

ORIGINAL

931810

ATTESTATION PAPER.

No.

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

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... **Simmons**
- 1a. What are your Christian names?..... **James**
- 1b. What is your present address?..... **Detroit, Mich. U.S.A.**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Atlanta, Ga. U.S.A.**
- 3. What is the name of your next-of-kin?..... **Everlena Baxter**
- 4. What is the address of your next-of-kin?..... **710 Piedmont. Ave. Atl, Ga. U.S.A.**
- 4a. What is the relationship of your next-of-kin?..... **Mother**
- 5. What is the date of your birth?..... **12th. July 18 90**
- 6. What is your Trade or Calling?..... **Labor**
- 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?..... **No.**
- 10. Have you ever served in any Military Force?..... **No.**  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... **Yes.**
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } **Yes.**

13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?  
 14. If so, what was the nature of the disability?  
 15. Have you ever engaged to serve in any Branch of His Majesty's Forces and been rejected?  
 16. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, <sup>n</sup>**James Simmons**, 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 **Feb. 14th.** 191**7** *James Simmons* (Signature of Recruit)  
*Edw. Henshull* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, <sup>n</sup>**James Simmons**, 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 **Feb. 14th.** 191**7** *James Simmons* (Signature of Recruit)  
*Edw. Henshull* (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 **Windsor, Ont.** this **14th.** day of **Feb.** 191**7**

*James B. Bryson* (Signature of Justice)

Description of James Simmons on Enlistment.

Apparent Age.....26.....years.....4.....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 6 ins.

Chest measurement { Girth when fully expanded.....31 ins.  
 Range of expansion.....3 ins.

Complexion.....Colored

Eyes.....Brown

Hair.....Black

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

*Nil*

*Hearing - R.E. normal  
 L.E. normal  
 Vision - R.E. 20/20  
 L.E. 20/20*

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.....Feb......14th......191 7

Place.....Windsor, Ont.

*[Signature]*  
 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.

James Simmons.....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.

*[Signature]*.....Lieut. Col. (Signature of Officer)  
 No. 2 Construction Batt'n, C. E. F.

Date.....Feb......14th......191 7

SIMMONS, JAMES

931810

2 CONST BN

20032

DEMOB

*BOX*  
*#*  
*AO-348 - 8913*

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



PR

THE UNIVERSITY OF CHICAGO  
LIBRARY

SURNAME.

*Simmons*

CHRISTIAN NAMES

*James*

REGL. No.

*931810*

RANK

*Pte.*

UNIT

*No. 2 Co. instr.*

*Bn.*

FORMER CORPS

*Nil*

CARD No.

*4*

*801 Wembley 10/2/19*  
*Do 435 of 12-2-19 10104*  
FOLL.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Baxter, Mrs. Everlena*

RELATIONSHIP TO SOLDIER

*Mother*

ADDRESS

*28 Bynum St  
Atlanta, Ga, U.S.A.*

*Seas 23/10/18.*

COUNTRY OF BIRTH

*U.S.A. Atlanta, Ga.*

DATE

*July 12<sup>th</sup> 1890*

PLACE OF ATTESTATION

*Windsor, Ont.*

DATE

*Feb. 14<sup>th</sup> 1917*

*R 10 25/1/19 256/62.4*

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

MARRIED

SINGLE

*Yes.*

WIDOWER

TRADE OR CALLING

*Labourer*

RELIGION

*Methodist*

DESCRIPTION.

APPARENT AGE

*26* YEARS

*4* MONTHS

HEIGHT

*5* FEET

*6* INCHES

CHEST MEASUREMENT

*31* INCHES

EXPANSION

*3* INCHES

COMPLEXION

*Coloured*

EYES

*Brown*

HAIR

*Black*

DISTINGUISHING MARKS

*Not stated.*

MEDICAL EXAMINATION.

PLACE

*Not stated*

DATE

*Feb. 14<sup>th</sup> 1917.*

*Present address: Detroit, Mich., U.S.A.*

*MD*

*a/2/Cpl*  
~~*a/2/Cpl*~~ *B*

Number *931810*

Rank

Surname *SIMMONS*

Christian Name *James*

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

Date of Service *17/5/17*

Remarks

Latest Address *208 William St*

Roll No *B* *Atlanta* *Ga U.S.A.*

*Page 4337*  
200m. - 2-21.M.

Port, ship, and date of arrival

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.



NAME

*Simmons J.*

REG'T'L No.

*931 810*

RANK AND CORPS

*A. R. Capt. 2nd Con.*

H. Q. FILE NO. 649.

FOLLOWS  
No.

*78 Reg.*

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

a 85	Jura Champagne	Jura 27-11-17	Haemorrhoids
a 102	" " Disch.	26-12-17	" " "





No. 931810 RANK Pte.

NAME Simmons James.

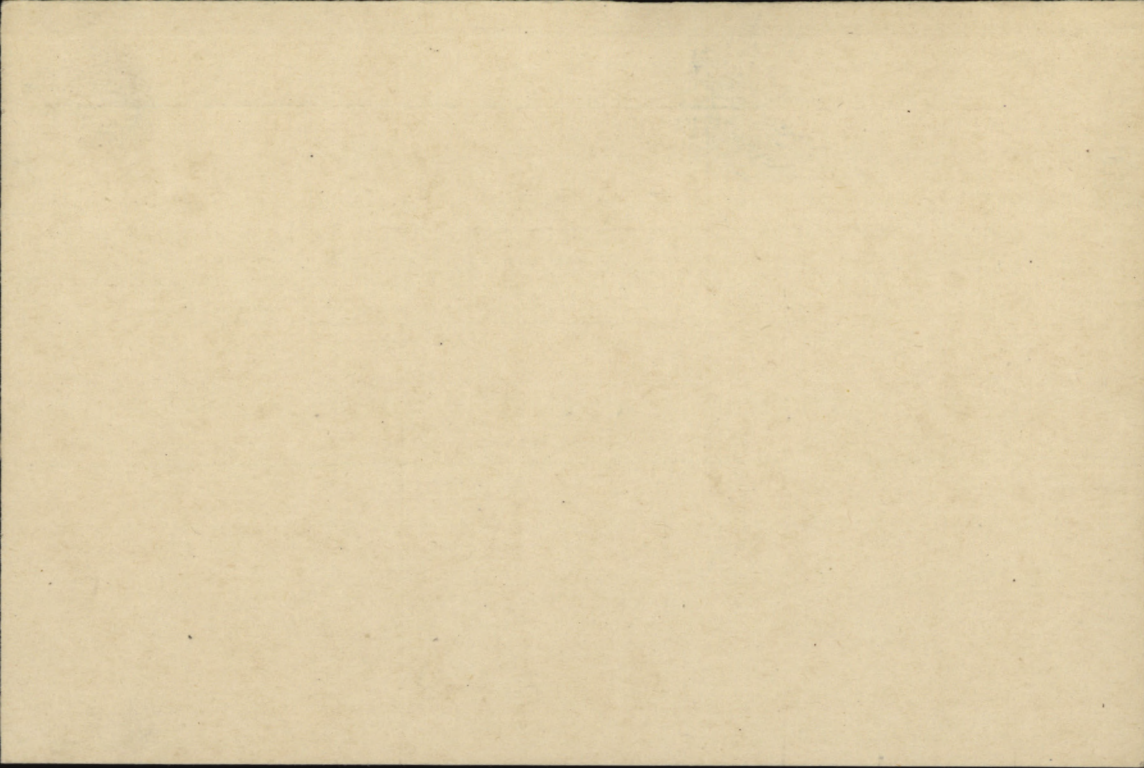
T. O. S. 14-2-17 UNIT

D.O. 46.22.2.17.

No 2. Construction Battalion

M. D. 6

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1917 Feb. 14	1917. Feb. 28 Mar.	✓ x.		



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

SIMMONS

J.

931810.

RANK  
A/L/C.

UNIT 2Con.NS.

Co.

TROOP

BATTY

HOSPITAL

DATE OF ADMISSION

Jura Champagnole Jura

616

~~200~~ 29-11-17.

1.

HOSP

2.

HOSP

3.

HOSP

4.

HOSP

DIAGNOSIS

Haemorrhoids. *h*

1.

2.

3.

DISPOSITION

DATE

*Dis-26. 12. 17*

REMARKS

CL. 11-12-17 A85 -2.

*3. 1. 18 1102*

A.M.D. 2 Dept.

Dep. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.



\*Name SIMMONS Jas Rank Pte Regtl. No. 931810

Original unit 2nd Con. Bn. Present unit DD 4 M. or S. S Age 28 Religion Meth Fyle Depot 19-S-526 Ref. H.Q.

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

Next of kin Everlena Baxter, 710 Piedmont Ave Atlanta, Ga. (M)

Address on leave .....

Address on discharge .....

Transportation issued  Yes  No Date .....

Character on discharge .....

Previous occupation Laborer Date and place of enlistment Feb 14-17 Windsor Ont.

Diagnosis .....

Date of Medical Boards .....

Date.	Remarks	Pt. 2 Order No.
30-1-19	T.O.S. from O/S 12-1-19 posted to Cas. Coy. 23-1-19	
	Fur. w-s to 8-2-19	30

Date.

Remarks.

Pt. 2 Order No.

12-2-19. S.O.S. Discharged. R.O. 1420 Para. C. Demob.

effect. 10-2-19. Ca<sup>e</sup> 1

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# ORIGINAL 931810 MEDICAL HISTORY SHEET

Surname **James Simmons** Christian Name **James**

Examined { on **14th.** day of **Feb.** 191**7**  
at **Windsor, Ont.**

Approved by *Daull Murray*  
Rank **Capt A.M.C.**

Birthplace { City or Town **Atlanta**  
County **Ga.**

Apparent age **26**

Trade or occupation **Labor**

Height **5** feet **6** Inches

Weight **130** lbs.

Chest measurement { Minimum **31** inches  
Maximum expansion **3** inches

Physical development

Small-pox Marks

Vaccination Marks { Arm **Right** **Left**  
Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease **External Piles**

(b) Slight defects but not sufficient to cause rejection

**Both Eyes 20/20**

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS
<i>11/2/17</i>	<i>SR</i>	<i>Shepley</i>
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>4/17</i>	<i>SR</i>	<i>Shepley</i>
<i>8/3/17</i>	<i>SR</i>	<i>Daull Murray</i>
<i>8/4/17</i>	<i>SR</i>	<i>Daull Murray</i>
		M.O.
		M.O.

Enlisted on **14th.** day of **Feb.** 191**7** at **Windsor, Ont.**

CORPS	REG'TL NUMBER	HABITS	DATE
<i>#2 Co. 66th Regt. C.F.</i>	<b>931810</b>		<i>14/2/17</i>
Transferred to			

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<b>Windsor, Ont.</b>	<b>FEB 15 1917</b>	<b>on enlistment</b>	<b>Fit</b>
<i>Brucella</i>	<i>11/1/19</i>	<i>Major A.M.C.</i>	<i>Shepley</i>
<i>Kennel Ph</i>	<i>8-2-19</i>	<i>Quil</i>	<i>A HR 6 Int. Dept.</i>
<i>Insistal</i>			<i>A<sup>3</sup> E. L. ...</i>

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.



## Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

M04

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Private Name James Surname Simmonds  
 Unit or Corps N.S. R.D. (If a soldier) Regt. No. 931810  
 Born at Atlanta, Ga. U.S.A. on date 12th July 1890  
 Signature (for identification) J. Simmonds

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

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight 130 lbs.  
 Height 5 8 ins.

no

2. **NUTRITION AND DIATHESIS?**

Good

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

3. **NERVOUS SYSTEM?**

no

4. **RESPIRATORY SYSTEM.**

no

5. **HEART?**

Abnormal Sounds? noAbnormal Size? noPulse Rate? 74Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening?

no

7. **DIGESTIVE SYSTEM?**

no

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g.? 1.020 Reaction? ac Albumen? 0 Sugar? 0

9. **SKIN, MIDDLE EAR, EYE**  
or any other part?

no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

no

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

Good

Examined at Linnet Park Signed W.P. G. Smith M.O.

Date 11-1-19 Signed J. Simmonds M.O.

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

Medical Examination upon leaving the Service

of an Officer in the Army, Navy, or Marine Corps, or a Soldier in the Army

This report shall be prepared by a Medical Officer, and shall be based on the examination of the patient in the presence of a Medical Board, the report to be prepared on this form.

Name of Patient: *John A. Smith*  
Unit: *1st Infantry Division*  
Branch: *Infantry*  
Grade: *Private*  
Date of Examination: *10/15/1918*

This report is to be made jointly by two Medical Officers.

1. PHYSICAL EXAMINATION  
General Appearance: *Well*  
Height: *5' 8"*  
Weight: *145 lbs*  
Pulse: *72*  
Temperature: *98.6*  
Respiration: *16*

2. VISION AND HEARING  
Vision: *20/20*  
Hearing: *Normal*

3. RESPIRATORY SYSTEM  
Lungs: *Clear*  
Heart: *Normal*

4. GASTROINTESTINAL SYSTEM  
Stomach: *Normal*  
Intestines: *Normal*

5. URINARY SYSTEM  
Urinary Bladder: *Normal*  
Uterus: *Normal*

6. NERVOUS SYSTEM  
Nerves: *Normal*  
Mental: *Normal*

7. SKIN, NAILS, AND EYES  
Skin: *Normal*  
Nails: *Normal*  
Eyes: *Normal*

8. TISSUE AND BLOOD  
Tissues: *Normal*  
Blood: *Normal*

9. SUMMARY OF FINDINGS  
The patient is in good health and is fit for service.

Signature of Medical Officer: *John A. Smith*  
Signature of Medical Board: *John A. Smith*

This report shall be prepared by a Medical Officer, and shall be based on the examination of the patient in the presence of a Medical Board, the report to be prepared on this form.

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.  
1133 (D.P. 250M-12-18.  
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 931810 Rank Pte Name SIMMONS James  
(Surname first)  
Unit 2nd Cons. who was\* Discharged  
On 10-2-19 191....., to.....  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to 10-2-19 191...  
the inclusive date of transfer or discharge.

Cr. LPC.	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		73 62
Regimental Pay..... <u>41</u> days at \$ <u>1.00</u> .....		41 00
Field Allowance..... <u>41</u> days at \$ <u>10</u> .....		4 10
Separation Allowance.....		
Clothing Allowance.....		35 00
Post Discharge Pay.....		70 00
*Other Credits <u>Subs Do. 30</u> .....		13 50
Advances.....		
Separation Allowance and Assigned Pay Cheque NO.....		
*Other Charges.....		
Balance on transfer or on discharge, cheque No. <u>21088</u> .....	237 32	
Total.....	<u>237 32</u>	<u>237 32</u>

\*Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of  
Assigned Pay for the month of Jan. 191 9 }  
and Separation Allee. for month of Nil 191..... } (to) Assignee Mrs. E. Boxter  
Jan. AP-Charged on LPC. 28 Bynum St.  
Alberta Ca.  
(Address).....  
(†) 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:—

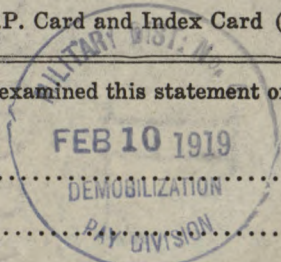
State (1) date of enlistment..... 14-2-17..... married or single.....  
(2) Separation Allowance, entitled or not..... Nil..... (3) Reason for discharge.....  
(4) Authority for discharge or transfer..... D.D.4 19-S-526.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date.....

Place.....



*[Signature]*  
CAPTAIN-PAYMASTER  
C-I-C—Demobilization Pay Division—Military Dist. 11

Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
- (B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
- (C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
- (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.





# 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. 931818 Rank Pfc Surname Simmonds James  
(Given name in full)  
 Unit or Corps A. T. 1 Birthplace Atlanta Georgia Ga.  
Atlanta U.S.A.

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

1. GENERAL DESCRIPTION:

Physique good Weight 136 lbs. Height 5-8 in. Colour of Eyes Brown  
 Nutrition good  
 Pulse 74  
 Condition of arteries good  
 Vision Rt. O.K. Left O.K.  
 Hearing (conversational voice) Rt. O.K. ft.  
 Left O.K. ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
One vacc mark left arm  
1916

Opinion as to general health and physical condition. good

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

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

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

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

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

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

Signature .....

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

## THIS SECTION FOR USE IN CANADA—

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

Date *8-7-19* ..... Signed *Edmund M.* ..... M.O.

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

Signature *James Linnow* .....

(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]

208 Williams St.  
Atlanta, Ga.

S.O.S m.d. 4

# FORM OF WILL.

I, James Simmons (Name in full)

Regimental Number 931. 810 serving in No. 2 CONSTRUCTION, B'n. C.E.F.

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

I bequeath all my real estate unto

My Mother  
Mrs Evelyn Baxter  
724 Redmont Ave  
Atlanta Ga. U.S.A.

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

absolutely, and my personal estate I bequeath to

My Mother  
Mrs Evelyn Baxter

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

### IMPORTANT

#### NOTE

This must be Signed and Dated by THE SOLDIER HIMSELF.

this 17<sup>th</sup> day of March A. D. 1917.

James Simmons Signature of Soldier.

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

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

Signature of First Witness Dr. Lionel Cross

Address of Witness San Fdo. Vincente Avila

Occupation of Witness Journalist

Signature of Second Witness Quail Bennett

Address of Witness Shelburne St. 8.

Occupation of Witness Laborer

THE TWO WITNESSES MUST SIGN HERE

FORM OF WILL

I, \_\_\_\_\_

do hereby declare that I am of sound mind and memory, and I am not under any duress, coercion, or undue influence, and I am not a minor, and I am not a married woman, and I am not a bankrupt, and I am not a person who is otherwise disqualified by law from making a will, and I hereby declare that I am making this my last will.

I bequeath all my real estate unto

Name and Address of Person or Persons to Whom It is to Go

Name and Address of Person or Persons to Whom It is to Go

I hereby declare that I am of sound mind and memory, and I am not under any duress, coercion, or undue influence, and I am not a minor, and I am not a married woman, and I am not a bankrupt, and I am not a person who is otherwise disqualified by law from making a will, and I hereby declare that I am making this my last will.

I hereby declare that I am of sound mind and memory, and I am not under any duress, coercion, or undue influence, and I am not a minor, and I am not a married woman, and I am not a bankrupt, and I am not a person who is otherwise disqualified by law from making a will, and I hereby declare that I am making this my last will.

I hereby declare that I am of sound mind and memory, and I am not under any duress, coercion, or undue influence, and I am not a minor, and I am not a married woman, and I am not a bankrupt, and I am not a person who is otherwise disqualified by law from making a will, and I hereby declare that I am making this my last will.

I hereby declare that I am of sound mind and memory, and I am not under any duress, coercion, or undue influence, and I am not a minor, and I am not a married woman, and I am not a bankrupt, and I am not a person who is otherwise disqualified by law from making a will, and I hereby declare that I am making this my last will.

I hereby declare that I am of sound mind and memory, and I am not under any duress, coercion, or undue influence, and I am not a minor, and I am not a married woman, and I am not a bankrupt, and I am not a person who is otherwise disqualified by law from making a will, and I hereby declare that I am making this my last will.

931810

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... *No 2 Coniston Battalion CEF*

(2) Regimental Number ..... *931810*

(3) Full Name of Soldier..... *Jones Simon*

(4) Place of Birth ..... *Georgia U.S.A*

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

(6) If married, state,  
 (a) Full name of your wife..... *x*

(b) Present Postal Address..... *x*

(7) Are you a widower? ..... *No*

(8) Have you any children?..... *x*

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

    Also their names and ages..... *x*

(9) Is your Father alive? *No*

If so, state name and address *x*

(10) Is your Mother alive? *Yes*

If so, state name and address *Mrs Evelyn Baxter*

*724 Piedmont Ave, Atlanta Ga. U. S.*

(11) If your Mother is a widow *Yes: 2nd Husband Deceased*

Are you her sole support, or not? *Yes*

(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.

*\$20 " Have one brother married.  
I have to support mother.*

(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.

*x*

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

*Yes*

(15) Are you insured? *No*

If so, in what Company? *x*

Have you made arrangements for payment of your Insurance premium? *x*

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



Date.....

*J. D. Davie*  
Capt for Lieut-Col  
No. 2 Construction Co. C.E.F.  
Officer Commanding.

NADIAN 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)

*SIMMONS J.*

REGIMENT

*No. 2. CONST*

RANK

*PTE*

No.

*931810*

Date of Examination in England

*3/1/18*

Date of Examination in France

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

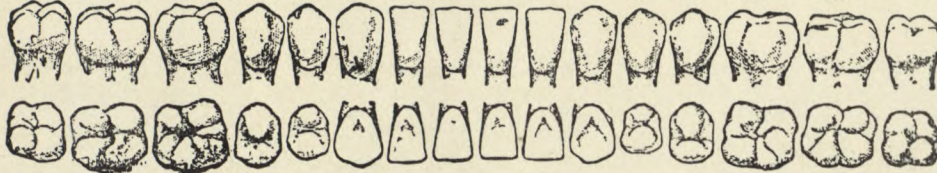
2. Figures as per chart will be used to designate teeth concerned.

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

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

*19*

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

(a) In Canada

(b) In England

(c) In France

KINMEL PARK,  
NORTH WALES.

Signature of Dental Officer

*H W Reed*  
Capt.

M. D. St.

ZIMMONS & CO. DISTIC

3/1/18

( )  
( )  
( )  
( )  
( )  
( )  
( )  
( )  
( )  
( )

Handwritten notes at the bottom left of the page.



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 931810 (Rank) Private

Name (in full) SIMMONS, James enlisted in

the No. 2. Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Windsor, Ontario on the 14th

day of February 1917.

HE served in France

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

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

Age 28 yrs. 6 months.

Height 5 ft. 8 ins.

Complexion Colored

Eyes Brown

Hair Black

*J. Simmons*  
Signature of Soldier

Marks or Scars

One vaccination mark left arm.

*R. G. Lee*  
Issuing Officer Lieutenant,  
Officer i/c Discharge Section, District Depot No. 4.  
Rank

Date of Discharge February 10th, 1919.

Appointment

Signed at Montreal, Quebec this 10th day of February 1919.

in Military District No. 4.

File Reference No. DD4.19-3-525.

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

CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

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

Medals and Decorations .....

Remarks .....

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

.....  
Name of Officer

.....  
Rank

.....  
Appointment

OFFICE OF THE  
COMMISSIONER  
GENERAL INVESTIGATIVE  
DIVISION  
OF THE  
CANADIAN MOUNTED  
POLICE  
OTTAWA, ONTARIO

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

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

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No. Rank Name *Summons Jas.*

C. E. F.

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

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

Extended Re-engaged Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>10-2-19</i>	<i>SOS Discharged</i>	<i>Col. A Demol</i>			<i>DD4/20/43</i>

*[Signature]*  
Lieutenant,  
Officer i/c Discharge Section, District Depot No. 4.

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







MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

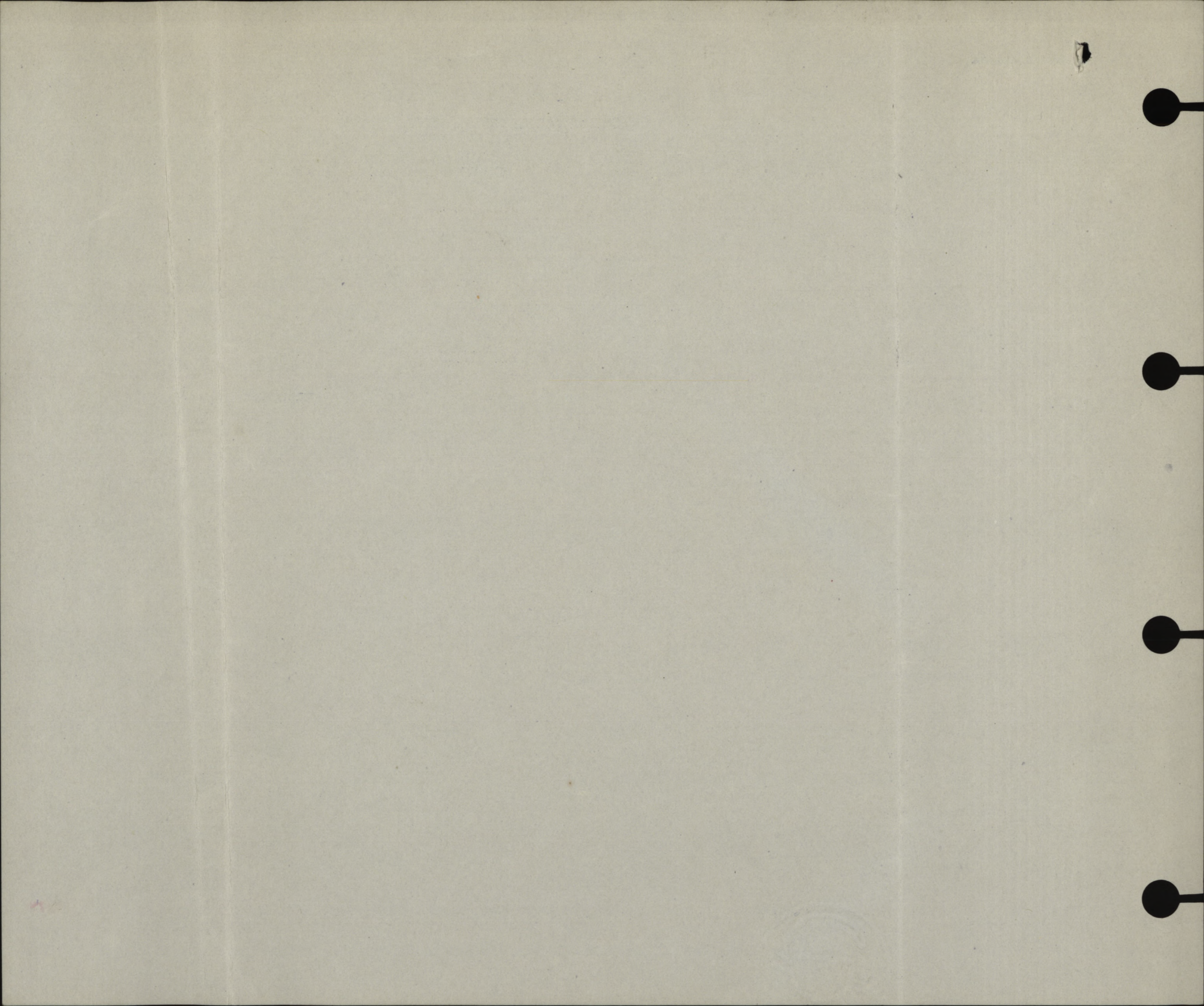
To Whom *Mrs E Bafter*  
 Address *317 No. Butler St*  
*Atlanta*  
*Ga.*  
*U.S.A.*  
 Rate *\$ 25.00*

By Whom Assigned *Summons J*  
 Regtl. No. *931810*  
 Rank *a/s/c*  
 Corps *2 Con Bn*

SPECIAL REMITTANCE

*Sched 462. 20. 11. 17*  
**PAYMENTS**

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916	<i>47794</i>	<i>25-</i>	
Feb.				
March				









ASSIGNED PAY → ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME: SIMMONS James E

EFFECTIVE DATE: 1<sup>st</sup> Dec 1917. EFFECTIVE DATE: -

NUMBER: 931810

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
Mrs Everlena Baxter Mother 317 N <sup>th</sup> Butler St. Atlanta Ga				Nv

UNIT AND TRANSFERS

ORIGINAL UNIT: 2 Construction Bn

DATE ACCOUNT FIRST OPENED: 1 APR 1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T-5P D	UNIT TRANSFERRED TO
L.P.B.		28/2/19	Canada Section.

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
9-12-18	6751	C.F.B. 50 <sup>th</sup>	9.33				
18/12/18	3289	B.R.D.S.	9.73				

DAILY RATES OF PAY AND ALLOWANCES

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

Dis to Canada 31.12.18 Authy NR 161. 17.12.18. 2<sup>nd</sup> C.C.C. Co Bal \$138.22  
Deferred Pay \$120.00 Ledger Bal \$164.38

PARTICULARS OF RENDERING NON-EFFECTIVE:-

1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
MAR	Bal Ford								225.71		
apl	P. Pay.	33		B. a. P.				15			
				AR 8 8/4 CFC Jura	3.57						
				v 271 27/4 - - -	3.57				236.57		
		33			7.14			15			
May	P.P.	34	10	Can AP				15			
				AR 812 9/5 CFC Jura	3.57						
				v 1416 23/5 - - -	3.57						
				5 Days #2. 26/4/18. for when on at home							
				Lossing by neglect of duty of clothing							
				Bo 32. 24/5/18. 2 Con Bn			5.50		243.03		
June	P.P.	34	10		7.14	5.50		15			
		33		Ass Pay				15			
				AR 713 7/6 CFC 5.	3.57						
				v 876 27/6 - Jura	3.57				253.89		
		33			7.14			15			
July	PP	34	10	Can AP.				15			
				AR 953 10/7 CFC 5.	3.57						
				AR 1097 28/7	3.57				265.85		
		34	10		7.14			15			
Aug	PP	34	10	Can AP.				15		120.00	
				BP 24979 19/8 L/N 4380							
				AR. 1261 10/8. CFC 5	3.57						
				AR 1448 19/8	7.14						
				AR 2666 17/8	97.33						
				BP 26530 24/8 L/N 2920					103.91	120	
		34	10		181.04			15			

Carried forward

COMPILED BY J. McBurn  
CHECKED BY J. McBurn

\* Strike out whichever inapplicable

NUMBER 931810

RANK Plc

NAME SIMMONS James

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918				Proforward					103 91	120	
Sept	PP	33		Can AP				15			
				AR 1677 519 6765	3 57						
		33		AR 1880 2419 ✓	3 57			15	114 77	120	4/20
					7 14						
Oct	P.P	34 10		bal. P				15			
				2261 6765 12.10	3 73 ✓						
				2327 ✓ 25.10	3 73 ✓			15	126 41		
		34 10			7 46						
Nov.	P.P	33 -		cal				15 -			
				2647 11.11 C.F.C.S.	3 73 ✓						
				2915 26.11 ✓	3 73 ✓						
Dec	PP	34 10						15 =			
	Int on Deferred Pay 31.12.18	8 33		6751 10.12. C.B.D.	9 33				164 38		
				3589 18.12. A.R.D.S.	9 73				145 32		
		75 43			26 52			30 -			
				C-1572 12.1. Emdon L.P.C. 2 Com Bu.	9 73				135 59		
					9 73						
Mar. 19				1-D.A. 26/4/18.	8	7 10					
						7.10			128.49		

126 41  
 75 43  
 -----  
 201 84  
 56 52  
 -----  
 145 32

S.O.S to Canada 12.1.14. D.O. 18. N.S.R.D. 25.19

This space to be for numbers.



# Proceedings on Discharge.

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

No. 931810

Rank Private

Surname SIMMONS, James

Christian name  
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) No 2. Construction Batt.

Date of discharge Feb. 10/19.

Place of discharge Montreal, Que.

### 1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age 28 years 6 months.	
Height 5 feet 8 inches.	One vacc mark left arm.
Complexion Colored	
Eyes Brown	
Hair Black	
Trade Labourer	
Intended place of residence 208 Williams St. Atlanta, Ga. (To be given as fully as practicable.)	

2. The above-named man is discharged in consequence of Demob. Cat. A. R.O. 1420 Para. C.

Authority for discharge.....

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

E. R. J.

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

Proceedings on Discharge

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

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

6. Medals and Decorations

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (Squadron or Battery, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place)..... Montreal, Que. J. Simmons (Signature of Soldier.)

(Date)..... Feb. 10/19. J. Boyle (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed)..... years..... days.

Total..... years..... days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place)..... Montreal, Que.

(Date)..... Feb. 10/19.

(Signature)..... Lieutenant,

Officer in Charge Discharge Section, District Depot No. 4.

**Reservations referred to at Para. 8.**

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

**List of Discharge Documents.**

**NO RESERVATIONS ON**

*J. S. [Signature]*

Reg. Conduct Sheet	Militia form B. 203	Attestation Paper	Militia Form W. 23
Squadron Battery Company	B. 203a	Particulars of Recruit	W. 133
of	W. 138	Proceedings on Discharge	B. 218
Field Conduct Sheet			
Copies of Certificates by C. P.	in 215		
Med. Hist. Sheet	Militia form B. 313		
Casualty Form	W. 54		
Medical Report for Invalids	B. 217	(a) Proceedings on Discharge	
Dental History Sheet	B. 405		
Last Pay Certificate	W. 44	(b) Attestation	
Duplicate Discharge Certificate	W. 397		
Form of Will	W. 83	(c) Medical History Sheet	
Only if discharged "Medically unfit"			
Only if man has not been overseas			

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding

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

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.)

## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263

Squadron }  
Battery } Conduct Sheet, " B. 263a  
Company }

or  
Field Conduct Sheet " W. 178

Copies of Convictions, by C. P. in MS.

Med. Hist. Sheet, Militia form B. 313

Casualty Form " W. 54

Medical Report for Invalid§ " B. 227

Dental History Sheet " B. 465

Last Pay Certificate " W. 44

Duplicate Discharge Certificate " W. 39A

‡Form of Will " W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper Militia Form W. 23

or  
Particulars of Recruit " W. 133

Proceedings on Discharge " B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

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

*Officer Commanding.*

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



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

05354

Dec 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

*U.C. 1510 B.*

## PARTICULARS OF SEPARATION ALLOWANCE

No. **931810**

Rank **Pte** Promoted Reverted Discharge

Soldier's Name **Gas. Simmons**

Battalion **No 2 Const. Battr**

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name **Mrs. Everlena Baxter**

Address **317 N. Butler St., Atlanta, Ga. U.S.A.**

Change of Address

1 **28 Bynum St., per card 19/10/18.**

2

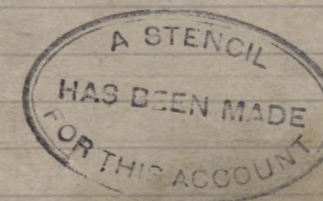
3

4

*Mother*

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec	65273		15	15	<p><i>016806-J-33</i></p> <p><i>mailed 22<sup>12</sup>/<sub>17</sub> mro L.P. 13068 alteration rnd 19/10/18. a Bell</i></p> <p><i>29M 10-12-17</i></p> <p><i>A/c Closed 31<sup>14</sup>/<sub>19</sub></i></p> <p><i>Ret'd per Camp of Britain</i></p> <p><i>Date 22<sup>14</sup>/<sub>19</sub> M.F.W. 187 28<sup>14</sup>/<sub>19</sub> M.D. 4.</i></p> <p><i>Closed A Bell O.K. Credit -</i></p> <p><i>mro L.P. 54327. Destroy. WH 28/19</i></p>
Jan 18	68908		15	15	
Feb	67792		15	15	
Mar	95728		15	15	
Apr	9335		15	15	
May	22623		15	15	
June	15580		15	15	
July	26952		15	15	
Aug	39654		15	15	
Sept	53737		15	15	
Oct	68684		15	15	
Nov	83260		15	15	
Dec	99931		15	15	
Jan	113818		15	15	
			<b>210</b>	<b>210</b>	

M. F. W. 128.  
400M. 517-1172-38-1141  
L. L. 22530-NL & D. 7893.





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

M. OR S. *0* REGT. No. *931810* RANK *PTA* NAME (IN FULL) *SIMMONS, JAMES*  
 (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	
ADDRESS		<i>T.O.S.</i>	<i>12/1/19</i>	<i>De 30/3</i>	<i>2 NO. CON. BATT.</i>		
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	
TO WHOM PAID	RELATIONSHIP				<i>Windsor</i>	<i>[Red X]</i>	
ADDRESS					DATE OF ATTESTATION	TRANSFERRED TO	
					<i>Feb 19/19</i>		
					ASSIGNED PAY, \$	DATE EFFECTIVE	
					<i>15%</i>		
					PAYABLE TO	RELATIONSHIP	
					<i>Mrs Everlina Baxter</i>		
					ADDRESS	ANY CHANGE IN ASSIGNEE OR ADDRESS	
					<i>28 Raymond St 208 Williams St Atlanta G. U.S.A.</i>	<i>[Red X]</i>	
					<i>245<sup>A</sup> St. Antoine St - Montreal</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE REASON AUTHORITY	
					<i>Montreal</i>	<i>10/1/19</i>	<i>July 19. 5.526</i>

MONTH	PAY AND F. A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		
1919																								
Jan																								<i>Subs 23/1/19 to 8-2-19 to 30/1</i>
Feb																								
1-1-19 to 10/1/19		<i>41 110</i>	<i>45 10</i>	<i>35 640</i>	<i>75 720</i>	<i>167 32</i>																		<i>Subs 1-2-18-2-19 to 30/3</i>
																								<i>167 32 70</i>
																								<i>Other Credits W.S.G. SA</i>
																								<i>War Service Gratuity</i>
																								<i>Other Charge W.S.G. SA</i>
10-2-19																								<i>Soldier Dependent</i>
10-3-19																								<i>D.P. 4</i>
10-4-19																								<i>B 5930</i>
10/5/19																								<i>229494</i>
																								<i>299890</i>
																								<i>final</i>



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

M. F. W. 54. (A. F. B.)  
350M.—5-16  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps #2 Construction Battalion C.E.F.  
 Regimental No. 931810 Rank Pte. Name Simmons, James  
 C. E. F.  
 Enlisted (a) 14/2/17 Terms of Service (a) Duration of war Service reckons from (a) 14/2/17  
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">CERTIFIED CORRECT. 7 JUN 1917</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">CAN. REGTS., LONDON</p>	Embarked from Canada Halifax NS		25/3/17	<p>PT &amp; D.O.#</p> <p>H. B. Macleay Adjutant, No. 2 Construction Battalion, C.E.F.</p>
		Disembarked, England Liverpool	Liverpool	7/4/17	
	O.C. No. 1 Construction Battalion	Proceeded Overseas	Seaford		
		Landed in France		17-5-17	N.R. 2
6.6.17.	O.C.	Srv. Rep. for Disturbance		17/7	B2069 O/135 20/10/17
17.5.17	OC	appnt <sup>d</sup> as/cpl without pay		16/5/17	NR-KG16/25295 P135 d/20-10-17
24-11-17	OC	Reduced to Private		2-6-17	B213 P291144 d/8-12-17 KG16-27310
30-11-17	regua hosp	Harmorrhoids St. adm		29-11-17	W3034/76527
10-12-17	oc unit	adm to Jura hosp		29-11-17	B213

(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.

Casualty Form - Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
26 12/17	Ins hsp.	Hemorrhoids discharged		26 12/17	W 3034/64567
29.12.17	ocunit	Dischgd from hsp. Joined this		26/12/17	B 213
2.5.18	ocunit.	5 Day. F.O. No. 2 for woas. Foning by neglect articles of clothing, 1 Pr. Boots, value £. 8. 4 1. 3. 9.		26.4.18	
		Placed under stop. of pay to make good the value of mentioned articles.			B. 2069. 0732D/31.5.18.
24-8-18	oc	Granted 14 day leave	uk.	18.8.18	B 213 1/2 51 7/24/18
7-9-18	do	Returned from leave	Field	4-9-18	B 213
11 12/18	ad	Trans to Eng & posted to N.S. Reg depot Bramshott		14 12/18	KP.344.
					C.A. Hewett Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. E. F.
14.12.18	N.S.P. Co.	S.O.S. & attached to 2.6.6 Co for QTS & Rations	SB's hatt	14.12.18	Co. O 305.
	NSRD	ON COMMAND TO ... .. Kimmell	BRAMSHOTT		PART II D.O. ... .. NSRD 313 24 12/18 C.A. Wright LIEUT. OFFICER 1/6 RECORDS, NOVA SCOTIA REGTL. DEPOT.
		12/1/14 Embarked off Canada			