REGIMENTAL DOCUMENTS

NAME CheARK, Thon	ias Harole	1 REGT. NO. 745257	UNIT	H. Q. FILE NO.	
CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)				22258	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)		to y			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)			1		
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)			1 1		DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)			, \		88
PARTICULARS OF CHARACTER (A.F.W. 3226)					8-8
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					6-9
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+ 4 + - /					
1 X 26 2 20					
W 2389 160 A-11-18 1272-39-1377					

SHEET. 745257 MEDICAL HISTORY

Surname C	art	C7	ristian	Name	es H	arold	
Examined on 16 at	day of Inar	191 6	Appr	oved by	Sfr	Ruce	ow
	Tonly po			Ranl	k	4	M.O.
		out	Date.	Fit or Unfit.	Exami	VED FOR RE-ENG	AGEMENT.
Apparent age 2							M.O.
Feight 5							M.O.
Veight //	73						M.O.
(Mi	nimum 35	Lbs. inches.					M.O.
	aximum expansion 39						M.O.
hysical development							M.O.
mall-Pox Marks							
(Arı	m Right. Lef	t.					MANAGED IN A STREET, STATE STATE STREET, STATE STREET, STATE STREET, STATE STATE STATE STREET, STATE
Vaccination Marks Num	mber 0 0	,	Date.	Result.	0	VACCINATIONS	i.
When Vaccinated last	never		16/16		Jam	es m	002 BM.O.
(a) Marks indicating	congenital peculiar	rities or					M.O.
previous disease w	me						M.O.
			Date.	Result.	Anti-T	YPHOID INOCULA	TIONS, ETC.
(b) Slight defects but no		rejection	13/4/11	Old	lam	es mi	Tore M.O.
non			141711	874	Jan 1	es In	
			18/7/1/	011	Sa.	0 70	101 M.O.
., 4		Dara	22/8//	4	Jan	es m	orl M.O.
Enlisted on 16 5 day	y of 81a	1	19	1 leat	C) ST	Dur	y out G
	Corps.	REGT'L M	TUMBER.	На	BITS.		DATE.
oined on enlistment	116th. Batt. C. E. F.	745	257			16# M	earch 17.
Transferred to	18th Bn						
EXAM	INED OR DISC	HARG	ED BY	A ME	DICAL I	BOARD.	
STATION.	DATE.		Dis	EASE.		Resu	LT.

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.

Christian Name Surname

	Date of Arrival	DATES OF							Number of	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In	Signature
STATION.	at the	int	Admissic to Hospi	on tal.	fro	Discharg m Hosp	re ital.	DISEASE.	days in	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 ineculations.	of Medical Office
	Station.	Day	Month	Year	Day	Month	Year		Hospital.	appliances supplied. Particulars of prophylactic inoculations.	
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Surname Christian Name Myheatre of War Date of Service Remarks Latest Address Roll No

GRATUITY (IMPERIAL)

CHRISTIAN NAME	SURNAME	Reg. No.
SCHEDULE No.	LINE No.	
UNIT RETIRED OR DISCHARGED FROM		
PLACE OF RETIREMENT OR DISCHARGE		
DATE RECEIVED FROM OTTAWA		IMPERIAL DEPOT No.
DATE RECEIVED FROM REG. DEPOT.		DATE FORWARDED TO OTTAWA

868-D.P.-40M-1-12-19.

649. C. 9881 Noteligible for 14-15 Star. #745257, Pte.T.H.CLARK V 18th Bn. Name & Address of Legatee Medals & . 19. Regn. No. 727/6

Scroll Desp. Regn. No. 727/6 Plant Desp. Pegn. No. Name & Address of Next of Kin Thomas Clark (F) P.& .S. Serial no. 756860 above Lesp13 /20 6 7805 Name & Address of Female Next of Kin mrs. T. Clark (m). Memorial Cross 809 Cloahous

Unit	Thomas Hard	rk Pto	3.	A STATE OF THE PARTY OF THE PAR	No. 74:	
1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
Date	REPORTED FROM BAS		T-	A465	M602	24-3
Stated 13-3	-17 is date of Dea			A468	M789	
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Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
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Clark Thomas Harold H. Q. FILE NO. 649-NATURE OF CASUALTY

FOLLOWS
NO. MILOS. 23-3-14. Willed in setion no date given enquires being made regarding M. 789 27-3-17 Referring to my blegram Mar 23 rd. 1917 m. 602. Date of Death now ascertained B2090a. 23-3-17 Killed in action 13 th march 17. (Dec 4. 28-5-17) 1 L. L. 12767-M. & D. 7390. M. F. W. 42-50M.-12-16.

H. Q. 1772-39-893.

DATE OF PEMARKS LIST No HOSPITAL ADMISSION Rep from Busi Killed in action. Date of Death not given 13-3-17. as per list a 468 Date of Death

Surname	Christian Name or		Reg. N	257
Rank	Unit Batt	Co.	Troop	Batty.
Hospital	, -,000		Date of	Admission
Transferred			Hosp.	
			Hosp,	*
			Hosp,	
			Hosp.	
Diagnosis	- H			
(1) Later Diagnosis (if change	ed)			
(2)				
(3)				The same
Additional Diagnosis: if n	nore than one state pres	ent		
Still	led in a	ction	n.s.	
	Pata	l Went	13.3.	17
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DISPOSITION				
				Date
A	465			
C.L. 24-3-17		REMA	RKS	
28. 3 17 44	68. K. F. B			
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		. nn D.	2 DEPT. O.M.F.C.	ondon.
		A.M.	O.M.F.C.	
		ED.G.M.S		
	Bch.	01		
***************************************	· Name of the second			

EPITOME OF HOSPITAL TREATMENT.

1.	Hospital	Adm.
2.		
3.		
4.		
5.		*
6.		

Repo	olania -	Record of promotions, reductions, transfers,			REMARKS	
Date.	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	Taken from Official Documents.	
501 n	o odili e	90	ALCELL G	1044		
	. 7	Pothe		0.tno	A.R. HO. S. Port Lorry	
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DECEMBER OF THE RESIDENCE	HUMBER CONTRACTOR	Carried to the Carried Control of the Carried		THE RESERVE	land the same of t	The second secon

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

Casualty Form—Active Service.

M. F. W. 54. 150M. 10-15. H.Q. 1772-39-920.

Regimen Enlisted Date of	tal No.74525	Rank Pte. Nam 6 Terms of Service (a)	Month Ser	Harol rvice reckor Numer	Andrea and be down	
Extende	d	Re-engaged	Qualification (b)		
Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.	
18 OCT.		anived, England.	Halifax Reverpool.	23/7/16		
	ransferre	d for overseas service w	#	attn.	Mylautot. 116th Battalion.	
6-10-16	Can Base	Arr from 116 Can Res Bn	Can Base	6,10,16	Nom Roll	
	Depot	England & taken on	Depot		Pt II Ord 52	
8-10-16	18 BN	strength of, 18 Can Bn. Joined unit	In the Fld	22,10,16	d-6.11.16 B. 213	
13-3-17	18th An.	Killed in action	In the Fld.	13-3-17	Letter 13/3/17. (Can Sect. No. KI. 1 Des. 275, 20/3/17, and Des. 276, Pt. II Goder 19, 23/3/17.	37/377
(ex)	In the case of a m	an who has re-engaged for, or enlisted into Section D. eing Smith, etc., etc., also special qualifications in tech	Arphy Reserve, perticular		t. for LtCol., A. A. G.	

	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form	Place	Date	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.	Take of the second seco		Army Form A. 36, or other official documents.
	1756	Frank			175,4
	•				
				127	
			4		

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.

THE STATE OF THE WORLD CONTROL AND SERVED A PROPERTY OF CONTROL OF THE SERVED SERVED AS A SERVED SER
(1) Name of Overseas Unit which Soldier joins
116TH OVERSEAS BATTALION C.E.F.
(2) Regimental Number
(3) Full Name of Soldier. Thomas Harold Clark
troports of a real section as a force of a region of the region of a region of the reg
(4) Place of Birth Tp of Manvers Ont.
(4) Flace of Birtin 4P 04 West 519 0440.
(5) Are you married, or not?
(5) Are you married, or not i
(6) If married, state, (a) Full name of your wife no
(a) I di ilalie di you wie
19 (19 Car Ca
(b) Present Postal Address
(7) Are you a widower?
(8) Have you any children?no
If so, give number of boys and girls
11 30, give hathbet of boys and girls
Also their names and ages

(9) Is your Father alive? Yes
If so, state name and address Thomas Clark, Port Perry Ont, Can,
(10) Is your Mother alive?
If so, state name and address Thirza Clark
Port Perry Ont, Can,
(11) If your Mother is a widow. no
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.
XXXXXX YES CONTROL OF THE PROPERTY OF THE PROP
(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.
XXXXX
(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 Sepa stion Allowance? If not, this must be done.
XXXXXX
(15) Are you insured? no
If so, in what Company?
Have you made arrangements for payment of your Insurance premium
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.
Date June 30th 1916 Date June 30th 1916 Date June 30th 1916

If page 20 with Military Will si removed, state on this page to whom it has been forwarded and date:-

WILL FILED AT HEADQUARTERS, OTTAWA.

H.P. Cooke,
Major
O.C. "A" COY. 116th O.S. BN. C.E.F.

NOTE. Extracted from Pay Book page 22

No. 745257 Pte. Clark, T.H. 18th Battn.

Terwarded to Ottawa.

FORM OF WILL.

I, Thomas Harold Clark.	(Name in full)
Regimental Number 745257 serving in 16	1 61.Br. 6. E
of the Canadian Expeditionary Force, do hereby revoke all	
made and declare this to be my last Will.	
I bequeath all my real estate unto	
9ms. Thirza 6 lack. Fort Perry. Detario - ba.	Name and Address of person or persons to whom it is to go.
absolutely, and my personal estate I bequeath to	
Hm. Fhirza black. Port Perry. Othlario-Ban	Name and Address of person or persons to receive personal estate* (See note).
IMPORTANT NOTE This must be Signed and Dated by THE SOLDIER HIMSELF. This must be Signed day of June The Soldier day of June This must be Signed day of June This must be Signed day of June The Soldier day of June This must be Signed day of June This mus	A. D. 191 nature of Soldier.
*N.B.—Personal estate includes pay, effects, money in bank, insurance poexcept real estate.	olicy, in fact everything
Signed and acknowledged by the Testator as and for his last	Will in the presence
of us both present at the same time, who in his presence, a	at his request, and in
the presence of each other have hereunto subscribed our name	
Signature of First Witness W. Lea	of.

::. F. W. 82 ::00M-5-16. 1772-39-983.

THE TWO

MUST

SIGN HERE

Occupation of Witness

Address of Witness

Occupation of Witness...

Signature of Second Witness.

Orun

ATTESTATION PAPER.

BRIGINAL No. 745257

Folio.

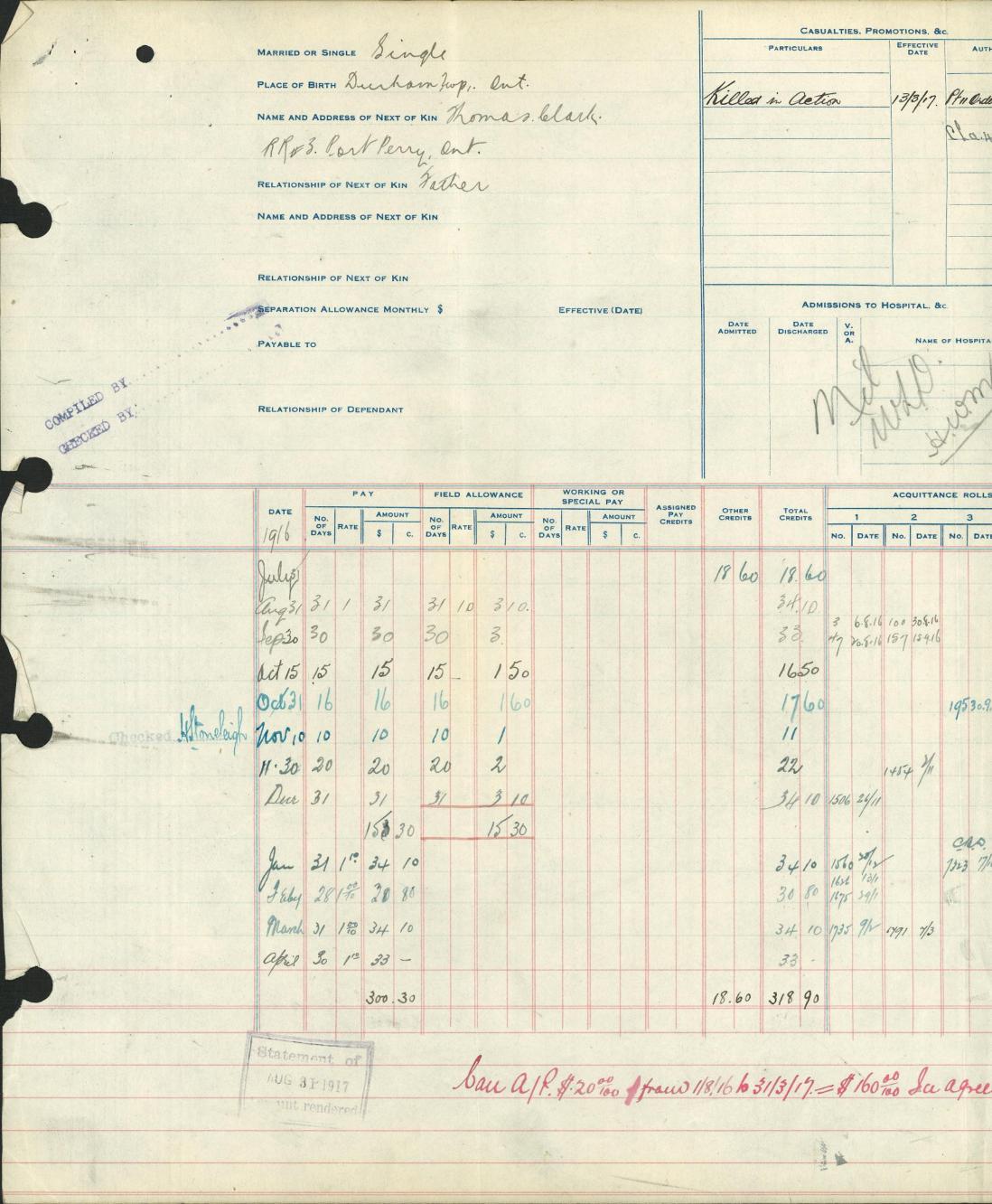
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.) 1. What is your surname? 1a. What are your Christian names?..... 1b. What is your present address?..... 2. In what Town, Township or Parish, and in what Country were you born?.... 3. What is the name of your next-of kin?..... 4. What is the address of your next-of-kin?...... 4a. What is the relationship of your next-of-kin?. 5. What is the date of your birth? 6. What is your Trade or Calling? 7. Are you married?..... 8. Are you willing to be vaccinated or revaccinated and inoculated? 9. Do you now belong to the Active Militia?..... 10. Have you ever served in any Military Force?.. so, state particulars of former Servic 11. Do you understand the nature and terms of your engagement? 12. Are you willing to be attested to serve in the) CANADIAN OVER-SEAS EXPEDITIONARY FORCE? DECLARATION TO BE MADE BY MAN ON ATTESTATION. 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.(Signature of Recruit) ar 16 1916.(Signature of Witness) OATH TO BE TAKEN BY MAN ON ATTESTATION. I,: Howas Harold Glask, 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. (Signature of Recruit) 6-lark 1 av 16 1916 Date.....(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 this co day of Co 52 70 (Signature of Systics) M. F. W. 23. 100M.—1 -15. H. Q. 1772-39-841.

i	Description of Thomas	Harold Clarkon Enlistment.
	determined according to the instructions given in the Reguions 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).
Heig	ht	Approving Omeer).
Chest measure- ment.	Girth when fully expanded. 392 ins. Range of expansion 42 ins.	
	plexion Fair	
	Pl	
Eyes	1. 11 R.	
	(Church of England	
	Presbyterian	
20	Methodist. X	
Religious denominations	Baptist or Congregationalist	
Religious lomination	Roman Catholic.	
denc	Jewish.	
	Other denominations	
	(Denomination to be stated.)	
free Date	He can see at the required distance with eith use of his joints and limbs, and he declares that I consider him* for the Can Max (6) 1916. *Insert here "fit" or "unfit."	ner eye; his heart and lungs are healthy; he has the
	CERTIFICATE OF OFFICE	ER COMMANDING UNIT.
	Thomas Harved Cla	having been finally approved and
insp		of Attestation, and every prescribed particular having
	recorded, I certify that I am satisfied with the c	
	· · · · · · · · · · · · · · · · · · ·	(Signature of Officer)
Date	mar 16th 1916	C. 116TH OVERSEAS BATTALION C.E.F.



REG'L. NO. 7452 RANK Private NAME black. Thomas Harold TRANSFERRED TO 18 th DATE 11-16 17. Phi Orders 19 73/ TRANSFERRED TO DUN. L. DATE 1/17 PERMANENT FORCE ALLOWANCES PLACE OF ATTESTATION Partherry, Ont. WEB. DATE 1-4-17 AUTHORITY DATE OF ATTESTATION Mar 16. 1916. ASSIGNED PAY MONTHLY \$ 2000 DATE EFFECTIVE ang 1,1916 PAYABLE TO Mrs. Thos. black, Book Perry Outaris Banada RELATIONSHIP mother ME OF HOSPITAL STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 21/7/17 REASON AND AUTHORITY Checked by 1. Jullams TE NO. DATE NO. DATE Galance from tan 1860 20 3270 4920 1650 20 13 - 1 20 243 2817 19530.9.16 243 Trans. 18th Br. Do. 257 20 1917 20 87 4030 31 34 43 06 20 cas 96 98 50 18 20 25 24 55 74 20 27 85 61 99 1 20 2.0 2000 74 99 33 99 23 13 679 Carried Jaward 180 24391 a agreement millo Ollawa Slip HQ593-1-12 dated, 28/4/19.

											*				D																		
745257 PAY FIELD ALLOWANCE WORKING OR									Rte		(Cl	O UITTA	rk	3		7	ho	me	as	SH PAT	Va	ro										
	DATE 1917	No. of Days	1	Аме	OUNT C.		RATE	11	OUNT C.	No.	SPECI	AL PA	TAUC	Assi P Cre	GNED AY EDITS	OTH CRE	IER DITS	Tot. CRED	AL	No.	1 DATE	11	2		3	- II	4 DATE		1		2	II.	3
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No. of Lot of Lo																												*					
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Harold BALANCE PAY WITHHELD OR DEFERRED PAY AVAILABLE FOR ISSUE ASSIGNED PAY OTHER CHARGES REMARKS CREDIT 24391 6.79 180 8909 20 20 - 102 09 20 Er gota A. P. reck, May Suhl, hely 17 Challet wet Pa H 6598-1-12 d, 28/4/19 20 100 10 120 10 18 01 18.01 Balance trans 61 99. 61 99 6,99 to Ottawa for Set. Vgå 20/9 4.10.117

MILITIA AND DEFENCE ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs Thomas Clark R.R. # 3. Address

Port. Perry.
Ont.
AUG1 1916

Rate 2000

By Whom Assigned Clark Thomas H. Regtl. No. 745248 74535

Rank Pte Corps 116 th Bin "a. Coy.

PAYMENTS

	Month	Year	Cheque No.	Amt.	REMARKS
	Aug.	1914			
	Sept.				
	Oct.				
	Nov.				
	Dec.	1015			
	Jan.	1915			
一 元为华州市市特殊市	Feb.				Pensions Notified DATE 2/4/17
	April				
	May				Killed in Action DATE Mot stated 6.2.4)24/3/17. BN March 7/2/17.
	June				(1.2.4) 293/1.1811 March //2/171
	July				
	Aug.				Pensions Notified DATE (6-4/-/)
	Sept.			12.00	I GUSTOUS MOTING
	Oct.				Pensions Notified DATE 16-41 Killed in Action DATE 13-3-17 C. 2120131-3-1795 leming 1.6-9-17
	Nov.	1			(2/2)31-3-1795 Juning
	Dec.	1015			01.6-97-17
	Jan.	1916			
	Feb.				
	March				

ASSIGNED PAY

Sheet No. 2. Mrs Thomas Clark OVERSEAS CONTINGENTS

July

L. L. Job 310.—Req. 6574.			PAYM	ENTS.		745248 Pte 1164 Bin a'co
	Month.	Year.	Cheque No.	Amt		2000 Remarks. AUG 1 1916
	April	1916				
	May					
	June					
	July					
	Aug.		N15048	20-	1	
	Sept.		15715	20		
	Oct. V		L90383		1	
Dad	Nov.	1	25272	20		1. 2
	Dec.	1	3/691	20		/c giz 16-4-17 Isofilemeng
	Jan. COd	1917 /0	137/76	20		
	Feb.		M43040	20	1	20 P. aut closed. Cas. BM March 7/4/17. 20 Mehryne W 828 Camelled BA March 7/4/17.
	March		649125	20	Ala	20 Rant closed Cas BMMarch 7/4/17
	April	to	8287	20		20 Gehegne W828 Camelled BAManih 7/4/17
	May					
	Juna					4/60 K.F. X 26/10/12/2
	July					72
	Aug					F. X. Rend. Date J. o. tout 216000
200	Sept.					E.F.X. " Date 14.11.17. By R. S.
	Oct.					By MA
	Nov.					
	Dec.					
	Jan.	1918				
	Peb.					
	Merch					
	April					
	May					
	June					

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

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.					AS BEAT TO A CONTRACT OF
Y	Jan.	1920				
	Feb.					
	March					
	April					
0	May					
	June					
	July					
	Aug.					
	Sept.					HEREIGNAM AND
	Oct.					
	Nov.					
	C PARTIES					