REGIMENTAL DOCUMENTS NAME GATON EUGENE Shr. REGT. NO. 3040840. UNIT 19. B. 1 CO.R. H. Q. FILE NO. M. F. W. 2505 CONTENTS DATE RECEIVED TO WHOM FORWARDED DATE FORWARDED NOW-EFFECTIVE BY REFERENCE 12222 ATTESTATION PAPER (M.F.W. 23, 133, or 51) DEATH CASUALTY FORM (M.F.W. 54 or A.F.B. 103) Category TRAINING HISTORY SHEET (M.F.W. 113) FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) 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)

The second section is a second second

SHORT FORM. PROCEEDINGS ON DISCHARGE. (Demobilization.)

The Names Badge.

J.S.

1. No. 3040840
2. Rank Spr.
3. Name CATON, Eugene
4. Unit 1st. Depot Bn. 1st. C.O.R. (#2 D.D.)
5. Date of Discharge MAY 16 1919 Place TORONTO, ONT.
6. Reason for Discharge "Demobilization".
7. Authority #2 D.D. May 16th, 1919 Pt.11 #135.
8. Proposed Residence after Discharge 135 W. 83rd. St., New York, N.Y. U.S.A.
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.?
Eugene Caton Signature of Soldier.
10. CONFIRMATION.
The discharge of the above named man is hereby confirmed. PORONTO, ONT. Place
Date MAY 16 1919
Signature O. C. Discharge Stotions, (O. C. Discharging Unit.)

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		0.00
Medical History Sheet	Militia Forn	n 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	В. 263
Company Conduct Sheet	Militia Form	B. 263a

Tumber 3040840 CATON Christian Name Units CS & F. Theatre of War / Date of Service 27-2-19, Lemarks..... Latest Address /35 25 Mc Wougal St. Brooklyn. New 200m.-6-21.

(This form to be filled in by all ranks on voyage to Canada.) SURNAME INITIALS RANK al address..... (City or Town) (Province) (Street) one person to be notified of prival (b) 1 S 1 Station in Military District to which a furlough warrant is required..... Railway..... d, is your wife on board......Number of children on board..... tination.....

(Sgd.)

*Name L. 0	ATON, Eugene		l. No. 3040840
Original	Present 1st. D.B unit. 1st. COR M. or S. Age		Depot
Port, ship, and date	of arrival MONTEAGLE		
Next of kin . Si	ster Felicienne Gilman 135 1	West 83rd. St. New Yor	ck N.Y.
Address on leave	SAME.		
	ge SAME.		
Transportation iss	Yes Character No Date 16-5-19 discharg	on e	
	n Machinist Date and pl		om nto
Diagnosis	DEMOB N I	Pate of Medical 13-5-19Boards.	•
Date TOS	Remar	·ks	Pt. 2 Order No.
23-4-19	Posted to Cas. Co. Park Sch	001 5-5-19	132
165-19S	.O.S. DISCHARGED "DEMOB'N" (ENT'D. TO. W.S.G.)	
*Name will be gi	ven in full; surname first.		LOVET

Date	ACHIGIA'S	11. 2 Older No.
		0

	· ·	
M.F.W. 192 10M-4-19 1772-39-1243		

Dr a Onder Me

Service Service

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.

THE RESIDENCE OF THE PARTY OF T
No. 3040840Rank Ple Surname CATON
(Give name in full)
211.11 Eugenlo
Unit or Corps. # 2 20 20 . Birthplace Chulturen Fixance
(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)
1. GENERAL DESCRIPTION:
Physique Q. Weight 128 12lbs. Height 5.ft. 5.ft. Color of Eyes. Brown
Nutrition . Awad
Pulse
Condition of arteries. Marmal.
Vision Rt. 5.0. Left. 5.0. Hearing (conversational voice) Rt. 20.ft. Scar Rt-armspressent-
Hearing (conversational voice) Rt. 2.0.ft. on entirement:
Left. 2.9.ft.
Opinion as to general health and physical condition . Joe d.
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
Special Senses
Disturbance of mentality
Osseous and Joint System Any other general condition.
3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date
of entering and also a description of the same to the
Ho hernia, Vaencose Veisso, Karicocele, piles
guitre.
APPROVED
MAX Pa 200
1/19
FORD DAY
S. M. S. W. D. 2

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS— Examined at.....(Canada) Signed 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. Signautre (If not satisfied, M.F.B. 227 will be completed by Medical Board.) THIS SECTION FOR USE IN CANADA— Examined at Parks chool Toronto Signed L. A. Many 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 .. Jugane Calon (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.)

DEPARTMENT OF MILITIA AND DEFENCE.

DISCHARGED

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1.	Christian Names
3.	RankSPR. 4. Original Unitlst-lst COR 5. Reg. No. 3040840
6.	Address, in full, to which future payments of gratuity are to be forwarded
	135 W. 83rat. St. New York. City. USA.
	Sent 50.70
7.	Date of enlistment in the C.E.F. Sept. 30-18.
8.	Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, im-
	mediately prior to your discharge
9.	Relationship of such dependent
10.	Present address, in full, of such dependent!!
11.	Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account 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:—
	LEFT CANADA FEB.12-19 & returned May 5-19)(#6.Siz.COY)
13.	
	at any time on duty outside of Canada or the United States?
14.	Were you on active service only in Canada or the United States? If so, give particulars of units and
	dates of such service
	NO.
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 7. Mos 14. Dys.
	lst. Depot. Bn. lst. C.O.R. #6 Signal Coy.
	······································
16.	Were you at the time of enlistment a civil employee of the Dominion Government? If so, state De-
	partment NO.
17.	Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? . NO

M.F.W. 2595. 1772—39—1389. 122—D.P.—250M-2-19.

18.	Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments,
	and under what regimental numbers and units

19.	Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid
20.	Have you been issued with a War Service Badge? If so, what class?
21.	Have you, during the present war, served in the Imperial Forces?
22.	Are you entitled to received, or have you received any gratuity in the nature of Post Discharge Pay
	from the Imperial Forces? If so, state amount received, or to which you are entitled NO
23	(a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival
	in England
24.	Are you now serving in the C.E.F
	May 16th, 1919(b) Reason for discharge
	"Demobilization".
25.	Are you at present a member of and in receipt of pay and allowances from any Canadian naval or
	land forces? If so, give unit
26.	Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one
	unit which you served at the front, and dates of such service with that unit
	YES) SIBERIA) (FEB. 27-19 untill April 21-19) (#6 SIG COY)
27.	 (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
C 1.	And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is
01 t	he same force and effect as if made under oath and in virtue of the Canadian Evidence Act. Signature of Applicant: Caton
	Signature of Applicant: Eugene Caton, Place of Residence: 135 83rd St. New York City. USA.
	Declared before me at:
	Toronto.
	This 12th day of May 19 19.
	Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.
	POST DISCHARGE PAY.
Dat	e paid Paid Paid War Service Net amount
	Soldier Dependent Gratuity due
•••	
•••	
	Guiter 3 Guinne
	Certified Correct.

TRIPLICATE

ESTATION PAPER. French.

No. 3040840 Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT	BEFORE ATTESTATION. (ANSWERS.)
1. What is your surname?	CATON.
1a. What are your Christian names?	Eugeno.
1b. What is your present address?	TLOD WEST COIR DIE NEW LONK, Rel
2. In what Town, Township or Parish, and in what Country were you born?	Autun, France.
3. What is the name of your next-of kin?	Felicienne Gilman,
4. What is the address of your next-of-kin?	Aron Mest cold pre Hem form Were
4a. What is the relationship of your next-of-kin?.	Sister. Surricianto August 10th, 1900.
5. What is the date of your birth?	August 10th, 1900.
6. What is your Trade or Calling?	WERGHTHT 2.0 0
7. Are you married ?	Single.
8. Are you willing to be vaccinated or re-	Yes. Same and the Seminary
vaccinated and inoculated?	No.
NOTE OF	No.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes.
13. Have you ever been discharged from any Branch	No.
of His Majesty's Forces as medically unfit?	
14. If so, what was the nature of the disability?	
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No.
16. If so, what was the reason?	
Force, and to be attached to any arm of the service existing between Great Britain and Germany shoul	2 4 4 7
0-4-1 0-3 3030	(Signature of Recruit)
Date October 2nd 1918191	(Signature of Witness)
OATH TO BE TAKEN R	Y MAN ON ATTESTATION.
t,	the Fifth, His Heirs and Successors, and that I will as lajesty, His Heirs and Successors, in Person, Crown and bey all orders of His Majesty, His Heirs and Successors, o help me God.
	Sugere Caton (Signature of Recruit)
OCTOUR WANTE TOTO	
Date	(Signature of Witness)
CERTIFICATE	OF MAGISTRATE.
questions he would be liable to be punished as prov The above questions were then read to the R I have taken care that he understands each duly entered as replied to, and the said Recruit h	
M. F. W. 23.	(, , , , , , , , , , , , , , , , , , ,
	AT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE

Park Committee	arent Age		Distinctive marks, and marks indicating congenital peculiarities or previous disease.
lat	cions for Army Medical Services	nstructions given in the Regus.)	(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).
Heig	cht	5 ft 52 ins.	A Commence of the second secon
180	48 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The state of the s
ire-	Girth when fully ex-		Nil
Chest measure- ment.	Range of expansion	0	*** A selection of a state of the state of the selection
	plexion		The state of the s
		own.	The part of the part of the state of
		TVII.	The second transfer of the Party of the Part
		2.0	to the Manufacture of the only property with the second
18.	•	N. A.	Both eyes D. 50
ous		English Committee Co	Hearing, Nose throat Normal.
Religious denominations.	Baptist or Congregationalist R. C.		
R			
400	(Denomination to be stated.)		The contract of the property of the order of the contract of t
	ejection specified in the He can see at the re- use of his joints and lin	Regulations for Army Me equired distance with eith mbs, and he declares that	nd find that he does not present any of the causes dical Services. Her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. Inadian Over-Seas Expeditionary Force.
Date	Oct. 2.	18. 191	K. E. Mullen
Plac	New Yor	rk, M. Y., U.S.A.	C. T. Bracken,
	*Insert here "flt" or "unfi	it."	Medical Officer.
been	Note.—Should the Medical attested, and will briefly state)	1 Officer consider the Recruit unfit, I below the cause of unfitness:—	he will fill in the foregoing Certificate only in the case of those who have
		The state of the s	AL PERSONAL TERMS (Many Experience)
181	os otros basis signes	Therease are the The	and the second state and retirement to an include the second
		A STATE OF THE STA	
	CE	RTIFICATE OF OFFIC	ER COMMANDING UNIT.
	Eugene Ca	aton,	
insp	pected by me this day, a		of Attestation, and every prescribed particular having
beer	n recorded, I certify the		correctness of this Attestation.
	allers to any literature		Major (Signature of Officer)
	OCT 3- 191	alo n	. 1st Depot Bn., 1st C.O.R.

THIS HAS BEEN CHECKED

350м.—5-16 H. Q. 1772-39-920

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

Date of pres	promotion to sent rank	Date of appointme to lance rank	<i></i>	roll	rical position on lof N. C. Os.
Extende	d	Re-engaged) Mac	ehinist
	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-			Remarks taken from Army Form B. 213,
Date	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	Army Form A. 36, or other official documents
1919	3" S. F.D.	No. 6 Signal Co. C. E.	F. Siberia.	DEC 13 19	Sutosh. DEC13
			•••	and the contract of the contra	mg/6th/Signa/Co. C. E. F. Siberia.
		Embarked. Canada. Disembarked. Siberi	a. Vladivos	tok. FEB	
4-3-19	6th Sig Con.	T.o.S.	Vladivostok	27-2-19	*o. ITI# 12.
				ATHE S	
		Embarked	Siberia		1
		s/s Mo	nteagle		MANUMA
		April 21s	1919	190 pr of a	D. A. A, G. BASE RECORDS

⁽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.

[P.T.O.

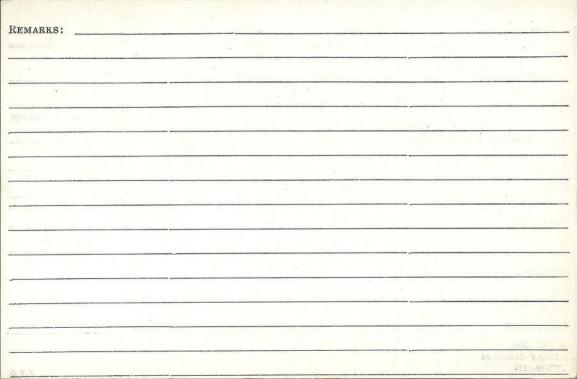
	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-			Remarks
atc	From whom received	ported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	taken from Army Form B. 213, Army Form A. 36, or other official documents
		221			
	F.O.	S. No. 2 District Depot / fa	rt II. D.O. N	13207	12/5/19
		Dis. #2 D.D. May 16th, 1		55.	
		Dygo	Qa va	Police	to
		90 Dec	O. C. Discharge S No. 2 Distric	ections,	tut
	A NA	* 18	No. 2 Distric		
		1 20			

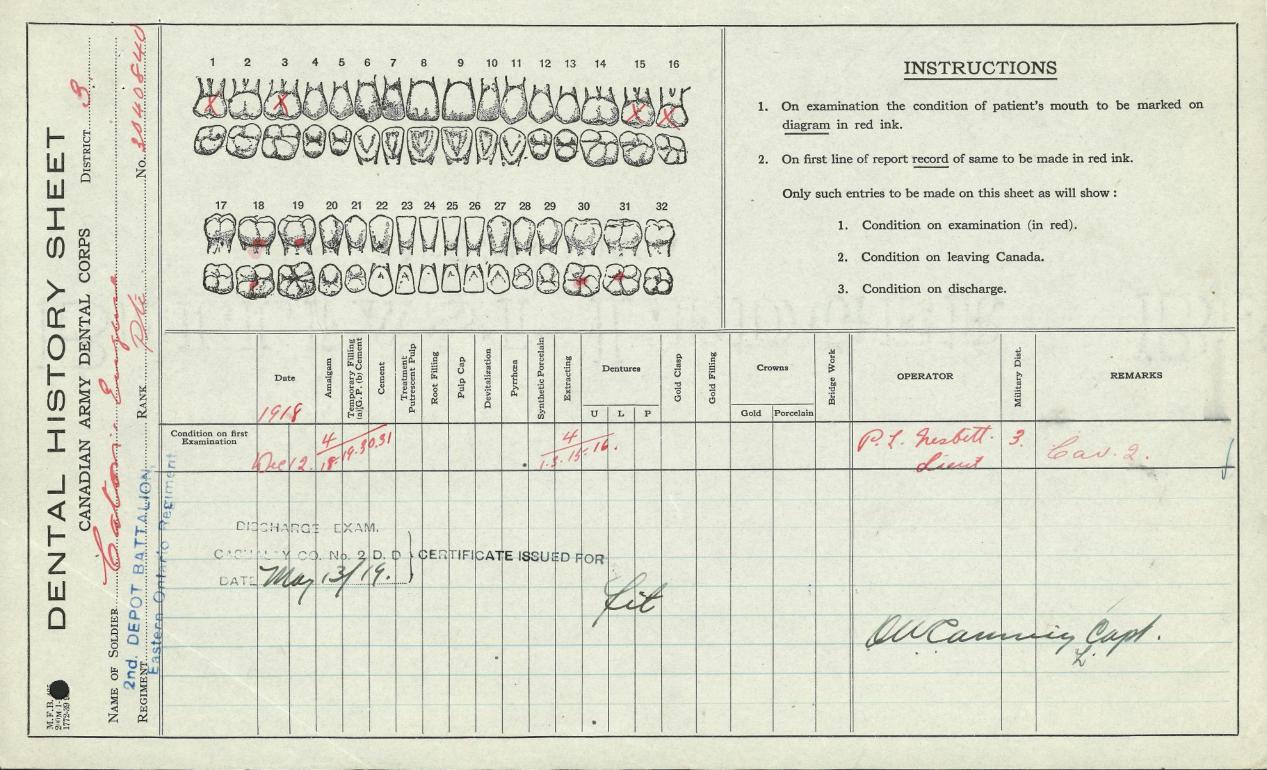
MILITARY SERVICE ACT, 1917. ORCI 1-2-46 MEDICAL HISTORY SHEET.

Cat	on	OL: W	Eu	gene	
Surname Number of report for ser	vice or claim for exemp	tion according to Pos	stmaster's	, , , , , , , , , , , , , , , , , , ,	
Receipt or schedule 3. Consecutive number on s	schedule of men reportin				
on it)4. Address (including street		st 83rd St			
and number if any)	.}			n as ascertained by the	
				19.18, by the	
undersigned medica	l board sitting at	New York		2	1
5. Age as stated	YearsM	fonths. 6. Appa	arent age	YearsMonth	(2
7. Height Fe	et 5 3/4 Inche	es. 8. Weig	ght 116	Pounds.	2
0 (1)	nimum 32 Ins. ximum 35 Ins	10 (1 1 1	Medium	Eyes Brown Brown Hair	3
11. Physical development				p*	den
13. Number of vaccination n		14. V			10
15. Distinctive marks and m		ni			
14 Slight 3-6-4-1-4-4-		†			Man
16. Slight defects but not sufficiently the man denies having had $\begin{cases} Rh \\ Tu \end{cases}$				tism Epilepsy losis Syphilis or Mental disorder. Asthma	jo
(Strike out disease admit		Asthma.	of past (Nervous	or Mental disorder. Asthma	ure
We have examine in accordance with the medical examinations, a	ed the above name C. E. F. Regulation and he is placed in Ca	ons for /'>	17. (a) Vision.	R 50 L 50	Signature
		a In	(b) Hearing.	R normal norma	
12000	eller	Member.	mud To	President. Member	
Date Result	VACCINATIONS			Typhoid Inoculations, Etc.	
9.00.00 I-Y	IN HE CA	H 1	TOBATO TANTO	ATTHOUGH INSCREAMING, ETC.	
1-11-11	mercus of	MI. O. T.A.B.2	100	D4 (11 M.O.	
***		M. O. 8/11/18	THE YES	M. O.	are.
		M. O. 111-18	2)	M. O.	d
Joined. 2nd	day ofday	ber 1	18 To	pronts.	raised in category, record category in
	CORPS	REG'TL NUMBER	Habits	DATE	cord ce
Joined on enlistment	ist Depot B'	N			ory, re
Transferred to		3040840			categ
					ised in
					If ra
EXAMIN	IED OR DISCH	ARGED BY A	MEDICAL	BOARD.	, <u> </u>
STATION	DATE	DISEASE		RESULT	
DH-	9.12.17			A 17 W.	f. l. C.
Ollawa	17118			1 / 12	1 NA
Park Schools	resito 13/1/19	mil Les	rerald	and Jil	outting let
N.B.—This sheet is to be d becoming non-effective; the dat	isposed of in accordance we and cause being stated or	ith instructions in the lands next page.	Regulations for Ar	emy Medical Service, on the man	auffer
M. F. B. 313. 300M —4-18. 1772-39-439.					Ja

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. DATES OF Signature of Number of Date of Arrival Admission into Hospital Discharge from Hospital. Medical DISEASE. STATION. days in at the Officer. Hospital. Station. Month Month Christian urname

LEDGER No. 10787.	SERIAL No. 23-14913
REG. No. 3040840 NAME	Caton lugene C.O. R. AGE 18, SERVICE 1/52
RANK Pte, CORPS / st / st	6.0. R. AGE 18, SERVICE 152
1 bamp Hosp hear	gala on the Loke, 12-10-18
2	
3	
DIAGNOSIS Influenza.	
DIAGNOSIS AMARIA	
Transferred to	
TRANSFERRED TO	
DISPOSITION Unit 20-	10-18. CATEGORY
M.F.W. 2553.	
1126-D.P50M-12-18. 1772-89-1832.	270





CANADIAN EXPEDITIONARY FORCE unique aus a mo. 2828324100



This is to Certify that No. Name (in full) the lat. Depot In. 1st.	enlisted in
day of	
Height Complexion Eyes Brown Hair Caton	Marks or Scars Vace scars loft arm
May 16th, 1919	O. C. Desarkurge Sections
Signed at this in Military District No. File Reference No.	No. 2

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	9 4 4 4	
Address on Discharge	5094	
Character and Conduct	व हैं हैं	
	0 4 0 0	
Former Occupation	2045	
Special Qualifications of Value in Civil	Life N = T T T	
	등 등 등 모	
Medals and Decorations	To m E	
	日月月日	
Remarks	97%0.	
0:	54095	
Signed at	this 3 3 3	day of19
Control of the Contro	HT TH	Name of Officer
		Ivanie di Onicei
		O. C. Discharge Sections, No. 2 District Depot
		Appointment

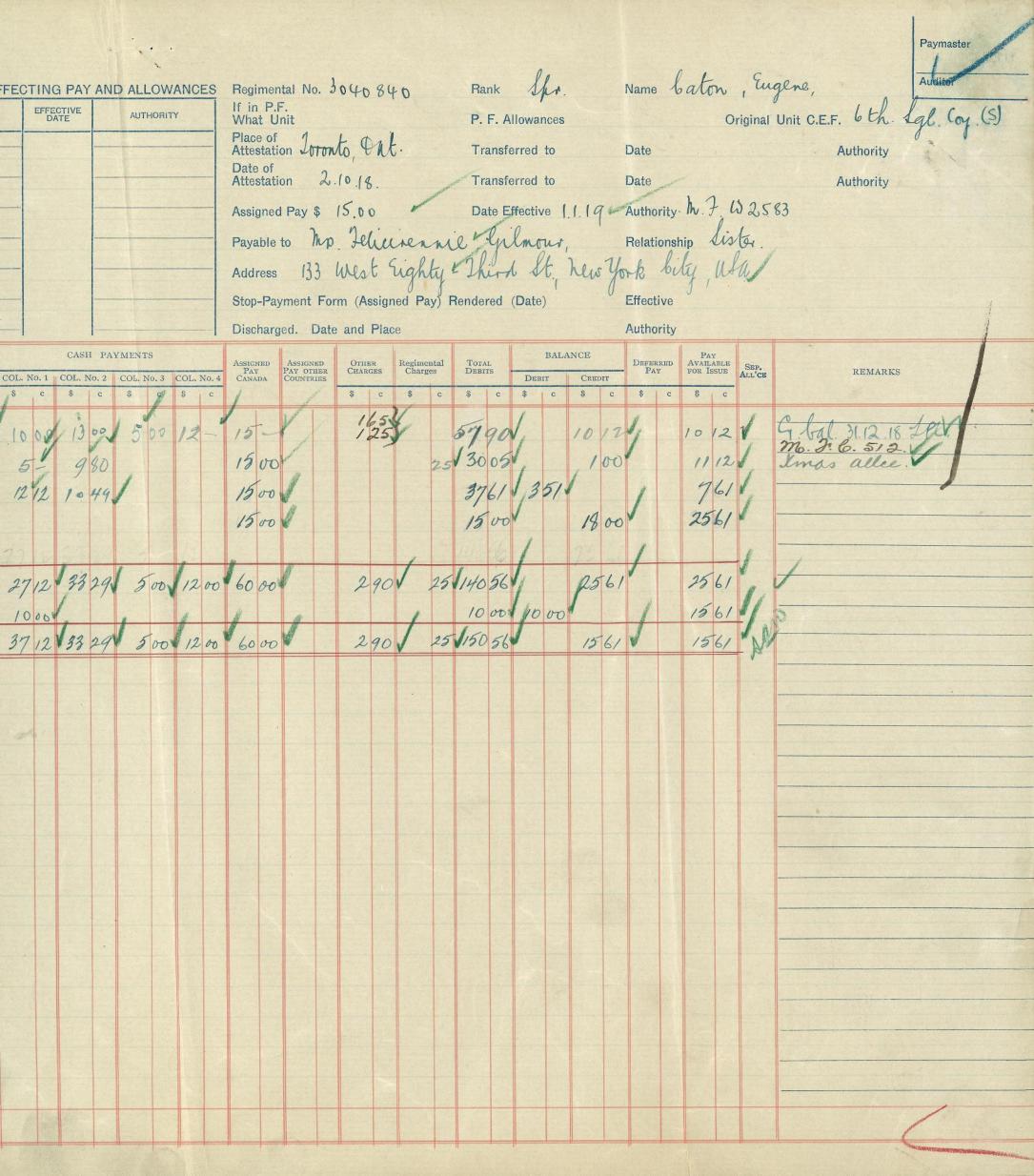
C.E.F. (SIBERIA) RECORD SHEET

		Felicienne Gilman,	(Sister)	Surname	Caton,	
	Next -of-	135 West 83rd S	t.,	Christian Names	Eugene	
	Kin	New York, N. Y.	, U.S.A.	Regimental No.	3040840	
				Rank	Spr.	
	Also Notify			Unit	6th Signal C	oy.
	740.119			Place and Date of Enlistment	Toronto, 2-1	0-18 M.D. 2.
	Subsequent			NON-EFFECTIVE: (1) Place (1)	M.D. 2	
	changes in Next-of-Kin			(2) Date (2)	16-5-19	
	Country of Birth	Married or Single on Enlistment	Subsequent Marriage Date	(3) Reason (3)	Memol	livotine
-9-18).	Autun, France.	Single.		H.Qs. File No.	Domer	3
M.F.W. 2581 (25M-9-18). 1772-39-1368. L.L. Job 48477.		omotions, Reductions, Transfers sualties, Reports, &c.	Place	Rank Effective Shewn Date UNIT SAILE	Unit Part II	Authority D.O. No., List. &c. Dated
	Embarked for Overseas	Donpofapa	ancouner I lad.	FEB 1 2 191	Today of	arting ist avail
	515.6	56. Monteagl	ė ()	Jan . 21 · 4 ·	19-11- 18	19 99-4-19
	505.00	scharge Comotilisa	1 Maga	Fe. 16.0'1	9-15-10	135 15.5-19,
			AND DESCRIPTION OF THE PARTY OF	STATE OF THE PARTY		

Record of Promotions, Reductions, Transfers		Rank	Effective		Au	thority	
Record of Promotions, Reductions, Transfers, Casualties, Reports, &c.	Place	Shewn	Date	Unit	Part II D.O. No., Cas. List &c.	Dated	
						*	
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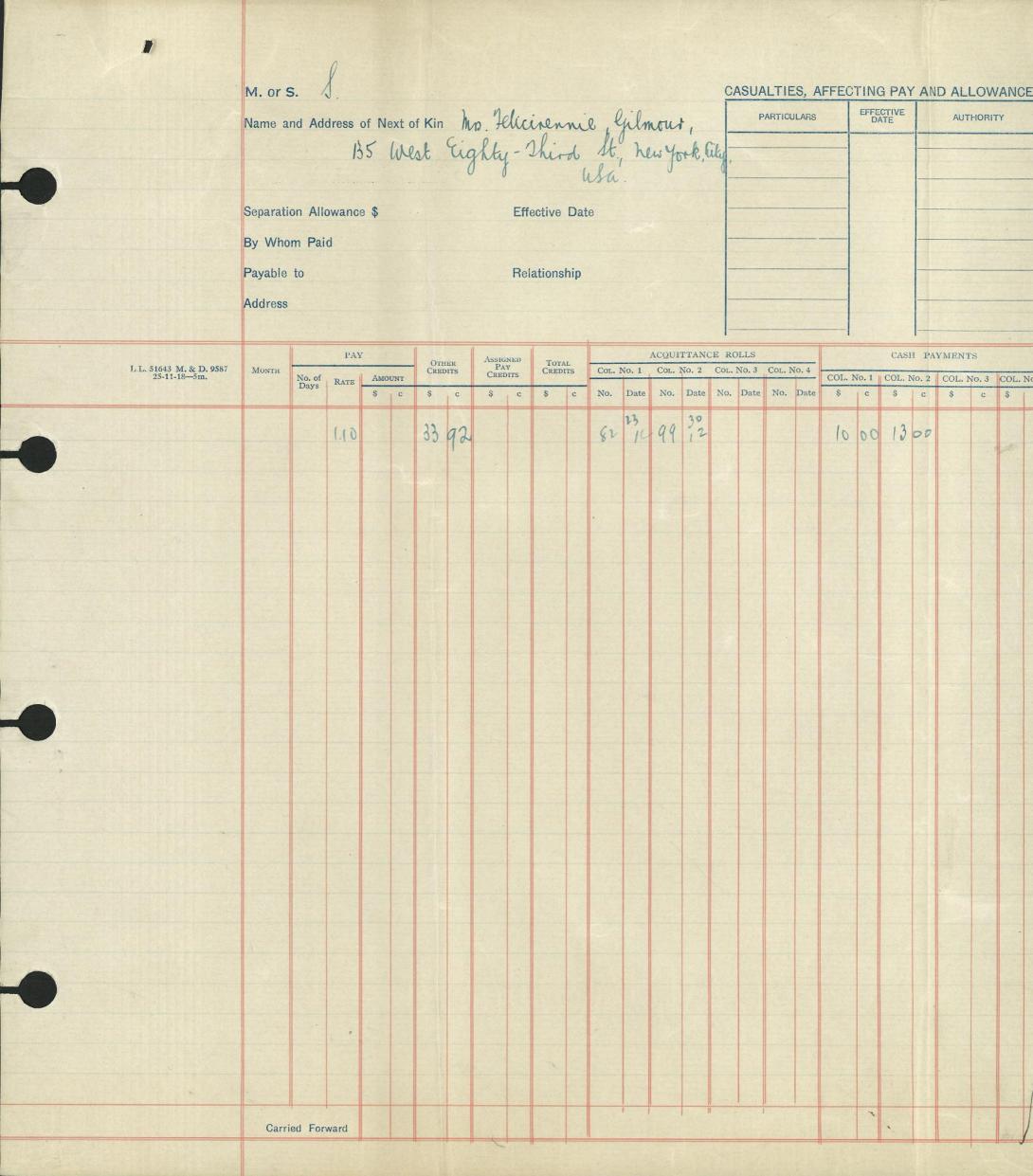
Name and Address of Next of Kin Mp. Illicirenil, Clister PARTICULARS EFFECTIVE DATE AUTHORITY

135 West Fighty - Third St., New York City, Was. Effective Date Separation Allowance \$ By Whom Paid Relationship Payable to Address ACQUITTANCE ROLLS CASH PAYMENTS Assigned Pay Credits Col. No. 1 Col. No. 2 Col. No. 3 Col. No. 4 L.L. 51643 M. & D. 9587 25-11-18-5m. COL. No. 1 | COL. No. 2 | COL. No. 3 | COL. N No. Date No. Date No. Date Mar 31 1.10 34 apr. 30 1.10 33 000 166 17 Boat Expart 154 Honteagle" 214 Carried Forward



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MONTH	No. of Days			William of State	OTI CRE \$	c c	Assic PACRE \$	A STREET, SQUARE, SQUA	TOTA CRED	AL IITS		No. 1	COL.	No. 2	Col.	No. 3		100000	COL, 13	No.1 c					COL.	COLUMN TWO IS NOT THE OWNER.	Assignet Pay Canada	A PACCO	SSIGNED Y OTHER DUNTRIES	OTIA \$	c c	Regim Char	eental riges c
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"MONTEAGLE" 5.5.19

AUTHORITY

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING

EFFECTIVE DATE

PARTICULARS

DAILY RATE OF PAY AND ALLOWANCES

REGT. No.

ORIGINAL UNIT PLACE OF ATTESTATION DATE OF ATTESTATION 130 ASSIGNED PAY \$ PAYABLE TO

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OP PAYMENT FORM
ASSIGNED PAY
ENDERED, DATE

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	DAYS		\$	c.	\$	c.	\$	C.	5	c.	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	c.	\$	c.	\$	C.	ş	c.
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RELATIONSHIP

DATE EFFECTIVE

RELATIONSHIP

100M-1-19.—L. L. 83962-M. & D. 9723. M. F. W. 2596. 1779-39-1890.

M. or S.

ADDRESS

ADDRESS

NEXT OF KIN

TO WHOM PAID

IS SEPARATION ALLOWANCE PAID?

Cas. Cy 64026. Dy. Seh. No. 2 DISTRIZT PAYMASTER "MONTEAGLE" 5,5,19 ROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES CATON, REGT. No. Pte NAME (IN FULL) 3040840 RANK ORIGINAL UNIT EFFECTIVE DATE PARTICULARS AUTHORITY PLACE OF ATTESTATION TRANSFERRED TO AUTHORITY DATE OF ATTESTATION TRANSFERRED TO AUTHORITY DATE ASSIGNED PAY \$ RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

STOP PAYMENT FORM
EFFECTIVE

Company of the c PLACE DATE IF ENTITLED TO POST DISCHARGE PAY REASON AUTHORITY DISCHARGED 16-5-19 DO 135 Yes Toronto Demon T. O. S. 23/4/19 D. O. 132 SUBS D. O. D. O ACQUITTANCE ROLLS CASH PAYMENTS BALANCE ASSIGNED OTHER TOTAL MENTAL CHARGES DEBITS COL. NO. 1 COL. NO. 2 COL. NO. 3 CHARGES DEBIT CREDIT Er Bal SPE 2561 Endowed on J'PE 1/5/19 20 16/5/19 lattering allower 10 5 1 4821 W.S.G. 20 1st W. S. 6. Paid by #2 D. D. 140 V 210 210

Separation and Assigned Pay Branch OVERSEAS CONTINGENTS Date of Assignment | 18248 | Date of Assignment | 1919

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT 15:00

RATE OF SEPARATION ALLOWANCE

PARTICULARS OF SEPARATION ALLOWANCE

No.			Name		
Rank Promoted	Reverted	Discharge	Address		
Soldier's Name			Change	of Address	
Battalion Siberian	Graft		1 MRS.FELICI	RENNE GILMOUR,	
Beneficiary			2 135 WEST 8 NEW YORK,N	3RD ST.,	15.00
Relationship			3 % 3040840 FIFTEEN DO	SPR EUGENE CATON	10.00
Address			4		

	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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F. W						
M. F. W. 128. 400m.—647—1773:39-1141 L. L. 22530—M. & D. 7993.						001-2 8-13
1,166						AUTO-0111 290 5-6-10
						NEW ACO'T. 27-12-18
						27-12-18

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE	OF SEF	ARATIO	ON ALL	OWANC	E

	RATE OF ASSIGNMEN	[T
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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	

	Address					
	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
M. F. W. 128, 400a.—A.17-1772 39-1141 L. L. 22399—M. & D. 7993.						
. W. I. -M. &						
M. F						
F. P.						

CASE HISTORY SHEET.

Camp	Hospital.	Niagara-en-tl	ne-Lake Station.
No. 3040840 Rank Pte	Name.	CAHON Eugene	Agem 18
Unit 1/1 COR Completed	vears of service hand	1/52 ^C an	
Date of admission. Oct 12 18			8
		origin Indernin	e
CONDUCTOR ON ADVISOROR LUE DO	anna an Cian		
Condition on Admission and Pro	GRESS OF CASE	*	
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of umance	of the face	Mourtan	was full trus
		*	
FAMILY HISTORY	Haaa		
(Tuberculosis, mental or nervous diseases.)			
TREATMENT	C 0 -11 N-	m/ S	
(Especially any specific or special form.)	Cas II T		
	a P, C	: Caps th	ų, –
- V			
Condition on Discharge,	CIAID		
(and disposal made of case.)	44 fa 4	a madut.	,
<u> </u>	T. D. V. C. Y		
Date Oel 70/18		Medical Officer	ndale
M. F. B. 313a. 200m. 5-18. 1772-39-439.		13 - 14	A A A

CLINICAL CHART.

Patient's Case.)

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Corps 1/1 COR	

Hospital StationNiagera-en the-Lake

Age 18 Service 1/52 Cen Rank and Name Pte CATON Eugene, No. B-1017 Date of Admission Oct 12 Bate of Discharge Ochro 14Result Cure Influenza Disease Folio

Disease		2.12.2	TROM	24		DC	ne oj	Au	กแจงเ	0119		7	Jule	UJ L	ischi	iige	JUN	-4/-/	1 1631		700		10		Case	Do)K		Po	110	
Dates of Observation	13	13	10t	15	26	1	140	10	20											*											
Days of Disease																															
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H. Q. 1772-39-513.

