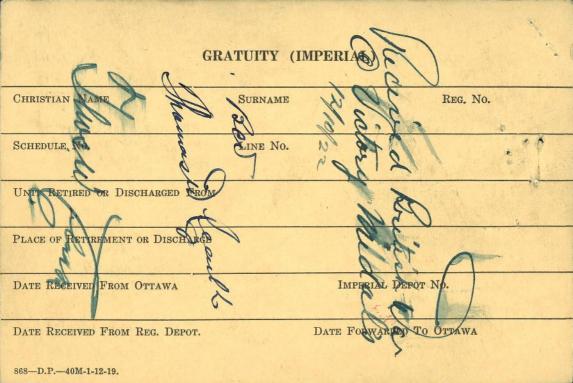
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CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		22278	Category
TRAINING HISTORY SHEET (M.F.W. 113)			
/ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)			
/ REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)			
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)			
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)			DISCHARGE
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COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)		s=.	11-9
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Surname Christian Name Name an Inheatre of war france Remarks____ Latest Address.... Roll No. 200m.-6-21.



W. S. B. CL. 35 A. 2-2-34 SHORT FORM. PROCEEDINGS ON DISCHARGE (Demobilization.) No. Rank. Name. Unit. 5. Date of Discharge 6. Reason for Discharge DEMOBILIZATION SERVICE IN FRANCE. 1420 Authority. 8. Proposed Residence after Discharge CERTIFICATE TO BE SIGNED BY SOLDIER. YES TRV Thereby acknowledge that at the undernoted place and date I received my discharge Certificate Signature of Soldier. CONFIRMATION. The discharge of the above named man is hereby confirmed. (O. C. Discharging Unit.) /P53 5/19 25m (2) D.St. (1184) Wt. M.F.B. 218a

25-11 res

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	2790
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	
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

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- 1. Triplicate "Mestation Paper (M.F.W. 23), or Pass culius of Mayre (M.F.W. 183).
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 5 Proceedings on Fisch (M,F,B, 122)
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 10. In Freal terminate (F, D,3).
 11. Equipment (M,F,W, 39a)
 12. Last Pay 1 effects (F, E1).
 13. Pay hook (M,F,B)
 14. War Serie C (M,F,B)
 15. Sundry from Man. W, 2595),
 16. Sundry from Man.

Group 4 Checked by No. S2 6MS! Date 12/6/19

Taret.

350м. -6-16 H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd Reinforcing Coy., 5th DIC. CEF. 6/ Rank Private Name Clark, Thomas Atbert Terms of Service (a) C.E.F. Service-reckons from (a) 16/7/17 Numerical position on) Date of promotion to Date of appointment) roll of N. C. Os. to lance rank present rank Qualification (b). Extended ... Re-engaged..... Record of promotions, reductions, transfers, Report Remarks casualties, etc., during active service, as retaken from Army Form B. 213, Date ported on Army Form B. 213, Army Form Army Form A. 36, or other From whom A. 36, or in other official documents. The Date official documents received authority to be quoted in each case HALIFAX 4/10/17 Liverpool 17/10

⁽q) 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.

2075489 PE. CLARK, T.W.

Date	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
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Regimental Number 2075489 Regiment or Corps Surname Christian Names *Substantative Rank *Acting Rank_ (* To be entered in pencil to facilitate alteration.) (B) (A) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named. Date of Remarks, and initials and rank promotion, Report Place of Authority of Part II. of Orders reduction, casualty reversion, of an officer From whom received Date. casualty, &c. Nothing to be written in this margin. Transferred to 42 73m BESERVE to

Regim

	(A) port From whom	Authority of * Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	(E) Date of promotion, reduction, reversion,	(F) Remarks, and initials and rank of an officer
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(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.

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NAME Clarke. Willer T. Ros No. 10/22/ / SRANKPto UNIT Special Kervice Battalion T. O. S. nausta from 240 th Bo. 1-5-17 M. D. 3 RO119418-5-17 PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PAID PAID SIG. OR REC'T FROM TO PARTICULARS AUTHORITY may 31 DO1460/19-6-17 forfats ady pay u. u. ч. abs. angei 6-7-17. fod Decland Desveter 6. of. J. 9-2-18. 10072 of 13- 3-18. Te

Christian Name or Names Reg. No. Surname 2075489 Clark. T.W. Unit Rank pte Que 42. Cas. List. 26. G. Elaplas 2-10-18. essu B. ann Ty. 9-10-18 a 340-4 5 12 CD. aubenque - 5:10:18 15.10.18 @ 345. 17.10 78 4347.5. Dis to 5 Rb. St Martins 11.10 18 2. D. Etchinghill. 15.2.19. Gad an leave from France 20 5.19. 15525 Dircharged 16.5.19. A.M.D. 2 DEPT. Bch of D G M S. O M F.C. London. D.M.S. 1300. 50M-30-8-18.

Cas. List.

Form R. 149.

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NAME RANK AND CORPS CABLE NATURE OF CASUALTY No. -DATE **FOLLOWS** M. F. W. 42-100m.-28-11-17. L. L. 31493. M. & D. 8476. H. Q. 1772-39-893.

DATE OF LIST No. HOSPITAL REMARKS Q 340. 26 Len Etaples 2-10-18

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

Casualty Form—Active Service.

Unit, Regiment or Corps. 240th Overseas Battalion C. P. P.

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

350M.-5-16

Regimental No. 1042415 Rank Pte Name C. E. F. Clark, Thomas, Wilbert, Enlisted (a). 21/11/16 Terms of Service (a) DURATION OF WAR Service reckons from (a). 21/11/16 Date of appointment ON ILS. Date of promotion to) Numerical position on) present rank to lance rank roll of N. C. Os. Qualification (b). I armer Re-engaged.... Report Record of promotions, reductions, transfers. Remarks casualties, etc., during active service, as retaken from Army Form B. 213. ported on Army Form B, 213, Army Form Place Date From whom Army Form A. 36, or other Date A. 36, or in other official documents. The received official documents authority to be quoted in each case 240 Bm, C.E. 7. TAKEN ON STRENGTH NO. 3 SPECIAL SERVICE CO With 3 MD. 26-240-14. 12'577 No. 8 Special Service Company, Visite

(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.

Report Record of promotions, reductions, transfers, Remarks casualties, etc., during active service, as retaken from Army Form B. 213, ported on Army Form B. 213, Army Form Place Date From whom Army Form A. 36, or other Date A 36, or in other official documents. The received official documents authority to be quoted in each case

CR. Rank

CLARK, Wilbert Name

Dft.2nd Rein.Coy.5th R.H.C. to Q.R.D.

If in perm. Corps What Unit?

Reg'l No. 2075489.

Married or Single Single.

Place and Date of Enlistment Montreal, July 16th, 1917.

Place of Birth Leonard, Ont.

Name and Address, Next-of-Kin

Mrs. Mary Clark.

Leonard, Ont., Canada.

Relationship

Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. V., Ld .- 9546-16. Report. Record of promotions, reductions, transfers, REMARKS Date. casualties, etc., during active service. Taken from Official Documents. From whom Date. The authority to be quoted in each case. received. Arrived in England 17-10-17 S/S Metagama 30.10.14 20 "Res Bn Jaken on Vormath - - Softo 42 napon ofs 9.10.18 Q Reg Wounded 2.10.18 CL a. 340. 42Bn S.O.S to 7th Can Light Trench 11 23.9.18 00 115. 4.6.11 morter Battery. 7LTMB SOS to HVnd Bn " 16-11-18 Do 39000157a/4-12-10,4 · 7-2-19 Do14 1.3-19 00 24 a NOUS. 19.5.19. 23 Res JOS from 18.5.19 · 120 DO115

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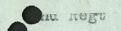
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CANADIAN EXPEDITIONARY FORCE War Service Badge Class. War Service Badge Class. DISCHARGE CERTIFICATE 2 9 2 9 1 9 1 ssued

THIS IS TO DEPTIED IN 20	45 400 (Dto)
THIS IS TO CERTIFY that No. 20	
Name (in full) CLARK. —	Thomas Hilbert enlisted in
the 2nd Peinforcing	
CANADIAN EXPEDITIONARY FORCE at	ontrealon the 16th
day of July 1914	
HE served in 42 nd Can.	Battal in France
	Demobilization.
and is now discharged from the service b	Medical Unfitness.
	he Date below is as follows:
Age 20 / Jos 2 Montils.	Marks or Scars
Height 5 Ft - y Qu's.	Slight Varicoccle
Complexion Medium	left.
Eyes Dlue	
Hair Brown.	
	1
Signature of Soldier.	Mackenya Walers
Date of Discharge	Issuing Officer.
Date of Discharge	1 Caghi
JUL 8 1919	Rank
Districe	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.

M.F.B. 39A.



STESTATION PAPER.

No. 1042415

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PU	T BEFORE ATTESTATION. (ANSWERS.)
1. What is your surname?	Clark
1b. What is your present address?	Leonard, Ont. Canada
2. In what Town, Township or Parish, and in what Country were you born?	Leonard, Ont. P.O. Canada
3. What is the name of your next-of kin?	Robert Cummings Clark
4. What is the address of your next-of-kin?	Leonard , Ont. Canada
	Father
4a. What is the relationship of your next-of-kin?.	November 18th 1898
5. What is the date of Sour birth?	Fermer
6. What is your Trade or Calling?	No
7. Are you married?	
8. Are you willing to be vaccinated or re-	Yes
vaccinated and inoculated?	
9. Do you now belong to the Active Militia?	No.
10. Have you ever served in any Military Force? If so, state particulars of former Service.	NO.
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the	Yes
Canadian Over-Seas Expeditionary Force? ate of enlistment November 21st 1916	
I,	, do solemnly declare that the above are answers are true, and that I am willing to fulfil the engagements to serve in the Canadian Over-Seas Expeditionary e 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
Date November 21st 191 6.	(Signature of Witness)
	Y MAN ON ATTESTATION.
in duty bound honestly and faithfully defend His l	the Fifth, His Heirs and Successors, and that I will as Majesty, His Heirs and Successors, in Person, Crown and obey all orders of His Majesty, His Heirs and Successors, So help me God.
Th	os. Wilbert Clarksignature of Recruit)
Date November 21st 1916.	Signature of Recruit) (Signature of Witness)
CERTIFICATE	OF MAGISTRATE.
questions he would be liable to be punished as pro The above questions were then read to the 1 I have taken care that he understands each duly entered as replied to, and the said Recruit 1	Recruit in my presence. question, and that his answer to each question has been has made and signed the declaration and taken the oath
before me, at Renfrew, Ont. this	Clat November 191 6
	(Signature of Justice)

O. C. 240th. O. S. Bn. C. L. F.

M. F. W. 83 760M--3-16 H. Q. 1773-39-841

4	

	determined according to the instructions given in the Regulons 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).
Wei	ght 120 lbs	service, attach a slip to that effect, for the information of the Approving Officer).
Heig	ht	
8 (Girth when fully expanded	Scar one inch on upper surface of foot just back of 2nd toe.
	Blue *	
	Light	
Religious denominations.	Church of England Presbyterian Methodist Baptist or Congregationalist Roman Catholic Jewish Other denominations (Denomination to be stated.)	
free 1	ection specified in the Regulations for Army Me	her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description.
Place	Renfraw, Ont.	delet
been at		Medical Officer. he will fill in the foregoing Certificate only in the case of those who have
	CERTIFICATE OF OFFICE	ER COMMANDING UNIT.
		having been finally approved and of Attestation, and every prescribed particular having correctness of this Attestation.
	***************************************	(Signature of Officer)
Date.	November 21st 191 6 C. 24	Mill O. S. Dill C. L. T.

ATTESTATION PAPER.

No. 2075489

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

1. What is your surname?	(ANSWERS.)
1a. What are your Christian names?	Wilbert
1b. What is your present address?	Leonard, Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Leonard, Ont.
3. What is the name of your next-of kin?	Mrs. Mary Clark
	Leonard, Ont. SUFFICIENT ADDRESS
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?	
0 4 111: 4 1	Yes
9. Do you now belong to the Active Militia?	5th RHC
9. Do you now belong to the Active Militia?	No, neither J.W.C.
	Yes
10 1	Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14. If so, what was the nature of the disability?	****
15. Have you ever offered to serve in any Branch of	No
His Majesty's Forces and been rejected? 16. If so, what was the reason?	
10, 11 so, what was the reason r	
by me now made, and I hereby engage and agree to see Force, and to be attached to any arm of the service the existing between Great Britain and Germany should the after the termination of that war provided His Majesty discharged.	erein, for the term of one year, or during the war now at war last longer than one year, and for six months
Date July /6 1917. Al	exis hasouf f. (Signature of Witness)
OATH TO BE TAKEN BY I	 *2000 [19] (19) (19) (19) (19) (19) (19) (19) (19)
bear true Allegiance to His Majesty King George the in duty bound honestly and faithfully defend His Majest Dignity, against all enemies, and will observe and obey and of all the Generals and Officers set over me. So he	sty, His Heirs and Successors, in Person, Crown and all orders of His Majesty, His Heirs and Successors, elp me God. (Signature of Recruit)
Date July /6 191 7. Ale	us hasouf f. (Signature of Witness)
CERTIFICATE OF	MAGISTRATE.
questions he would be liable to be punished as provided The above questions were then read to the Recru	ait in my presence.
before me, at Montreal this 6	day of Judy (Signature of Justice)
	NY PERSON MAKING A FAISE ANSWER TO ANY OF THE ABOVE

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	Apparent Ageyearsmonths. (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.				
Complexion Bange of expansion Jins Complexion Beyes Blue Church of England Presbyterian Methodist Baptist or fongregationalist Roman Catholic Jowish Other denominations (the comination to be stated.) CERTIFICATE OF MEDICAL EXAMINATION. CERTIFICATE OF MEDICAL EXAMINATION. CERTIFICATE OF MEDICAL EXAMINATION. CIA description The can see at the required distance with either eye; his heart and lungs are health; he has the free use of his joints and hims, and he declares that he is not subject to fits of any description. Journal of the Canadian Over-Seas Expeditional Expeditionary Force. Date There here "Il" o" " unit. Norre Seast the Matical Officer consider the Recent and Line will fill in the foregoing Certificate endy in the case of those who have been attented and will be the state of uniforms. CERTIFICATE OF OFFICER COMMANDING UNIT. Thomas Alberts CERTIFICATE OF OFFICER COMMANDING UNIT. Thomas Alberts La description Medical Officer. Norre Seast the Matical Officer consider the Recent and Line will fill in the foregoing Certificate endy in the case of those who have been attented and uniform the case of those who have been attented and uniform the case of those who have been attented and uniform the case of those who have been attented and uniform the case of those who have been attented and uniform the case of those who have been attented and uniform the case of those who have been attented and uniform the case of those who have been recorded. I certify that I am satisfied with the correctness of this Attestation, and overy prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.	lat	ions for Army Medical Services.)	(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).				
Range of expansion. Eyes. Hair Church of England. Presbyterian. Methodist Baptist or foregreationalist. Roman Catholio. Jewish. Other denominations. 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 healtly; 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 a subject to fits of any description. I consider him a subject to fits of any description. I consider him a subject to fits of any description. I have been attested, and will rightly sake below the casts of undinness— Other heart and lungs are healtly; he has the required distance of the causes of the subject to fits of any description. Other heart and lungs are healtly; he has the required distance of the causes of the subject to fits of any description. Other heart and lungs are healtly; he has the required distance of the subject to fits of any description. Other heart and lungs are healtly; he has the required distance of the subject to fits of any description. Other heart and lungs are healtly in the case of the causes of the subject to fit	Heig	ht 5 ft 7 ins.	LORON STATE OF THE SECOND				
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been recorded, I certify that I am satisfied with the correctness of this Attestation.	inge						
Lieut' O. C. (Signature of Officer)	9422.0						
and the second of the second o	100	2nd Reio	Lieuti O. C. (Signature of Officer)				

TEMPORARY.

2075 489 Army Form B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178 $^{\rm A}$ to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Chi	ristian Name, 30			
Birthplace (Parish County Coun	TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re- engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.			
Examined $\begin{cases} \text{onday of} & 191 \\ \text{at} \end{cases}$	Date / Brief	details, and Signature		
Declared Ageyearsdays.				
Trade or Occupation				
Height inches.				
Weightlbs.				
Chest (Girth when fully) inches.				
$ \begin{array}{c} \text{Chest} \\ \text{Measurement} \end{array} \begin{cases} \begin{array}{c} \text{Girth when fully} \\ \text{Expanded} \end{array} \end{cases} \\ \text{Range of Expansion} \qquad \qquad \text{inches.} \end{array} $				
Physical Development				
ArmRIGHT LEFT				
Vaccination Marks				
When Vaccinated				
(R.E.—V=				
$\label{eq:Vision} \begin{cases} \text{R.E.} - \text{V} = & \dots \\ \text{L.E.} - \text{V} = & \dots \end{cases}$				
(a) Marks indicating congenital peculiarities or previous		······································		
disease—				
and the second s				
(b) Slight defects but not sufficient to cause rejection—		•		
5 - 5 T				
Approved by				
Rank				
Cat	MADIE IV. 6	Yammiaa Makla		
Enlisted	TABLE IV.—8			
(on	Station or Troopship	Date of arrival or embarkation Date of departure or disembarkation		
Joined on Corps Regtl. No.	*			
enlistment 42us Bu. 2057489				
Transferred to				
Became non-effective by				
onday of191				
(Signature)				
(Rank)				

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of	
Hospital		Day Month Ye		Day	Month	Year	0	of days in Hospital	out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Medical Officer	
CANADIAN HOSPITAL, ETCHINGHILL, LYMINGE,	15	2	19	15	5	19	Donarrhoea	90	autero-host weshritis asmilled	1	
S ETUTINUMILL, LYMINGE,									with Calenalis FP.D		
			1						24/3/19 Set 47 mul. positios.	Jacolinuon	
						7			Discharged wiel	Cahl	
										10/	
						1					
							rain di la companya di mana				
										2.256	

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2nd Reinforcing Co. 5th R. H. C., C. E. F.

2075 489

WEDICAL HISTORY SHEET

Sarname Clark		149	ristian	Name	Thomas	s Wilbert	
	day of	0191 0NTREA	16 Apri	proved	FIT by EATION CE	MEDICAL BO NTRE, M. D. & Peccere	
Pirthplace)	own Leonard On		C.	Ra	1	> Presidentis m	
Apparent age 18			Date	Fit or Unfit	EXAM	INED FOR RE-ENGAGE	MRNT
Trade or occupation			UF	\ L	CUP	RY A"	M _. O.
Height 5			"A"	Fit for	General	Service	M.O.
Weight	143	lbs.					M.O.
CI (N	Minimum 30	inches				+	M.O.
Chest measurement { N	Maximum expansion 3	3.inches			***************************************		M.O.
Physical development	Lood				•••••		M.O.
Small-pox Marks	hl						M.O.
Vaccination Marks { A	rm Right Left	<u> </u>	Date	Result		Vaccinations	MINIDAMENTAL TRACT
(N	Tumber 00 0		1.4	Testalo	11 8	VACCINATIONS	
When Vaccinated last			20/10/1		Musel	Cape-	M.O.
	ng congential peculia						M.O.
previous disease			1510				M.O.
(b) Slight defects bu	it not sufficient to cause	Date 1/2/17	Result	ANTI-T	PPHOID INCCULATIONS	pt M.O.	
		TAB	10/8/17	Post	M. W.	game 6	M.O.
Enlisted on 16	day of July	2 /	19	17 at.	Montre	al .	
•	Corps	REGT'L N	UMBER	н	ABITS	DATE	
Joined on enlistment	20th CANADIAN RES. E	20 75 TN. R.H.O			C. E. F.	OCT 3 0 191	7 /8
Transferred to	7 / / 02 /						
EXAM	INED OR DISC	HARGE	D BY	A M	IEDICAL	BOARD	
STATION	DATE		Dis	EASE		Result	
		E CTIT	G MED	ICAL S		Ja Ja	
		Shul	liam	stry	la l	MANUELLE	or A

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

DATES OF 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. Number of Date of Arrival Signature of Admission into Hospital Discharge from Hospital DISEASE days in STATION Medical Officer Hospital Station Thomas Wilbert Day Month Year Day Month Year Name Christian Clerk Surname

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 2075489 Rank Pt. Surname CLARK
No. 1467 Rank Surname CAAAA

and Ro	Surname CLARK (Given name in full) Lomas Helbert Birthplace Leonard out
(Examination of Officer or Other Rank (string). GENERAL DESCRIPTION: Physique And Weight A 3 lbs.	ipped) to be made by one Medical Officer.)
Pulse Condition of arteries Vision Rt. Left Hearing (conversational voice) Rt. 20ft. Left. 2ft. Depinion as to general health and physical condition	Identification marks, scars, or deformities. (Give cause and date of origin).
The state of the s	has he now, any affection of the following systems? e may be sufficient in certain cases.)

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—
Examined at Mana (Overseas)
Date Signed Signed MO
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(Canada)
Date 3/)//9 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
(This space to be used, if necessary, in connection with Section 3, overleaf, only.)
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La Marie Contra de la contra de la Companie de la c
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correct to their at experience and based to a second to

(c) In France

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London 1. This form will be NAME OF SOLDIER (Block Letters) made out for each Individual at the time of Demobili zation in England or France. 2. Figures as per chart will be used Date of Examination in France Date of Examination in England to designate teeth concerned. 10 11 12 13 14 3. In reference to Partial Dentures the numbers of teeth thereon wil be stated 26 MAY 1919 PRESENT DENTAL REQUIREMENTS 1. FILLINGS EXTRACTIONS CROWNS 4. DENTURES (a) Full Upper (b) Part Upper (c) Full Lower (d) Part Lower 150. 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 yes (b) In England

Signature of Dental Officer.

A Strong

DIRECTIONS TO DENTAL OFFICERS

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c). All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins	
(2) Regimental Number	
(3) Full Name of Soldier	lark, Thomas Wilbert
(4) Place of Birth Gonard,	Ont
(5) Are you married, or not?	
(6) If married, state, (a) Full name of your wife	NOT APPLICABLE
(b) Present Postal Address	NOT APPLICABLE
(7) Are you a widower?	
If so, give number of boys and girls	NOT APPLICABLE
	NOT APPLICABLE
	NOT APPLICABLE

M. F. W. 67.

300м.—5-16, 1772-39-954,

(SEE OTHER SIDE.)

(9) Is your Father alive? Jos - Robert C. Clark	
If so, state name and address Lonal Ont.	
(10) Is your Mother alive? yes - many clark	
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.	
NOT APPLICABLE	
(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.	
NOT APPLICABLE	
(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.	
NOT APPLICABLE	
135) A	
(15) Are you insured? NOT APPLICABLE 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.	
2nd Reinforcing Co. 5th R. H. C., C. E. F.	
Officer Commanding.	
Date 19/7/17	

Overseas Military Forces of Canada.

	ASSIGNMENT	OF PAY (M	V.C.O.'s and IV	len).
	From Paymaster 20th. C	anadian Reser	ve Battalion,	Uni
		Bramshott da	mp. Hants.	<u></u>
	To the CHIEF PAYMASTER,	132	5-9-1-2	6
A.P.SECTI		ster House, 7, N	Millbank, London, S.W	
JAN 5 19	18 New afe		Date Decr. 7/1	931191 .
		New Assignment, Change of Assign		Strike out
	I beg to notify the following {	Change in Amount	at,	where Inapplicable.
		Renewal of Assign	ament,	Thuppinuse.
0.01.11	Effective from Jan.	1/1919.	0:::	1 17 1
· hill	No. 2075489		2nd. Reini	al Unit. 5th.RE
Particulars of Soldier.			Denoces	nt Unit.
hkd 8-1-18	Rank Private		20th. Can.	Res.Bn.RHC
BLN	Name Clark, Thos. Wi	There.		
Particulars of	Name of Assignee			Amount of Assignment.
Assignment already in	Address			
force (if any).				
RH-10/1/18	Relation of Assignee			
eff.	NOTE.—The filling in of the following	ng particulars will cand are given to the co	cel all previous assignments ontrary.	s unless instructions
		. Forms are not t	o be rendered.	
	Name of Assignee Mrs Mar			Amount of Assignment.
Particulars of New or	Address Leona	rd P.O. Le	onard.	
Change of Assignment.		Ontario. Gan	ada	\$15.00
	Relation of AssigneeMother)Pr.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	I certify that the above pers		I have satisfied myself	
	I wish assignment to be made is relative.		a dependent relative an Active Service Pay Book	
			1 rem	CAPT, & PAYMAS
	J. W. Ceark		20th CANADIAN R	
	Signature	of Assignor.		
	All new Assignments, Changes	INSTRUCTIO s in Amounts Assigned.	. Names of Assignees, Chang	ge of Addresses, are to
	be notified on this Form. Changes in 1st April and 1st October. Such notified and October 15th. Assignments from N	ication of charges to be i	in the hands of the A.P.M. not	re only to be allowed
	in favour of dependent relatives. Assassigned to Banks in Canada, if desired	signments to Banks in	England are not permitted	d, but money may be
[2]				
		/	AYMASTER ONLY.	~
100 30	Noted on Ledger Sheet	12/1/		
10 2 8		N. My	lles	200
MAN 3 8	13.00	/g/a	Pay Sergt. (unit)	M(N)
100	MAILED TO		4 .	PP
1	Date mailed to Ottawa		Checked Was	600 Ce 22
				For Paymaster II.
L.	OTTAWA.			
	30			ſp.T.O.

[P.T.O.





DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

e-1903

1869

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 Manus Mullo 2. Surname Canal
3.	Rank 16 4. Original Unit 1911 February 5. Reg. No 20 75 489
6.	Address, in full, to which future payments of gratuity are to be forwarded
	Too. Levnard, Oak
7.	Date of enlistment in the C.E.F. 6/1//
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	Address, in full, of such dependent hil
10.	Address, in fun, 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? M .
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:—
	MOI APPLICABLE
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?
14	Were you on active service only in Canada or the United States? If so, give particulars of unit and
1.5	Wile you on would be the same of the same
	dates of such service.
	NOT APPLICABLE
	HUI RIILIUMDLL
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 22 2200 KMC. uu
	Canada and I mos Tye Tost in England
	11 mos 42 2 and 7th Drench M By intrance
16.	Were you at the time of enlistment a civil employee of the Dominion Government? If so, state
	Department 100.
17.	Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?
54	34. Wt. /30P. 250,0.0(8). 2/19. S.O., F.Rd.

18.	Have you had more than one enlistment? If so give particulars discharges, and re-enlistments.
	and under what regimental numbers and units. Fes. 240 = Datha 6 2000
	in 1916. 10 Hes No 10 42418 Transferred to
	Slove of our Kost in will formed 3
	of and outer of mounts of the
	Mansperred to 2 - Teen. 60 7666 6/7/17 508. 2000
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
	state amount you and your dependence have anced, received and of anothe passes.
	MOT APPLICABLE
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?
	Are you entitled to receive, 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
	Toll one Imperior 2 01005. It so, seems minority 20001.03, or to
00	
23.	(a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival
	in England? 100
	(b) If so, was such reversion in consequence of misconduct or inefficiency?
24	Are you now serving in the C.E.F.?
	(b) Reason for discharge S. O. S. Demobilization
	JUL 3 1918.
	MOT APPLICABLE
25.	Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land
	MOT ADDITO DIE
	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 in which you served at the front, and dates of such service with that unit
	unit in which you served at the front, and dates of such service with that unit
	MOT APPLICABLE
27.	(a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
	(b) If so, are you in receipt of full pay and allowances from that Department?
	And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the
	ne force and effect as if made under oath and in virtue of the Canadian Evidence Act.
	nature of Applicant: J.w. Clark. OUESTIONS
	ce of Residence: Ollawa, Och. 10 13 14 00 , 04 05 96 97
Dec	clared before me at: Pyon goods 12, 13, 14, 20, 24, 25, 26, 27
Thi	s = day of June 19/9 UNANWERED.
	Signature of Barrister of the Supreme Court Stipendiary Magis-
	trate, Notary Public, Justice of the Peace, or Commissioner for the
	Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.
	LIEUT-OOL
	POST DISCHARGE PAY.
Dat	te paid. Paid Paid War Service Net amount Soldier Dependent Gratuity due
	Sourier Preparations
<i>A</i>	
*****	Certified Correct.
	District Paymestar

Thomas of 3. Helbert Clarke Regimental Number 1042415 serving in. of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will. I devise all my real estate unto Name and Address of person or persons to whom it is to go. absolutely, and my personal estate I bequeath to Name and Address of person or persons to receive personal estate* (See note). NOTE This space for the appointment of Executor if necessary. **IMPORTANT** NOTE This must be signed and Dated by THE SOLDIER HIMSELF. *N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate. 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, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses. Signature of First Witness Address of Witness.. THE TWO Occupation of Witness. WITNESSES MUST Signature of Second Witness. SIGN HERE Address of Witness. Occupation of Witness viner М. F. W. 82. 300м.-12-16. 1772-39-983.

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

Instructions.

.6

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1)) Name of Overseas Unit which Soldier j	oins. 240th Overseas Battalion C. E. ?.
(2)		
(3)	Full Name of SoldierClarke, Th	omas Wilbert
(4)		t. CANADA.
(5)		No
(6)	If married, state, (a) Full name of your wife	Nil
	(b) Present Postal Address	Nil
(7)		
(1)	Are you a widower?	No
(8)	Have you any children?	No
	If so, give number of boys and girls	Nil
	Also their names and ages	Nil
	The second secon	

1h

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING REGT. No. a 0 7 5 4 DAILY RATE OF PAY AND ALLOWANCES M. OR S. NEXT OF KIN RELATIONSHIP EFFECTIVE DATE PARTICULARS AUTHORITY PLACE OF ATTESTATION ADDRESS Thomas W Colark DATE EFFECTIVE ASSIGNED PAY IS SEPARATION ALLOWANCE PAID? RELATIONSHIP PAYABLE TO TO WHOM PAID ADDRESS ADDRESS STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE DISCHARGED 15 10 19 PAY AND F.A. ACQUITTANCE ROLLS CASH PAYMENTS REGI-OTHER TOTAL ASSIGNED MENTAL CREDITS CREDITS NO. OF DAYS MONTH COL. NO. 1 COL. NO. 2 COL. NO. 3 COL. NO. 1 COL. No. 2 CHARGES AMOUNT COL. NO. 3 RATE BALANCE FROM PREVIOUS ACCOUNT 64 61 64 61 351 100 80 113 987 134 07 15-00 Gralify WS 280 00 Days Min 280 00 70 00 00 64

200M-3-19.—L. L. 58788-L. & D. 9985. M. F. W. 2596. 1772-39-1390. PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING REGT. NO. 2075-489 RANK Pt NAME (IN FULL) CLArk. Thomas

PRIGINAL UNIT
C.E.F. 2nd Plein boy. PHA.

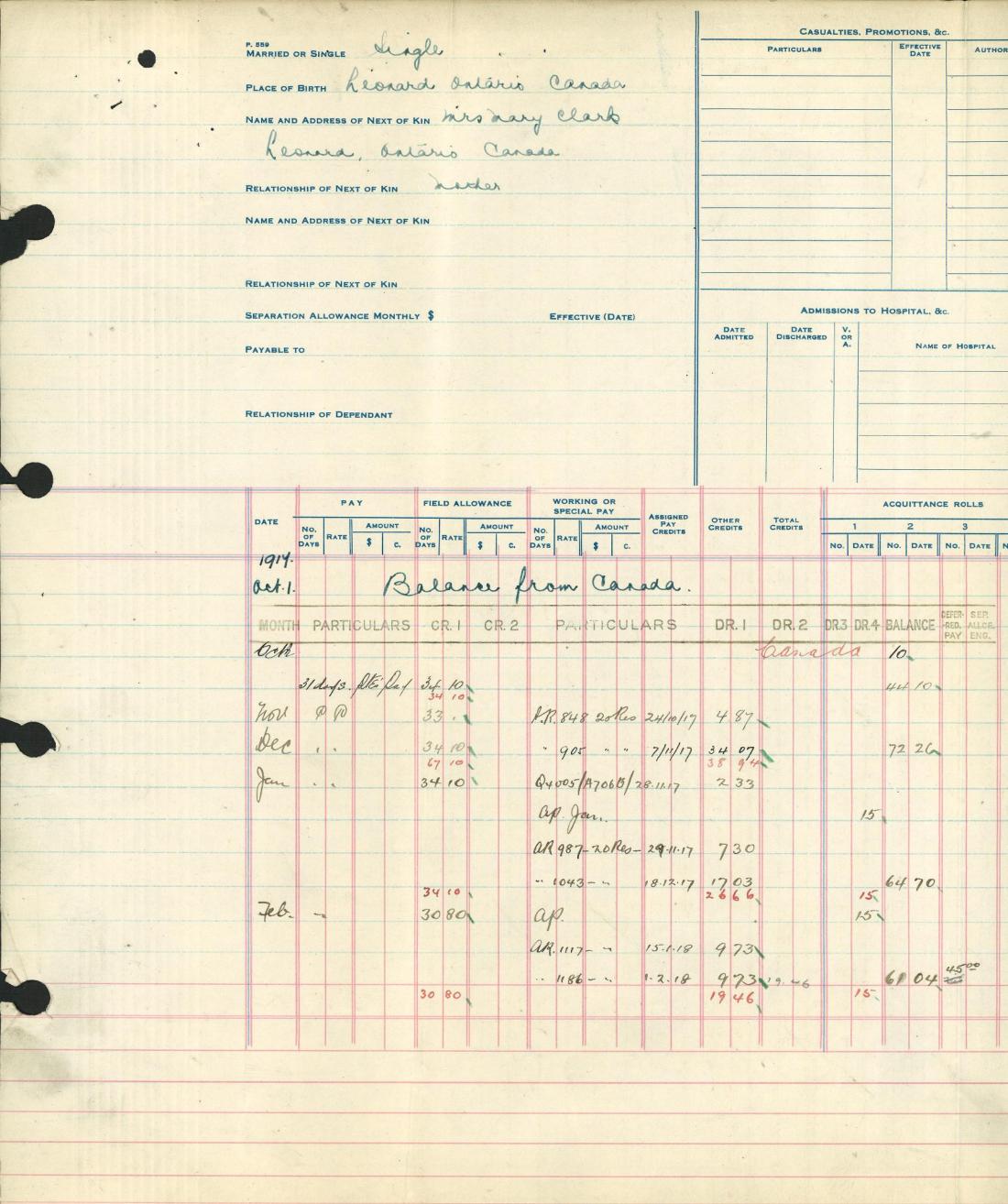
PLACE OF
ATTESTATION

TRANSFERRED TO

DATE DAILY RATE OF PAY AND ALLOWANCES EFFECTIVE PARTICULARS AUTHORITY AUTHORITY PAYS 15-00 DATE EFFECTIVE
1-8-19
TO May Clark

PO. Leonard

Out. DATE OF ATTESTATION Thomas W Colark DATE AUTHORITY ASSIGNED PAY \$ RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE DATE REASON IF ENTITLED TO POST DISCHARGE DISCHARGED 15/15/19 3-7-19 ingston Demol ACQUITTANCE ROLLS CASH PAYMENTS REGI-ASSIGNED OTHER TOTAL MENTAL CHARGES DEBITS COL. NO. 1 COL. NO. 2 COL. NO. 3 COL. NO. 1 COL. NO. 2 COL. NO. 3 PARTICULARS OR REMARKS DEBIT CREDIT 64 Pay to Estimate date of di 1947 987 134 07 15-00 178 Advances in Fundand, Boat Money, Train Som 50 30 3 50 Overpaid 5 days on discharge, Service Gratuity 1 st payt el S & mo a 70 00 210 70 3 2nd payt as & ch 2782 210 70 280



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2075489 PTE.
PAY FIELD ALLOWANCE WORKING OR CLARK, T.W. CASH PAYMENTS AMOUNT ASSIGNED PAY CREDITS DATE MONTH PARTICULARS NO. OF DAYS

AMOUNT NO. RATE \$ C. DAYS \$ C. NO. DATE NO. DATE NO. DATE NO. DATE
R.3 UR.4 BALANCE RED. ALLOR MONTH MONTH PARTICULARS 61 04 4500 Pp. ap. 3410 15,80 14 Trich ar. 1246-20Res. 13.2.18 730 NO. 61- 20 Res. 2.3.18 awx 5 70 0 + 5 70 7. P. 2. 11 00 ar. 1321-20 Res. 14.2.18 730 487 - 1463 - n 1.3.18 1507 - 9.3.18 100.82-20 Res. 18.3.18 4480 487 24.34 Rest pay \$7. R.P. to 30 4 18. Rest. Pay. 2 months 2.3.18. 24 34 11 00 3410

PAY PAY
WITHHELD AVAILABLE
OR FOR
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No. 2075489

Address

Date

Separation and Assigned Pay Branch

6313

Date of Assignment

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

Amount A/P

Total

PARTICULARS OF ASSIGNMENT

Change of Address

Rank Me	Promoted	W.	Reverted	
Soldier's Name	Thoo. W	liebert	blank	
	Reinf.		5 RAC	
Beneficiary		*		
Relationship				

Amount S/A

Cheque No.

	1

Discharge

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Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE	

RATE OF ASSIGNME	NT

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

1	No.	2125			Name		
	Rank	Promoted	Reverted	Discharge	Address		
	Soldier's Name					Change of Address	
	Battalion				1		
	Beneficiary				2		
	Relationship				3		
	Address				4 20		

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