

ORIGINAL

931653 ORIGINAL

ATTESTATION PAPER.
No. 2 CONSTRUCTION, B'n. C.E.F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname? Tudor,
1a. What are your Christian names? Alfred Augustus
1b. What is your present address? 143 Madison Ave., Detroit, Mich
2. In what Town, Township or Parish, and in what Country were you born? Washington County, Kentucky
3. What is the name of your next-of kin? Alis M. James
4. What is the address of your next-of-kin? Sister 617 N. State St., New Albany, Ind. U.S.A
4a. What is the relationship of your next-of-kin? Sister
5. What is the date of your birth? May 18th, 1874
6. What is your Trade or Calling? Cooper
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? U.S. Army 3 yrs. (10th Cavalry)
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Alfred Augustus Tudor, 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.

Alfred Augustus Tudor (Signature of Recruit)

Date Dec. 4th 1916 Joseph Humphreys (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alfred Augustus Tudor, 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.

Alfred Augustus Tudor (Signature of Recruit)

Date December 4th 1916 Joseph Humphreys (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 4th day of December 1916

James G. Chapman (Signature of Justice)

#9 Cont



# Description of Alfred Augustus Tudor on Enlistment.

Apparent Age 42 years 6 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. 10 ins.

None

Chest measurement { Girth when fully expanded 38-1/2  
 Range of expansion 3-1/2 ins.

Complexion Dark

Eyes Brown

Hair Black

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

## CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Dec. 4th 1916.

Place Windsor, Ont

*[Handwritten 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.

Alfred Augustus Tudor having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

C. W. Rev. Capt. J. H. Col (Signature of Officer)

Date DEC 8 1916 1916.



REGIMENTAL DOCUMENTS

NAME *Judor Alfred Augustus*

REGT. NO. *931653*

UNIT *2 Constr Bn* H. Q. FILE NO.

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

**DEATH**

Category

**DISCHARGE**

Category

*Demot.*

**DESERTION**

- ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCFEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAST PAY CERTIFICATE (M.F.W. 44)
- PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

**M**

*SEP 21 1919*

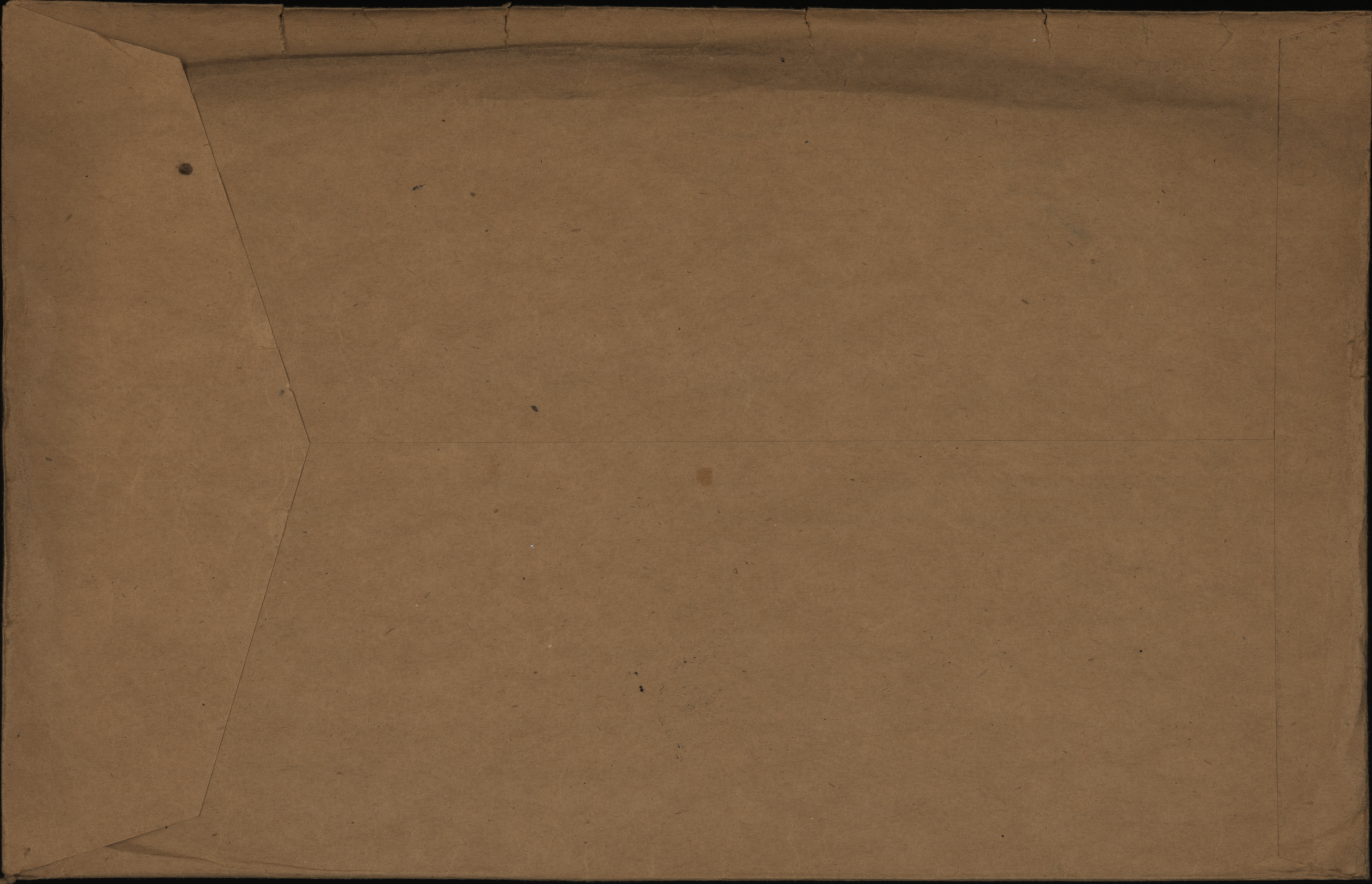
*Rus 27/10/19*

**19588**

**H**

*2-13*  
*2-13*  
*7 13*  
*1*







SURNAME.

*Tudor*

CARD NO.

*1* *Demstr.*

CHRISTIAN NAMES

*Alfred Augustus*

*S.O.S. 7/2/19.*  
*80379 6/2/19.*  
*881*

REGL. NO.

*931653.*

RANK

*Pte.*

UNIT

*No. 2. Construction*

*Bn.*

FORMER CORPS

*U. S. Army. 3 yrs. (10<sup>th</sup> Cavalry).*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*James, Alice M.*

RELATIONSHIP TO SOLDIER

*Sister.*

ADDRESS

*617 N. State St., New  
Albany, Ind., U. S. A.*

COUNTRY OF BIRTH

*U. S. A. Washington Co.,*

DATE

*May 18<sup>th</sup> 1874.*

PLACE OF ATTESTATION

*Windsor, Ont.*

DATE

*Dec. 4<sup>th</sup> 1916.*

*R/6 17-1-19 254 T*



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

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Cooper.

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

42 YEARS

6. MONTHS

HEIGHT

5 FEET

10. INCHES

CHEST MEASUREMENT

38½ INCHES

EXPANSION

3½ INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black.

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Dec. 4<sup>th</sup> 1916.

Present address 143 Madison Ave.  
Detroit, Mich., U.S.A.



NAME

Tudor A.

RANK AND CORPS

Pte

REG'T'L No.

931653

H. Q. FILE No. 649

9.  
2nd Con. M.S.

FOLLOWS  
No.

Ref.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A 47  
A 52

Jura Hosp. La Jolla 18-10-17  
"Discharged" 22-10-17

Gastritis  
Gastritis











No. 931653 RANK Pte.

NAME Indor. A. A.

T. O. S. 14-12-16 UNIT

No 2. Construction Battalion

S.O. 97. 8-12-16

M. D. 6

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 Dec 4	1916 Dec 31	✓		
1917	Jan 1917	✓		
	Feb.	✓		
	Mar	✓		







Index

*Ham*

Number 931653

Rank Pvt *Spr*

Surname TUDOR

Christian Name Alfred Augustus

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

Date of Service 17-5-17

Remarks 831 mercer st

Latest Address ~~157 mercer st.~~

Windsor, Ont.

Roll No. B Page 11543



DESP. MAR 2 1922

REGN. NO. *15611*



SURNAME

CHRISTIAN NAME OR NAMES

FORM D.M.S. 1300

REG. NO.

TUDOR.

A.A.

931653.

RANK

UNIT

CO.

TROOP

BATTY.

Pte.

N.S. 2Con.

HOSPITAL

DATE OF ADMISSION

Jura. Hospt. La Joux Jura.

18-10-17.

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Gastritis. *RW*

1

2

3

DISPOSITION

C.L. 27-10-17. A47

*Dis. 22-10-17*

DATE

*" 2-11-17 A52*

REMARKS

A.M.D. 2 DEPT.

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



EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.



Name TUDOR Alfred Augustus Rank Pte. Regtl. No. 931653

Fyle Depot IDD 10-T-204

Original unit 2nd Cons Present unit 2nd Cons  or S. Age 45 Religion Eng Ref. H.Q. 1-D-30-T-604

Port, ship and date of arrival Halifax, OLYMPIC 17-1-19

Next of kin Alis M. James, (sister) 617 N. State St. New Albany Ind. USA

Address on leave.....

Address on discharge 157 Mercer St., Windsor, Ont.

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

Previous occupation Cooper Date and place of enlistment Dec. 4th 1916, Windsor, Ont.

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

Date	Remarks	Pt. 2 Order No.
T.O.S.		
10-1-19	No. 1 D.D.	
20-1-19	Posted to Cas. Coy and granted furlough with subsistence	
	allowance to 7-2-19	29

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



Date

Remarks

Pt. 2 Order No

7-2-19

Discharged from H. M. S. On Demobilization. (P.D.P.)

37



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

M. F. W. 54. (A. F. B. 10)

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. #2 Construction Battalion, C E F

Regimental No. 931653 Rank Private Name Alfred Augustus Tudor  
C. E. F.

Enlisted (a) 4/12/16 Terms of Service (a) Duration of War Service reckons from (a) 4/12/16

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

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

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

Report Date	From whom received	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
		<i>Embarked, Canada</i>	<i>Halifax N.S.</i>	<i>25/3/17</i>	
		<i>Disembarked, England</i>	<i>Liverpool</i>	<i>7/4/17</i>	
	<i>O.C. #2</i>	<i>Proceeded Overseas</i>	<i>Seaford</i>		<i>O.C. #2 L.O.</i>
	<i>Caustkin</i>				<i>H. G. Maclean Pt. for Capt. etc.</i>
		<i>Landed in France</i>	<i>17-5-17</i>	<i>N.R.</i>	
<i>31. 5. 17</i>	<i>O.C.</i>	<i>Forfeits 5 days pay for</i>	<i>Making away with</i>	<i>Iron Rations</i>	<i>7ld. 31. 5. 17. B2069. Par. 5. 119 25/1/17.</i>
<i>19. 6. 17.</i>	<i>O.C.</i>	<i>Absent Sentences today</i>	<i>3 P.M.</i>	<i>7ld 19. 6. 17</i>	<i>B2069. Pt. II. 0 122. 78</i>
		<i>absent fr. 10 p.m. 17/6/17 till 1.30 p.m. 19. 6. 17</i>			
		<i>Forfeits 3 day pay. R.M.</i>			

(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, Shoeling 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				

6-9-17	OC	15 days SP No 2 for absence. Overstaying a pass from 10pm 2-9-17. until 7am 4-9-17. (33hrs) (forfeit 3 days pay under R.W.)		5/9/17	B2069 P 133 d/18/17
--------	----	---	--	--------	---------------------

18-10-17	Junakrap	Gastritis	admn	18/10/17	W 3354/6882
----------	----------	-----------	------	----------	-------------

22-10-17	"	"	Discharged to duty	22/10/17	W 3034 A 7689
----------	---	---	--------------------	----------	---------------

27-10-17	OC	Repd Unit		22/10/17	B 213
----------	----	-----------	--	----------	-------

5/1/18	OC	ad to 1 Dist 67C		30/01/17	B 213
--------	----	------------------	--	----------	-------

11.4.18	54 Co. C. F. C.	Sentinel to 14 D. F. O. No 2, 16.4.18, for 1 wood. absent from work from 8 a.m. until apprehended by M. P. at La Belleire at 2pm. 11.4.18.			
---------	-----------------	--	--	--	--

O/24. D/27.4.18.

30.5.18	42 Co. C. F. C.	10 Days F. O. No. 2 for wood. absent from Tattoo at 10 P.M. until 11.15 P.M. 19.5.18. 2. Drunk returning to camp.		16.4.18	A. F. B. 2069 D/18/4/18.
---------	-----------------	---	--	---------	--------------------------

19.9.18	38 Co. 67C.	28 days SP No 2 10-9-18 for conduct to the prejudice of good order & military discipline, being in unlawful possession of sent property.		22.5.18	B 2069. O/33. D/5.6.18.
---------	-------------	--	--	---------	-------------------------

B 2069  
W 0 530 Sep 1918

5/11/18	38 Coy 67C.	10 days F.P. 2. wood AWOL from 13.00/26/11/18/29/11/18 till 07.30 29/11/18. Forfeit 3 days R.W.		7.9.18	B 2069. P 20. 69
---------	-------------	---	--	--------	------------------



**Casualty Form - Active Service.**

Regiment or Corps 6th London Trench Coy

Rank plc Surname Ludor Christian Name Alfred Augustus

Religion ..... Age on Elistment ..... years ..... months

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

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and rate .....

Occupation ..... Signature of Officer .....

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
<u>11<sup>12</sup>/18</u>	<u>act.</u>	<u>Trans to England shortly to 4/8 Reg Depot Bramshott</u>	<u>act</u>	<u>12/18</u>	<u>100344</u>
		<u>ba Hewett</u>			
		<u>Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.</u>			
<u>17.12.18</u>	<u>H.K.D.</u>	<u>T.O.S and atted 2nd L.D. for Quarters &amp; Rations</u>	<u>Bramshott</u>	<u>14.12.18</u>	<u>20305</u>
					<u>27<sup>12</sup>/18</u>
					<u>NSRD 313</u>
	<u>NSRD</u>	<u>ON COMMAND TO</u>	<u>BRAMSHOTT</u>		<u>PART II D.O.</u>
<u>28/12/18</u>	<u>NSRD</u>	<u>505 M.D. 1 Con. Camp Phyl</u>			<u>ba Thuytt</u>
					<u>LIEUT.</u>
					<u>OFFICER TO RECORDS,</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Shoeing-Smith, &c.

Embarked for Canada for 4th M.D. 1 Wing







C.T.

Rank \_\_\_\_\_ Name TUDOR Alfred Augustus

Reg'l No. 931653

Uni No. 2 Construction Bn. If in perm. Corps, }  
What Unit? }

Married or Single Single

Place and Date of Enlistment Windsor, Ont. 4th Dec. 1916

Place of Birth Washington County, Kentucky.

Name and Address, Next-of-Kin Alis M. James,

617 N. State St., New Albany Ind. U.S.A.

Relationship Sister

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

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

Relationship \_\_\_\_\_

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

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

Relationship \_\_\_\_\_

N/E. R.B. No. 93162  
File R.L. ....  
Category OR CAN.

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England per S.S. Southland		7.4.17	
14.6.17	Co 2 Const Bn.	Arrived in France	Field	17.5.17	OT 110
26.10.17	WR	Tura work to supply	Tura	26.10.17	cla. 47 fawbites
1.11.17	"	biel " "	"	22.10.17	cla. 52
16-12-18	NSRD	To S. from 2nd cc coy	OTB Trench	19-12-18	+ 305 + 71 & / 19-12-18 2nd cc coy
27-12-18	NSRD	ofc to C.D.D Rhyl	-	27-12-18	- 313
19 JAN. 1919	NSRD	SOS to CEF in CANADA	Bshott	9 JAN. 1919	PT2DO 16

A.F.B. 100 CHECKED  
30 MAY 1919







COPY ONLY  
CANADIAN EXPEDITIONARY FORCE  
**Discharge Certificate**

This is to Certify that No. 931653 (Rank) PRIVATE

Name (in full) TUDOR, Alfred Augustus, enlisted in  
the 2nd Construction Battalion, C.O.H.F.

CANADIAN EXPEDITIONARY FORCE at WINDSOR, ONT. on the FOURTH  
day of DECEMBER 1916

HE served in FRANCE (with 2nd Construction Battalion)  
and is now discharged from the service by reason of ON DEMOBILIZATION.

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

Age 44 Years  
Height 5' 10"  
Complexion DARK  
Eyes BROWN  
Hair BLACK

Marks or Scars SCAR ON LEFT CHEST.

Signature of Soldier

DISCHARGE SECTION  
FEB 7 1919  
No. 1 District Depot

Date of Discharge LONDON, ONT.

*[Signature]*  
Issuing Officer  
*[Signature]*  
Rank CAPT.  
*[Signature]* O. C. Discharge Section, No. 1 D. D.  
Appointment

Signed at LONDON, ONT. this SEVENTH day of FEBRUARY 1919

in Military District No. ONE.

File Reference No. ID 30-T-604  
IDD 10-T-204

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



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.



To be made out in duplicate.

DUPLICATE  
I.C. 51-21-23-53

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..... # 2 Const. Battn. C.E.F.  
.....
- (2) Regimental Number..... 931653
- (3) Full Name of Soldier..... Alfred Augustus Tudor  
.....
- (4) Place of Birth..... Washington County Kentucky U.S.A.  
.....
- (5) Are you married, or not?..... no.
- (6) If married, state,  
(a) Full name of your wife.....  
.....  
(b) Present Postal Address.....  
.....
- (7) Are you a widower?..... yes.
- (8) Have you any children?..... yes.  
If so, give number of boys and girls..... 1 boy  
Arthur Tudor 22 Years of age  
Also their names and ages.....  
.....  
.....  
.....

M. F. W. 67.

300M.—5-16.  
1772-39-954.

(SEE OTHER SIDE.)



(9) Is your Father alive?.....no.....

If so, state name and address .....

(10) Is your Mother alive?.....no.....

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

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

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

Arthur Tudor (son)  
143 Madison Ave  
Detroit Mich - USA

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

(15) Are you insured?.....no.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

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

C. H. Rees Capt /  
ja Officer Commanding.

Date.....December 8/16.....



LAST PAY CERTIFICATE

1 Pm 10 Jun 24

Regt. No. 931653 Rank nte Name Judor Alfred A  
 Corps N.S.R who was discharged  
 on 7-2-19 to

The following is a statement of the account of the above named  
 from 1-2-19 to 7-2-19

Bal Dr	from mon. of	Bal. Cr.	from mon. of <u>Jan</u>	<u>225 00</u>
	from L.P.C.		from L.P.C.	
ASSIGNED PAY:		Regt. Pay	<u>7</u> dys. @ <u>\$1<sup>00</sup></u>	<u>7 00</u>
SEPARATION ALLOWANCE:		Fld. All.	<u>7</u> dys. @ <u>\$10</u>	<u>70</u>
OTHER CHARGES:		SEPARATION ALLOWANCE:		
PAYMENTS:		OTHER CREDITS:		
	<u>24250<sup>00</sup> 267 70</u>	Clothing Allowance	—	<u>35 00</u>
Bal. Credit (to be pd.)		Subsistence,		
		Bal. Dr. (to be deducted)		
		(from soldier \$ )		
		(from Dependent \$ )		
<u>Overseas P&amp;P</u>	<u>267 70</u>			<u>267 70</u>

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ per month	at \$ per month	Subscribed \$
has been to	has been to	Pd. by other
<u>Nil</u>	<u>Nil</u>	Units \$
		Pd. by this Unit \$ <u>Nil</u>

Dependent or Beneficiary: nil  
 Address:

REMARKS: Ro 37 Dischgd 7-2-19 Demob.  
 Date of Enlistment 4-12-16  
 If married and if Separation Allowance card submitted No No

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of this Unit.  
 Date: \_\_\_\_\_  
 London, Ontario, \_\_\_\_\_ Captain.  
 Paymaster No. 1 District Depot.







# 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. 931653.....Rank .....:Pta.....Surname Tudor.....  
(Given name in full)  
Alfred Augustus  
 Unit or Corps .....1. D. D......Birthplace Washington Kentucky.....U. S.

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

## 1. GENERAL DESCRIPTION:

Physique Good.....Weight 150...lbs. Height 5..ft.10...in. Colour of Eyes Brown..  
 Nutrition Good.....  
 Pulse .....78.....  
 Condition of arteries Normal.....  
 Vision Rt 20x20.....Left 20x20.....  
 Hearing (conversational voice) Rt. 21..ft.  
 Left 21..ft.

Identification marks, scars, or deformities.  
(Give cause and date of origin.)  
 Scar 1" on left chest 3"  
 below nipple and near  
 median line.

Opinion as to general health and physical condition.....Good.....Category A2.....

## 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 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.

- 3/ (1) Scar below left nipple result of stab wound four years ago, prior to enlistment. Healed producing no disability.  
 (2) Attack of gastritis 18/10/17. Four days in hospital with complete recovery and no recurrence.  
 Soldier is physically fit, unimpaired by service.

(If space is insufficient, continue on back of form.)

[OVER]



**EXAMINATIONS.**  
MEDICAL EXAMINATIONS  
OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY

**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 *London Ont*.....(Canada)

Date *4/12/19* ..... Signed *H.T. Burton Cpl* .....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 *alfred a. Tudor*.....

(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.)

Opinion as to general health and physical condition.....  
Has Officer or Other Rank ever suffered from or has he now any affection of the following systems?  
(Answer "Yes" or "No"). (Substantive evidence may be sufficient in certain cases.)  
Nervous System.....  
Genito-Urinary System.....  
Cardio-Vascular System.....  
Special Senses.....  
Instrumentary System.....  
Respiratory System.....  
Digestive System.....  
Muscular System.....  
Any other general condition.....

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



931683.

# ORIGINAL MEDICAL HISTORY SHEET.

Surname Judo Christian Name Alfred Augustus

Examined { on 4 day of Dec 1916  
at Windsor

Approved by C. F. Fuller  
Rank Capt amb M.O.

Birthplace { City or Town Washington-  
County Kentucky

Apparent age 42

Trade or occupation Cooper

Height 5 Feet 10 Inches. M.O.

Weight 175 Lbs. M.O.

Chest measurement { Minimum 35 inches. M.O.

Maximum expansion 3 1/2 inches. M.O.

Physical development Good M.O.

Small-Pox Marks None M.O.

Vaccination Marks { Arm Right Left.  
Number 3

When Vaccinated last 1905

(a) Marks indicating congenital peculiarities or previous disease None M.O.

(b) Slight defects but not sufficient to cause rejection None M.O.

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

Date.	Result.	VACCINATIONS.
<u>22/3/17</u>	<u>4 1/2</u>	<u>Dau Murray</u> M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>26/4/17</u>	<u>4 1/2</u>	<u>Dau Murray</u> M.O.
<u>22/3/17</u>	<u>4 1/2</u>	<u>Dau Murray</u> M.O.
<u>31/3/17</u>	<u>4 1/2</u>	<u>Dau Murray</u> M.O.

Enlisted on 4 day of Dec 1916 at Windsor

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>#2 Construction</u>	<u>931823</u>		
Transferred to				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.







# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT.....

M.F.B. 465.  
200M-6-18.  
1772-39-950.

NAME OF SOLDIER.....

*Tupper Alfred Augustus*

REGIMENT.....

# 2 Coy X

RANK

PTE

No. 931653



## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
												1919	Feb 4									

*Two previous History*







P. 559  
MARRIED OR SINGLE

PLACE OF BIRTH *Washington Co. Kentucky*  
 NAME AND ADDRESS OF NEXT OF KIN *Alis M. James*  
*617 W. State St. New Albany, Ind., U.S.A.*  
 RELATIONSHIP OF NEXT OF KIN *Sister*  
 NAME AND ADDRESS OF NEXT OF KIN  
 RELATIONSHIP OF NEXT OF KIN  
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)  
 PAYABLE TO  
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL. &c.

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

REG'L No. *931653* RANK

NAME *Tudor Alfred Agustus*

IF IN PERM. CORPS  
WHAT UNIT UNIT *2nd Con. Bn.* TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION *Windsor Ont.* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *Dec 4th 1916* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS							
	No. OF DAYS	RATE	No. OF DAYS	RATE	No. OF DAYS	RATE				1 2 3 4				1 2 3 4							CREDIT	DEBIT										
										AMOUNT \$ C.	AMOUNT \$ C.	No.	DATE	No.	DATE	No.	DATE									No.	DATE	No.	DATE	No.	DATE	
									<i>30 80</i>	<i>30 80</i>																						
<i>Apr 30</i>	<i>30</i>	<i>1.10</i>	<i>30</i>							<i>33 00</i>																						
<i>MAY 1 31</i>	<i>31</i>	<i>1.10</i>	<i>31</i>							<i>34 10</i>	<i>49 75</i>	<i>22</i>	<i>19/4</i>	<i>56 10/8</i>							<i>19 46</i>											
<i>June 1 30</i>	<i>30</i>		<i>30</i>							<i>33 00</i>	<i>77</i>	<i>14/5</i>									<i>4 86</i>											
<i>July 1 31</i>	<i>31</i>		<i>31</i>							<i>34 10</i>											<i>5 50</i>											
<i>Aug 1 31</i>			<i>31</i>							<i>34 10</i>											<i>25 20</i>											
<i>Sept 1 30</i>	<i>30</i>		<i>30</i>							<i>33 00</i>											<i>14 28</i>											
									<i>201 30</i>	<i>30 80</i>	<i>23 20</i>											<i>30 80</i>										
	MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. RED. PAY	SER. ALICE. ENG.																				
	<i>Sep</i>	<i>Real</i>	<i>162 70</i>							<i>162 70</i>																						
	<i>Oct</i>	<i>FP</i>	<i>34 10</i>		<i>Slit 15th RP2, 5th + 3d pay RW. Do. 133. 18-10-17.</i>	<i>19 80</i>						<i>105</i>																				
					<i>RR 582, 27th 2 Comdr. At CFC</i>	<i>3 57</i>																										
					<i>471 13 5/7</i>	<i>3 57</i>				<i>169 86</i>																						







ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: <b>TUDOR, Alfred Augustus</b>
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- <b>931653</b>
AMOUNT:-		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
				UNIT AND TRANSFERS
				ORIGINAL UNIT: <b>2 Construction Bn</b>
				DATE ACCOUNT FIRST OPENED: <b>1 APR 1917</b>
				AUTHORITY
				DATE EFFECTIVE
				DATE LEDGER SHEET T'S'D
				UNIT TRANSFERRED TO
				<b>L.P.B.</b>
				<b>28/2/19 Canada</b>

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	6631		4 66				
18/12	3592		9 13				
26/11	3 dup pay + 10 dup P.O. 2		39				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE

*Canada 1/19 N.R. 161 17/12/19 Ledger Balance 407.46*

MO	1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
MAR		Balford								280 63	180	
Apr		P. Pay	33 00		AR 131 6/4 C.F.C. W.I.	3 57						
					14 days #2 for abs from camp until absence over to M.C. La-Belle							
					2 pm 4/18 forfeit 1 day pay P.W. Do 24 24/4/18 - 2 Const Bn.		16 50			293 56	195	
			33 -			3 57	16 50					
May		P. Pay	34 10		AR 508 7/5 C.F.C.I.	2 68						
					Gen Rem 359. 1/5 L. Tow	75 -				249 98	270	
			34 10			77 68						
June		P. Pay	33 -		10 days F.P. #2. 22/5/18: absent from camp at 10 pm. to 11-15 pm 19/5/18 drunkness. B.O. 33 2 con 5/6/18.			11 00				
					AR 923 7/6 C.F.C.I.	3 57					202 10	
					✓ 119 22/6 ✓	3 57				264 84	189 50	
			33			7 14	11 00				225	
July		Pay	34 10		AR 1309 6/7/18. C.F.C.I.	3 57						
					AR 1518 22/7	3 57				1287 80	224 -	
			34 10			7 14				291 80	240	
Aug		P. Pay	34 10		AR 1713 6/8 C.F.C.I.	3 57						
					AR 1960 22/8 ✓	3 57				318 46	239	
			34 10			7 14					255	
Sep		P.P.	33		AR 2214 6/9 C.F.C.I.	3 57						
					28 days F.P. #2. 10/9/18. Conduct to prejudice of good order. Military discipline being in an unlawful possession of Government property B.O. 53. 27/9/18 2 Con Co		30 80					
			33			3 57	30 80			317 39	270	
OCT 1918		pre pay	34 10		2694 7/10 B.F.C.	3 73						
					2946 23/10 ✓	3 73				344 03	285	
			34 10			7 14						
					Forward							



1918 NUMBER 931653 RANK NAME TUDOR A. A.

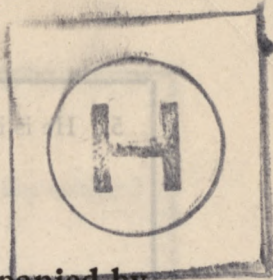
MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov.	ple pay	33		Forward					344.03		
	Dec	31.10		3113 8/11 6361	3.73						
	Interest on Def pay	13.12		3320 26/11	13.66				407.46		
				663 10/12 6712 D.	4.66					300.00	
				3592 18/12 7110	9.43				378.77	286.	
				10 dep 7 P. 2 24/1/18 Conf 1300							
				26/1/18 730 29/1/18 3 dep by		14.30					
				10 - 13 dep 13.69 10/12							
				2 bank 60					378.77	286.	
		80.22			31.18	14.30					

*10 bank 7/1/19 13.16 14/1/19 286*

CANADIAN *nil*  
 ASSIGNED PAY AUDITED  
*E. B. reading*  
 AUDIT CLERK  
 DATE *20/2/19*



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. 931653	
Rank PRIVATE	
Surname TUDOR,	
Christian Name Alfred Augustus,	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 2nd Construction Battalion COMF.	
Date of Discharge FEB -7 1919 <i>D.O 37. d/16.2.19</i>	
Place of Discharge LONDON, ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 44 ..... years..... months.	Descriptive Marks
Height..... 5 ..... feet..... 10 ..... inches.	
Complexion DARK	SCAR ON LEFT CHEST.
Eyes BROWN	
Hair BLACK	
Trade COOPER	
Intended place of residence } 157 MERCER ST.,	<i>21-7-36</i> <i>11435</i>
(To be given as fully as practicable.) } WINDSOR, ONT.	
2. The above-named man is discharged in consequence of <b>ON DEMOBILIZATION</b>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
3. Conduct and character while in the service have been, according to the records, etc.	
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.

100M. - 1-17.  
H. Q. 1772-39-113.

(OVER)



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

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

6. Medals and Decorations.....

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.

(Place) **LONDON, ONT.** *A. A. Tudor* (Signature of Soldier.)

(Date) **FEB -7 1919** *J. G. Peddler* (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) **LONDON, ONT.**.....

(Date) **FEB -7 1919**.....

(Signature) *S. Fletcher*

O.C. Discharge Section, No. 1 D.D.



**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.)

*Robert A. Tudor*

<p>Attestation Paper, Militia Form B. 232</p>	<p>Reg. Conduct Sheet, Militia Form B. 203</p>
<p>Proceedings on Discharge, B. 218</p>	<p>Conduct Sheet, B. 203                  Squadron                  Battery                  Company</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of:</p>	<p>Copies of Convictions by C. P. in MS</p>
<p>(a) Proceedings on Discharge.</p>	<p>Med. Hist. Sheet, Militia Form B. 313</p>
<p>(b) Attestation.</p>	<p>Medical Report for Invalid* B. 227</p>
<p>(c) Medical History Sheet (in the event of such having been prepared).</p>	<p>Statement of Man's Account on Transfer and Last Pay Certificate, D. 877</p>

\*Only if discharged "Medically unfit."

M. 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.	Attestation Paper,	Militia Form B. 235.
Squadron } Battery } Company }	Conduct Sheet, " B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Medical Report for Invalid*	" B. 227.	(a) Proceedings on Discharge.	
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.	(b) Attestation.	
*Only if discharged "Medically unfit."		(c) Medical History Sheet (in the event of such having been prepared.)	

**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.**

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)

Statement of Service.

My period of Service is (the date to which the Record of Service is completed) ... years ... days

Total ... years ... days

Confirmation of Discharge.

The discharge of the above named man is hereby confirmed.

(Signature)







