

ORIGINAL 931233

ATTESTATION PAPER.

No.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Turner Benjamin*
- 1a. What are your Christian names? *Benjamin Paris*
- 1b. What is your present address? *173 Magnard St. Halifax*
- 2. In what Town, Township or Parish, and in what Country were you born? *Halifax N. S.*
- 3. What is the name of your next-of kin? *Mrs Elizabeth Turner*
- 4. What is the address of your next-of-kin? *158 Creighton St. Halifax*
- 4a. What is the relationship of your next-of-kin? *Mother*
- 5. What is the date of your birth? *1894*
- 6. What is your Trade or Calling? *Teamster*
- 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*
- 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, *Benjamin Turner*, 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 *Sept 1* 1916 *Benjamin Turner* (Signature of Recruit)  
*Walter Johnson* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Benjamin Turner*, 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 *Sept 1* 1916 *Benjamin Turner* (Signature of Recruit)  
*Walter Johnson* (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 *Halifax* this *1st* day of *Sept* 191*6*.  
*Walter Johnson* (Signature of Justice)

A Justice of the peace in and for the City & County of Halifax, N. S.

Description of Benjamin Paris Turner on Enlistment.

Apparent Age 22 years 2 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. 2 ins.  
 Chest-measurement { Girth when fully expanded ..... 35 1/2 ins.  
 { Range of expansion ..... 2 1/2 ins.  
 Complexion ..... Dark  
 Eyes ..... Dr. Brown  
 Hair ..... Black

*Scar on back of head  
 Two scars on right knee  
 Scar on top of right foot.*

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

Weight 135 lbs.

**CERTIFICATE OF MEDICAL EXAMINATION.**

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

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

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

Date ..... Sept 1st 1916 ..... J. M. Murdoch

Place ..... Halifax ..... Capt. M.C.  
 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.**

..... Benjamin Paris Turner ..... 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. H. Reis Capt. ..... (Signature of Officer)  
 ..... ja ..... LT. COL.

Date ..... OCT 20 1916 ..... 1916 ..... C. Comd'g No. 2 Construction Battalion, C. E. F.

REGIMENTAL DOCUMENTS

NAME

*TURNER Benjamin*

REGT. NO.

*931235*

UNIT

*Inf Coy 1st Bn*

H. Q. FILE NO.

**H**

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

3 TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

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2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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1 MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

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1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

**M**

**H**

*Received - 11-2-44  
644-1-9365*

20741

DEATH

Category

DISCHARGE

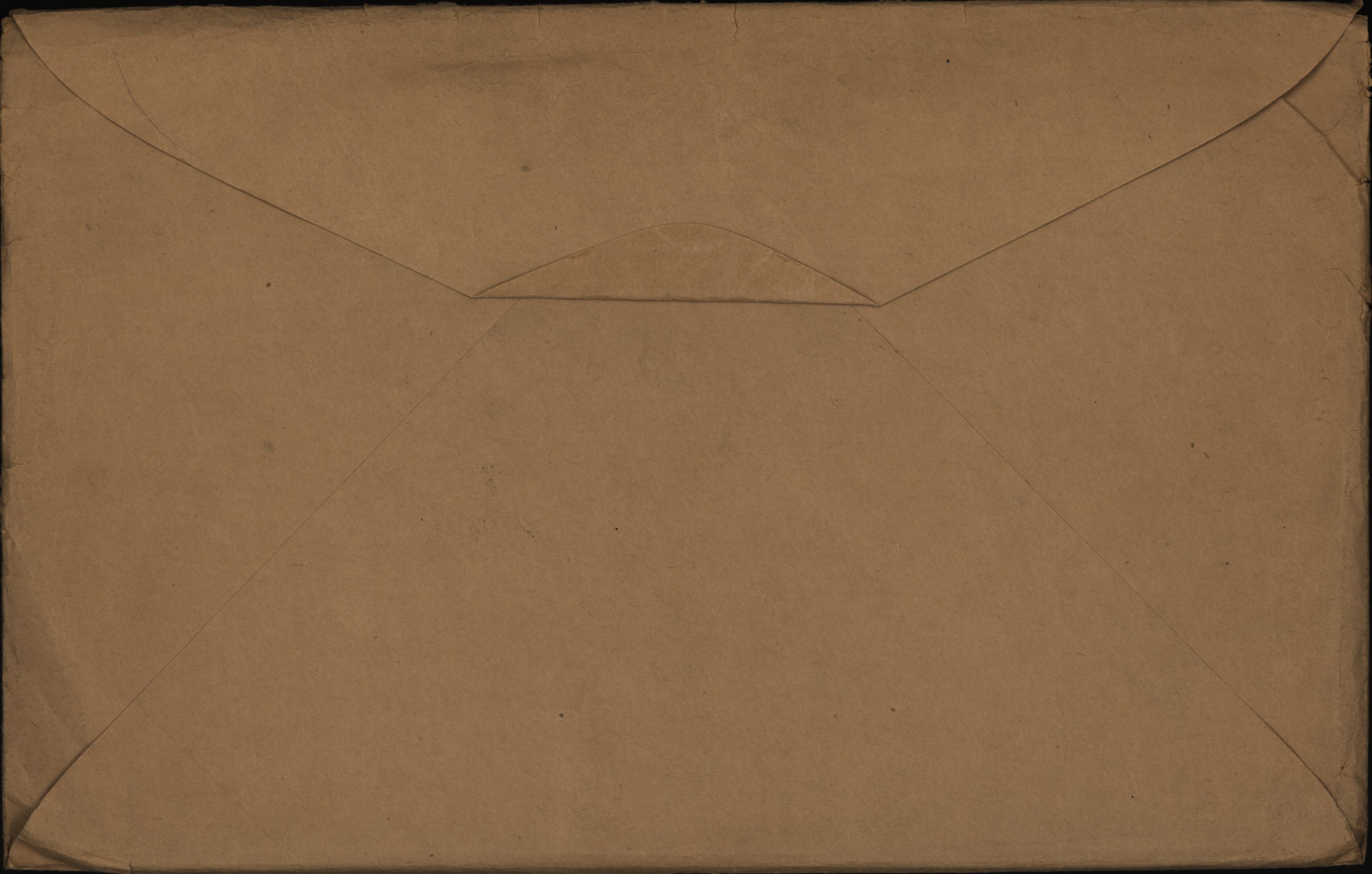
Category

*Demol.*

DESERTION

*2  
20-16  
20-16  
1 17*

*X*



SURNAME.

Turner

B5

CARD NO. ✓

CHRISTIAN NAMES

Benjamin

FOLL.

REGL. No.

931233

RANK

Pte

UNIT

No 2 Construction

Bn

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Turner Mrs Elizabeth

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

~~158 Brighton St, Halifax, N.S.~~  
3. ~~Herrish Lane~~ →

Quoted Tel. 52418.

COUNTRY OF BIRTH

Canada, Halifax N.S.

DATE

1894

PLACE OF ATTESTATION

Halifax, N.S.

DATE

Sept 1<sup>st</sup> 1916

R/C 13/5/1916 <sup>31/6</sup> 34. B. Pte.

Frank Halifax per S.S. Southland 28/3/17

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Teamster

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

22

YEARS

2

MONTHS

HEIGHT

5

FEET

2

INCHES

CHEST MEASUREMENT

35 1/2

INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Dark

EYES

Dr. Brown

HAIR

Black.

DISTINGUISHING MARKS

Scar on back of head Two scars on right knee. Scar on top of right foot.

MEDICAL EXAMINATION.

PLACE

Halifax N.S.

DATE

Sept. —

Present Address — 173 Maynard, St. Halifax, N.S.

BENJAMAN

Name **TURNER** Rank **PTE**Reg. No. **931233**Unit **n.s.r.d.**Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15-1-19	ban op Etchingham	Etchingham	20	C 483	5095	5095
13-3-19	Discharged		"	C. 483	2540	2540
			L/A	273		





Number

931233

Rank

~~Plt~~ *Spr*

Surname

TURNER

Christian Name

Benjamin

Units

60 R 66

Theatre of War

France

Date of Service

17-5-17

Remarks

Latest Address

3 Gorish Lane,  
Halifax, N.S.

Roll No

*B Page 11446*

DESP. MAR 10 1822  
REGN. NO. Y. V. 1825-5

NAME *Jurner, B.*

REGT. No. *931233*

RANK AND UNIT *Plt. U.S. Regt. (Depot)*

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

C483

Law. Etchinghill

15-1-19

20

C483

Discharged

13-3-19

20

Reg. No. 931233 Name Turner Benjamin  
 Rank PLT Corps #2 Constructor Age 19 Service ✓  
 Ledger No. \_\_\_\_\_ Serial No. \_\_\_\_\_

HOSPITALS

DATE

DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS
Gen. Hosp. Bruno. 48	24-9-16	Synovitis
Dis. to duty.	30-9-16	l.

**HOSPITALS****DATE****DIAGNOSIS**

M. F. W. 2553.

50M-6-19.

1772-39-1332.

No. 931233. RANK

Pte

NAME

Turner Benjamin

T. O. S.

1-9-16

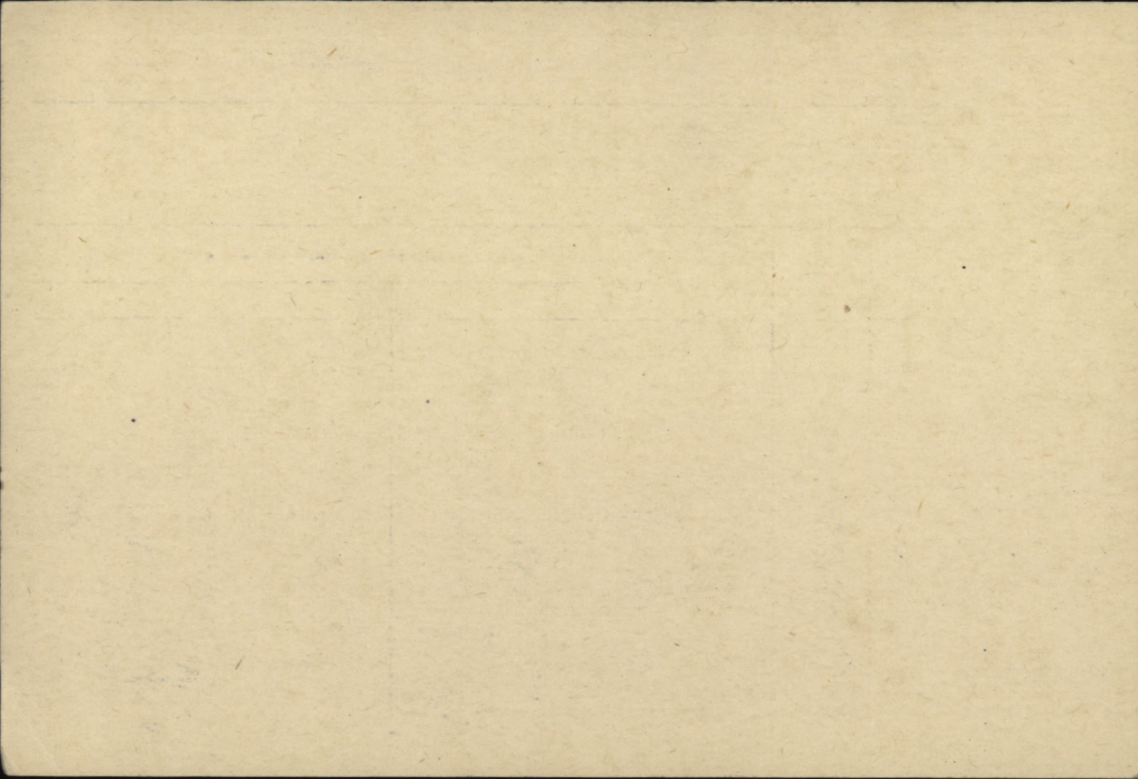
UNIT

No 2 Construction Battalion

D.O. 24-6-9-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Sept.	1916 Sept 30	n		
	Oct.	n.		
	Nov.	✓		
	Dec.	✓		
1917	Jan 1917	✓		
	Feb.	n		
	Mar.	n		





Surname

Christian Name or Names

Reg. No.

TURNER

B.

931233

Rank 1. pte.  
 2.  
 3.  
 4.

Unit 1 N.S. Depot  
 2.  
 3.  
 4.

Cas List.

Hospital and Diagnosis.

Date

8-4-19 C483

CSH Etchinghill

15-1-19

V.D.G. *l.*

Dis.

13-3-19

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

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



No. 931233 Name Ph Turner B Regt. C.F.C. Disease \_\_\_\_\_

Date	Treatment		Progress	Complications and their Treatment
	Local	General		
DISEASE CONTRACTED AT	<u>France</u>		PRIMARY APPEARED DATE	<u>11/19</u>
PRIMARY SORE	<u>Multiple pap. eros. eros margini roll of prepuce. Low surface inflam. Induration of all +++</u>			
LYMPHATIC GLANDS	<u>Double inguinal adenitis. Others all shotty.</u>			
MUCOUS MEMBRANE	<u>Throat injected, pharynx granular.</u>			
SKIN	<u>Negative</u>			DARK GROUND <u>T.P.P.</u>
OTHER LESIONS	<u>Complete phimosi Balano-posthitis</u>			ORIGINAL WASSERMANN

No. \_\_\_\_\_ Name CANADIAN HOSPITAL,  
LECHINGHILL, LYMINGE. Regt. \_\_\_\_\_ Disease \_\_\_\_\_

**CANADIAN HOSPITAL,  
LECHINGHILL, LYMINGE.**

Treatment

Date

Local

General

DOSE

MERCURY

Progress

URINE

WASSERMANN

Complications  
and their Treatment

Date	Local	General	DOSE	MERCURY	Progress	URINE	WASSERMANN	Complications and their Treatment
	<i>Full course treatment to 0 Arsen.</i>							
<i>14-1-19</i>	<i>Admitted to Hospital.</i>							
<i>15-1-19</i>			<i>.3</i>	<i>+</i>	<i>N</i>			<i>Jaundice</i>
<i>16-1-19</i>				<i>+</i>				<i>Jaundice</i>
<i>20-1-19</i>			<i>.3</i>		<i>N</i>			<i>Jaundice</i>
<i>22-1-19</i>							<i>Pos XX</i>	<i>Jaundice</i>
	<i>Korarsenbillo</i>							<i>Jaundice</i>
<i>24-1-19</i>			<i>.6</i>	<i>+</i>	<i>N</i>			<i>Jaundice</i>
<i>31-1-19</i>				<i>+</i>				<i>Jaundice</i>
<i>7-2-19</i>			<i>.6</i>	<i>+</i>	<i>N</i>			<i>Jaundice</i>
<i>14-2-19</i>			<i>.75</i>	<i>+</i>	<i>N</i>			<i>Jaundice</i>
<i>21-2-19</i>			<i>.75</i>	<i>+</i>	<i>N</i>			<i>Jaundice</i>
<i>28-2-19</i>			<i>.75</i>	<i>+</i>	<i>N</i>			<i>Jaundice</i>

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

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

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps *R.I.S.K.D.*

Regimental No. *931233* Rank *Pte* Name *Turner, B.P.*  
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>2/5/19</i>	<i>T. O. S. No. 6 D. D. from</i>	<i>O/S</i>		<i>D.P.B.</i>	<i>D.O. 136</i>
<i>17/5/19</i>				<i>Received</i>	<i>D.O. 136</i>
				<i>Lieut.</i>	
				<i>Officer 1/0 Records No. 6 D. D.</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, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Casualty Form A-36

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				

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

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

350m.—5-16

H. Q. 1772-39-970.

War Service Badge **Casualty Form** Active Service.

Class "A" No. ....

Unit, Regiment or Corps. **No. 2 CONSTRUCTION, B'n. C.E.F.**

Regimental No. **921233** Rank **pte** Name **Benjamin Turner**  
C. E. F.

Enlisted (a) **1-9-16** Terms of Service (a) **Period was 5 months** Service reckons from (a) **1-9-16**

Date of promotion to } Date of appointment } Numerical position on }  
present rank } to lance rank } 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				
6 JUN. 1917 CERTIFIED CORRECT. CAN. RECORDS LONDON.		Embarked, Canada	Halifax N.S.	24/3/17	
		Disembarked, England	Liverpool	19/4/17	✓ #2 D.S.#
	CC#2 Coast Bn	Proceeded overseas	Leoford		A. B. Macleay Adjutant, No. 2 Construction Batt'n, C.E.F.

21 <sup>5</sup> / <sub>17</sub>	CC	Forfeits 5 days pay for Making away with Iron Rations	Landed in France	17-5-17	N.R.
30 <sup>5</sup> / <sub>17</sub>	do	1 days J.P. for Refusing to obey an order	Fla.	21 <sup>5</sup> / <sub>17</sub>	Bro 69 A-20. 119. 25 <sup>7</sup> / <sub>17</sub>
2. 8. 17	do	10 Days J.P. for Absent from Post for 2 Jws	Fla	28 <sup>5</sup> / <sub>17</sub>	Bro 69 A-123. 14 <sup>9</sup> / <sub>17</sub>
		Absent from Post for 2 Jws	Fla	1-8-17	Bro 69 P131 13 <sup>10</sup> / <sub>17</sub>

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

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

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				
5/1/18	ocumt	att to 1 Dist Can Inf Coops		30/1/17	B 213
24.8.18	386.56	granted 14 days leave wk.		24.8.18	B 213 1120.51 Sept 1918
14.9.18	0038	Resum from leave	Dues	11.9.18	B 213
26/10/18	do	2nd Detention Hospital - Almon		18/10/18	B 213
11 <sup>th</sup> /18	adq.	Trans to Eng & posted to N.S Reg Depot	Bramshott	14 <sup>th</sup> /18	KR 344
			Lt. Hewitt Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, R.E.F.		
17.12.18	at S.R.D.	T.O.S. and attal 2nd b.b.D for Quarters & Rations	Bramshott	14.12.18	D.O 305
	N.S.R.D.	ON COMMAND TO C.O.D. Kenneth R Rhye	BRAMSHOTT MSRD 313 27 1/2 PART II D.O.		
12/1/19		S.O.S. O.M.F. 6 on transfer to 6 F.F. Discharge sailing sailing No 4	R Brammond		
26 APR 1919			Harmer Park		
					Capt. Wright LIEUT. EMBARKED S.S. CASPER'S RECORDS, NOVA SCOTIA REGTL. DEPOT. MAY 2 1919 DISEMBARKED J. J. Fullin Capt. ady. 100 C. # 23. PG. 5



C.T.

Rank \_\_\_\_\_ Name TURNER Benjiaman P. Reg'l No. 931233 -  
 Unit No. 2. Construction Bn. If in perm. Corps, }  
 What Unit? } Married or Single Single  
 Place and Date of Enlistment Halifax. N.S. 1st Sept. 1916 Place of Birth Halifax. N.S. Canada  
 Name and Address, Next-of-Kin Mrs Elizabeth Turner,  
158, Creighton St, Halifax, N.S. Canada. Relationship Mother

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

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

Relationship 13

Relationship 13

N/E. R.O. No. (147) 5  
 File No. \_\_\_\_\_  
 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	AWW
14.6.17	Comdr Bn	Arrived in France	Field	17.5.17	115
16.12.18	WARD.	TOS from 2 <sup>nd</sup> CCC	late B. Shatt	14.12.18	80305971/19.12.18 2 <sup>nd</sup> CCC.
27-12-18	N.S.R.D.	Ofc to C.D.D. Rhyll	-	27-12-18	- 313
24.3.19	2 <sup>nd</sup> CCC	Sentenced 14 days for D.V. 2 was as (1) and (2) 1 day (2) Breaking arrest (2) and 3 days	"	28.11.18	~ 7
25.3.19	M.D. 5.	Forfeits 4 days. Pay R.W. TOS from WARD.	"	Rhyll. 1.2.19	~ 14 (475 wing to 49 <sup>a</sup> 1725.2.19)
29-3-19	No 5 Wing	SOS this unit on proceeding to M.D. for despatch to Can	✓	29-3-19	Do 17
6.5.19	M.D. 6.	S.O.S. to Canada	"	2.5.19	- 126
9-7-19	WARD.	SOS to C.D.D. Rhyll	"	28-12-18	- 158

A.F.B. 103 CHECKED  
 30 MAY 1919

*ms.*

*Misc*

S.f. 57-B-5 P/ 2-5-19

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.					
3.4.19	M.D.C.	T.O.S. from M.D. 57	pto Rhyll	29.3.19	DD #	93.

# 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. 931233 Rank PTE Surname TURNER  
 (Given name in full)  
BENJAMEN  
 Unit or Corps N.S.R.D Birthplace HALIFAX N.S.Can

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

**I. GENERAL DESCRIPTION :**

Physique Average Weight 136 lbs. Height 5 ft. 2 in. Colour of Eyes Brown  
 Nutrition good  
 Pulse normal  
 Condition of arteries normal  
 Vision Rt. good Left good  
 Hearing (conversational voice) Rt. 0.4 ft.  
 Left 0.4 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
 Scars from cuts on left arm  
 over scapula and right  
 knee  
 Scar from frost bite on  
 dorsum of right foot

Opinion as to general health and physical condition .....

**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 yes 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 yes 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.**

Synovitis Right Knee. Duano. In Halifax Can 24-9165 30-916  
 Primary syphilis 14-1-19 to 11-3-19. Bloominghill Hosp  
 Circumcised Full course treatment  
 Discharged apparently cured.

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Canadian Hospital, Etchingham (Overseas)  
Date 11-3-19 Signed H. H. No. Garden 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 Ple Bennie Turner

(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 a Medical Board.)

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

25219  
931233  
**MEDICAL HISTORY SHEET**

Surname Jurmer

Christian Name Benjamin Pans

Examined { on 1st day of Sept 1916.  
at Halifax

Approved by

J. M. Murdoch

Birthplace { City or Town Halifax  
County Nova Scotia

Rank Left Ave M.O.

Apparent age 22 years

Trade or occupation Teamster

Height 6 feet 2 Inches

Weight 135 lbs.

Chest measurement { Minimum 33 inches  
Maximum expansion 36 1/2 inches

Physical development Good

Small-pox Marks nil

Vaccination Marks { Arm Right Left 2  
Number Two

When Vaccinated last 1907

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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
<u>4/17</u>		<u>Doe Mearns</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25/10/16</u>	<u>598</u>	<u>H. V. Keut Mays</u> M.O.
<u>2/11/16</u>	<u>898</u>	<u>H. V. Keut Mays</u> M.O.
<u>5/11/16</u>	<u>698</u>	<u>H. V. Keut Mays</u> M.O.

Enlisted on 1st day of Sept 1916 at Halifax N.S.

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment		<u>931233</u>		<u>1/9/16</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.

*1*

*B*

Christian Name

Surname *James*

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<i>Lund.</i>		<i>24</i>	<i>9</i>	<i>16</i>	<i>30</i>	<i>7</i>	<i>16</i>	<i>Syphilis</i>	<i>7.</i>		
MILITARY HOSPITAL KIMMEL PARK, BRIT		<i>8</i>	<i>1</i>	<i>19</i>	<i>13</i>	<i>1</i>	<i>19</i>	<i>Balanitis</i>	<i>6</i>	<i>Transferred to Etching Hill</i>	
CANADIAN HOSPITAL ETCHINGHILL, LYMINGE		<i>14</i>	<i>1</i>	<i>19</i>	<i>12</i>	<i>3</i>	<i>19</i>	<i>Primary Syphilis</i>	<i>58</i>	<i>Admitted V.D.S., under care F.C. Owen #606, #179. Lesions healed Dec. to Jan.</i>	
										<i>Y. An Mygvaal Lieut. C. A. M. C.</i>	

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

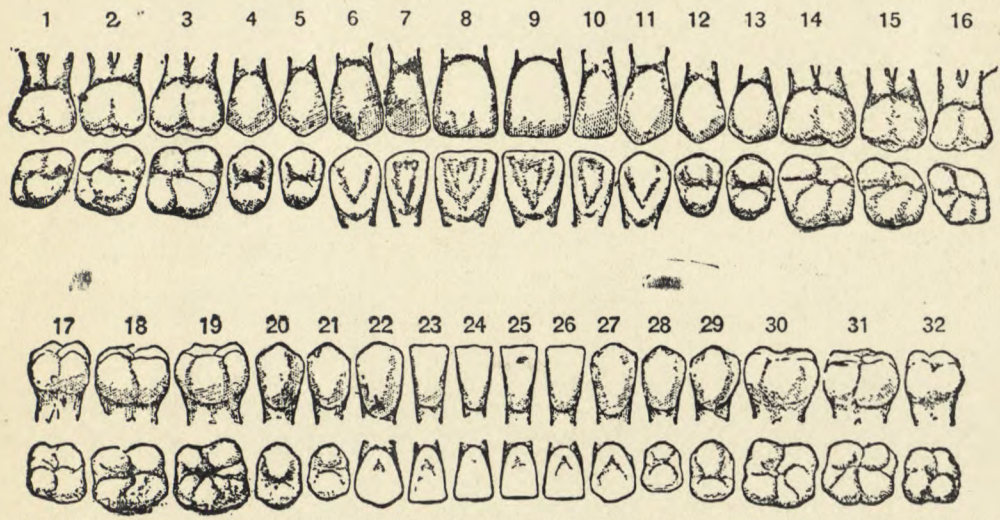
M.P. 6.  
M.P. 6.

NAME OF SOLDIER (Block Letters) TURNER, B.  
REGIMENT No 2, Construction RANK Plt. No. 931293.

Date of Examination in England 21-12-18 Date of Examination in France \_\_\_\_\_

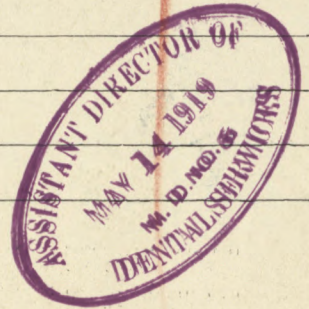
DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS Nil
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. Reid  
Capt.

M.P. 6.

1912-13

R. P.

TORNER

W.S. Conductor

21-12-18



Faint handwritten text at the bottom left corner, possibly including a name or date.



OVERSEAS MILITARY FORCES OF CANADA,

Date ..... 12.8.49

To:- Hospital Representative,

**CANADIAN HOSPITAL**  
**ETCHINGHILL, LYMINGE** Hospital.

931223

Pte Sumner B  
C.I.T.

The marginally named soldier has this day  
been medically examined and placed in Category  
A. and is now available to be discharged.

For your information and necessary  
action please.

*A. Blount*

REGISTRAR. **CANADIAN HOSPITAL**, Officer Commanding,  
**ETCHINGHILL, LYMINGE**.  
Hospital.



CERTIFICATE OF SERVICE

(Issued following loss of Permanent Discharge)

This is to certify that No. **931233** Rank **Private**

Name in full **TURNER, Benjamin P.**

Enlisted in **No. 2 Construction Battalion**

Canadian Expeditionary Force on the **1st** Day..

of **September 13** 19

He Served in **CANADA ENGLAND & FRANCE**

with the **No. 2 Construction Battalion**

and was discharged at **Halifax, N.S.**

on the **17th** day of **May** 19

by reason of **DEMOBILIZATION**

His conduct and character while in the service were **Good**

Medals and Decorations **BRITISH WAR & VICTORY MEDALS**

Description on Discharge

Age **21 years** **5'2"**

Height **Dark**

Complexion **Dark brown**

Eyes **Black**

Hair **Black**

H.Q. ....

*(Handwritten signature)*  
Officer in Charge,  
Records,  
Adjutant-General.  
**11th** day of **March** 19**35**

CERTIFICATE OF SERVICE

(Issued following loss of Permanent Discharge)

This is to certify that No. ....  
Name in full.....  
Enlisted in.....  
Canadian Expeditionary Force on the..... Day  
of.....  
He served in.....  
with the.....  
and was discharged at.....  
on the..... day of.....  
by reason of.....

His conduct and character while in the service were.....  
Medals and Decorations.....  
.....  
.....

Description on Discharge

.....	Age.....
.....	Height.....
.....	Complexion.....
.....	Eyes.....
.....	Hair.....
.....	H.O.....

Officer in Charge  
For Adjutant-General  
Ottawa..... day of..... 19.....

CANADIAN EXPEDITIONARY FORCE

M. D.  
6.

War Service Badge Issued  
Class. *A* No. *510 204* **DISCHARGE CERTIFICATE**

THIS IS TO CERTIFY that No. *931233* (Rank) *Pte*

Name (in full) *Turner, Benjamin Paris* enlisted in  
the *No. 2 Construction Battalion*

CANADIAN EXPEDITIONARY FORCE at *Halifax, N.S.* on the *1st*  
day of *September* 19*16*

HE served in *France & Belgium, No. 2. Construction Bn*

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:

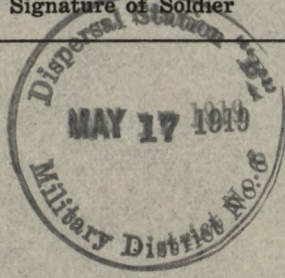
Age *24 1/2* Yrs.  
Height *5ft 2 ins*  
Complexion *Dark*  
Eyes *Sk Brown*  
Hair *Black*

Marks or Scars *Scar on back*  
*of head, Two scars*  
*right knee,*  
*Scar on top right*  
*foot.*

*B P Turner*  
Signature of Soldier

*[Signature]* Major  
O. C. Dispersal Station *[Signature]*  
Issuing Officer

Date of Discharge



Rank

Date

*MAY 14 1919*

19

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.

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 951283 (Rank) [Name] [Rank] [Regiment]

enlisted in

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

and is now discharged from the service by reason of [Medical Fitness] [Demobilization]

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

Age	[Handwritten]
Height	[Handwritten]
Complexion	[Handwritten]
Eyes	[Handwritten]
Hair	[Handwritten]
Build	[Handwritten]
Complexion	[Handwritten]
Eyes	[Handwritten]
Hair	[Handwritten]
Build	[Handwritten]
Complexion	[Handwritten]
Eyes	[Handwritten]
Hair	[Handwritten]
Build	[Handwritten]

Signature of Soldier

Date of Discharge

Rank

Rank

Date

19

NOTE: As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unopened envelope to the Secretary, Military Council, Ottawa, Canada.

# DUPLICATE

## 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 Construction Batt

(2) Regimental Number 931233

(3) Full Name of Soldier Benjamin Franklin Turner

(4) Place of Birth Presior ct S

(5) Are you married, or not? —

(6) If married, state,

(a) Full name of your wife —

(b) Present Postal Address Halifax ct S

(7) Are you a widower? —

(8) Have you any children? —

If so, give number of boys and girls —

Also their names and ages —

(9) Is your Father alive?  No

If so, state name and address

(10) Is your Mother alive?  Yes

If so, state name and address *Mrs Lizzie Turner*

*152 Breighon St Halifax N.S.*

(11) If your Mother is a widow  Yes

Are you her sole support, or not?  No

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

~~*\$15.00*~~

(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.

~~*Sister*  
*Mrs Annie Richardson is Gertrude Lane*~~

(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?

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.

OCT 26 1916

OCT 26 1916

Date.....

*C. W. Reis Capt*  
for Officer Commanding.



931233

# MEDICAL HISTORY SHEET

Surname Junner Christian Name Benjamin Pais

Examined { on 1st day of Sept 1916  
 at Halifax N.S.  
 Birthplace { City or Town Halifax  
 County C/Wa. Scotia

Approved by J.M. Murdoch  
 Rank captain M.O.

Apparent age 22 years  
 Trade or occupation Teamster  
 Height 5 feet 2 Inches  
 Weight 135 lbs.  
 Chest measurement { Minimum 33 inches  
 Maximum expansion 35 1/2 inches  
 Physical development Good  
 Small-pox Marks Nil

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT

Vaccination Marks { Arm Right Left 2  
 Number Two  
 When Vaccinated last 1907

Date	Result	VACCINATIONS
<u>5/4/14</u>		<u>Dac Murrin</u>

(a) Marks indicating congenital peculiarities or previous disease  
 (b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25/10/16</u>	<u>298</u>	<u>H.V. Kuit Major</u>
<u>31/10/16</u>	<u>298</u>	<u>H.V. Kuit Major</u>
<u>8/11/16</u>	<u>298</u>	<u>H.V. Kuit Major</u>

Enlisted on 1st day of Sept 1916 at Halifax N.S.

CORPS	REG'TL NUMBER	HABITS	DATE
	<u>931233</u>		<u>1/9/16</u>
No. 2. CONSTRUCTION, E.R. C.E.F. 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.



MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

M. F. W. 12  
 50m.—7-16  
 H. Q. 1772-39-819

To Whom

Address

Rate

By Whom Assigned

Regtl. No.

Rank

Corps

*Mrs Elizabeth Turner*  
~~154 Brighton St.~~  
*Halifax*  
*3 Garrison Lane*  
*U.S.*  
*15<sup>00</sup>*

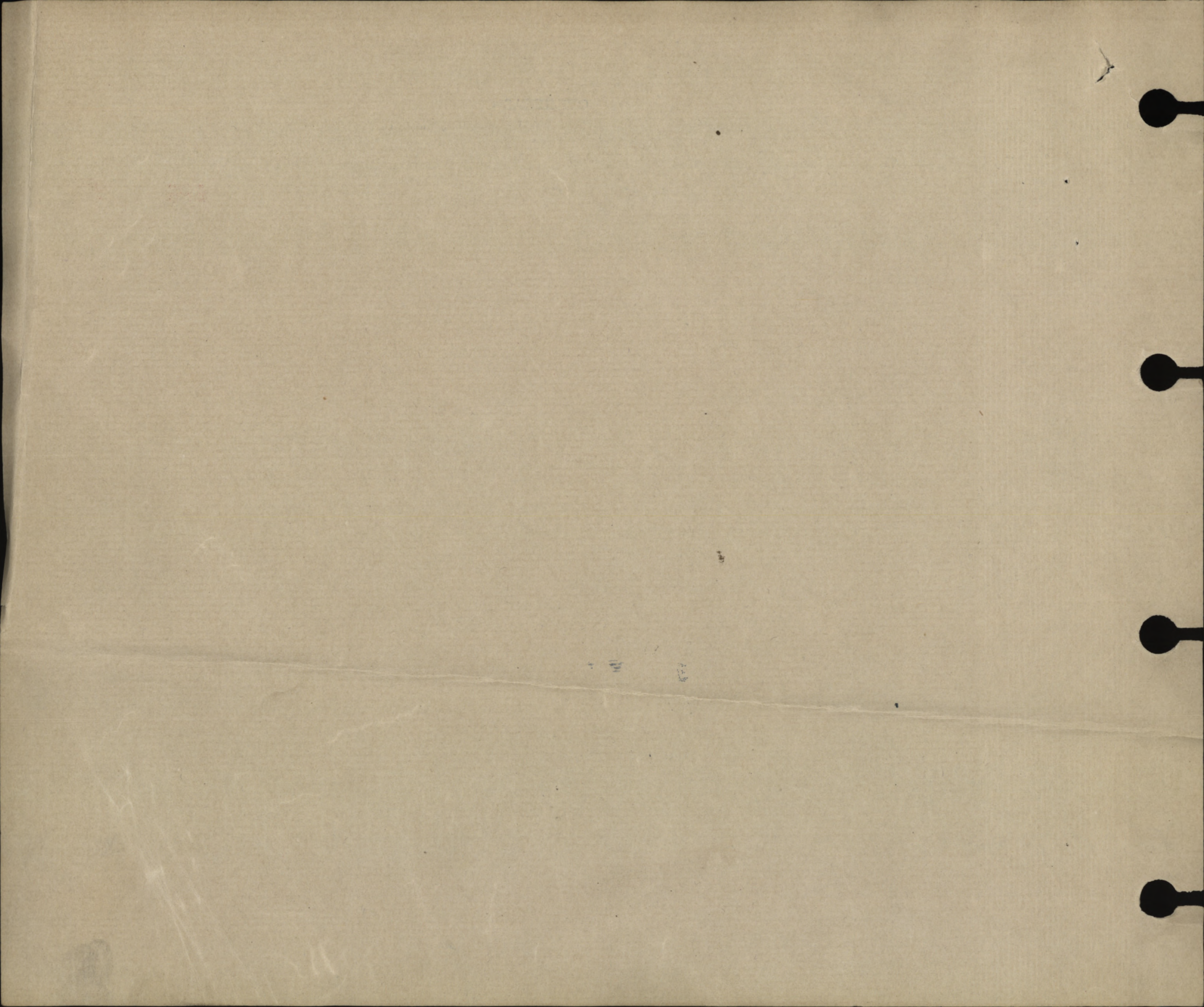
APR 1917

*Turner Benjamin*  
*931233*  
*Pte.*  
*No. 2. Co. Bu*

## 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			
Feb.				
March				





# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. *Mrs Elizabeth Turner*  
(Assignee)

Name of Soldier *Turner Benjamin*

PAYMENTS.

*Pte. 931233 2<sup>nd</sup> Coia Bn*

L. L. Job 5470—Req. 6888.

*15<sup>00</sup>*

Remarks

**APR 1917**

Month.	Year.	Cheque No.	Amt.	Remarks
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>E 5144</i>	<i>15</i>	
May		<i>T 11818</i>	<i>15</i>	
June		<i>S 1905-0</i>	<i>15</i>	<i>lu</i>
July		<i>S 26094</i>	<i>15</i>	<i>lu</i>
Aug.		<i>V 32342</i>	<i>15</i>	
Sept.		<i>J 40587</i>	<i>15</i>	
Oct.		<i>H 46294</i>	<i>15</i>	
Nov.		<i>S 34104</i>	<i>15</i>	
Dec.		<i>Z 59879</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*M.A.*

*135*

*25/10/17*  
*3. Garrison Lane Halifax N.S.*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier \_\_\_\_\_

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

## SEPARATION ALLOWANCE

Name *Mrs. Elizabeth Turner*Name of Soldier *Turner. Benjamin.*Address *154 Creighton St.,  
Halifax, N. S.*Regtl. No. *931233.*Rank *Pte.*Corps *2 Cons. Bn.*

Relation to Soldier

*Widowed*

wife, child or mother

*mother.*

To what Corps belonging

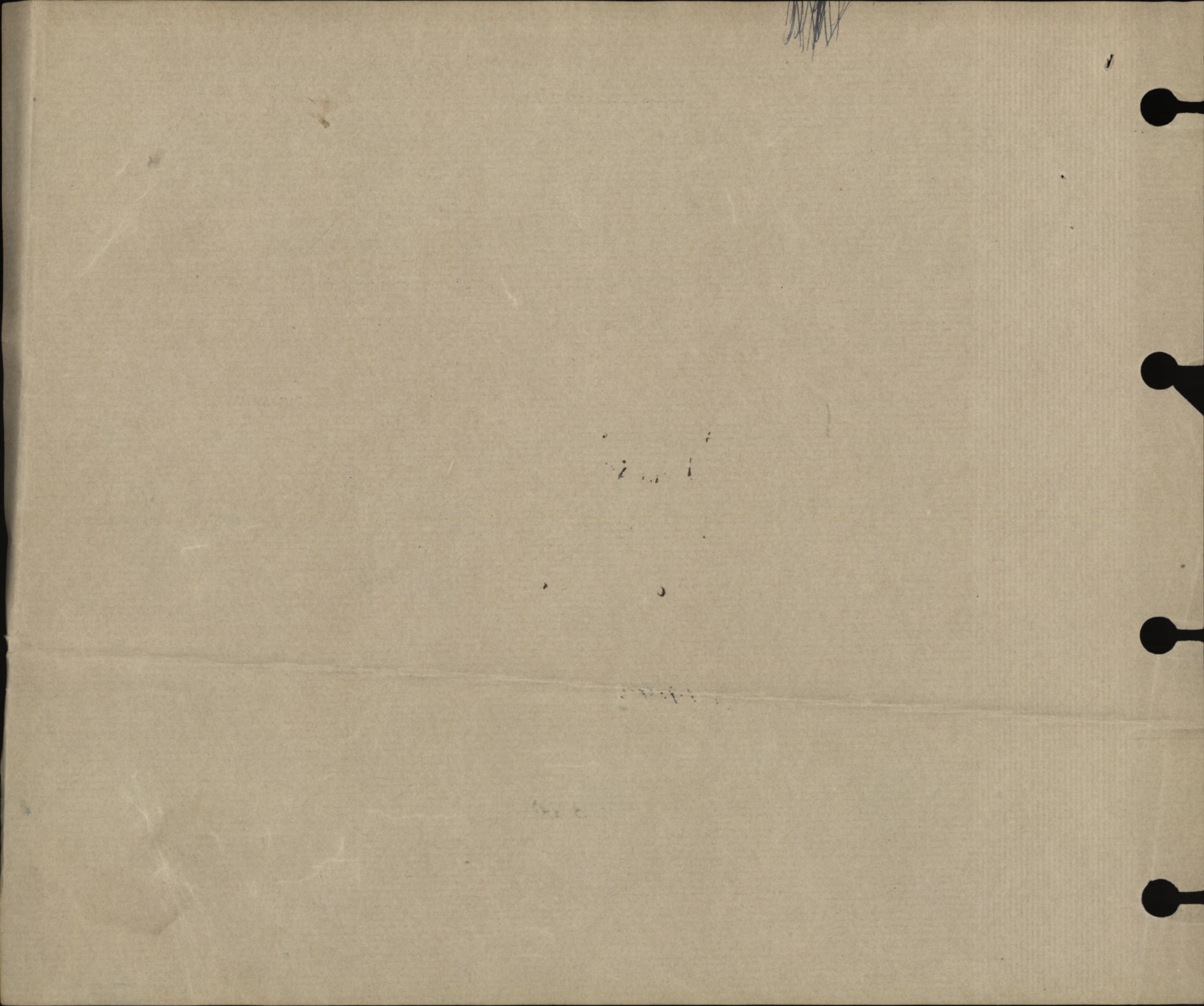
when called out

# *3 Garrison Lane*

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				







# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

*Mrs. E. Turner. wid. mother.*  
PAYMENTS.

Name of Soldier

*Turner. Ben.*  
*Pte.*

L. L. Job 4503.-Req. 6832.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.		<i>I 24579</i>	<i>60</i>	<i>60</i>	
Dec.		<i>J 29985</i>	<i>20</i>	<i>20</i>	
Jan.	1917	<i>U 30057</i>	<i>20</i>	<i>20</i>	
Feb.		<i>U 33164</i>	<i>20</i>	<i>20</i>	
March		<i>V 36374</i>	<i>20</i>	<i>20</i>	
April		<i>23175</i>	<i>20</i>	<i>20</i>	
May		<i>U 6025</i>	<i>20</i>	<i>20</i>	
June		<i>Q 9990</i>	<i>20</i>	<i>20</i>	
July		<i>W 11939</i>	<i>20</i>	<i>20</i>	
Aug.		<i>H 16036</i>	<i>20</i>	<i>20</i>	
Sept.		<i>L 19414</i>	<i>20</i>	<i>20</i>	
Oct.		<i>Y 22096</i>	<i>20</i>	<i>20</i>	
Nov.		<i>G 24225</i>	<i>20</i>	<i>20</i>	
Dec.		<i>X 27593</i>	<i>20</i>	<i>20</i>	
Jan.	1918		<i>320</i>		
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				





ASSIGNED PAY *ENGLAND or CANADA.* SEPARATION ALLOWANCE. *ENGLAND or CANADA.* NAME: **TURNER Benjamin**  
 EFFECTIVE DATE: **1 APR 1917** EFFECTIVE DATE: NUMBER: **931233**  
 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.  
*Wm Elizabeth Turner, Mother*  
*154 Creighton St*  
*Halifax N.S.*  
*Stopped off 4/19*  
*stopped off 8/15/19*

UNIT AND TRANSFERS  
 ORIGINAL UNIT: **2 Construction Bn**  
 DATE ACCOUNT FIRST OPENED: **1 APR 1917**  
 AUTHORITY: **L.P.C.** DATE EFFECTIVE: **29/2/19** DATE LEDGER SHEET T 57 D: **Canada** UNIT TRANSFERRED TO

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
<del>4/12</del>	<del>663d</del>	<del>26<sup>2</sup></del>	<del>4.66</del>	<del>4/12</del>	<del>1749</del>	<del>B Hill</del>	<del>2.43</del>
<del>4/12</del>	<del>3592</del>	<del>2</del>	<del>9.73</del>	<del>5/2/19</del>	<del>4123</del>	<del>AB 51 - P. Chy.</del>	<del>7.0</del>
<del>4/11</del>	<del>Hospital stoppage</del>	<del>13.50</del>	<del>13.50</del>	<del>4/4/19</del>	<del>MD16</del>	<del>V.D. 2.5.0 @ 604</del>	<del>15.00</del>
						<del>DO. 83-1919</del>	<del>39.53</del>

*Budget Bal 88.93*  
*L.P.C. " 49.40*  
*Disch Canada 1/3/19 Auth K.P. 7/4/19-6490*  
*of 4-1-48/11.18*  
*Canada 4/19*  
*Canada Balance 61.56*  
*33.96*

PARTICULARS OF RENDERING NON-EFFECTIVE: *Canada 4/19*

Mo	1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
MAR		Bal Ford								105.41		
Apl		P. Pay	33		b. a. P.				15			
					AR 131 2/4 CFC 201	3.57						
					AR 313 2/4 - " -	3.57				116.27		
			33			7.14			15			
May		P. Pay	34	10	Can AP				15			
					AR 508 7/5 CFC 1	2.68						
					Gen Rem 340 1/2 1/5	7.5						
					AR 736 2/5 CFC 1	4.46				53.23		
			34	10		82.14			15			
June		P. Pay	33		ast Pay				15			
					AR 923 7/6 CFC 1	3.57						
					1119 2/6	3.57				64.09		
			33			7.14			15			
July		P. Pay	34	10	Can AP				15			
					AR 1309 6/7 CFC 1	3.57						
					AR 1518 2/7	3.57				76.05		
			34	10		7.14			15			
Aug		P. Pay	34	10	Can AP				15			
					AR 1713 6/8 CFC 1	3.57						
					CP 26690 25/8 Lin	19.47						
					CP 27775 2/8 L/N	2.43						
					AR 2995 2/8 CFC 1	58.40						
					AR 1960 2/8	3.57				4.41		
			34	10		87.14			15			
Sep		P. P.	33		Can AP				15			
					AR 2454 23/9 CFC 1	3.57				22.14		
			33			3.57			15			

NUMBER 931233

RANK *RE*

NAME *TURNER Benjamin*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
<i>OCT 1918</i>				<i>Forward</i>					<i>2214</i>		
	<i>ple pay</i>	<i>34 10</i>		<i>cap.</i>				<i>15</i>			
				<i>2694 7/10 b.F.l.</i>	<i>373</i>				<i>24 51</i>		
		<i>34 10</i>			<i>373</i>			<i>15</i>			
<i>Nov</i>		<i>33</i>		<i>cap. Forward</i>				<i>15</i>			
		<i>34 10</i>		<i>3320 2/11 b.F.l.</i>	<i>1306</i>						
				<i>cap.</i>				<i>15</i>	<i>61 50</i>		
				<i>6634 10/12 b.F.l.</i>	<i>1466</i>						
				<i>2592 10/12 all</i>	<i>942</i>				<i>47 16</i>		
		<i>67 10</i>			<i>27 45</i>			<i>30</i>	<i>37 96</i>	<i>L.P.C.</i>	
<i>Feb</i>				<i>Get set 11/11/18 H-r-p H-r-p</i>		<i>13 20</i>			<i>33 96</i>		
						<i>13 20</i>					
	<i>Jan. Feb. Mch</i>	<i>99 00</i>		<i>cap.</i>				<i>15</i>	<i>87 96</i>		
				<i>A.R. 4305 10/3/19 Rhyl 8</i>	<i>243</i>	<input checked="" type="checkbox"/>			<i>15 53</i>		
				<i>A.R. 4571 14/3/19 8</i>	<i>14 60</i>	<input checked="" type="checkbox"/>			<i>70 93</i>		
<i>Apr.</i>	<i>P.P.</i>	<i>33</i>		<i>cap.</i>				<i>15</i>	<i>88 93</i>		
		<i>132 00</i>			<i>17 03</i>			<i>60</i>			
				<i>PR 5476 25/3/19 Kiln PK</i>	<i>943</i>						
				<i>11249 26/3/19</i>	<i>2462</i>						
				<i>Qu 005788. 20R. 24/3/19</i>			<i>12 27</i>				
				<i>2351/4123 5/4/19 20R.</i>			<i>110</i>				
				<i>240 25 days @ 60. 10082. M.M. 4/4/19</i>			<i>15 00</i>		<i>49 40</i>		
					<i>12 16</i>	<i>27 37</i>					

Canadian Hospital,  
Etchinghill, Lyminge.

TO WHOM IT MAY CONCERN:

Regtl. No. *951233*

Rank *Pt*

Name *Turner B.*

Unit *G.C. Const. Co*

*12.3*.....191*9*.....

This is to certify that the marginally named is free from infectious disease transmissible skin disease, venereal disease and vermin and that he is fit to travel.

*J. R. Mignault*  
Lieut. • Capt. C.A.M.C.  
for Officer Commanding,  
Canadian Hospital, Etchinghill.

Canadian Hospital,  
Etchingham, Lymington.

TO WHOM IT MAY CONCERN:

.....191.....

This is to certify that the marginally named is free from infectious disease trans-  
missible skin disease, venereal disease and vermin and that he is fit to travel.

Regt. No. ....

Rank .....

Name .....

Unit .....

*W. J. ...*  
for Officer Commanding,  
Canadian Hospital, Etchingham.



WAR SERVICE BADGE  
CLASS "A" No. *30004*

27/12/18 **(M)**  
SHORT FORM.

**M. D.**  
**6.**

12-8-43

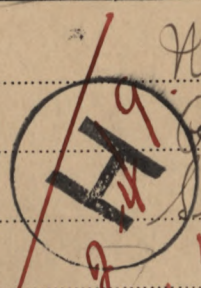
PROCEEDINGS ON DISCHARGE.

(Demobilization.)

EMBARKED S.S. *MASSARA*

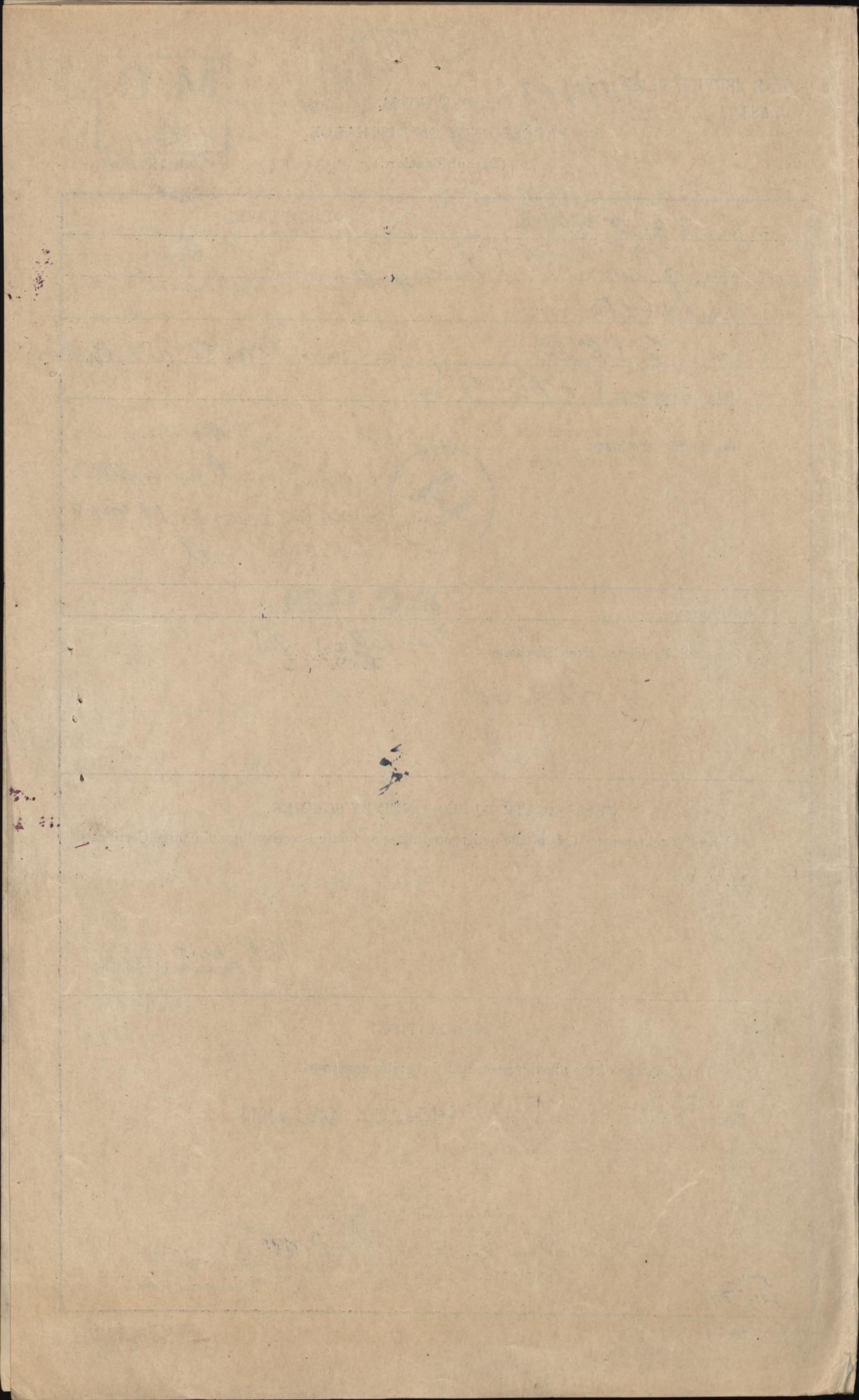
MAY 2 1919

1. No. <i>931233</i>	
2. Rank.	<i>Turner, Benjamin Paris</i>
3. Name.	<i>Pte</i>
4. Unit.	<i>NSRA Original No 2 Const Bn.</i>
5. Date of Discharge	<i>17/5/19</i> Place
6. Reason for Discharge	<i>Next of Kin, Mother</i> <i>Occupation, Teamster.</i> <i>Service in France 18 mos</i> <i>Category A.</i>
7. Authority.	<i>R.O. 1420</i>
8. Proposed Residence after Discharge.	<i>Halifax, N.S.</i> <i>3 Garwick Lane</i>
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. ?	
Signature of Soldier: <i>B.P. Turner</i>	
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place	<i>HALIFAX, N.S. MAY 14 1919</i>
Date	
Signature	<i>[Signature]</i> Major O. C. Dispersal Station "B" (O. C. Discharging Unit.)



*12-5-49*

*[E/R J]*



LIST OF DISCHARGE DOCUMENTS

Faint, illegible text, likely a list of names and dates, possibly related to military discharges.

## 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. 5039a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(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.H. 61).
14. War Service Gratuity (Form M.F.W. 2595).
15. Salary Documents.

Group ..... *A* .....

Checked by No. *26* .....

*AM* .....

Date ..... *22/4/19* .....

### Separation and Assigned Pay Branch

1-9-16

Apr 1/17

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00	30	
	1-12-17		
	P.O.3257	1-9-18 PC.2753 M.O.36801	

OVERSEAS CONTINGENTS

ANOTHER ACCOUNT IN <i>Spec. Rem.</i>	Ledger	
	Ledger	
	Ledger	
	Ledger	

RATE OF ASSIGNMENT

15			
----	--	--	--

5769

PARTICULARS OF SEPARATION ALLOWANCE

No. 931233  
Rank Pte Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_  
Soldier's Name Benjamin Turner  
Battalion #2 Com Batty  
Beneficiary Elizabeth Turner  
Relationship Wid Mother  
Address \_\_\_\_\_

PARTICULARS OF ASSIGNMENT

Name Mrs Elizabeth Turner  
Address 154 Creighton St, Halifax  
No 3 — Change of Address 27 S.  
1 Garrish Lane  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
M.F.W 2554 Road 27 23/11/18 CB

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 1917		320	135	455	
Jan 18	T 66741	30	15	45	
Feb.	T 68028	25	15	40	5
Mar	w 92092	25	15	40	✓
Apr	w 8149	25	15	40	✓
May	T 19678	25	15	40	✓✓
June	P 26497	25	15	40	✓
July	D 23529	25	15	40	✓
Aug.	T 38368	25	15	40	
Sept	P 47150	25	15	40	
Oct	g 52886	25	15	40	
Nov	F 62295	25	15	40	✓
Dec	f 67709	45	15	60	
Jan	L 75364	30	15	45	
Feb	R 79525	30	15	45	
Mar	B 91121	30	15	45	✓
Apr	T 2385	30	15	45	
May	57899	30	15	45	✓
		795	390	1185	

018313-B-3  
Continue SA to mother 4 Sons Serving  
Relief Paid 10/9/18 CB

M. F. W. 123.  
400M-1-17-1773 83-1141  
L. L. 22320-M & D. 7983.

A/c Closed 3/5/19 File 018311-B-3  
Ret'd per Gasandru Date 12/4/19  
Dest... L. I. No... 27181 M.F.W 187  
Clerk... Lane Date 17/1/19  
M.D. 6

