REGIMENTAL DOCUMENTS PTE NAME CADMAN Charles REGT. NO. 291 291 UNIT 223nd By H. Q. FILE NO. CONTENTS M. F. W. 2505 DATE RECEIVED TO WHOM FORWARDED DATE FORWARDED NON-EFFECTIVE BY REFERENCE DEATH ATTESTATION PAPER (M.F.W. 23, 133, or 51) ASUALTY FORM (M.F.W. 54 or A.F.B. 103) Category TRAINING HISTORY SHEET (M.F.W. 113) 00253 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) DISCHARGE DENTAL HISTORY SHEET (M.F.B. 465) Category MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) MEDICAL EXAMINATION (M.F.W. 129) TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) DESERTION LAST PAY CERTIFICATE (M.F.W. 44) PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) PARTICULARS OF CHARACTER (A.F.W. 3226) COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) W 4565 100M-11-16 1772-59-1377

SHORT FORM

PROCEEDINGS ON DISCHARGE.

Grafe Tilsbury 5-719. Disemb Halifas 14-9-1	17.
1. No. 2/4 2/1	
2 Rank. Bt	
3. Name. Cadman Marles	
4. Unit. 12310	1
5 Date of Discharge 18.9.19 Place Wennihey	
6 Reason for Discharge	
I anotalighter for	1
	*
7. Authority. 100 263	
8. Proposed Residence after Discharge	
Minnester	
Men	
9. CERTIFICATE TO BE SIGNED BY SOLDIER.	
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certifica	te
M. F. W.?	
Cladman, Signature of Soldier.	
The discharge of the above named man is hereby confirmed.	
S. C. R. Of P. D. C	
Place P 18 1818 9 24/9/19	******
Date	
7/10	
Signature	
(0. C. Discharging Unit.)	

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Fórm 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. 28), or Particulars of Recruit (M,F,W, 188).
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. 5009a). 6. Field Conduct Sheet (A.F.B. 122.)

7. Proceedings on Discharge (M.F.B.218a)
8. Discharge Certificate (M.F.W. 89)
(Enclosed in special envelope (250M)).

9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).

11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).

13. Last Pay Certificate (P. 851). \\
LA. Par Book (A.B.64).

13. The Service Granity (Form M.F.W, 2595).

15. Supery Documents.

Group..... Checked by No....

Date SEP 1 1919

Surname Christian Name Late of Service.... Remarks Latest Address 200m.-6-21....

(This form to be filled in by all ranks on voyage to Canada.)

,5', 1	5000		\$ cm
R RANK	SURNAME	INITIALS	UNIT
al address	37		
one person to be notified of arriv	(City or Town)	(Provi	
one person to be notified at an iv	4		
Station in Military District to wh	nich a furlough warr	ant is required	
Railway			
d, is your wife on board	Number of c	hildren on board	
tination			
	(Sed)		

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.
- (c) 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 228RD OVERSEAS BATTALION
(2)	Regimental Number 29429/
(3)	Full Name of Soldier Charles Cadman
	Place of Birth 82 Holmwood Raad
(4)	Place of Birth 82 Holuwood Foad Landan England
	- Commander
(5)	Are you married, or not?
(6)	If married, state, (a) Full name of your wife Heater Mary Calenan
	82 Holmwood Road. Waltham Gross
	(b) Present Postal Address Portage La France
	London England man
(7)	Are you a widower?
(8)	Have you any children? 200
	If so, give number of boys and girls Ivoling
	Also their names and ages / thel / tater 22 yrs old
	Gladya Dorothy 17 yra old

(9) Is your Father alive?
If so, state name and address John Cadmin 202 strand Landon ling
(10) Is your Mother alive?
If so, state name and address.
(11) If your Mother is a widow.
Are you her sole support, or not?\
(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
powing to the transfer of the contract of the
(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.
Hister Mary Cadman
82 Holmwood Road Fortagida Praini man
Waltham bross Landon England
(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.
Tyes and granted
(15) Are you insured? Yes
If so, in what Company? Presdential hefe Incales London Eng
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.
Stydlate Capt-
H May 1916 For Officer Commanding.
Date

CANADIAN EXPEDITIONARY FORCE DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 24.2	(Rank)
Name (in full) CADMAN	enlisted in
the 223 Batt	
CANADIAN EXPEDITIONARY FORCE at	inife on the
day of Malf	J Man
HE served in	Mer Both England
	Demobilization R.O. 1420
and is now discharged from the service by	Medical Unfitness.
	· ·
THE DESCRIPTION OF THIS SOLDIER on th	e Date below is as follows:
Age 46 flatt 4 manch	Marks or Scars
Height 5-61-61	
Complexion Medegen Back	Addition
Eyes Brown	
Hair DK Brown	
Hair AM JAN TON	
Signature of Soldier.	Id lover
	WW-079
Date of Discharge	Issuing Officer.
(Signature of the sign	W.
SEP 18 2000	Rank
19 1919	18. 9. 19
134 100	Date

NB.- 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.

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 penders him liable to usual military discipline, as if on the strength of a unit.

FORM OF WILL.

I,		(Name in full)						
Regimen	tal Number 296291 serving in 223	o Batt n.						
	Canadian Expeditionary Force, do hereby revoke all							
made an	d declare this to be my last Will.							
	I bequeath all my real estate unto							
Esthe	Mary Ladman. Wife	Name and Address						
89	Hoolmwood H" Wallham brow	of person or persons to whom						
	Sondon England	it is to go.						
absolutel	y, and my personal estate I bequeath to							
	sam, as above.	Name and Address						
		of person or persons to receive						
		personal estate*						
	<u> </u>	(See note).						
IMP	ORTANT this 10 th day of Copul.	1.70 101						
This m	NOTE this day of Claude	A. D. 191						
THE	Soldier Thailes Ladman. Sign	nature of Soldier.						
	IMPELF.							
*N.B.—Per except real	sonal estate includes pay, effects, money in bank, insurance p estate.	olicy, in fact everything						
Signed a	and acknowledged by the Testator as and for his las	t Will in the presence						
of us bo	th present at the same time, who in his presence,	at his request, and in						
the prese	ence of each other have hereunto subscribed our nam	es as Witnesses.						
	77 0 7	-00.						
	Signature of First Witness PG. Sam. To	allison						
	Address of Witness Dubne, San	1= 0						
THE TWO	Occupation of Witness soldier 223rd Bath. C. F.							
MUST	Signature of Second Witness 4. 7.	inde						
	Address of Witness Waden	a, Lack.						
	Occupation of Witness Salkie	.						

M. F. W. 82 300 M-5-16. 1772-39-983.

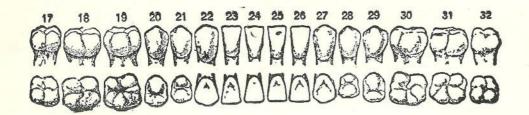


CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London CADMAI NAME OF SOLDIER (Block Letters) -. C .- 88. RANK REGIMENT Date of Examination in England 12-7-19 Date of Examination in France

12 13



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS
- 2. EXTRACTIONS
- 3. CROWNS
- 4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

Has he ever refused Dental Treatment?

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

- (a) In Canada
- (b) In England
- (c) In France

Casualty Form—Active Service.

n on
D
Remarks rom Army Form B. 213, Form A. 36, or other official documents
I 50. 182
cie.
to Dof. 4

	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-			Remarks	
ite	From whom received	ported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	taken from Army Form B. 213, Army Form A. 36, or other official documents	
	1					
		Professional Profession Control of the Control of t		Section 1		

223rd CORSEAS BATTILION C. E. Christian Name Approved by Examined City or Town Rank M.O. Birthplace County Fit or Unfit. Date. EXAMINED FOR RE-ENGAGEMENT. M.O. Trade or occupation. M.O. M.O. Lbs M.O. inches Chest measurement Maximum expansion 3 M.O. Physical development. M.O. Small-Pox Marks. M.O. Vaccination Marks Date. Result. Number 20/12 M.O. When Vaccinated last. (a) Marks indicating congenital peculiarities M.O. previous disease M.O. Date. Result. ANTI-TYPHOID INCCULATIONS, ETC. (b) Slight defects but not sufficient to cause rejection M.O. M.O. M.O. DATE. REOT'L NUMBER Joined on anlistment TALION, C. E. F. EXAMINED OR DISCHARGED BY A MEDICAL BOARD. STATION.

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.

M. F. B. 313.

400m.—1-16. H. Q. 1772-39-439. Christian Name Surname_

	STATION.	Date of Arrival	ini	Admissic to Ho«pi	DATE		Discharg m Hosp	re	DISEASE. Number of days in		constant and a state water and a state of the state of th		Signature
No.		Station.		Month			Month	1			Hospital	given. It at 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.	of Medical Officer.
The second second	westeliff	eyes	ex	ami	ned	16	L	17	RIGHT &	to gl	uso.	& Recommend B,	-
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-													- 61

-M



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 initialled 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

Messrs. Harrison & Sons.	U DATE.	23/8/19
1. 1 (a) Unit (b) Regimental No		Rank Pte
C T N N N	- AA A	
	peg nan	1111/2
		ationship W
(i) Address of Next of Kin Waltham Bro		210-13
2. Age last birthday 40		11.5-10
3. Enlistment, or Appointment (if an Officer) (a) Place	Junipeg (6	Date To De la Company
4. Personal description:	0	mer.
(d) Height (o) Weight (stri)	pped) (c) Complexic	1.0
(d) Colour of hair (e) Colour of eyes	(f) Identification mark	s, Scars, etc.
70 - 201		
5. Former trade or occupation Farmer a Ele	N.	
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).	ystems	Days
documents, but if documents are not available the invalid's statement may be taken and note must be made to that	, , , , , , , , , , , , , , , , , , ,	2 m (Long shows)
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	ystems	2 m (Long shows)
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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). Canada England. France or other theatres of War.	PER	ODS
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). Canada England. France or other theatres of War. 7. Original disease, or injury.	Per From	ODS
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). Canada England. France or other theatres of War. 7. Original disease, or injury.	PER	ODS

marked, etc; (6) I therapeutic reason	coss, complete or partial, of an organ or member, s; (d) Any other restrictions in choice of occupations and the complete of t	or of its functions; (c) Necessity for retion.)	st of the body, or of some of its parts, for
9. Present condition— 10. Describe all at finding to the second	-(a) (Before completing this section the invalidant, to be a full description of the present mormalities, anatomical and functional, contributional fields, anatomical and functional contributions. My oficial Reference of the section of the invalidation of the present mormalities and functional contributions. My oficial Reference of the section of the invalidation of the invalidation of the present mormality of the section of the invalidation of the present mormality of the section of the invalidation of the present mormality of the invalidation of the i	should be stripped, and subjected to a disabiling condition, or conditions only, ating to present disability; objective f	
Inlyect,	A Brann En Capt Eq. Spe Cant pel ah a	Signer Suchemini Juhanne Islance	
Nervous System Special Senses. Disturbances	Respiratory System	Genito-lal, B. P. will be taken.) Integument	Urinary System
	ondition referred to in Section 9 (a).) 7.3 fro I age La	1 to wear glas	oso
	U mano 30 sport 6		

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).)
N A
(c) (Here give a description of wounds, scars and deformities.
1140
11.—(a) Did the disabling condition have its origin before enlistment?
(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.)
No.
12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable
refusal to accept treatment (a) wd(13) W
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? Demander Allen
14. Treatment (Case reports, general or special, should be secured and attached where possible.)
two pour Classes supplied to being
the state of the formation of the first the state of the
The land the Contract of Security Survey to Justin as as the present of the Land the Contract of the Contract
47 T C 1
15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
16. Can the former trade or occupation be resumed?
(If not, briefly state why)
17. Recommendations
Access the control of
ARCO DOLLOW
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 the learning of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)
-0
I complain in addition of works
The second of th
GIETO BARRANTE A MARIE DE LA CONTRACTION DEL CONTRACTION DE LA CON
Charles Cadman Rank.
Signature of invalid examined.

OPINION	OF	THE	MEDICAL	BOARD

8. Does the Board concur with the preceding report? number of the answer criticised.	If not, give differing opinions, with reasons, quoting the
yes w	e concer 1 1
,	
,	
	Section Call Matter Section 1999
9. Is the invalid fit for (a) General service,	(Category A) (Yes or No.) (Category B) (Yes or No.)
(b) Service abroad, not general service, (c) Home service (Canada only),	(" C) (Yes or No.)
(d) Temporarily unfit. (e) Unfit for service in Categories A, B	(I Co C I I C .)
0. It is certified that the invalid	de la company agrapa de Mautin
(a) Does require treatment. (Give the nature of the condi-	ition and of the treatment required and its propable duration,
(b) Does not require treatment.	The Manufacture
(c) Should pass under his own control. (d) Should not pass under his own control.	AGE NO MAY LET AGE HAVE ALL MOLITONIOS SERVICIONES AND AN AREA PARTY.
(Strike out condition not applicable.)	(When not for discharge add special recommendation.)
RYC. and alf tel	
1	
Before signing the President of the Medica	al Board will read the statement signed by the invali
and differing opinions regarding Sections 7, 8, 9 a	and 10, as recorded in Section 18, to the invalid and in If, as a result of differing opinions regarding Sections 7
8. 9 and 10 only, recorded in Section 18, the inve	ralid is dissatisfied with the statement previously made
remarks of the Medical Board will be added here.	
	When cot President.
(0	Light Bergoon Capt.
PLACE COLLEGE	Member
DATE 23/8/19	Niember
TO BE COMPLETED WHI	EN TREATMENT IS REFUSED
	understand the nature of the treatment which
it is recommended that I should undergo and refuse	understand the nature of the treatment whice to accept it.
Witness	Signed
Should the refusal of the invalid to accept treatment app the Board of med	pear to be unreasonable, or should he decline to sign this statement lical officers should so state.
CHOOLS CANONICATED STATES OF STATES AND ASSESSED.	
	Presiden
PLACE	
	Member
DATE	The second secon
APPROVED BY	APPROVED BY
Assistant Director of Medical Service	A.D.M.S., HEADQUARTERS Director General of Medical Services.
	CANADIAN CORPS CAME
DATE	ZONETE
	A MARKET CONTRACTOR OF THE CON

ORIGINAL

ATTESTATION PAPER.

No.294291

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

1. What is your surnam	e?	Cadman
1a. What are your Christ	ian names?	Charles
1b. What is your present	address?	Esterhozy, Bask.
2. In what Town, Town what Country were ye	ou born?	London England 81 Wohn
3. What is the name of	your next-of kin ?	foestor mary Cadman)
4. What is the address o	f your next-of-kin?	Waltham Cross, London Eng
4a. What is the relationsh	hip of your next-of-kin?.	Wife
5. What is the date of y	our birth ?	applied 1 st 1873.
6. What is your Trade o	r Calling?	Farmer, Clerk
7. Are you married ?		Gos
8. Are you willing to	be vaccinated or re-	
vaccinated and inocul	lated ?	Upes
9. Do you now belong to	the Active Militia?	· Oro
10. Have you ever served If so, state particulars	in any Military Force?	4 years in 4 Middleson Volunteers
11. Do you understand t		Ges
12. Are you willing to be	attested to serve in the)	(Ma)
Canadian Over-Seas]	Expeditionary Force?	
Force, and to be attached existing between Great B	d to any arm of the service critain and Germany shoul	to serve in the Canadian Over-Seas Expeditionary of therein, for the term of one year, or during the war now ld that war last longer than one year, and for six months jesty should so long require my services, or until legally
1/h a 14		
Date May 7	1915	(Signature of Witness)
bear true Allegiance to H in duty bound honestly a Dignity, against all enem	is Majesty King George and faithfully defend His M	the Fifth, His Heirs and Successors, and that I will as Majesty, His Heirs and Successors, in Person, Crown and ey all orders of His Majesty, His Heirs and Successors,
	L.	1 celhua (Signature of Recruit)
Date Mas 4	1916.	Child mother of Witness)
	CERTIFICATE	OF MAGISTRATE.
questions he would be lia The above question I have taken care	able to be punished as proving were then read to the F that he understands each	
, at	OHIO.	111/1/1/1/2011/1/1/1/1/1/1/1/1/1/1/1/1/1
	Kena. Fr	Artice) / Lieut Signature of Justice)
	Colom	anding 223rd. Overseas Battalion C.E.F.

M. F. W. 23. 600M.—9-18. H. Q. 1772-39-841.

Date......191

LTR

Rank

CADMAN, Charles-If in perm. Corps,

Reg'l No.

223rd Bn. to Manitoba Rog What Unit?

Married or Single Married

Place and Date of Enlistment Winnipeg, May 4th, 1916.

Place of Birth London, England

Name and Address, Next-of-Kin Hestor Mary Cadman

82. Homewood Ed Waltham Cross. London, England

Relationship

Wife.

Assigned Pay Monthly \$

Payable to

Relationship

N/E. R.B. Nº 25

REMARKS

Taken from Official Documents.

Separation Allowance \$

Payable to

Relationship

Date.

Discharge, Date and Place

Reason

Character

H. W. & V., Ld .- 9546-16. Report. Record of promotions, reductions, transfers, casualties, etc., during active service. Place. From whom The authority to be quoted in each case. Date. received. IIth Res Taken on Strength -- S.O.S. proc % To 78

ARRIVED IN ENGLAND 4 5 17 S/S JUSTICIA Shorncliffe 15.5 17 Pt.II 5.7.17 Man 9.0 7.05 8 on com: 11 Tes beases attd 1º CCW. and attd 11 Res Bylor PQRtC. Pto Seaford 7-5-18 Pto 0.128.

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Casualty Form-Active Service.

M. F. W. 54. (A. F. B. 103.) 250m.—1-10. H. Q. 1772-39-920.

Unit, Regiment or Corps 223RD OVERSEAS BATTALION Enlisted (a) 4.5. / Terms of Service (a) Service reckons from (a) Date of promotion to Date of appointment Numerical position on present rank. to lance rank 4 roll of N. C. Os. Extended Qualification (b) 4yrs. in English army Re-engaged. Record of promotions, reductions, transfers, Report Remarks casualties, etc., during active service, as retaken from Army Form B. 213. ported on Army Form B 213, Army Form Place Date Army Form A. 36, or other From whom Date A. 36, or in other official documents. The received official documents. authority to be quoted in each case. Embarkod Dis Trans to 11th Can Ros Bn 15-5-17 & Adit 223rd Battn C. E.F. 15-5-17 O.C. Takon on strongth 11th - strockitto 15-5-17 Pt II Bn. 0.112 Can Ros Bn O.C. 11th Posted to Man. Reg. Depot

⁽n) 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.

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Standard Comments	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-			Remarks taken from Army Form B. 213.
Date	From whom received	A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Army Form A. 36, or other official documents.
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FROM HALIFAX PER S S 'JUSTIC'A' 2.5.-7

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Present address . Esterhazy Sask.

No. 294291 RANK John NAME Cadman Charles

T. O. S. 4-5-16 UNIT 223 rd Battalian

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Army Form B, 103—I.

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

P	(A)	(B)	Record of promotions, appointments, reductions,	(D)	(E) Date of	(F)	
	Report	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casuaities, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1818 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	promotion, reduction,	Remarks, and initials and rank	
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DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1.	Christian names 2. Surname 2. Surname
в.	Rank (1 to 1 to 1 to 2 2 3 1 to 5 Reg. No. 2 9 4 2 9 1
6.	Address, in full, to which future payments of gratuity are to be forwarded.
	Manufilly If and
7.	Date of enlistment in the C.E.F. 4-5-16
8.	Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, im-
	mediately prior to your discharge Alexander Colombia Colo
9.	Relationship of such dependent
10.	Address, in full, of such dependent of a dependent
	Head Office Winnipey Many
11	Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account
11.	
	of another soldier?
12.	Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
13.	Were you on the strength for pay and allowances of the Clearing Services Command, having been at any
	time on duty outside of Canada or the United States?
	wille on duty outside of Canada of the Office States.
14.	Were you on active service only in Canada or the United States? If so, give particulars of unit and
	dates of such service
	A service of the serv
15.	Give total length of time which you served on active service, whether in Canada or Overseas, setting out
	particulars of units on whose strength you served
	12 months & England, man. Plat Dept and.
,	H. G. O. M. 51 of 6., 26 mouths - I stal 38 mos
16.	Were you at the time of enlistment a civil employee of the Dominion Government? If so, state
	Department 10
54	Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?

19. Have you alreedy received any payment of Post Discharge Pay or War Service Gratesty? If so, state amount you and your dependents have alreedy received and by whom paid Ma. 20. Have you been tessed with a War Service Indige? Here what dank? 21. Have you, during the present war, served in the Imperial Forces? Ma. 22. Are you entitled to receive, or have you reserved any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. 22. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? Ma. 23. (a) The so, was such reversion in consequence of misconduct or inefficiency? Ma. Application of the Children of the C			, give particulars of discharges and re-enlistments.
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And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act. Signature of Applicant: Cache Questions 12, 13, 14, 20, 24, 25, 26 & 27 are unanswered. Place of Residence: Cache Questions 12, 13, 14, 20, 24, 25, 26 & 27 are unanswered. Declared before me at: Commissioner of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918. Commandant Readquarters, J. M. F. of Commandant Readquarters			
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ASSIGNED PAY.

To whom M = Esther Mary Cadman Address & & Holmwood Rd Waltham Cross

London

Rate Unit on Canada

Date to Commence

By whom assigned Charles Cadman

Regtl. No. 294 291

Rank PLe

Corps, &c. 2232d Bn Noca

Ref. No.

-					PAYMENT	rs. O.K.	
	Month.	Year	Cheque No.	assigned Agent	Separation Pay Sheet. Deduction.	REMARKS.	
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By whom assigned Cadman, Charles. Tt.

Regtl. No. 294 291 223nd Bn.

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Ether SEPARATION ALLOWANCE

Relation to Soldier

March

wife, child or mother

Name of Soldier Galman & Charles

Regtl. No. 294291

To what Corps belonging

when called out

	•			PA	YMENTS
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MILITIA AND DEFENCE.

SEPARATION ALLOWANCE.

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4-5-16. MILITIA AND DEFENCE

SEPARATION ALLOWANCE

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		June				
		July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier_

	PAYMENTS.												
Mont	h.	Year.	Cheque No.	Amt.	Remarks.								
Aug.		1918											
Sept.													
Oct.													
Nov.													
Dec.													
Jan.	-	1919											
Feb.													
March													
April													
May													
June													
July						A 2 TO THE RESERVE OF THE PARTY							
Aug.			6										
Sept.													
Oct.	4												
Nov.													
Dec.													
Jan.	The second	1920											
Feb.			4										
March													
April	e silke		7										
May	2												
June	Chi												
July													
Aug.													
Sept.													
Oct.													
Nov.		14-11											
THE PARTY NAMED IN						STATE OF STA							

4-5-16

MILITIA AND DEFENCE

M. F. W. 11. 50m.-4-16. H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Namopo, Flester Mary Eadman.
Address 82 Holmwood Rd.

Waltan Gross. London England

Relation to Soldier

wife, child or mother

Name of Soldier Gadman & Chas

Regtl. No. 29429

Rank

Corps 223~ 457

To what Corps belonging

when called out

				D	AYMENTS
				1	
	Month	Year	Cheque No.	Amt.	REMARKS
	Aug.	1914			Duplicate sent to England JUN 15 1916
	Sept.				
	Oct.				JUN 15 1916
	Nov.				
	Dec.				
	Jan.	1915			
	Feb.				
	March				
	Apl.				
	May				
	June				
	July				
	Aug.				
	Sept.				
	Oct.				
	Nov.				
-	Dec.				
	Jan.	1916			
	Feb.				
	March				
				MANAGEMENT OF THE PARTY OF THE	

M. F. W. 11a. 50m.—4-16. 1772-39-818

SEPARATION ALLOWANCE

Sheet No. 2. 70 pts. Plester Dary Ed The L. 10b 310,—Reg. 6574. L. L. Job 310,-Reg. 6574,

Name of Soldie Sad man ## 8km

L. L. Job 310,—Req. 6574,						
	Month.	Year.	Cheque No.	Amt.	Remarks.	
	April	1916			Duplicate sent to England. JUN 15 1916	
	May					
	June				JUN 15 1916	
	July					
	Aug.					
	Sept.					
	Oct.					
	Nov.					
	Dec.					
	Jen.	1917				
	Feb.					
	March					
	April					
	May					
	June					
	July					
	Aug.					
	Sept.					
	Oct.					
	Nov.					
	Dec.					
	Jan.	1918				
	Feb.					
	March					
	April			A STATE OF THE STA		
	May					,
	June					
	July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier_

		4 12			
Month.	Year.	Cheque No.	Amt.	Remarks.	
Aug.	1918				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March		¥			
April			* 11		
May					
June			1		
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1920				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to CAPMAN MM HM	Dependent 294291. Pt. C. Cadman.
Address 82 Holmwood Rd Waltham Cross	Address
dusts	

	Curu.					
	Date	Cheque No.	Gratuity	Payments	Balance Due	Remarks
	1920 Jun: 20 Feb 11	147431 anended CA 165135	22 3 10 12 6 7 3410 5	189 11	1634	\$12 of a S.A
			3/10/3	34100		
-						