tennyson Ave, Maywood P.O. Victoria, B.C.**

Relationship \_\_\_\_\_

Assigned Pay Monthly \$ \_\_\_\_\_

Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_

Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

Discharge, Date and Place \_\_\_\_\_

Reason \_\_\_\_\_

Character \_\_\_\_\_

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.	Date						
16/10/15	30/11/15	46	1.00	46 00	46	10	4 60	50 60	451		14 60			31 63	18 97		
1/12-15	31/12-15	31	1.00	31 00	31	10	3 10	34 10	512		17 03			30 42	22 65		
1.1.16	31.1.16	31	"	31 00	31	"	3 10	34 10	7029		1 22			17 28	39 47		
1-2-16	29-2-16	29	"	29 00	29	"	2 90	31 90	723	641	7 30			12 17	59 20		
1-3-16	31-3-16	31	✓	31 00	31	✓	3 10	34 10	770		9 98			14 84	78 46		
				168			16 80	184 80			106 34			106 34			

BALANCE TRANSFERRED TO NEW LEDGER.



ASSIGNED PAY *ENGLAND or CANADA.* SEPARATION ALLOWANCE. *ENGLAND or CANADA.* NAME: **OWENS** *Norman Allan*  
 EFFECTIVE DATE: *1/10/1918.* EFFECTIVE DATE: NUMBER: *463155*  
 AMOUNT: *15<sup>00</sup>* 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  
*Mr. A. Owens (Mother)*  
*2221 Jennyson Avenue*  
*Victoria B.C.*  
*Stopped off 1/14/19*  
*Private*

UNIT AND TRANSFERS  
 ORIGINAL UNIT: *62nd Bn*  
 DATE ACCOUNT FIRST OPENED: AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F'D UNIT TRANSFERRED TO  
*1- 5/12/17 1/18 Tram Coy C.E.*

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>6/3</i>		<i>12 days R 12 days Det</i>	<i>26.40</i>				
<i>19/3</i>	<i>4821</i>	<i>1 CERB.</i>	<i>14.60</i>				
			<i>41</i>				

DAILY RATES OF PAY AND ALLOWANCES  
 AUTHORITY PAY F.A. P.F.A. SUBS'CE ALL'CE  
*1 10*

PARTICULARS OF RENDERING NON-EFFECTIVE: *Trans to Canada 3/13/19 No. 4917 Seaford 2/13/19 Seaford Md. 11. Red Bal. #478.77*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>Apr 1918</i>	<i>Recd port. Ptes Pay</i>	<i>33</i>		<i>AR 60 Tram Co 4/4/18</i>	<i>4 46</i>				<i>435 10</i>	<i>405 00</i>	
		<i>33</i>		<i>" 151 " 18/4/18</i>	<i>3 57</i>				<i>460 07</i>	<i>420 -</i>	
<i>May</i>	<i>Ptes Pay</i>	<i>34 10</i>		<i>AR 277 Tram Co 4/5/18</i>	<i>4 46</i>						
				<i>" 342 " 19/5/18</i>	<i>3 57</i>						
<i>June</i>	<i>Ptes Pay</i>	<i>34 10</i>		<i>AR 489 Tram Co 4/6/18</i>	<i>3 57</i>				<i>486 14</i>	<i>435 -</i>	
		<i>33</i>		<i>" 558 " 17/6/18</i>	<i>4 46</i>				<i>511 11</i>	<i>450 -</i>	
<i>July</i>	<i>Ptes Pay</i>	<i>34 10</i>		<i>AR 667 Tram Co 1/7/18</i>	<i>4 46</i>						
		<i>33</i>		<i>" 884 " 16/7/18</i>	<i>3 57</i>				<i>537 18</i>		
<i>Aug</i>	<i>P Pay</i>	<i>34 10</i>		<i>A.R. 985- 2-8-18 2 days</i>	<i>3 57</i>					<i>480</i>	<i>P.S.T. 29-18</i>
		<i>34 10</i>		<i>" 1076. Tram Co. 16/8</i>	<i>3 57</i>				<i>564 14</i>		
<i>Sept</i>	<i>"</i>	<i>33</i>		<i>" 40 " 4/9/18</i>	<i>3 57</i>					<i>440</i>	
		<i>33</i>		<i>" 77 " 18/9/18</i>	<i>3 57</i>				<i>590</i>	<i>460 prop</i>	
<i>Oct</i>	<i>"</i>	<i>34 10</i>		<i>Cap</i>				<i>15</i>	<i>609 10</i>		
				<i>AR 113 7/10/18 2 days to</i>	<i>3 73</i>						
				<i>" 199 19/10/18 "</i>	<i>3 73</i>				<i>601 64</i>		
<i>Nov</i>	<i>"</i>	<i>34 10</i>		<i>Cap</i>				<i>15</i>			
		<i>33</i>		<i>AR 1569 8/1/18 "</i>	<i>3 73</i>						
				<i>" 1719 18/11/18 "</i>	<i>13 06</i>						
<i>Dec</i>	<i>"</i>	<i>34 10</i>		<i>Cap</i>				<i>15</i>			
				<i>" 1870 11/12/18 "</i>	<i>3 73</i>						
		<i>67 10</i>			<i>20 52</i>			<i>30</i>			

COMPILED BY *AKMorgan*  
 CHECKED BY *[Signature]*

NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
			Jan	R.P.	6710			2052			30	60164	495	
					3410		APR 28 2/12/18 Beans	373				101		
							Cap				15	60359		
					10120			2425			45	11190		
							" 3rd 30/1/18 "	933				2500		
							" 10th 30/1/18 "	9733				30772		
							CP 744 11/1/19 Lon	1460						
							" 5008 13/1/19 "	1460						
							4450 28/1/19 C.G. BD	466						
							459 17/1/19 ✓	373						
							3685 10/2 ✓ 10000	2920						
							CP 33574 14/2 Lon	4867						
							" 37763 25/2 "	1460						
			Feb	"	3080		Cap				15	41267		
			Mar	"	3410		Cap				15			
				Int. on Defray.	47							47877		
							amt from mtN 192-19							
							till 1930 = 3-3-19 amt							
							12 days retention. 70466							
							12 days Rv 6-3-19 00							
							10000 20/3/19 70466		2640					
							4821 19/3. 10000	1460				23717		
					11190			28132	2640		30			
								800						
								6727						

425  
auth. Rec.  
110 14-2

Sub to Can // Lt 1.







DISPERSAL STATION U

SHORT FORM

PROCEEDINGS ON DISCHARGE

(Demobilization.)

War Service Badge

Class "A" No. 173080

SB

1. No. 463155 50 3-16

2. Rank. Spr

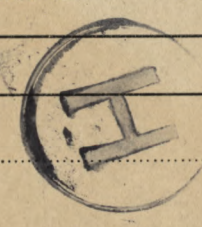
3. Name. Roman Owens

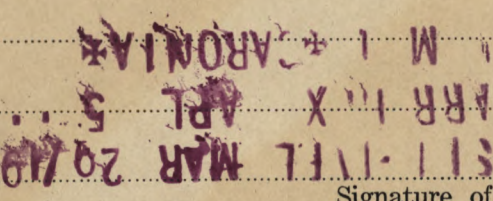
4. Unit. ~~62nd Battalion~~ CBRB. 62nd

5. Date of Discharge APR 12 1919 Place VICTORIA, B. C.

6. Reason for Discharge Demob.  
a Victoria Mother Pastors  
2

7. Authority.

8. Proposed Residence after Discharge   
3321. Tennyson Ave  
Maywood P.O. Victoria B.C.

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. 39.  
Roman Owens   
 Signature of Soldier.

10. CONFIRMATION.  
 The discharge of the above named man is hereby confirmed.  
 Place VICTORIA, B. C.  
 Date APR 12 1919  
 Signature W B Shaw Major  
 (O. C. Discharging Unit.)  
**O. C. "U" DISPERSAL STATION**

PROCEEDINGS ON DISCHARGE

Personnel

1. No.	
2. Rank	
3. Name	
4. Grade	
5. Date of Discharge	
6. Reason for Discharge	
7. Proposed Residence after Discharge	
8. Authority	
CERTIFICATE TO BE SIGNED BY SOLDIER	
I hereby acknowledge that of the undersigned place and date I received my discharge (written)	
Signature of Soldier	
CONFIRMATION	
The discharge of the above named man is hereby confirmed	
Place	
Date	
Signature	

LIST OF DISCHARGE DOCUMENTS

Medical Form W. 2	Discharge Certificate
Medical Form W. 10	Medical History Report
Medical Form W. 10a	Medical History Report
Medical Form W. 10b	Medical History Report
Medical Form W. 10c	Medical History Report
Medical Form W. 10d	Medical History Report
Medical Form W. 10e	Medical History Report
Medical Form W. 10f	Medical History Report
Medical Form W. 10g	Medical History Report
Medical Form W. 10h	Medical History Report
Medical Form W. 10i	Medical History Report
Medical Form W. 10j	Medical History Report
Medical Form W. 10k	Medical History Report
Medical Form W. 10l	Medical History Report
Medical Form W. 10m	Medical History Report
Medical Form W. 10n	Medical History Report
Medical Form W. 10o	Medical History Report
Medical Form W. 10p	Medical History Report
Medical Form W. 10q	Medical History Report
Medical Form W. 10r	Medical History Report
Medical Form W. 10s	Medical History Report
Medical Form W. 10t	Medical History Report
Medical Form W. 10u	Medical History Report
Medical Form W. 10v	Medical History Report
Medical Form W. 10w	Medical History Report
Medical Form W. 10x	Medical History Report
Medical Form W. 10y	Medical History Report
Medical Form W. 10z	Medical History Report

**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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227, or M.F.W. 129)
5. Dental Certificate (C.A.D.C. Form 39a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 29)  
(Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.S).
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Clothing
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 61).
14. War Service Gracuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *A*

Checked by No. *124*

Date..... *28 3 29*

Rank \_\_\_\_\_ Name **OWENS, Norman Allen.** Reg'l No. **463155.**  
 Unit **62nd Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Single**  
 Place and Date of Enlistment **Vernon July 21st 1915.** Place of Birth **Toronto, Ontario**  
 Name and Address, Next-of-Kin **Mrs Anna Owens, Tennyson Ave, Maywood P.O. Victoria, B.C.**

Relationship

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship

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

Character

*1034*  
*R 139-14*  
 N.E. R.B. No. **2646**  
 File No. **CANOR**

*D*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
<i>4. 11. 15</i>	<i>9/C 48<sup>th</sup></i>	<i>Taken on Strength</i>	<i>England</i>	<i>3-11-15</i>	<i>pt 2*94</i>
		<i>Arrived in England.</i>		<i>11/10-15</i>	
<i>7. 12. 15</i>	<i>9/C 48</i>	<i>adm to Hospital</i>	<i>England</i>	<i>7-12-15</i>	<i>pt 11 286</i>
<i>20. 12. 15</i>	<i>W.O.</i>	<i>Trans. to Con. Home</i>	<i>Montreal</i>	<i>11. 12. 15</i>	<i>Gas Rpt. 51. Infla</i>
<i>20. 12. 15</i>	<i>9/C 48</i>	<i>disch from Hospital.</i>		<i>18. 12. 15</i>	<i>Gas Rpt 54. Infla</i>
		<i>Embarked for France.</i>		<i>9 MAR 1916</i>	<i>pt 11 239.</i>
<i>22. 8. 16</i>	<i>3<sup>rd</sup> Div</i>	<i>Divisional Rest Stat</i>	<i>Fields</i>	<i>31-7-16</i>	<i>CL 122 P. U. O. 63</i>
<i>do</i>	<i>do</i>	<i>Returned to duty</i>	<i>do</i>	<i>4-8-16</i>	<i>do do</i>
<i>6-10-16</i>	<i>do</i>	<i>Admtd to Hospital</i>	<i>do</i>	<i>21-9-16</i>	<i>CL 161. Dysentery 72</i>
<i>16-10-16</i>	<i>do</i>	<i>no 10 Can fld Amb</i>	<i>do</i>	<i>20-9-16</i>	<i>CL 169 do</i>
<i>17-10-16</i>	<i>do</i>	<i>Returned to duty</i>	<i>do</i>	<i>5-10-16</i>	<i>CL 170.</i>

*17*

463155 Owens, B.A.

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				
11.4.14	3 <sup>rd</sup> Lion	Hospital. Report from Base Adm. to	Field	25.3.14	C/L 298 Carbuncle Neck C/A 351
24.4.14	-	Rejoined Unit	-	5.4.17	C/L 309 -
18.6.17	-	SOS to 123 <sup>rd</sup> Inf	-	8.5.17	PL-4 DU 65 <sup>423/17</sup> & 310 <sup>423/17</sup> 123 <sup>rd</sup> Lion.
31.7.17	123 <sup>rd</sup> Inf	No. 1 Can. Field Amb.	✓	27.6.17	CLA-87. Tonsillitis
18.8.17	✓	So. Duty.	✓	2.7.17	CLA 102. "
22.10.17	✓	Awarded 1 Good Conduct Badge	Pte	21.7.17	Pt. II 068
29-11-17	✓	SOS transferred to Const Coy Pte Now Known As	Field	23-11-17	Pt II 088 CL Rec P IV, 5/12/17
5-2-19	2 <sup>nd</sup> ed Tram. Coy	2nd. Tramways Coy C.E Lod to CER 10	Apr	"	DO9 22-2-18 Tr Co CE 28-1-19 2006 CERB 2040 17.2-19
27-2-19	1660B	d W L	Seaford	18-2-19-19	X
4-3-19	-	Returned	-	3-3-19	53.
20-3-19	-	a. w. g. Award 12 dep. de- attention of 10 fets 12 dep. pay by for Regulations.	"	6-3-19	DO. 66.
26-3-19	1 <sup>st</sup> G. & R. B.	S.O.S. to P. Hyl M.D. 11	"	29.3.19	34 W
31-3-19	m. D. 11 P. Hyl	" Can. M. D. 11	"	Seaford	26-3-19 D.O. 71 & M. D. 11 P. Hyl 74d 27 3/19
		"	"	P. Hyl	29-3-19 " 77

Doil 34

# SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I.  
Part I.

(1)*Substantive rank *Acting rank * [To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
<i>Pte 463155</i> <i>Owens</i> <i>Norman Allen</i>	<i>1st Coy R.B.M.</i>	

(10) Enlistment (b) (12) Service reckons from (date) (14) Any subsequent variations (if any) } of conditions of service }	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d) (Authority) (date)	Initials and Rank of an Officer.
--	---	-------------------------------------

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test  Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin (18) Demobilizer (f) (19) Pivotal-man (f) (20) Qualifications (g)	(Place) (Date) or (21) Corps trade and rate	(Signature of Posting Officer)
(22) Extended }		(23) Re-engaged }
(24) Miscellaneous entries:—		

**NOTES.**—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

**Army Form B. 103 (II.) to be gummed on here if required.**  
**Nothing to be written in this margin.**

W1889-PP1150 IM 5/18 G.W.P.Co.(3490)

463155 Pte Owens

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					

18-2-19 1st CERB

26-3-19 1st CERB

T.O.S. from 2nd  
Tramway Coy. Seaford 29-1-19 Pt II B O 40  
S.O.S to M.O. Wiggell  
Kimmel Park Camp Seaford 21-3-19 Part II Order 71

Attached C.C.C. Kimmel Park for  
return to Canada. Part II Orders  
No. \_\_\_\_\_ Ceases to be attached  
to \_\_\_\_\_ on embark-  
ing for Canada. Part II Order  
No. \_\_\_\_\_

*W. Dolson*  
Adj. 1st CERB

Commanding \_\_\_\_\_ Wing,  
Kimmel Park Camp,  
ST I - 1111 MAR 29/19  
ARR HIX APL 5 ..  
H M T \*CARONIA\*

T. O. S. No 11 DD 29 Mch 19  
S. O. S C. E, F Apr 12 19 U Area  
No II DD do 105-Apr 15-19

*V. A. Moelcan* Capt.  
for. O.C. X 1 District Depot.

Nothing to be written in this margin.



Date of Enlistment 21-7-15

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

0.2351

1st Oct-1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15 <sup>00</sup>			
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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

102406

No. \_\_\_\_\_  
 Rank \_\_\_\_\_ Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_  
 Soldier's Name \_\_\_\_\_  
 Battalion *62nd Bath*  
 Beneficiary \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Change of Address  
 1 MRS. A. OWENS,  
 3321 TENNYSON AVE.,  
 2 VICTORIA, B.C. 15 15.00  
 A-C 463155 SPR N. OWENS  
 3 FIFTEEN DOLLARS  
 4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total
Oct	Y 51190		15	15
Nov	W 59209		15	15
Dec	X 72781		15	15
Jan 1919	X 72085		15	15
Feb	X 79564		15	15
Mar	O 82044		15	15
Apr	Q 3646		15	15
			105	105

File 014088-n-2- REMARKS n Roll 62. m. A. 11

A/c Closed 30.4.19  
 Ret'd per... Caronia  
 Date 4.4.19 M.F.W 187 12/19  
 Clerk ex Mitchell

m. RO "Aes" 84314 - 12.4.19 ex m

M. F. W. 128.  
FORM 6-7-1772-89-1141  
L. L. 22320-M. & D. 1903.

AUTHORITY } 27. aug 12 1918  
 FOR } J. A. K. ...  
 NEW ACC'T. } 26-9-18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

**U**  
**CANCELLED**  
66

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No. \_\_\_\_\_

Rank \_\_\_\_\_ Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_

Soldier's Name \_\_\_\_\_

Battalion \_\_\_\_\_

Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Change of Address \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128  
FORM 6-7-172-80-1141  
L. L. 2220-M. & D. 1993.

AUTHORITY }  
FOR: }  
NEW ACCT: }

4-248. MH.

ORIGINAL

70 463155  
ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.  
Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname OWENS Christian Name N. A

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Toronto. County Ont.

Examined ... { on 20th day of July. 1915  
at Victoria B.C.

Declared Age ... 28 years ... days.

Trade or Occupation ... Plasterer

Height ... 5 feet 7 inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded 38 inches.  
Range of Expansion 3 inches.

Physical Development ... Right Left

Vaccination Marks { Arm ...  
Number

When Vaccinated ...

Vision ... { R.E.—V=  
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) J.G. Shaw.  
(Rank) Capt. CAMC.  
Medical Officer.

Enlisted ... { at Vernon B.C.  
on 21st day of July. 1915

Joined on Enlistment	Corps.	Regtl. No.
	<u>48th Bn.</u>	<u>463155</u>
Transferred to		

Became non-effective by ...

This Medical History Sheet has been compared with the Corresponding Attestation Paper, (Signature) ... day of 191 ...  
taken from the Attestation Paper. (Rank)

The Medical History Sheets of all men proceeding overseas must be returned by the Officer commanding their unit to the Record Office when they leave England.

*W. Amundson*

Lieut.-Col.  
In Charge of Records  
Canadian Contingent

e



**Sick List in the case of Warrant Officers treated in quarters.**

Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Paraded sick 6-12-15 at W. Sandling, complaining of cough,  
 sore throat, pains in chest, hoarseness & pain in back.  
 To Moore Bks. Hosp. S'Cliffe 5 days. Pres. Cond. Appetite  
 poor; hard persistent cough. Some pain in chest.  
 13-12-15. Not feeling any better; vomiting after eating.  
 18-12-15. Recovered. Dis. to 48th Res. Battn. West  
 Sandling, as fit for Duty.

*Returned to duty.*

*Eaton*  
*J. R. Eaton Capt. Quise*  
*A 122.*

*Aibg. A170*

Duplicate Medical History Sheet  
 packed to here. *122*

Reported from Base Rejoined Unit.

A298-A309. GH

To duty

A.87-A.102

DT,



Caronia

5-4-19

AUDITOR *ckb* PAYMASTER *ckb*

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

REGT. No. 463155

RANK

Plt NAME (IN FULL)

Owens, N.A.

M. OR S.

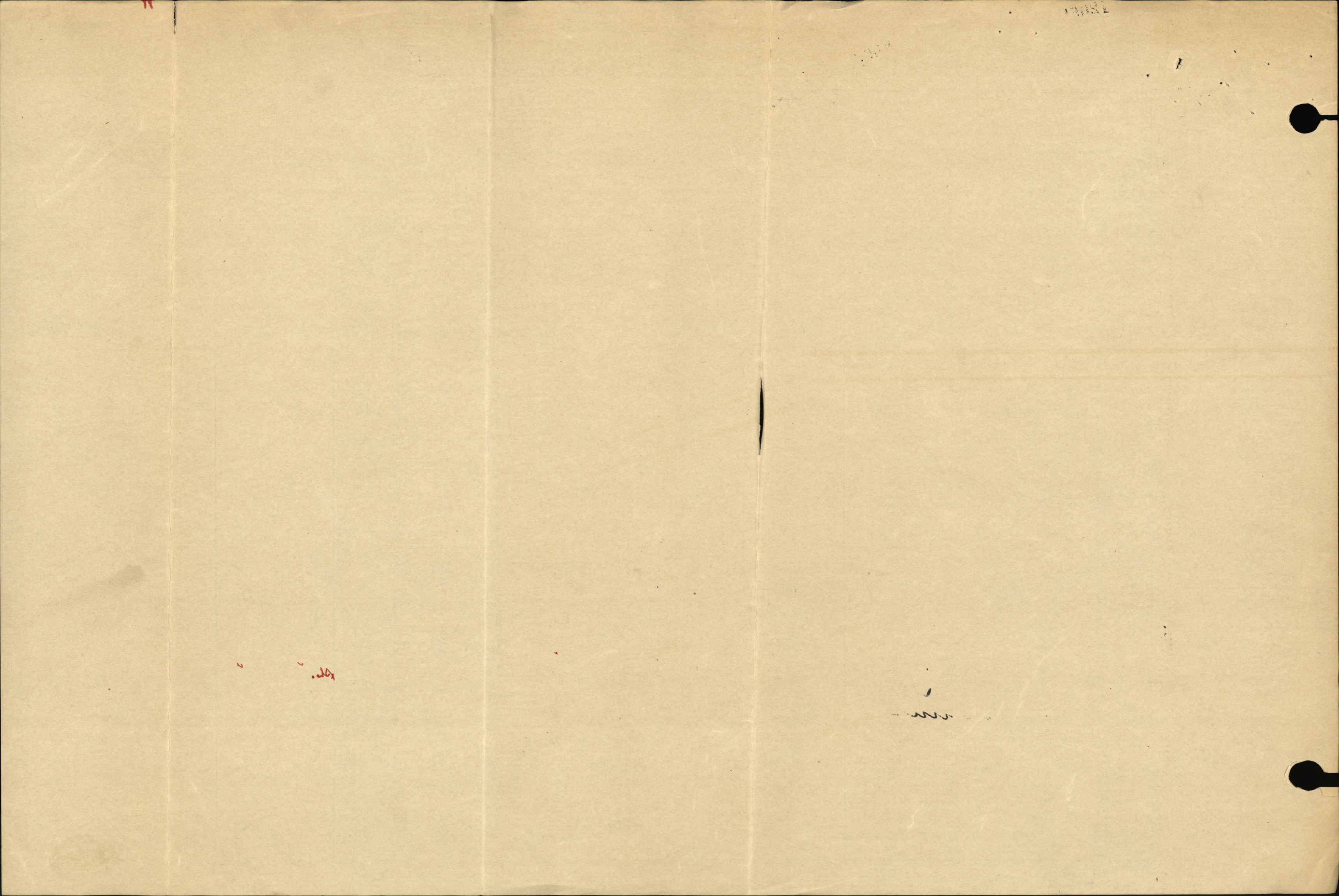
NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS		<i>Eng 100</i>	<i>31-3-19</i>		PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
<i>Nil</i>					ASSIGNED PAY \$ <i>15.00</i>	DATE EFFECTIVE <i>1-5-19</i>	<i>closed</i>
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS		<i>Imperial Bank Victoria B.C.</i>
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE	REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
					<i>M.D.XI</i>	<i>12-4-19</i>	

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS				
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBITS		DEBIT	CREDIT					
<i>31-3-19</i>	<i>110</i>				<i>437.77</i>	<i>437.77</i>													<i>437.77</i>					
<i>18-4-19</i>	<i>18</i>	<i>110</i>	<i>19.80</i>	<i>35-</i>		<i>54.80</i>		<i>Boat travel</i>	<i>487</i>	<i>5-</i>	<i>537.70</i>	<i>15-</i>		<i>6.60</i>		<i>562.57</i>	<i>70.7</i>		<i>75.00</i>	<i>6.60</i>	<i>76.60</i>	<i>MP</i>	<i>15th day</i>	<i>16th day unpaid</i>
<p>Certified that all payments have been made on this account for which covering authority has been received to date.</p> <p><i>Paymaster, Demobilization Pay</i> M.D. No. 11</p> <p><i>War Service Gratiuity</i> Service <i>3</i> years <i>1</i> months</p>																								
<i>183</i>					<i>420</i>	<i>420</i>										<i>76.60</i>	<i>76.60</i>		<i>343.40</i>					
<i>day</i>								<i>May 24</i>	<i>1817.33</i>		<i>63.40</i>					<i>63.40</i>	<i>2.80</i>		<i>70.00</i>	<i>2.10</i>				
								<i>June 11</i>	<i>804.14</i>		<i>70.00</i>	<i>2nd</i>				<i>70.00</i>	<i>14.00</i>		<i>70.00</i>					
								<i>July 12</i>	<i>821.69</i>		<i>70.00</i>	<i>4</i>				<i>70.00</i>			<i>70.00</i>					
								<i>Aug 12</i>	<i>838.22</i>		<i>70.00</i>	<i>5</i>				<i>70.00</i>			<i>70.00</i>					
								<i>Sept 14</i>	<i>1156.74</i>		<i>70.00</i>	<i>7</i>				<i>70.00</i>			<i>70.00</i>					
					<i>420</i>	<i>420</i>										<i>420</i>	<i>420</i>							

I certify that all payments of War Service Gratiuity have been made on this account according to the period of Service shown on the M.F.W. 2555 received.

*W. J. Brown* Captain  
Officer in Charge War Service Gratiuity  
M.D. No. 11



1918

1918

1918

1918