

REGIMENTAL DOCUMENTS

29917 NAME Acorn Reuben REGT. NO. 712802 UNIT 105th DA H. Q. FILE NO. 845

9

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DATE RECEIVED

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M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

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H
DEATH

Category

Died 23 Jun 26

DISCHARGE

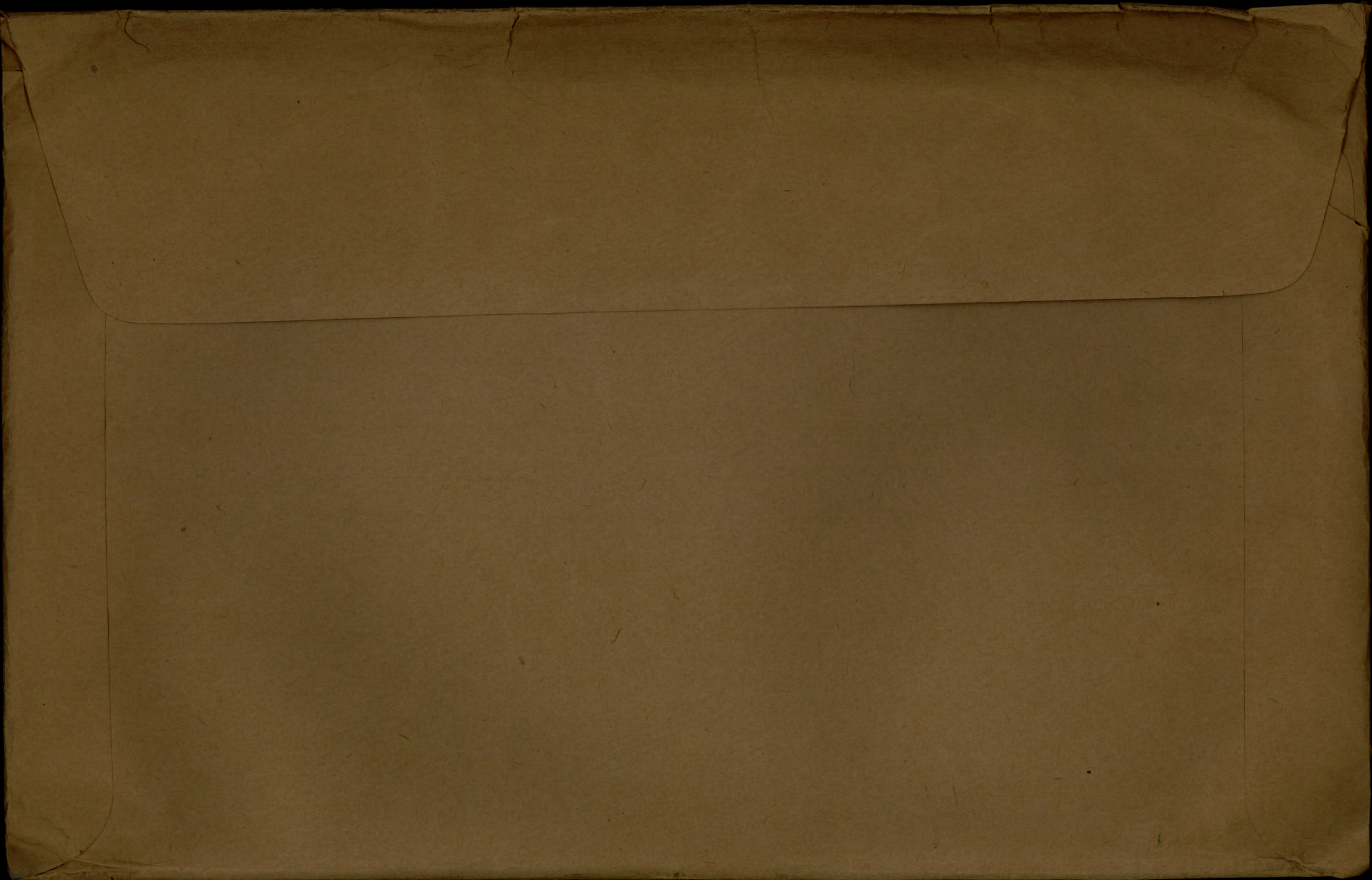
Category

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DESERTION

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- 1 *QZ 1237*
- cas card*
- AW*
- Pay Sheet*

D



Original

105th. OVERSEAS BATTAL 'N C. E. F.

ATTESTATION PAPER.

No. ^D 712802

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname? *Acorn*
- 1a. What are your Christian names? *Reuben*
- 1b. What is your present address? *Bridgetown P.E.I.*
- 2. In what Town, Township or Parish, and in what Country were you born? *Dundas. P.E.I.*
- 3. What is the name of your next-of-kin? *John Acorn. RMC*
- 4. What is the address of your next-of-kin? *RMC Bridgetown, P.E.I.*
- 4a. What is the relationship of your next-of-kin? *Father.*
- 5. What is the date of your birth? *1st-December 1897*
- 6. What is your Trade or Calling? *Farmer*
- 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? *82nd Reg*
- 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, *Reuben Acorn*, 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 *February 11* 1916 *Reuben Acorn* (Signature of Recruit) *J. Walker* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Reuben Acorn*, 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 *February 11* 1916 *Reuben Acorn* (Signature of Recruit) *J. Walker* (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 *Bridgetown P.E.I.* this *11* day of *February* 1916 *J. Walker* (Signature of Justice)

M. F. W. 23. 400M.-1-15. H. Q. 1772-39-841.

C. C. 105th. OVERSEAS BATT'N.

Description of Reuben Acorn on Enlistment.

Apparent Age 18 years — months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 6 ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 3 ins.

Complexion Ruddy

Eyes Blue Gray

Hair Brown

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

Scar of burn on right cheek

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 January 17 1916

Place Charlottetown B.C.

[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.

Reuben Acorn 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]
 (Signature of Officer)
 O. C. 105th. OVERSEAS BATT'N.

Date February 11 1916

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

War Service Badge

Class **A** No. **128380**

This is to Certify that No. **712802** (Rank) **private**

Name (in full) **Reuben Acorn** enlisted in

the **105th Battalion**

CANADIAN EXPEDITIONARY FORCE at **Charlottown** on the **Eleventh**

day of **February** 19**16**.

HE served in **Canada England and France**

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

~~Medical unfit for General Service~~

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

Age **22 years 9 months**

Height **5 feet 6 inch**

Complexion **Ruddy**

Eyes **Blue**

Hair **Brown**

Reuben Acorn
Signature of Soldier

Marks or Scars **Burnt Scar on**

Right Cheek.

Stonesworth
Issuing Officer

Rank

Lieutenant

Appointment

O.C. Discharge Section

Date of Discharge **Sept. 7/1919**

Signed at **Halifax** this **4th** day of **Sept** 19**19**

in Military District No. **252**

File Reference No. _____

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

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank	Surname.	Christian Name.
	712802	Pvt	Acorn	Ruben
Year	Unit	Age	Service.	
	26 th Canadians	21	36/12	
Station and Date.	Disease			
10-2-19	Abscess Ischio-Rectal			
	Prev Occupation: Farmer			
	" Illness: none of importance			
	Enlisted at P.C.S. 17-1-18 to Eng 25-7-17			
	to France 5-3-18			
Present	Illness 18-1-19. to #2 C.C.S. Bom. Germany.			
	operation 20-1-19 to #8 General Hospital Frankfurt			
	27-1-19. to 16 th Genl. Hosp'l Coppington Eng.			
	Heart & Lungs Normal.			
12/2/19	Operation - Ether anaesthesia - Ischio-Rectal Abscess cavity explored, extends around the rectum and upwards behind rectum to coccyx - which is freely movable - no diseased tissue demonstrable, no fistulous tract to rectum demonstrable Cavity scraped & packed. Iodoform O.R. M. J. [Signature]			
27/2/19.	Still slight discharge.			
6/3/19.	Almost healed.			
10/3/19	Probe shows sinus of considerable depth. no f.p. or sequestrum found.			
25-6-19	Sinus yet about an inch deep. no discomfort or pain. B.I.P. once a day injected. O.R. M. J. [Signature]			
5-7-19	Not yet healed. Invalid to Canada O.R. M. J. [Signature]			

* The first and last entries will be signed, and transferred from one Medical Officer to another, attested by their signatures.
(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms 1237/13 (E 2349) (P.T.O.)

26
105th. OVERSEAS BATTAL'N C. E. F.

Original

MEDICAL HISTORY SHEET.

Surname Acoun Christian Name Reuben

Examined { on 17th day of January 1916 at Charlottetown, P. E. I. Approved by J. Woods

Birthplace { City or Town Dundas Rank _____ M.O. _____
County Kings, P. E. I.

Apparent age 18

Trade or occupation Farmer M.O. _____

Height 5 Feet 6 Inches. M.O. _____

Weight 138 Lbs. M.O. _____

Chest measurement { Minimum 34 inches. M.O. _____

Maximum expansion 37 inches. M.O. _____

Physical development good M.O. _____

Small-Pox Marks none M.O. _____

Vaccination Marks { Arm Right Left
Number none

When Vaccinated last never M.O. _____

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

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

Enlisted on 17th day of January 1916 at Charlottetown, P. E. I.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>105th OS. Bn</u>	<u>712802</u>		<u>17-1-16</u>
	<u>C. E. F.</u>			<u>26-1-17</u>
Transferred to	<u>104th Bn</u>			
	<u>13th Res. Bn.</u>			<u>2-3-18</u>
	<u>26Bn. OS</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u> <u>26 NOV. 1916</u> APPROVED.	<u>20-11-16.</u>	<u>Flat Left Foot.</u>	<u>Class A (1)</u> <u>C. Cooper</u>
<u>No. 78 CANADIAN GENERAL (ONTARIO) HOSPITAL</u> <u>ORPINGTON, KENT.</u>	<u>6 JUL 1919</u>	<u>Old unhealed incision for</u> <u>Ischio Rectal abscess</u>	PRESIDENT. MEDICAL BOARD, BRAMSHOTT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

CANADIAN

Surname *Acorn* Christian Name *Randall*

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>No 16 Can Gen Hoop.</i>	<i>I</i>	<i>9</i>	<i>2</i>	<i>19</i>	<i>15</i>	<i>7</i>	<i>19</i>	<i>Ischio Rectal Abscess</i>	<i>154</i>	<i>operated 12-2-19. abscess explored and scraped and packed. no fistulous tract. to rectum found 6-7-19. small fissure & fistula not yet healed no pain nor discharge. Invalid to Canada. Healed no treatment necessary.</i>	<i>[Signature]</i>
<i>Campbell 20 Aug 19 Ca.</i>		<i>20</i>	<i>8</i>	<i>19</i>	<i>3</i>	<i>9</i>	<i>19</i>	<i>Fistula</i>		<i>Healed no treatment necessary.</i>	<i>[Signature]</i>

TAKEN ON SAILING. 58
 -ROYAL CLOUSE. 12, 7, 19,
 TRANSFERRED 10/12/19. 5, 6, 7, 19

W. H. Brown, Copy Clerk

Duplicate

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.

105th. OVERSEAS BATTAL'N C. E. F.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number..... *712802*

(3) Full Name of Soldier..... *Acorn Reuben*

(4) Place of Birth..... *London P.E.I.*

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

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

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

(7) Are you a widower?..... *Nil*

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

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

Also their names and ages..... *Nil*

(9) Is your Father alive? *Yes*
If so, state name and address *John Acorn, Bridgetown, P.E.I.*

(10) Is your Mother alive? *Yes*
If so, state name and address *Mrs Annabella Acorn*
Bridgetown, P.E.I.

(11) If your Mother is a widow? *Yes*
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.
Yes

(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.
Yes

(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? *Yes*
If so, in what Company? *Yes*
Have you made arrangements for payment of your Insurance premium? *Yes*
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *June 30, 1916*

Almont, Ings
..... LT. COL.
Officer Commanding.
O. C. 105th. OVERSEAS BATT'N.

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. 712801² Rank Pte Surname Acorn Robert Paulson
(Given name in full)

Unit or Corps G. D. D. Birthplace P. E. I.

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

1. GENERAL DESCRIPTION:

Physique good Weight 158 lbs. Height 5 ft. 6 1/2 in. Colour of Eyes blue
 Nutrition good
 Pulse 72
 Condition of arteries healthy
 Vision Rt. $\frac{20}{20}$ Left $\frac{20}{20}$
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
Scars on right side of anus - abscess - 1918
Burn Scar on right cheek.

Opinion as to general health and physical condition good

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

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

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

Had ischio rectal abscess on right side was in Hospital from Dec. 18 for 3 months. abscess healed. condition normal.

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 *Halifax* (Canada)

Date *Aug 26 1919* Signed *W. B. McNeill* M.O. *Capt. Currie*

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 *R. Acorn*

(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.)

CASE HISTORY SHEET.

15993
1919
9/21/65

Camp Hill Hospital Halifax Station

No. 412802 Rank Pte Name Aersw. R. Age 21

Unit 6. P.D. Completed years of service } Where and how long } G 6/12 - E 24/12 F 9/12

Date of admission 20-8-19 Date of discharge 3-8-19

Diagnosis Ischio Rectal abscess Place of origin Germany

CONDITION ON ADMISSION AND PROGRESS OF CASE

Patient states that in Dec. 1918 while in Germany had painful swelling on right side of anus. Was sent to Hospital where he was laid up for some 9 months, arrived in Canada in July and given landing leave, ^{admitted} arrived in Hospital today to Hospital. Swelling healed on discharge and no pain or discomfort. Scar of operation about 1 inch long over right ischio rectal fossa.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases)
Myotonia

TREATMENT

No treatment necessary

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.) Recovered - Discharged to unit cat. c;

Date 20-8-1919

W. R. A. [Signature] Medical Officer i/c case

95921

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118946

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

26-11-1916

No. 712802 Rank Pte Name Acorn R.

Local Unit 105 Bn Overseas Unit _____ Age 19

Examination held at Bramshott, Hants.

DISABILITY. flat left foot

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

This man has suffered no disability as a result of his flat foot. Has taken all route marches with ease.

Board recommends:

- 1. Fit for Duty. Class A (ii)
- 2. Fit for duty after _____ weeks physical training.
- 3. Fit for Base duty _____ weeks.
- 4. Fit for Permanent Base Duty.
- 5. Discharge.

Signatures:

Members { C.S. C. [unclear] Pres.
[unclear] [unclear]
[unclear] [unclear]

Approved.

Bramshott Nov 26- 1916.

[Signature]
for A.D.M.S. + G. C.
Canadian Troops, Bramshott.

1018

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT

Name _____
Rank _____

Local Unit _____
Company _____

Examination No. _____

DISABILITY _____
Remarks _____

PRESENT CONDITION

Approved _____
Date _____

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. 105th Bn

Regimental No. 712802 Rank Pte Name Acorn, Reuben
C. E. F.

Enlisted (a) 11-2-16 Terms of Service (a) Def W Service reckons from (a) 11-2-16

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)

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				
5-9-19	n.B.R.D.	S.O.S. Invalided to Canada	Witley	22-8-19	D.O. 200
13-10-19	n.B.R.D.	Pt II D.O. 200 d/5-9-19 is amended to read 15-7-19 and not as therein stated	"	15-7-19	a.o. 6.
17-10-19	n.B.R.D.	Pt II D.O. 200 d/5-9-19 is amended to read S.O.S. of the D.M.F. on proc. to Canada. 12-7-19 and not as therein stated	"	12-7-19	a.o. 7.

John Simpson
For D of R.

(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.

W. S. B. CLASS. A.

Regiment or Corps 105th. OVERSEAS BATTAL 'N C. E. F. Regimental Number 72502

Rank Pte Surname Acorn, Christian Name Reuben.

Religion Methodist. Age on Enlistment 18 years 11-2-16 months.

Enlisted (a) 11-2-16 Terms of Service (a) 10 of War Service reckons from (a) 11-2-16

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

Extended { _____ } Re-engaged { _____ } Qualification (b) Farmer. Civil
or Corps Trade and Rate _____

Signature of Officer i/c Records.

Date	Report From whom received	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
		Embarked ...	<u>Halifax.</u>	<u>15-7-16</u>	<u>P.M.T. Eof B.</u>
		Disembarked...	<u>Liverpool.</u>	<u>25-7-16</u>	<u>" " "</u>
<u>36-1-17</u>	<u>Ob 105th Bn.</u>	<u>Transferred 104th Bn</u>	<u>Witley</u>	<u>26-1-17</u>	<u>B 50 II 26</u>
<u>29-1-17</u>	<u>Ob 104th Bn.</u>	<u>Taken on strength 104th Bn</u>	<u>Witley</u>	<u>27-1-17</u>	<u>Adjutant 105th Overseas Battalion.</u>
<u>2-3-18</u>	<u>Ob 104 Bn</u>	<u>St. Leon transfer to 13th Reserve Bn</u>	<u>Witley</u>	<u>2-3-18</u>	<u>B 50 II 25</u>
			<u>G. B. Stewart</u>		
<u>4-3-18</u>	<u>CO 13th Res. Bn</u>	<u>T.O.S. 13th Res. Bn on transfer from 104th En.</u>	<u>Seaford</u>	<u>3-3-18</u>	<u>B.C. 53, Pt 2.</u>
<u>3-4-18</u>	<u>CO 13th Res. Bn</u>	<u>S.O.S. 13th Res. Bn on proceeding w/S to 26th En.</u>	<u>Seaford</u>	<u>4-4-18</u>	<u>B.C. 60, Pt 2.</u>
			<u>Lieut. Adjutant.</u> <u>13th Canadian Reserve Battalion.</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.

CERTIFIED CORRECT.
17 APR 1918

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
24-2-18 104 th Bn	Awd. 1 G. C. Badge	Witley	24-2-18	PT II 030
5-1-18	Arrived & T.O.S. 46 th Bn		5-1-18	NR
7-1-18	Left for C.G. Rein. C.		7-1-18	NR
7-1-18	Arrived		7-1-18	NR
12-8-18	Left for Unit.	Ild	12-8-18	NR. 1375
17-9-18	Arrived	"	14-9-18	B213.
25-1-19	To Field Amt.		21-1-19	B213.
21-1-19	Ischis Pctal Abscess adm.		21-1-19	45758
	To 2. b. b. p.		21-1-19	5
28-1-19	Ischis Pctal Abscess adm.		28-1-19	96260
26-1-19	Pctal Abscess adm.		21-1-19	96489
	to Base 8 A.V.		26-1-19	
9-2-19	Ischis-Rectal Abscess to Eng.		9-2-19	717125
9-2-19	Sick posted to 7 B. B. Dep.		9-2-19	103083/6749
	South Ripon, Yorkshire			920.15.26/19
	W. J. van Breydel			
	Whogan	Major for Lt.-Col., I.A.G.		
		Canadian Section. G. H. O. 3rd Echelon B.E.F.		

J.J.

FOR LT: COL I/C RECORDS. C.O.M.F.

Embarked 12.9.18
Liverpool.
Disembarked 29.7.18
Halifax H M T Royal George.

Name

Green
E. M. L. 11-2-16

Date of Embarkation for England

15-7-16.

Proceeded to France, 4-4-18

Returned to England, 9-2-19

domestic

Date returned to Canada.

15-7-19

Green (over)
11-2-16

Cas. Lhus.

21-1-19 - Tschis Rectal Abscess

- To Eng. 9-2-19

Surname
AC CORN.

Christian Name or Names
R.

Reg. No.
712802.

Rank
Pte.

Unit
NB.26.

Cas. List.

8.Staty.H.Wimereux. 28-1-19.

4-2-19A411.

Ischio Rectal Abscess. *as;*

14-9-19 B419

16 C.C. Orington 10-2-19

22-8-19 B2-2

Inv. to Canada 5 12-7-19

A.M.D. 2 DEPT.

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

NAME *Acorn, R.*

REGT. No. *712802*

RANK AND UNIT *Pte (26) N.B. Regt.*

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

AH11.

8 stat: Wimerum

28-1-19

Ischio Rect. Abscess

BH19.

16 Sean Gen: Dipington

10-2-19

" " "

B-2

" " Gen

12-7-19

"

NAME *Acorn, Reuben.*

RANK & No. *Pte.*

CORPS *105th*

ENLISTMENT, PLACE *Charlottetown, P.E.I.* DATE *Feb. 11th 1916.*

FORMER CORPS *82nd Regt.*

COUNTRY OF BIRTH *Canada, Dundas, P.E.I.*

NEXT OF KIN *Acorn, John*

ADDRESS OF NEXT OF KIN *Bridgetown, P.E.I.*

DISCHARGE, PLACE

DATE

3-2
Las Dis 82nd Regt 7-9-19
2024794-9-19
12802 600
100 205 is cancelled
by 202249128-19 Bntt.

20200 of 5-9-19
amended to read 15-7-19
1206 of 13-10-19
70. B. Regil 170
(Father)

Sailed from Halifax 15-7/16 per S. S. to
Empress of Britain
476 R/A 20-7-19 376 Pte
2
M. F. W. 22. 100 (m.)-8-15.
28

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

18

YEARS

MONTHS

HEIGHT

6

FEET

6

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

3

INCHES

COMPLEXION

Ruddy

EYES

Blue-Grey

HAIR

Brown.

DISTINGUISHING MARKS

Scar of burn on right cheek.

MEDICAL EXAMINATION.

PLACE

Charlottetown

DATE

Jan. 17th 1916.

REMARKS:

No. 712802

RANK

Pte

NAME

Acorn Renter.

T. O. S. 17-1-16

UNIT

105th Battalion, C. E. F.

(L. O. 19. 22-1-16)

M. D. 6

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916	1916			
Jan 17	Jan 31	✓		
Feb		✓		
Mar		✓		
Apr.		✓		
May.		✓		
June.		✓		
July.		u		

UNIT SAILED

JUL 15 1916



LEDGER No. 40

SERIAL No. ²² 95931

REG. No. 712803 NAME Acorn R

RANK Pte CORPS 6PA AGE 21 SERVICE 66/12. 824/12. 74/12.

HOSPITALS

DATE OF ADMISSION

1 Camp Hill Mill Halifax

20-7-19

2

3

DIAGNOSIS abscess Rectal

TRANSFERRED TO

DISPOSITION Discharged D.D. 6 3-9-19

CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

ACORN, R. # 712802

H.Q. 649-A-12603

Pte 26. Bn

Medals despatched

P & S

widow

Mrs. Annie F. Acorn,
Forest Hill, P.E.I.

Memorial X-

nil

(soldier married after discharge)

989840

Oblig. for Bdn

Death is attributable to Military Service

MS

26th/27

SEP 10 1927
Scroll Desp. ~~Reqn. No.~~ 2511

JAN 26 1928
Plaque Desp. ~~Reqn. No.~~ 3471

Ucorn - R.

712.802

WILL SENT M D. 2

OCT 21 1919

Royal George 20-7-19

BOAT LIST No.

~~Decreased~~

11 i

MK

Rank Name ACORN Clarence Cuthbert

Reg'l No 2099827

Unit *King's Dr. Seige Arty* *Wt* *at Unit?* *What Unit?*

Married or Single SINGLE

Place and Date of Enlistment *SOURIS* *Sanres* Dec 19th 1916

Place of Birth *SOURIS* *Sanres* P.E.I.

Name and Address, Next-of-Kin Herbert Acorn

SOURIS
Sanres P.E.I.

Relationship Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—9546-16.

N/E. P.B. No 17575
File #
Category
Land

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 7 5 17. S/S. OLYMPIC			
9.5.17	<i>Res</i> Res Bde	SOS on arrival from Canada	<i>Schliffe</i>	7.5.17	<i>26 Res Bn Oct 17</i>
19.5.17	<i>Res</i> " "	SOS to 26 th Res Batty (Bramshott)	"	18.5.17	<i>139 116. d. 19. 5. 17</i>
10.6.17	<i>Res</i> Res Bde	Reverts to term grade on arrival from Canada. (Pus a/spl.)	"	7.5.17	<i>110. 130</i>
27.8.17	26 th Res	SOS to 25 th Bn Offcas.	<i>B'shott</i>	26.8.17	<i>Plt 202</i>
26.10.17	NSR.	No 4 Bn 3 ^d Amb. (25)	<i>3^d</i>	18.10.17	<i>+ Plt 103 d/12 9/17 25 Bn. 62A47 ICTR Book</i>
26.10.17	"	Disch'd to Duty.	"	20.10.17	" "
31.12.17	25 th Bn	Transf. to 2 nd Can Seige Batty	"	27.12.17	<i>Plt 146 + 2 SB 124</i>
25.3.18	2 nd S.B.	Now known as 2 nd Bde C.C.A. (Mined)	<i>Free</i>	20.3.18	<i>Plt 021 + Plt 12 d/19 19</i>

F.B. 103 CHECKED
30 AUG. 1917

W B 133

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.				
15-1-19.	2 nd Bde C.A.	apptd. a/Bdr.	Inv. Field	15-12-18	PVII 5.
6-4-19	do	Proc. to England	" "	30-3-19	- 36
2-5-19	2 C.S.B.	S.O.S. to Canada	a/Bdr Eng.	3-5-19	- 24
		to Canada	53-2-89	3-5-19	
			Sos.	18-5-19	

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

P. 17⁴/₇
Acorn

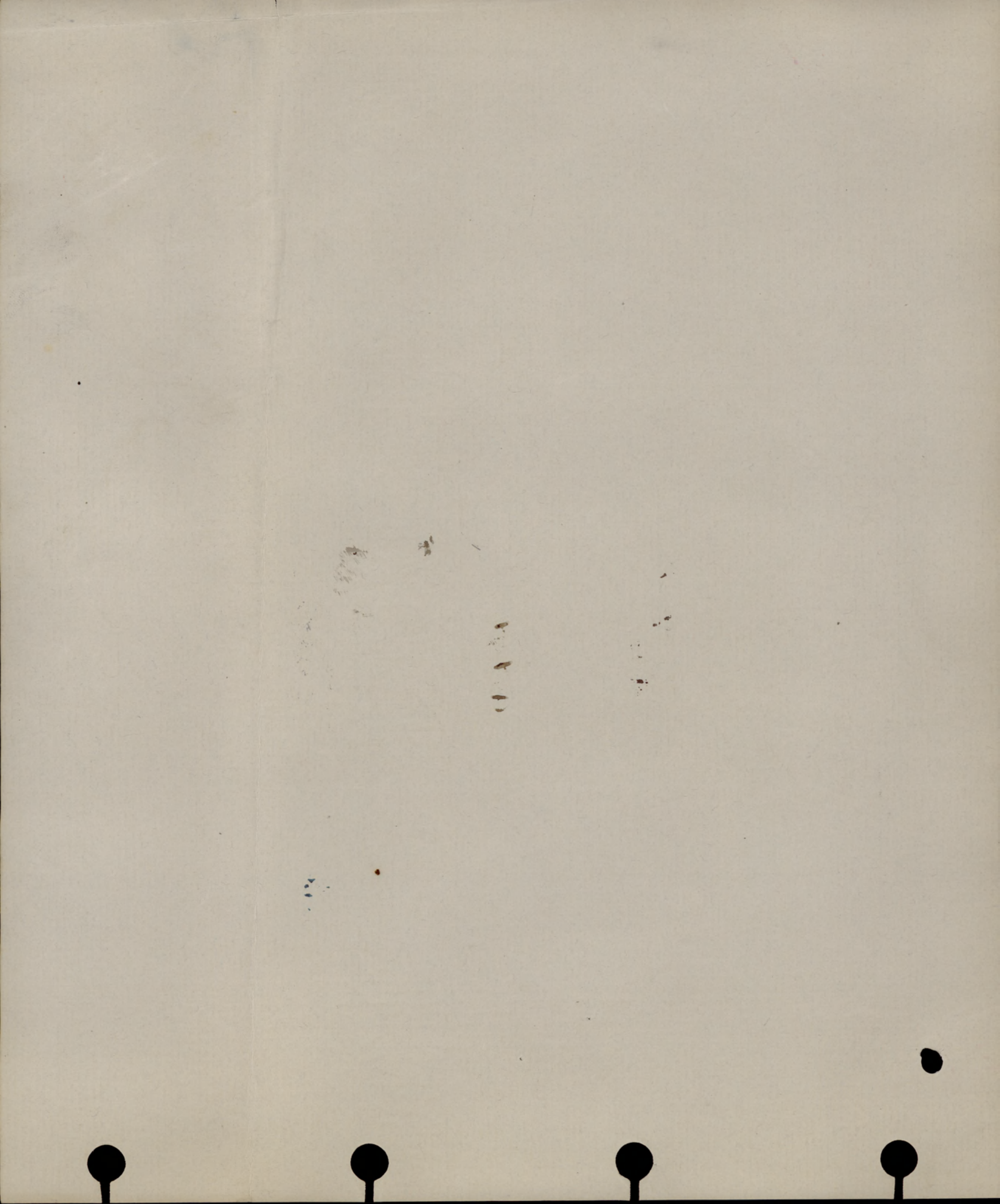
M. F. W. 12.
 50m.—4-16.
 H. Q. 1772-39-819.

To Whom John Acorn
 Address Dundas Lot. 55
O. E. I.
 Rate ¹⁵ 15⁰⁰

By Whom Assigned Acorn Reuben
 Regtl. No. 712802
 Rank Pte
 Corps "D" 105th Bn.
 JUL 1915

PAYMENTS

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



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

17th
 P. *twisted*

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2.

L. L. Job 310.-Req. 674.

John Acorn

Name of Soldier

Acorn Reuben

PAYMENTS #

712802. Pte. "D" 105th Bn.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15⁰⁰</i>
April	1916			
May				
June				
July		<i>M14311</i>	<i>15.</i>	<i>= written in aug, see blk book.</i>
Aug.		<i>A 10329</i>	<i>15.</i>	
Sept.		<i>A 15386</i>	<i>15</i>	
Oct.		<i>A 19797</i>	<i>15</i>	
Nov.		<i>A 24574</i>	<i>15</i>	
Dec.		<i>A 34579</i>	<i>15</i>	
Jan.	1917	<i>A 38444</i>	<i>15</i>	
Feb.		<i>A 43420</i>	<i>15</i>	<i>15 R</i>
March		<i>A 49343</i>	<i>15.</i>	<i>15-6-</i>
April		<i>B 191</i>	<i>15</i>	<i>15-81</i>
May		<i>B 6170</i>	<i>15</i>	<i>0</i>
June		<i>B 14091</i>	<i>15</i>	<i>15. 95</i>
July		<i>B 21250</i>	<i>15</i>	<i>15</i>
Aug.		<i>C 26211</i>	<i>15</i>	<i>15</i>
Sept.		<i>C 33483</i>	<i>15</i>	<i>15-6-225</i>
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

RWD

MCC

JUL - 1917

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

A 237

July 1st/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

\$15-			
-------	--	--	--

1121a
B

PARTICULARS OF SEPARATION ALLOWANCE

No. 412802
 Rank Pte. Promoted Reverted Discharge
 Soldier's Name Keuben Acorn
 Battalion D Coy. 105th Batt.
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name John Acorn
 Address Dundas, Lot 55, P.E.I.
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept 30-17.			225	225	
Oct B	50230		15	15	
Nov. B	51931		15	15	X
Dec. B	52528		15	15	S
Jan/18 B	63978		15	15	C S
Feb ✓ B	90215		15	15	
Mar	997436		15	15	✓
Apr	9 7216		15	15	6
May	F 10142		15	15	6
June	B 13095		15	15	6
July	Y 26039		15	15	6 ✓
JUL	F 28502		15	15	6
SEP	F 35092		15	15	6
OCT	F 41720		15	15	6
NOV	F 49826		15	15	6
DEC	B 62297		15	15	6
JAN	B 69308		15	15	6
FEB	F 76489		15	15	6
MAR	D 82293		15	15	6
APR	6 162		15	15	6
MAY	A 5363		15	15	6
JUN	A 8986		15	15	6
JUN	A 11260		15	15	6

File 78-R-12

A/c Closed 31-7-19
 Ret'd per... Royal George
 22-7-19 M.F.W. 1st M.D. 2.
 M.D. 26-7-19
 M.P.O.

AUDITED



cup 5-3-5

M. F. W. 128
 400M-6-17-172-88-1141
 L. L. 22320-M. & D. 7883.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128
 400M-6-17-1772-33-1141
 L. L. 22320-M. & D. 1333.

A.G.R. Rank Name ACORN, Reuben Reg'l No. 712802
 Unit 105th Bn. If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Charlottetown, P.E.I.,
 11th Feb., 1916. Place of Birth Dundas, P.E.I.
 Name and Address, Next-of-Kin John Acorn,
 Bridgetown, P.E.I. Relationship Father.
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place Reason Character *Y 016.*

ASTEN Envelope by Gummi
 PEN by cutting Label Instes
 & V., Ld.-715-16.

SEAL'S

Report Date	From whom received	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.
Arr. in ENGLAND S.S. EMPRESS of BRITAIN 25-7-16					
Y6-1-17	105 th Bn	S.O.S. transfer to 104 th Bn	Wallingford	Y6-1-17	Pt II DO 26
29 I 17	104 Bn.	T O S From 105 Bn.	Wallingford	27 I 17	Pt. II-DO-27 4
24-2-18	✓	Awarded 1 G.C. Badge		24-2-18	✓ 30
2-3-18	✓	S.O.S to 13 Res		2-3-18	35953, 13 Res - 3/18
5-4-18	13 th Res	S.O.S to 26 th Bn 45	Saford	4-4-18	✓ 80 + 30 - 26 Bn 13 4/18
17-2-19	N.B.R.O.	P.O.S. on posting from 26 th Bn. (see book)	Ripon	10-2-19	✓ 32415-26 Bn - 26/2/19
22-8-19	C.R.O.	Invalided to Canada " S.L. 506. J.P. 2.	London	12-7-19	C.L.B. 2.

A.F.B. 103 CHECKED

1 APR 1918

N B Regt

712802 Acorn Reuben

RV

ng th
d of

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.

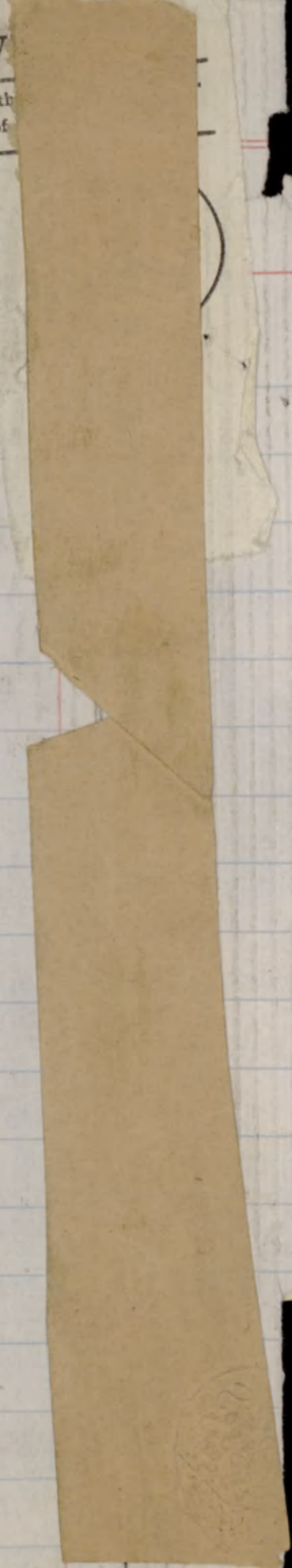
Date.

From whom
received.

Date.	From whom received.	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.
5/9/19	W.D. 503	revalided	New York	12-4-19	DD 200
17-10-19	N.B.R.D	pk # 2005 5-9-19 is amended to read 5-0-5 to Canada w/e. 12-4-19 not as therein stated	London	12-4-19	Sp. Y.

Amended by G.O. 6 of 18.10.19.

~~15-8-19~~
~~7-8-19~~
19-19



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

Class A No. 12938

**SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)**

1. No.	712802
2. Rank	pte.
3. Name	Reuben, Aaron
4. Unit	105th Batts.
5. Date of Discharge	7.9.19
Place	Halifax
6. Reason for Discharge	Demobilization
7. Authority	R 1420
8. Proposed Residence after Discharge	Dundas St 5-6 E.L.
<p>9. CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ? 39.</p> <p style="text-align: right;"><i>R. Reuben</i> Signature of Soldier.</p>	
<p>10. CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place..... Halifax, N.S. Date..... Sept 9th 1919.</p> <p style="text-align: right;"><i>D. M. G. [Signature]</i> Signature..... (LIEUT. COL. Discharging Unit.)</p>	

12.6]

OPINION OF THE MEDICAL BOARD

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

We concur

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.) *NO*
- (b) Service abroad, not general service, (" B) (Yes or No.) *NO*
- (c) Home service (Canada only), (" C) (Yes or No.) *W. A.*
- (d) Temporarily unfit, (" D) (Yes or No.) *YES 1 to C*
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.) *NO*

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

Old unhealed incision for Ischio Rectal Abscess 3 mos. dressings.

- (b) Does not require treatment.
 - (c) Should pass under his own control.
 - (d) Should not pass under his own control.
- (Strike out condition not applicable.)

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

patient be invalided to Canada

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

No. 76 CANADIAN GENERAL (ONTARIO) HOSPITAL
ORPINGTON, KENT.

W. H. G. Campbell President.
G. M. Lantyne Capt. Comd.

PLACE.....
DATE..... *6 JUL 1919*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....
Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

..... President.

PLACE.....
DATE.....

APPROVED BY *[Signature]* APPROVED BY ASSISTANT DIRECTOR OF MEDICAL SERVICES, *[Signature]*
Assistant Director of Medical Services. Director-General of Medical Services.

JUL 7 1919
13, BERNERS ST. LONDON, W.1

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

No. 76 CANADIAN GENERAL (ONTARIO) HOSPITAL
STATION, *16 BRISTOL KENT.* DATE *5-7-19*

1. (a) Unit *26th Bn.* (b) Regimental No. *712802* (c) Rank *PTE.*
(d) Surname *ACORN* (e) Christian name *REUBEN*
(f) Home address *Dundas St 55 Prince Ed. Island*
(g) Next of Kin *Mrs John Acorn* (h) Relationship *father*
(i) Address of Next of Kin *Dundas St 55 P.E.I.*
2. Age last birthday *21* Date of birth *Dec 1st 1894*
3. Enlistment, or Appointment (if an Officer) (a) Place *Charlottetown* (b) Date *17-1-16*
4. Personal description:
(a) Height *5'-6"* (b) Weight *140 lbs (est.)* (c) Complexion *fair*
(d) Colour of hair *fair* (e) Colour of eyes *blue* (f) Identification marks, Scars, etc. *scar on right cheek*
5. Former trade or occupation *Farmer*

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	PERIODS	
	Years	Days
Canada		
England		
France or other theatres of War		

Patient's statement	PERIODS	
	From	To
Canada	<i>17-1-16</i>	<i>13-7-16</i>
England	<i>23-7-16</i>	<i>4-3-18</i>
France or other theatres of War	<i>4-3-18</i>	<i>9-2-19</i>

7. Original disease, or injury *ISCHIO-RECTAL ABSCESS.*

(a) Date of origin *21-1-19* (b) Place of origin *GERMANY*
(c) Cause *INFECTION*

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—light, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(A) [OLD UNHEALED FISSURE AND SMALL FISTULA] at the site of the abscess incision.

Partial loss function general, slight

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

OBJECTIVE There is a fissure and small blind fistula close to the anus, where the incision opening the abscess was made. There is scarcely any discharge from it but it heals up very slowly.

SUBJECTIVE He states that it does not trouble him at all, no pain or discomfort.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no Cardio-Vascular System no Genito-Urinary System no
Special Senses no Respiratory System no Integumentary System no
Disturbances of Mentality no Digestive System no Muscular System no
Osseous and Joint Systems no Any other general condition no

10. (a) History (of the condition referred to in Section 9 (a).)

Documentary

Through 5th Can FA. to 2nd CCS (Can)
21-1-19. Admitted No 8 Stab. Hosp. 28-1-19.
Admitted to No 16 Can Gen Hosp. 9-2-19.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Had no illness before or after enlistment

(c) (Here give a description of wounds, scars, and deformities.)

scar on cheek caused by fall on stone when a child.

11.—(a) Did the disabling condition have its origin before enlistment? no

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

not applicable

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) no (b) no

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Hospitalization

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? yes

(If the answer is "yes" state nature of treatment required and probable duration)

Dressing for three months

16. Can the former trade or occupation be resumed? yes, after treatment is completed

(If not, briefly state why)

Invalid to Canada

17. Recommendations.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, Rowen Acorn, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of.

with

Signature of invalid examined. Rank.

Royal George 22-7-19
 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
 DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 712802 RANK Pte NAME (IN FULL) Acorn R.
 IF IN P.F. WHAT UNIT? M.B.R.D. BLOCK LETTERS SURNAME FIRST

IS SEPARATION ALLOWANCE PAID? *md* DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

ORIGINAL UNIT C.E.F. M.B.R.D.

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ 15.00 DATE EFFECTIVE 1-8-19

PAYABLE TO John Acorn RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Dundas Lot 55 P.C.D. 654

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED *Hfr* PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
 7.9.19 Demob. D024

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	DEBIT		CREDIT	
																			\$
31-7-19	110			140.14															
Aug	31	1 ¹⁰ / ₁₀	34 10	11 20	80 27				99 17			59 87	59 87						
Sept	9	1 ¹⁰ / ₁₀	7 70	35 00					112 70			26 40	125 57						
183 Sep				420 00					70 00				350 00						
									70 00				280 00						
									70 00				310 00						
									70 00				140 00						
									70 00				70 00						
									70 00				70 00						
				420 00	420 00				420 00				420 00						

Certified that all payments due on this roll have been paid.
 [Signature] CAPT.
 For Senior Officer Pay Section M. D. S.

Completed

F. 559 MARRIED OR SINGLE

PLACE OF BIRTH Dundas P.E.I.

NAME AND ADDRESS OF NEXT OF KIN John Acorn Dundas Lakes P.E.I.

RELATIONSHIP OF NEXT OF KIN Father

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.

Table with columns: PARTICULARS, EFFECTIVE DATE, AUTHORITY

REG'L No. 712802 RANK Private NAME Acorn Reuben

IF IN PERM. CORPS; WHAT UNIT 1st Batt. TRANSFERRED TO 104th Bn DATE 16-2-17 AUTHORITY BDO 26 24/1/17

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Charlottetown P.E.I. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION January 17th 1916 TRANSFERRED TO Assign DATE Authority July 16 paid by assigned Pay Branch and recovered on July 16 pay checks, Canada.

ASSIGNED PAY MONTHLY \$15.00 DATE EFFECTIVE July 16

PAYABLE TO John Acorn Dundas Lakes P.E.I. RELATIONSHIP Father

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)

Main ledger table with columns: DATE, PAY, FIELD ALLOWANCE, WORKING OR SPECIAL PAY, ASSIGNED PAY CREDITS, OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, BALANCE, PAY WITHHELD OR DEFERRED, PAY AVAILABLE FOR ISSUE, REMARKS

Law Forward

Law Forward

ASSIGNED PAY	ENGLAND OR * CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR * CANADA.	NAME: ACORN Reuben				
EFFECTIVE DATE: -	1 st August 1916	EFFECTIVE DATE: -		NUMBER: 712802				
AMOUNT: -	15 ⁰⁰ / ₁₀₀	AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT				
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY				
John Acorn (Father) 101 55 Dundas P.E.I.				DATE EFFECTIVE				
				RANK OR APPOINTMENT				
				Private				
				UNIT AND TRANSFERS				
				ORIGINAL UNIT: - 105 th Battalion				
				DATE ACCOUNT FIRST OPENED: - 1 st August 1916				
				UNIT TRANSFERRED TO				
				104 th Batta				
				R.B.P.D.				
				26 th Bn				
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				DATE LEDGER SHEET T'S F'D				
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	
8/9	6848	Corp.	48.17					
				DAILY RATES OF PAY AND ALLOWANCES				
				AUTHORITY	PAY	F.A.	P.F.A.	SUBS-CE ALL'CE
					1	-	-	10

Stopped 1/9/19

Dis. Canada 3/7/19. Lit A 176 to Orpington 7/7/19

Ledger B 188.81

R.P.C.B. 140.14

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March	Balance Forward								13 22		
Apr	P. Pay	33		bal				15			
				AR 68 6/4/18 r b B.D. Corp	4 16						
				Q-591 30/3/18 13 Res	3 11				26 11		
May	P. Pay	35		ban ar	4 78			15			
		24 10		ad 358. k.b.R.C.	16 5	4 16					
				256	27 4	3 57					
				505	26 5	3 57			33 94		
June	P. Pay	32 10		ban. O.P.	11 60			15			
		33		AR 689	10 6	3 57					
				AR 939	24 6	4 46			43 91		
July	P. Pay	33		ban ar	8 03			15			
		24 10		AR 1153	5 7	4 46					
				AR 1354	18 7	3 57			54 98		
Aug	P. Pay	34 10		ban ar	8 03			15			
		34 10		Rear 1516	3 8	3 57			70 51		
Sept	P. Pay	34 10		ban ar	3 57			15			
		33		AR 263 5 b D Bde	1 9	5 35					
				Donk 20000000	2 9	3 2			82 84		
		33			5 67			15			
Oct	-	36 10		bal.				15			
				at quo. 5 P.D. Bde	10 10	7 40					
				1268.	24 10	3 73			90 75		
		34 10			11 19			15			
Nov	-	33		bal.				15			
Dec	-	34 10		AR 1852	12 11	3 73					
				bal.				15			
				AR 2000	2 7 11	13 07					
		67 10			16 79			35			

NUMBER 712802 RANK

NAME ACORN, Reuben

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Dec-Nov	Forward.	67 10			16 79			30	90 75		
				AR 2806. 5.6.23. 17/12.	6 49				146 95		
Jan	RR	34 10		Cap.				15	123 67		
		101 20			23 28			45			
Feb	March	64 90		AR 4200 ✓ 8/1	5 03						
				✓ 13701 16.6.24. 19/12	4 87				158 57		
				Cap.	9 90			30	148 67		
				AR 15626. ✓ 19/3.	4 87				143 80		
		64 90			14 77			30			
April & May	✓	67 10		AR 1359 ✓ 10/4.	9 73						
				✓ 3728 ✓ 14/5	9 73						
				CAP				30	161 47		
		67 10			19 46			30			
				AR 5287 Opening Form 11/6	9 73						
June July		67 10		C. A. P.				30	188 81		
		67 10			9 73			30			
				6848 8/7. 16. 98. Offi	48 67				140 14		
					48 67						

SOS Canada 12.7.19 SLH 506 HQ 1