

## REGIMENTAL DOCUMENTS

NAME

STOUTFFER *Flavins Jacob*

REGT. NO.

625237

UNIT

151 Bn

H. Q. FILE NO.

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

*M. U.*

DESERTION

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## ATTESTATION PAPER.

No. 625237.

Folio. 38

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... **STOUFFER**
- 1a. What are your Christian names?..... **FLAVIUS JACOB**
- 1b. What is your present address?..... **Greenshields Alberta**
2. In what Town, Township or Parish, and in what Country were you born?..... **Altona Ontario**
3. What is the name of your next-of-kin?..... **Rachel Edith Stouffer**
4. What is the address of your next-of-kin?..... **Greenshields Alberta Can**
- 4a. What is the relationship of your next-of-kin?..... **Wife**
5. What is the date of your birth?..... **July 26th 1875**
6. What is your Trade or Calling?..... **Farmer**
7. Are you married?..... **Yes**
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... **Yes**
9. Do you now belong to the Active Militia?..... **No**
10. Have you ever served in any Military Force?..... **No**  
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**

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Flavius Jacob Stouffer**, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date **March 23<sup>rd</sup>** 1916. **F. J. Stouffer** (Signature of Recruit)  
**W. Ross** (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Flavius Jacob Stouffer**, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date **March 23<sup>rd</sup>** 1916. **F. J. Stouffer** (Signature of Recruit)  
**W. Ross** (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 **Wainwright** this **23<sup>rd</sup>** day of **March** 1916.  
**Frank Lusk** (Signature of Justice)



# Description of Flavius Stouffer on Enlistment.

Apparent Age 41 years ..... months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Weight 138  
Height 5 ft. 5 ins.  
Chest measurement { Girth when fully expanded 37½ ins.  
Range of expansion 3½ ins.  
Complexion Dark  
Eyes Brown  
Hair Black

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

## CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\* fit for the Canadian Over-Seas Expeditionary Force.

Date March 23rd 1916.

Place Wainwright Alta

J. H. H. M.D.  
Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

## CERTIFICATE OF OFFICER COMMANDING UNIT.

Flavius Jacob Stouffer, having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

J. H. H. M.D. (Signature of Officer)  
Date March 23rd, 1916

151ST OVERSEAS BATT., C.E.F.

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 625237 (Rank) Private

Name (in full) Flavius Jacob STOUFFER enlisted in  
the One Hundred and Fifty-first (O) Battalion  
CANADIAN EXPEDITIONARY FORCE at Wainwright, Alberta on the Twenty-third  
day of March 19 16.

HE served in FRANCE  
and is now discharged from the service by reason of Medically Unfit  
R.O. #1420, 12-12-18

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

Age 43 Years, 8 Months.

Height 5 Feet, 5 Inches.

Complexion Dark

Eyes Brown.

Hair Black.

Marks or Scars

G.S.W. R. Leg

F. J. Stouffer  
Signature of Soldier

W. MacEwan  
Issuing Officer

Date of Discharge March 29th, 1919.

Rank  
Officer in Charge Section District Depot M. D. 18  
Appointment

Signed at Calgary, Alberta, this Twenty-ninth day of March 19 19.

in Military District No. 13.

File Reference No. 13 D-S.454.

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.



War Service Badge, Class \_\_\_\_\_ No. \_\_\_\_\_ Issued

## CANADIAN EXPEDITIONARY FORCE

### Discharge Certificate

No. \_\_\_\_\_ (Rank) \_\_\_\_\_ Name \_\_\_\_\_

Unit \_\_\_\_\_

Address on Discharge \_\_\_\_\_

Character and Conduct \_\_\_\_\_

Former Occupation \_\_\_\_\_

Special Qualifications of Value in Civil Life \_\_\_\_\_

Medals and Decorations \_\_\_\_\_

Remarks \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Rank

\_\_\_\_\_  
Appointment

On demobilization the  
particulars called for on  
the back of this cer-  
tificate will not be com-  
pleted.



CANADIAN EXPEDITIONARY FORCE  
TEMPORARY DISCHARGE CERTIFICATE

This is to Certify that No. 625237 Rank Private.

Name (in full) Flavius Jacob STOUFFER

Enlisted in The One Hundred and Fifty-first (O) Battalion

CANADIAN EXPEDITIONARY FORCE on the Twenty-third

day of March 1916.

HE SERVED IN (Documents not available)

and is hereby discharged from the Service by reason of Medically Unfit.

R.O. #1420, 12-12-18.

and is free to accept CIVILIAN EMPLOYMENT.

HIS DESCRIPTION ON THE DATE BELOW IS AS FOLLOWS

Age 43 Years, 8 Months.

Height 5 Feet, 5 Inches.

Complexion Dark.

Eyes Brown.

Hair Black.

Marks or Scars

Former Occupation Farmer.

Signature of Soldier

*W. MacEwan*  
Issuing Officer

Date of Discharge March 29, 1919.

Rank

Office 1/c Discharge Section District Depot M. D. 13

Appointment

Signed at Calgary, Alberta, this Twenty-ninth day of March 1919.

Military District No. 13.

Reference No. 13 D-S.454.



This space to be for numbers.

# Proceedings on Discharge.



16-8-43

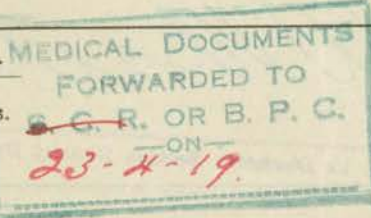
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(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. <del>XXXXXXX</del> 625237	
Rank Pte.	
Surname <u>STOUFFER</u> Christian name <u>XXXXXXXXXXXXX</u> Flavius Jacob. <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <u>151st Bn</u> (0)	
Date of discharge <u>March 29, 1919.</u>	
Place of discharge <u>Calgary, Alberta.</u>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <u>43</u> years <u>8</u> months. Height <u>5</u> feet <u>5</u> inches. Complexion <u>DARK</u> Eyes <u>BROWN</u> Hair <u>BLACK</u> Trade <u>FARMER</u> Intended place of residence <u>WAINWRIGHT ALTA.</u> <small>(To be given as fully as practicable.)</small>	Descriptive marks  <u>G.S.W. R. Leg.</u>  <i>Deceased 10-1-42</i> <i>649-5-20257</i>
2. The above-named man is discharged in consequence of	
<p style="text-align: center;"><b>MEDICALLY UNFIT</b></p> Authority for discharge <u>E.O. #1420, 12-12-18.</u> <u>13DD-Part 11 DO 88, 29-3-19.</u> <small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
3. Conduct and character while in the service have been, according to the records, etc.	
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

200M.—5-18.  
H. Q. 1772-39-113.



McA

(OVER)



5. He is in possession of the following number of G. C. Badges

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) *Ammonia Edmonton* *F. J. Stouffer* (Signature of Soldier.)

(Date) *March 25<sup>th</sup> 1919* *H. McCombe* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.... (the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) *Calgary, Alberta,*

(Signature).....

(Date) *29-3-19.*

*W. MacIsaac*  
Officer i/c Discharge Section District Depot M. D. 13



**Reservations referred to at Para. 8.**

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

**PAY AS PER PAY BOOK BALANCE.**

*F. J. Stouffer*



## List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	or Particulars of Recruit	" W. 133
or Field Conduct Sheet	" W. 178	Proceedings on Discharge	" B. 218
<hr/>			
In the case of recruits who are rejected on final approval, the discharge documents will consist of			
(a) Proceedings on Discharge.			
(b) Attestation.			
(c) Medical History Sheet.			

Copies of Convictions, by C. P.	in MS.
Med. Hist. Sheet,	Militia form B. 313
Casualty Form	" W. 54
Medical Report for Invalid§	" B. 227
Dental History Sheet	" B. 465
Last Pay Certificate	" W. 44
Duplicate Discharge Certificate	" W. 39A
‡Form of Will	" W. 82
§Only if discharged "Medically unfit."	
‡Only if man has not been overseas.	

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

*N.B.—In the case of a man discharged by purchase,  
the date and number of Deposit Receipt with  
amount of same is to be noted hereon.*



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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION **Strathcona Military Hospital** DATE **MAR 18 1919**

1. 1 (a) Unit **5th Bn.** (b) Regimental No. **625237** (c) Rank **Plc**  
 (d) Surname **Stouffer** (e) Christian name **Flavius J.**  
 (f) Home address **Wainwright, Alberta.**  
 (g) Next of Kin **Mrs. F. J. Stouffer** (h) Relationship **Wife**  
 (i) Address of Next of Kin **Wainwright, Alberta.**

2. Age last birthday **43** Date of birth **July 26th, 1875**

3. Enlistment, or Appointment (if an Officer) (a) Place **Wainwright** (b) Date **23-3-16.**

4. Personal description:

(a) Height **5' 5"** (b) Weight **123** (c) Complexion **Dark**  
 (d) Colour of hair **Black** (e) Colour of eyes **Brown** (f) Identification marks, Scars, etc. **Small scar right calf. Deformed left ankle.**

5. Former trade or occupation **Farmer.**

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

	PERIODS	
	From	To
Canada	<b>23-3-16</b>	<b>1-10-16</b>
England	<b>1-10-16</b>	<b>1-12-16</b>
France or other theatres of War	<b>1-12-16</b>	<b>5-9-18.</b>

7. Original disease, or injury **Fracture left leg.**

(a) Date of origin **April 1913.** (b) Place of origin **Alberta.**  
 (c) Cause **Accidental. (Runaway team).**



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

Weakness - moderate - left leg.

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

Undersized, fairly well nourished and fairly well developed. Heart normal. Lungs normal. Urine examination negative. Free use of all limbs and joints except left ankle. Two scars on right calf (G.S.W.) healed and painless. Left ankle (result of old pre-enlistment injury) Apparently had fracture lower end fibula with dislocation and rupture of internal lateral ligament, resulting in present deformity. Internal malleolus projects inwards, which projection increases considerably when weight is on foot and causing invalid to walk on inner border of sole. All movements of foot and ankle are normal; sensation normal. Invalid states that left ankle tires easily; that walking on rough ground gives him pain in ankle and up the leg. Can walk 4 or 5 miles on smooth road without resting. Never any swelling.

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

Nervous System.....	No	Cardio-Vascular System.....	No	Genito-Urinary System.....	No
		(If pulse rate is abnormal, R. P. will be taken.)		(Albumen and Sugar will be excluded.)	
Special Senses.....	No	Respiratory System.....	No	Integumentary System.....	No
Disturbances of Mentality.....	No	Digestive System.....	No	Muscular System.....	No
Osseous and Joint Systems.....	No	Any other general condition.....	No		

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

Leg fractured while working on his farm, by being thrown, April 1913.

Laid up 4 months. While on active service marching over rough roads and at night made leg very painful, requiring him to fall out and rest leg. Never went to Hospital on account of leg. Ankle not as strong as before enlistment.



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

G.S.W. right leg 2-9-18 at Cambrai. In Hospital for one month. Wound healed; no disability. Nasal obstruction operation at Shorncliffe 8-11-18. (Medical History Sheet) Good result. Small tumor removed from back of throat, Strathcona Military Hospital 22-2-19. Cured.

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

Two scars right calf. (small round).

11.—(a) Did the disabling condition have its origin before enlistment? Yes.

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

Yes, to some extent. Rest since return home has benefitted ankle so that present conditions/shows but slight aggravation.

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 3 months.

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

None.

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

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

No.

16. Can the former trade or occupation be resumed? Yes.

(If not, briefly state why)

17. Recommendations Discharge.

*James Alexander*  
Medical Officer by whom the case is brought forward.

### STATEMENT OF THE INVALID

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

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

I complain in addition of

*F.J. Stouffer* Rt. Rank.  
Signature of invalid examined.



## OPINION OF THE MEDICAL BOARD

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

Concur.

Enclosures:- Med. History Sheet - 2.

Specialist Report - 1.

Proceed. of Med. Board - 1.

Dental Certificate - 1.

A. F. B. 178 - 1.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

(b) Does not require treatment.

(c) Should pass under his own control.

(d) ~~Should not pass under his own control~~  
(Strike out condition not applicable.)

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

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

PLACE Edmonton, Alta.

DATE 18-3-19.

*[Signature]* President.  
C.A.M.C.  
*[Signature]* C.A.M.C.  
Members

## TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness.....

Signed.....

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

PLACE.....

DATE.....

APPROVED BY

APPROVED BY

DATE

DATE

For *[Signature]*  
Captain C. A. M.C.  
Assistant Director of Medical Services.

*[Signature]*  
Director-General of Medical Services.

MAR 19 1919



# **Medical Examination upon leaving the Service** **of an Officer fit for general service or a Soldier fit for duty.**

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Pte Name Stouffer Surname Flavins Jacob  
 Unit or Corps 5th (If a soldier) Regtl. No. 625237  
 Born at Altona Ont on, date July 26 1875  
 Signature (for identification) F. J. Stouffer

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. no

Weight 135 lbs.  
 Height 5 ft. 6 ins.

2. **NUTRITION AND DIATHESIS?** good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?** no

4. **RESPIRATORY SYSTEM.** no

5. **HEART?** no

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 72

Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening? no

7. **DIGESTIVE SYSTEM?** no

8. **GENITO-URINARY SYSTEM?** no

Urinalysis—S.G.? 1.020 Reaction? acid Albumen? no Sugar? no

9. **SKIN, MIDDLE EAR, EYE**  
or any other part? no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? good

Examined at Prinsep St

Signed H. H. White M.O.

Date 15-1-19

Signed W. H. Smith M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.



# PROCEEDINGS OF A MEDICAL BOARD.

Dated at NOVEMBER 11<sup>th</sup> 1918 1918.

No. 625237 Rank PTE Name STOUFFER FLAY J  
SASH REG DEP 5TH CAN BN  
Local Unit 5 CAN BN Overseas Unit SASH REG DEP Age 43

Examination held at

WEST CLIFF CANADIAN EYE AND  
EAR HOSPITAL, FOLKESTONE.

DISABILITY.  
Overseas—Local.  
(scratch one out)

## NASAL OBSTRUCTION

### PRESENT CONDITION.

JOINED 23/MCH/1916 / ENGLAND OCT 1916 / FRANCE DEC 1916 / CARRIED TILL SEPT 2, 1918  
G. R. Leg. - evacuated to England #10 Co. RAMC. Chatham - ~~transferred~~ #11 C.S.H.  
G. W. R. Leg. W. H. H. - transferred Westcliff Folkestone 7-10-18

Nasal obstruction.  
SUBJ. - BREATHING THROUGH NOSE NOT PERFECTLY FREE - WEAK ANKLE fracture 1412/1916  
OBS. - SPEC. REPORT: - ADM. 7-10-18. NASAL OBSTRUCTION with marked deflection to right submucosa  
Submucosa resection + removal of portion of middle turbinate done  
NOSE NOW CLEAR - CAT. A. for NOSE RHELLS CAPT. RAMC.

OTHER SYSTEMS: - EXAMIN. HEART and LUNGS NEGATIVE.  
L. ANKLE. OLD FRACTURE OLD LOWER END OF FIBULA EVIDENCED  
BY EVERSION OF LOWER END OF FIBULA AND FOOT-OUT MOVEMENT  
ARE GOOD. - NO DISABILITY - HAS CARRIED ON 2 YRS IN FRANCE  
WITH IT.

### BOARD RECOMMENDS:-

1. Fit for Duty..... DT
2. Fit for duty after..... weeks' physical training.
3. Fit for Temporary Base Duty..... weeks.
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures:-

Members

President.

APPROVED

Dated at..... 1918.

For A.D.M.S.



# CASE HISTORY SHEET.

Stratford Inf. Hosp. Hospital. Edmonton Alta Station.

No. 625-237 Rank Plt Name Stauffer J Age 43

Unit 157th Completed years of service 6 4/12 7 6/12 8 2/12 Where and how long

Date of admission 15-2-19 Date of discharge 25-3-19

Diagnosis Tumor of throat & base of nasal passage. (278) Place of origin Tumor

## CONDITION ON ADMISSION AND PROGRESS OF CASE

Well married man  
Is suffering of slight hard tumor at back of  
throat which interferes with breathing and  
swallowing.

22-2-19. Tumor removed in passing.

28-2-19. Old fracture left tibia forty set; foot is  
stump instead. Waiting on operation.

4-3-19. Tumor to Corv. Home to be provided  
with apparatus.

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) None

## TREATMENT

(Especially any specific or special form.) None

## CONDITION ON DISCHARGE

(and disposal made of case.) Unchanged

25-3-19. Trans. to Corv. S.D. 13.

Date 25-3-19

W. J. Stewart, Capt.  
Medical Officer i/c case.



## ORIGINAL

Surname

STOUFFER

Christian Name FLAV. J.

Examined

Birthplace

Apparent age

Trade or occupation

Height

Weight

### Chest measurement

### Physical development

## Small-Pox Marks

### Vaccination Marks

When Vaccinated last

(a) Marks indicating congenital peculiarities

(b) Slight defects but not sufficient to cause rejection

nil

Enlisted on.

1916

Transferred to

151st. O. Batt.

C. E. F.

11th Res. Bn

5th. B

15th CAN. RES. BATTN.

625237 •

DATE \_\_\_\_\_

March 23rd. 1916.

13-10-16

17 DEC 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.

DATE \_\_\_\_\_

DISEASE

## RESULT

8-11-13

# NSAAR OBSTRUCTION

TEMP.  $25^{\circ}$  below zero

15/1/19

Feb

A F D Larkin

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

M. F. B. 313.

200M-11-15.  
H. O. 1772 39-420

151ST OVERSEAS BATT. C.B.T.



Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if com- pletely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Widdowson No. 100 CANADIAN GENERAL HOSPITAL MOORE BARRACKS GHORHURST		5	9	18	7	9	18	9 SW Leg R	7	do	
					7	10	18	9 SW Leg M.	12	wound healed. Transfer to West Cliff Hosp for nasal obstruction	West Cliff.
WEST CLIFF CANADIAN EYE AND EAR HOSPITAL, FOLKESTONE.		7	10	18	16	11	18	Nasal obstruction	21	Submucous resection, part of mid turbinate removed	H. Kingsmill, Capt. C.M.C. Adj. & Regt. of Light Cavalry WEST CLIFF CANADIAN EYE & EAR HOSPITAL, FOLKESTONE, KENT
Strathcona Mil. Hospital		15	2	19				Tumor of throat. Defective left foot.		Foot thrown outward. Tumor of throat to be removed.	General Capt. C.M.C.
					23	3	19	do		Throat recovered. Trans. to Conv. Sec. for M. 7 B. 217. 2 Cpls. T.D. 13.	Harriehael CAPT. C.M.C. AND REMITTEE FOR C.C. HOSPITALS EDINBURGH M. D. 1



# MEDICAL HISTORY SHEET.

Surname **STOUFFER** Christian Name **FLAVIUS J. FLAVIUS J.**

Examined { on **23** day of **March** 191**6**  
 at **Wainwright**  
 Birthplace { City or Town **Altona**  
 County **Ont.**  
 Apparent age **41**  
 Trade or occupation **Farmer**  
 Height **5** Feet **5** Inches.  
 Weight **138** Lbs.  
 Chest measurement { Minimum **34** inches.  
 Maximum expansion **3 1/2** inches.  
 Physical development **Good**  
 Small-Pox Marks **nil**

Approved by

**Bernard P. Mooney**  
 for **Morton E. Hall**  
 Rank **Capt. R.** M.O.

Vaccination Marks { Arm Right Left.  
 Number **one**  
 When Vaccinated last **In childhood**  
 (a) Marks indicating congenital peculiarities or previous disease **nil**

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
<b>6/25/16</b>	<b>Good</b>	<b>Bernard P. Mooney</b> M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<b>4/17/16</b>	<b>Good</b>	<b>Bernard P. Mooney</b> M.O.
<b>4/27/16</b>		<b>Bernard P. Mooney</b> M.O.
		M.O.

Enlisted on **23** day of **March** 191**6** at **Wainwright**

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<b>151st. O. Batt.,</b> <b>C.E.F.</b>	<b>625237.</b>		<b>March 23rd. 1916.</b>
Transferred to				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<b>Edmonton</b>	<b>18-3-19.</b>	<b>Wetness l. leg</b>	<b>E. P. Gussell</b> <b>Capt.</b>

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.



Surname.

[illegible]



MEDICAL HISTORY of—

Surname Shoulton

Christian Names F J

TABLE I.—General Table.

Birthplace { Parish.....  
County .....

Examined { on.....day of.....191  
at.....

Declared Age .....years.....days.

Trade or Occupation.....

Height.....feet.....inches. Weight.....lbs.

Colour of Hair.....Complexion.....

„ Eyes.....

Chest { Girth when fully } .....inches  
Measurement { expanded  
Range of expansion .....inches

Physical Development .....

Vaccination Marks { Arm RIGHT | LEFT  
Number .....

When Vaccinated .....

Vision { R.E.—V= .....  
L.E.—V= ..... With Glasses { R.....  
L.....

Identification Marks, such as Tattoo, Moles, Scars, etc.:-

Defects or Ailments:—

Examined and found—

**Fit for Grade** { I  
II  
III  
IV

(Strike out those which do not apply.)

Re-examined for posting at.....  
On..... day of..... 191.....  
Enlisted { at *Wainwright*  
          { on *23* day of *March* 191*6*

Joined on enlistment	Corps	Regtl. No.
Transferred to	4 5 Canadian	625237
	16th Canadian Res. Bn.	

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.

Date	Brief Details and Signature
20.9.18	
9.9.18	
16.9.18	A.T.S. M.B.
23.9.18	
13.11.18	Nasal Rotation Dr. Ashgiz Cap

TABLE IV.—Service Table.

[illegible]







Strathcona Military

Hospital Station *Edmonton*

No. 625237

Rank and Name. Pte Stouffer F

Age 43 Service 6 1/2 yrs to 2/12

Disease Tumor of Throat

Date of Admission 15. 2. 19 Date of Discharge 25-3-19 Result For Discharge Case Book

Folio 68.

[illegible]

*Signature*

*Pharmaceutical*

*In charge of case.*



WEST CLIFF CANADIAN EYE AND  
EAR HOSPITAL, FOLKESTONE.

## MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. 8842	Regimental No. 625237	Rank. Pte	Surname. Stauffer	Christian Name. F. J.
Year 1918	Unit. 5th Can Bn. 151st Bn.		Age. 43	Service. 30 1/2 2 1/2
Station and Date. 7/10/18	Disease Nasal Obstruction			
9-10-18	Septum badly deformed, marked deflection to Right & deep sharp groove extending along the left side -			
16-10-18	Turbinate on left side hypertrophied to have submucous resection			
26-10-18	Submucous resection done -			
26-10-18	Turbinate in contact with septum			
26-10-18	Portion mid. Turb. sh. removed R.H.E.			
9-11-18	Nasal wood lined daily -			
9-11-18	Nose clear. Col A. R.H.E.			

WEST CLIFF CANADIAN EYE & EAR HOSPITAL  
FOLKESTONE. KENT. 8-11-18.

REF:

TO:- President Medical Board.

POLIO. 639/E.

NASAL OBSTRUCTION.

Pte Stauffer, F.J.  
No. 625237.  
151st Can Bn.  
5th Can Bn.

The marginally named man was admitted to this Hospital 7-10-18 complaining of Nasal Obstruction.

Examination shows Septum badly deformed marked deflection to Right, and deep sharp groove extending along the left side.

Turbinate on left side hypertrophied. Sub-mucous Resection has been performed, and a portion of the middle turbinates left removed.

Nose is now clear, and I recommend this man for Category "A" as far as nose is concerned.

R.H.E.  
8-11-18.

R.H.E. Captain, C.A.M.C.  
For O.C. West Cliff Canadian Eye & Ear Hospital.

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.



101st CLIFF CANADIAN TROOP AND  
EAR HOSPITAL, FOLKESTONE.

## MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
8842	625237	Pte	Stouffer,	F. J.
Year	Unit.		Age.	Service.
1918	6 <sup>th</sup> Can Bn. 151 <sup>st</sup> Bn.		43	30 1/2 2 1/2
Station and Date.	Disease			
7/10/18	Nasal Obstruction			
	Septum badly deformed, marked deflection to right & deep sharp grooves extending along the left side - Turbinates on left side hypertrophied to have an excision			
9-10-18	Submucous done -			
16-10-18	Turbinates in contact with septum			
26-10-18	Partial mid. Turb. sh. removed <i>W. H. E.</i>			
26-10-18	Nasal wool inserted daily.			
9-11-18.	Nose clear.	Cat A.	<i>W. H. E.</i>	
	Board. 11. 11. 18.			
	16/11/18 H. Rep. D. T.			

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.



P.T.O.



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

## DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO  
DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

STOUFFER, F.J.

REGIMENT

5. Bn

RANK

Plt

No.

625237

Date of Examination in England

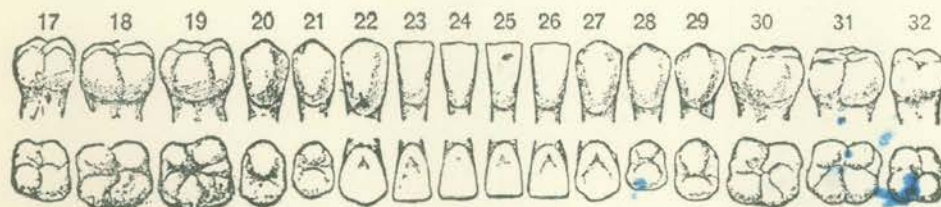
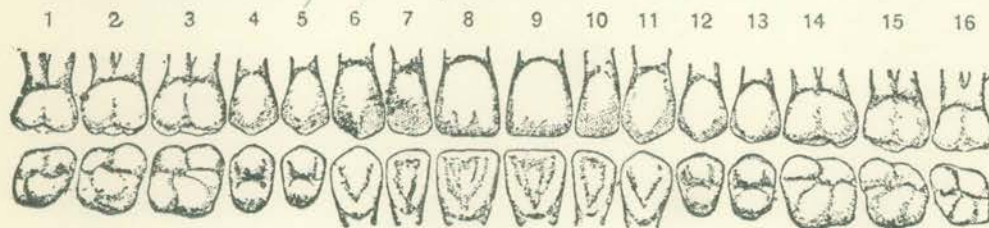
13/1/19

Date of Examination in France

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



## PRESENT DENTAL REQUIREMENTS

1. FILLINGS

3

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(a) In Canada

(b) In England

(c) In France

Signature of Dental Officer

Handwritten signature of the Dental Officer, likely a Captain, in blue ink.



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

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

250M.—1-16.

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 151ST OVERSEAS BATT, C.E.F.  
 Regimental No. 625237 Rank Private Name Skouffer, Flavius Jacob  
 C. E. F.  
 Enlisted (a) 23-3-16 Terms of Service (a) Duration of War Service reckons from (a) 23-3-16  
 Date of promotion to present rank. } Date of appointment to lance rank. } Numerical position on roll of N. C. Os. }  
Farmer  
 Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked.	Halifax.	3-10-16.	Pt. II. California
		Disembarked.	Liverpool.	13-10-16	✓
14-10-16.	O.C. 151 <sup>st</sup> Bn.	Transferred to 11 <sup>th</sup> Bn.	St. Martin's Plain.	13-10-16	Pt. II. O. 246 ✓
					Wm. H. Shorne. Coloursman - Capt Adjutant 151 <sup>st</sup> Bn.
16-10-16	O. C 11th Bn.	Taken on strength 11th Battalion	Shorncliffe	13-10-16	Pt. II. Bn. O. 247. ✓
3-11-16	O. C. 11th	Trans to 5th Bttn	Overseas	30-11-16	Pt. II. Bn. O. 286
					Acjt 11th R. S. Bttn.

(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.]

CERTIFIED CORRECT.

11 DEC 16

CAN. RECORDS, LONDON.



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
1-12-16	C. B. D.	ARRIVED C. B. D.	FRANCE	1-12-16	N. R. D. 1-12-16 PART 86 ORDERS No. 86 D. 7.12.16
8/12/16	C. B. D.	LEFT C. B. D. FOR	5th Can Bn	8/12/16	N. R. D. 8/12/16
16/12/16	O. C. 5th BN	ARRIVED 5th BN.	FIELD	16/12/16	B. 213 D. 16/12/16
10-2-17	"	To Can Legat. Sch. for duty. (Said) "	"	4-2-17	B213 D.L. 442 of 18-2-17.
3.3.17	"	Ret'd to duty	FIELD	28.2.17	" " H50 d/ 12.3.17
29.9.17	"	To Stardlow for duty	"	29.9.17	" 1 Can Bn at 1780 d/ 29.9.
13.10.17	"	Rejoined Unit	"	11.10.17	"
8.12.17	"	GRANTED 14 DAYS LEAVE to England	"	6.12.17	Bm3 Pl. 11 No. 151 d/ 18.12.17
22.12.17	"	RETURNED FROM LEAVE	FLS	21.12.17	Bm3.
1.7.18	207A	Influenza Remg Adm	Adm	29.6.18	7 9649
3-7-18	"	To duty	"	1.7.18	7 9819
6.7.18	5m Bn	To Hospital	FLS	29.6.18	Bm3
"	"	Rejoined Unit	"	1.7.18	"
2.9.18	307A	gsw Leg R. Adm to C.C.S.	Adm	2.9.18	H5240
3.9.18	2 Aust Gen.	" " " Adm	Adm	3.9.18	H5868
5.9.18	2 " "	To England	"	5.9.18	H7074
"	2 " "	To England	"	5.9.18	W 3083
		per H/5 Cambria	"	5.9.18	5952
		Posted To Saskatchewan Regtl.			Pro 117
		Depot. Bramshott.			
					LIEUT. FOR Lt-COL. A. A. G.



(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 151<sup>st</sup> Overseas Bn 687 Regimental Number 625237

\*Substantive Rank Plt Surname Stauffer Christian Names Flavius Jacob

\*Acting Rank \_\_\_\_\_

(\* To be entered in pencil to facilitate alteration.)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	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	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
14.9.18	Sark RD	238	Taken on Strength Bshott	5.9.18	20238	
11.11.18	reed	273	att 2000	Bshott 16.11.18		
15.12.18	CG. 2nd GCD		Ceases to be attached to 2nd C. C. D.			
			on return to..... Res. Bn.			
DEC 1918	15th RES. BN.		TAKEN ON STRENGTH FROM	BRAMSHOTT	17 DEC 1918	
			From 2nd GCD.			
AN 1919	15th RES. BN.		Adm. to 2nd GCD.	BRAMSHOTT	10 JAN 1919	
			Transferred to 2nd GCD.			

To be folded on this line.

**Nothing to be written in this margin.**

W 1889 - PP 1150 500,000 5/18 G.W.P.Co (3490)

10 JAN 1919

U.S. 16th RES. BM.

17 DEC 1918  
BRAMSHOTT.  
PART II. DAILY ORDERS No. 352

SHOTT, 10 JAN 1919  
PART II. DAILY ORDERS No. 10  
ADJUTANT  
to RESERVE BATTALION



(A) Report		(B) 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.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					

Attached C.C.C. Kimmel Park for  
return to Canada. Part II Orders  
No. 9. Ceases to be attached  
C.C.C. Kimmel Park on embark-  
ing for Canada, Part II Order  
No. 16

*for O. B. H. Saunders Lt.*  
Commanding 13 Wing,  
Kimmel Park Camp.

H. M. T. 'AQUITANIA'  
EMBK. LVP'L, JAN. 18, 1919  
DEBKD. HALIFAX, N. S.  
JAN. 24, 1919

19-1-19 TAKEN ON STRENGTH OF DISTRICT DEPOT 13, PART 2 ORDER NO. 35

29.3.19 DISCHARGED FROM THE SERVICE BY DISTRICT DEPOT NO. 13, PART 2 ORDER NO. 28

AUTHORITY

R.O. 1420

Dated Ottawa 12.12.18

Lumiller Major  
Lieut. Col.  
Officer Commanding District Depot No. 13

Lumiller Major  
Lieut. Col.  
Officer Commanding District Depot No. 13

Nothing to be written in this margin.



J.P.

Rank

Name

STOUFFER, Flavius Jacob

Reg'l No.

R-122  
8,401-50,000-21-10-16.  
625237

Unit 151st. Bn. /

If in perm. Corps, }  
What Unit?

Married or Single Married.

Place and Date of Enlistment

Wainwright. 23rd March. 1916

Place of Birth Altona. Ontario.

Name and Address, Next-of-Kin

Rachel Edith Stouffer.

Greenshields. Alberta. Canada.

Relationship Wife.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/P	✓	N/C	9217
File	N.L.		
Category	O.R.	Can.	

Discharge, Date and Place

Reason

Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England S.S. California, I3-IC-I6.			
14.10.16	I51 Bn	Trans. To II Res Bn.	S'cliffe	13.10.16	Pt3 243
16.10.16	11" B"	Taken on strength.	"	13.10.16	" 247
30.11.16	"	S.D.S. to 5th Bn. O'pers.	"	30.11.16	" 286
7.12.16	5th Bn.	Taken on strength	Lield	1.12.16	Pt. II 0.86.
9.9.18	Sask H	Wounded	need	16.11.18	6K9 313
14.9.18	S RD	To S on adm to hosp	Barhott	16.11.18	DO 238 000 117 d/20 918
19.11.18	S RD	On Com 2 nabled	"	16.11.18	DO 294
19.12.18	"	S.O. St 15th Res (Ex 2nd ccd)	"	17.12.18	321 + 15 Res Pt 352/18 1248
18.1.19	15 Res	On leave Kin PH for Res to Canada and on	"	10.1.19	DO! on 10.9/11.1.19 Kin PH over

A.F.B. 103 CHECKED

8 DEC. 1916

J.W.B.

9/11/18  
10/12/18



625237 Stouffer F.J.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
18.1.19	13.9.18 Kin Park Benson att on Ret to Cam	Pte Rhyf		Do. 15.	
31 I 19 15 RES S.O. S TO CANADA RIFON 18 I-19, D O 31					



## 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 151<sup>st</sup> Overseas Battalion  
Canadian Expeditionary Force
- (2) Regimental Number 625239
- (3) Full Name of Soldier Flavius Jacob Stouffer
- (4) Place of Birth Altona, Ontario, Canada
- (5) Are you married, or not? Yes. Married
- (6) If married, state,  
(a) Full name of your wife Rachael Edith Stouffer
- (b) Present Postal Address Greenhields, Alta, Canada.
- (7) Are you a widower? No.
- (8) Have you any children? Yes  
If so, give number of boys and girls 2 boys - 2 girls.  
Also their names and ages  
Clayton Parker Stouffer, Age 14  
Janie Grace Stouffer, Age 12  
Martha May Stouffer, Age 9  
Harry Norman Stouffer, Age 7



(9) Is your Father alive?.....*Yes*.....*Atta., Can.*  
If so, state name and address.....*Jacob Stouffer, Greenshields,*

(10) Is your Mother alive?.....*No*.....  
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.

(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.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

.....*Yes*.....  
.....*No*.....  
(15) Are you insured?.....

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.....*Aug. 11<sup>th</sup> / 16.*.....

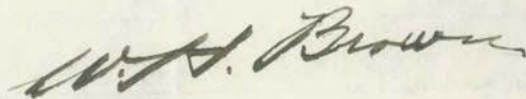
.....*J. M. [Signature]*.....  
.....*Officer Commanding.*.....



Edmonton, Alta.,  
Feb. 15th, 1919.

Re-Pte. Stouffer, #625237.

Examination of nose shows nasal obstruction on both sides, there being a marked synecia on the right side between the septum, middle and inferior turbinates, and a deflected septum obstructing the right side as well. There is also a large pedunculated globular tumor in the naso pharynx extending down from the nose, which will have to be removed and examined microscopically. For which purpose I would recommend that he be admitted to hospital.



Capt. C.A.M.C.



# Canadian Overseas Expeditionary Force

---

## DESCRIPTION

Unit:.....Regtl. No.....Rank of.....Name.....

Address.....on.....

Enlisted at.....on.....

Country of Nativity.....Religious Denomination.....

Trade or Calling.....



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

STOUFFER.

F.J.

625237.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

Sask. 5.

HOS: ITAL

DATE OF ADMISSION

2. C.F. Amb.

29-6-18.

2 Aus. Gen. Boulogne

3.9.18

1. Fort Pitt Mil. Chatham HOSP.

5.9.18

11 C. G. 4. Sharncliffe

26.9.18

2. HOSP.

West Off P. C. G. 7. Chatham

3.10.18

3. HOSP.

4. HOSP.

DIAGNOSIS

Influ'za.

1. G.W.R. Leg. Nasal Obstruction

2.

3.

DISPOSITION

C.L. 6-8-17. A257.

Mrs. Dutty 1.7.18. DATE

REMARKS

Mrs. 16.11.18.

10.7.18 A 260-1

9.9.18 A 313-4

11.9.18 B 315

28.9.18 B 330

1-10-18 B 341-3

21-11-18 B 376 0

A.M.D. 2 DEPT.

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



# EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.



## LOCAL CARD

\*Name STOUFFER Flavius Jacob Rank Pte. Regtl. No. 625237  
 Original unit 151st. Bn. Present unit 15th. Res. M. or S. M Age 43 Religion Meth Fyle Depot I3.D. S-454  
 Port, ship, and date of arrival Halifax, Aquitania, 25-1-19  
 Next of kin Mrs. R.E. Stouffer, wife, &x Alsone, Ont.  
 Address on leave same  
 Address on discharge Wainwright Alta  
 Transportation issued Yes ☐ No ☐ Date                      Character on discharge                       
 Previous occupation Farmer Date and place of enlistment 23-3-16, ?  
 Diagnosis Fracture left Leg Date of Medical Boards 18-3-19

Date.	Remarks	Pt. 2 Order No.
T.O.S.		
TOS 19-1-19	Posted to Cas Co Edmonton 1-2-19	35
	Leave with sub to 14-2-19	35
22-2-19	Transferred to Hospital Section, Edmonton.	53 56
18-2-19	Admitted to Edmonton M. H.	56

\*—Name will be given in full; surname first.

(over)



Date.

Remarks.

2 Order No.

25-3-19 From Hos. SEC. Edm. to Cas. Co., Edm. HSO. 85.D87

29-3-19 Discharged from H.M. Service 88



SURNAME.

Stouffer,

CHRISTIAN NAMES

Flavius Jacob  
Plw.

REGL. NO.

625237

RANK

UNIT

1st 13 Sst Sps

FORMER CORPS

nil

CARD NO.

13  
Sgt. 29.8.79 Demol.

FOLL.

XDES of 29.3.79

13 758

Bw.

NEXT OF KIN.

NAMES IN FULL

Stouffer, Mrs Rachel Edith

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

Greenshields, Alta.

5th Ave. Wainwright, Alta.

S.A.P. 21-11-15 &amp;c

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Altona Ont.

DATE

July 26th. 1875.

PLACE OF ATTESTATION

Wainwright, Alta.

DATE

March 23rd. 1916

Sailed from Halifax per S.S. Lapland 3-10-16 5<sup>67</sup>/<sub>16</sub>

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Methodist

## DESCRIPTION.

APPARENT AGE

41 YEARS

MONTHS

HEIGHT

5 FEET

5 INCHES

CHEST MEASUREMENT

37 1/2 INCHES

EXPANSION

3 1/2 INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Wainwright, Alta.

DATE

March 23rd 1916

Present address Greenshields, Alta.



No. 625-237 RANK Plt.

NAME

Stonffer F. J.

T. O. S. 23/3/16

UNIT

151st Battalion C. E. F.

D.O. 71/24/3/16

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Mar 23	Mar. 31	✓		
	April	✓	Wainwright Section.	April Pay List.
	May	✓		
	June.	✓		
	July.	✓		
	Aug.	✓		
	Sept.	✓		
Oct 1 -	Oct 12	n	Trans. to 11 <sup>th</sup> Res Bn 3.10.16.	Do 246.

UNIT SAILED

OCT 3 1916





[illegible]

NAME

Schaffer Harry Jacob

REGT'L No.

H. Q. FILE No.

RANK AND CORPS

Plt 5<sup>th</sup> Bn (Sask. Regt.)FOLLOWS  
No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

n. of K

47-5

Hb 302

(1-1)

WSM 176

186 (15-1)

WSM

11-9-18

24/9/18

7-10-18

Mrs. Rachel Edith Stouffer (Wife)  
5<sup>th</sup> Ave Wainwright Alta.Adm. 2. Austr. Gen. H. Wimmeroux  
Sept. 3<sup>rd</sup> 1918. GSW R. Leg.Red Cross St. Wildernessee Seven Oaks,  
doing well.

Prag. fav. Moore Bks. H. Thorncliffe



LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

1257	No 2 Can. 1st Amb.	29.6.18.	Influenza
A 260	Disch to duty	1-7-18	" "
A 313-4	2 Aust. Gen. Hospital	3-9-18	Gsw R. leg.
B 315-2	Fort Pitt Mil. Chatham	5-9-18	" " " "
B 330-1 to #	11 Can. Gen. Shorne	26-9-18	" " " "
B 341-3	West Cliff Can. Eye & Ear Folkestone	3-10-18	" " " " + Nasal Obstruction
B 376-1	Discharged	16-11-18	" " " " " " " "

LEDGER No. 380SERIAL No. 243775 14REG. No. 625237 NAME Stouffer B. J.RANK Pte CORPS 151 Bu. AGE 43 SERVICE 6.4/12 E 7.12 7 6/12

HOSPITALS

DATE OF ADMISSION

1 Strathcona Mil Edmonton 15.2.19

2

3

DIAGNOSIS Nasal obstruction of nose

TRANSFERRED TO

DISPOSITION 25/3/19

CATEGORY

M.F.W. 2553.

1126-D.P.-50M-12-18.

1772-39-1332.

P.T.O.



REMARKS:

Yed  
Vee

Number

625237

Rank

pte

Surname

STOVFFER

Christian Name

Flavius Jacob

Units

51st Bn Can Div

Theatre of War

France

Date of Service

1/13/16

Remarks

Latest Address

~~Wainwright~~

alta

Roll No.

B Page 13150

P.O. Jarrow

alta

200m.-2-21.M.



DESP. MAY 27 1922

REGN. NO.

35327



PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. *16* REGT. NO. *625234* RANK *Pfc* NAME (IN FULL) *STOUFFER, FJ*

ORIGINAL UNIT C.E.F. *151st* IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ *20* DATE EFFECTIVE *1-2-19*

PAYABLE TO *16<sup>th</sup> R. E. Stouffer* RELATIONSHIP *wife* ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *5th Ave* *Wainwright Alta*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE *CALGARY, ALTA.* DATE *MAR 29 1919* REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3												
			\$	C.			NO.	DATE	NO.	DATE	NO.	DATE												\$
31-1-19																							Lat Eng 1919	
1-2-19	28	1/10	30	80	30	80																		
28-2-19	28	1/10	30	80	30	80																		
1-3-19	29	1/10	31	90	30	80																		
29-3-19	29	1/10	31	90	30	80																		
			62	70	106	20	53	84	22	1	94													
Certified opening entries on this Ledger Sheet have been audited by <i>W.S.G.</i> Date <i>12-6-19</i>																								
			420	00	180	00	600	00					70	00	36	00	100	00	350	00	150	00		Lat 9 112477 T.S. 11
													70	-	30	-	100	00	280	-	120	-		14-5-19 Ck = G 612124
													70	-	30	-	100	00	210	-	90	-		14-6-19 Ck = G 810586
													70	-	30	-	100	00	140	-	60	-		14-7-19 Ck = G 863806
													70	-	30	-	100	00	70	-	30	-		14-8-19 Ck = G 863807
													70	-	30	-	100	00	70	-	30	-		14-9-19 Ck = G 110747
			420	00	180	00	600	00					420	00	180	00			600	00				1844



U

100.000

20

25

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

J. a. g.  
 M. F. W. 12.  
 25m.—10-17.  
 H. Q. 1772-39-819.

To Whom

Address

Rate

By Whom Assigned

Regtl. No.

Rank

Corps

*Mrs R. E. Stouffer*  
*Green Shields*  
*Alta.*

*Stouffer. F. J.*  
*625237.*  
*Pte.*  
*S. Bu.*

*50<sup>00</sup>*

SPECIAL REMITTANCE

*Sched. 451. 26-10-17.* PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

*M. 44917 50*



## SEPARATION ALLOWANCE

Mrs Rachel Edith Stouffer  
NameAddress GreenfieldsWarrington Alia

Relation to Soldier

wife, child or mother

} wife

Name of Soldier

Regtl. No.

Rank

Corps

To what Corps belonging

when called out

Stouffer Flavins J625237Pte151 Bn

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

*Mrs Rachel Edith Stouffer* *wife*  
**PAYMENTS.**

Name of Soldier

*Stouffer, Flavins J.*  
*Pto*

L. L. Job 310.-Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>P 7615</i>	<i>25</i>	<i>25</i>
May		<i>R 6614</i>	<i>20</i>	<i>20</i>
June		<i>R 9634</i>	<i>20</i>	<i>20</i>
July		<i>O 11801</i>	<i>20</i>	<i>20</i>
Aug.		<i>O 11883</i>	<i>20</i>	<i>20</i>
Sept.		<i>B 17393</i>	<i>20</i>	<i>20</i>
Oct.		<i>B 20451</i>	<i>20</i>	<i>20</i>
Nov.		<i>M 24303</i>	<i>20</i>	<i>20</i>
Dec.		<i>K 23313</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>H 30235</i>	<i>20</i>	<i>20</i>
Feb.		<i>H 33363</i>	<i>20</i>	<i>20</i>
March		<i>G 36340</i>	<i>20</i>	<i>20</i>
April		<i>G 3044</i>	<i>20</i>	<i>20</i>
May		<i>L 6005</i>	<i>20</i>	<i>20</i>
June		<i>C 6824</i>	<i>20</i>	<i>20</i>
July		<i>C 9236</i>	<i>20</i>	<i>20</i>
Aug.		<i>X 12955</i>	<i>20</i>	<i>20</i>
Sept.		<i>E 12406</i>	<i>20</i>	<i>20</i>
Oct.		<i>T 13974</i>	<i>20</i>	<i>20</i>
Nov.		<i>Y 19467</i>	<i>20</i>	<i>20</i>
Dec.		<i>K 22134</i>	<i>20</i>	<i>20</i>
Jan.		<i>Q 25044</i>	<i>20</i>	<i>20</i>
Feb.		<i>28185</i>	<i>20</i>	<i>28184</i>
March	1918	<i>I 28184</i>	<i>20</i>	<i>28184</i>
April				
May				
June				
July				



RE-WRITE

RE-WRITE

*T Wainwright Alta**28184*



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

*Wife*  
MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12.  
50m.—6-16.  
H. Q. 1772-39-819.

To Whom *Rachel, Edith, Stouffer* By Whom Assigned *Stouffer, F. J.*  
Address *Greenshields,* Regtl. No. *625237*  
*5th Ave Alta 30-10-17* Rank *Pte*  
*Wainwright Alta* Corps *151st Bn.*  
Rate ~~\$15.00~~ *20.00 Oct 1/17* OCT 1 1916

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>① 2nd pay/10/17 as of 5/10/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Rachel Edith Stouffer

Name of Soldier

Stouffer, F. J.  
151st Bn Pte

L. L. Job 4503. - Req. 6332.

PAYMENTS.

625'237

Month.	Year.	Cheque No.	Am't	Remarks.
			<del>#15.00</del> 20.00	Oct 1/17.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		27275	15	
Nov.		32777	15	
Dec.		35177	15	
Jan.	1917	40199	15	
Feb.		46840	15	
March		53275	15	15 (circled)
April		5439	15	
May		12072	15	
June		18399	15	
July		25635	15	5/6
Aug.		32192	15	
Sept.		39946	15	
Oct.		45471	15 20	20.00 Oct & future.
Nov.		50843	20	Warrington Alta 30-10-17
Dec.		61675	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN	
ASSIGNED PAY AUDITED	
5/11/19	
AUDIT CLERK	
DATE	2/6/19

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

S

12681

Oct. 1/16

## RATE OF SEPARATION ALLOWANCE

20	\$ 25.00	30-19
1-12-17	PC 2753	
P.O. 3257	MR 33299	

## RATE OF ASSIGNMENT

15	20		
----	----	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

No. 625237

Rank Pte. Promoted

Reverted

Discharge

Soldier's Name F. J. Stouffer

Battalion 151<sup>st</sup> Bn.

Beneficiary Mrs Rachel E. Stouffer

Relationship wife

Address m 7 W 2554

30-7-18 Retd 20/1/18

## PARTICULARS OF ASSIGNMENT

Name Rachel Edith Stouffer (wife)

Address ~~Branchfield, Alta~~

Change of Address

1 5<sup>th</sup> Ave, Kainright, alto

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					17504-7-3
Dec 31	✓	425	140	665	
Jan 18	W 70679	30	20	50	
Feb	D 71231	25	20	45	T
Mar 2	91183	25	20	45	✓
Apr	M 11550	25	20	45	✓
May	X 22523	25	20	45	✓
June	Y 23191	25	20	45	✓
July	Q 22364	25	20	45	
Aug	W 40926	25	20	45	
Sept	F 39188	25	20	45	
Oct	20 46192	25	20	45	
Nov	F 54340	25	20	45	
Dec	J 65177	45	20	65	
Jan 19	I 75617	30	20	50	
		780	500	1280	

CANADIAN  
ASSIGNED PAY

5/1/19

AUDIT CLERK

DATE 2/1/19





ASSIGNED PAY.		SEPARATION ALLOWANCE.		NAME: STOUFFER Flavius Jacob							
EFFECTIVE DATE: 1/10/17		EFFECTIVE DATE: -		NUMBER: 625237							
AMOUNT: 20.00		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT							
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.		AUTHORITY							
Mrs Rachel E. Stouffer, (Wife)				DATE EFFECTIVE							
Greenhills Alta				RANK OR APPOINTMENT							
Canada				Private							
UNIT AND TRANSFERS				ORIGINAL UNIT: 157th Bn							
				DATE ACCOUNT FIRST OPENED: 1/10/16							
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS		UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK		AUTHORITY							
DATE OF PAYMENT		NUMBER OF A.R.		DATE EFFECTIVE							
UNIT PAID BY		AMOUNT		DATE LEDGER SHEET T'S'D							
10 P.L. Bal		53.04		UNIT TRANSFERRED TO							
				5th Bn							
				Canada Detachment							
DAILY RATES OF PAY AND ALLOWANCES				AUTHORITY							
				PAY							
				F.A.							
				P.F.A.							
				SUBS'CE ALL'CE							
				1.00 10							
PARTICULARS OF RENDERING NON-EFFECTIVE: Dec to Canada 31/1/17 NR 1754 F 7/1/17 Adhst M 11 9-1-5.											
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	Bal forward								28.04		
Apr	P.P.	33		DR 53. 5th Bn 4/4/18.	44.6						
				" 99 17/4 "	3.57						
				P.P. Can.				20	33.01		
		33			8.03			20			
May	P.P.	34.10		A.P.				20			
				DR 183. 5th Bn 6/5/18.	44.6						
		34.10		AK 265 - 17/5/18	3.57			20	39.08		
					8.03						
June	✓	33.00		E.A.P.				20.00			
				CR. 81. 1.6.18. Det. 1st Bn.	44.6						
		33.00		" 376. 15.6.18. 5th Bn	3.57			20.00	44.05		
					8.03						
July	✓	34.10		E.A.P.				20.00			
		34.10		" 127. 25.7.18. 2nd Inf Bde	3.57			20.00	54.58		
					3.57						
Aug	✓	34.10		E.A.P.				20.00	68.68		
		34.10						20			
Sep	✓	33.00		E.A.P.				20.00	81.68		
		33						20			



## UNIT AND TRANSFERS

ORIGINAL UNIT:- 151<sup>st</sup> Bn

DATE ACCOUNT FIRST OPENED:- 1/10/16

**AUTHORITY**

DATE  
EFFECTIVE

DATE LEDGER  
SHEET T'57'D

UNIT TRANSFERRED TO

5<sup>th</sup> Bu

Canada Rectilinear

## EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED  
BY INSERTION OF DATE CHARGED IN RED INK

[illegible]

## DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE	ALL C
	1.00	10			

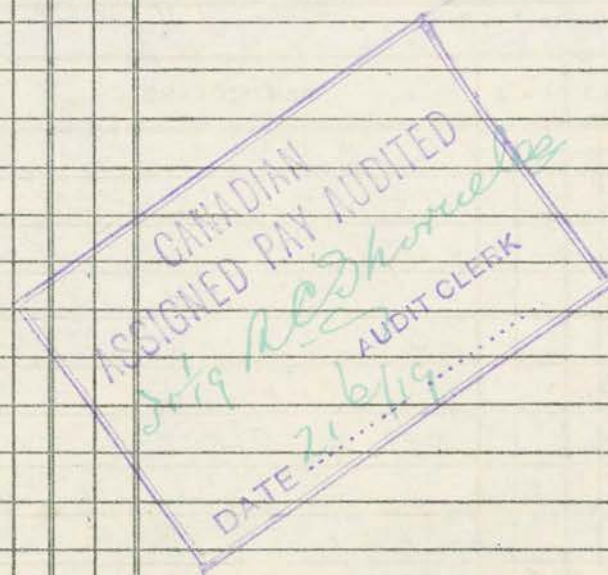
PARTICULARS OF RENDERING NON-EFFECTIVE:—*Dec to Canada 81/1/19 NR-1744 F 9/1/4 B Schott M.D. 9-1-9.*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	Bal forward								2804		
Apr	P.P.	33		AR 53. 5th Bn 4/4/18.	446						
				" 99 17/4 "	3 57						
				P.P. Can.				20	3301		
		33			803			20			
May	P.P.	3410		AP.				20			
				AR 183. 5th Bn 6/5/18.	446						
		3410		AR 265 - 17/5/18	3 57			20	3908		
					803						
June	✓	3300		C.A.P.				2000			
				AR. 81. 1.6.18. Det. 12w.	446						
		3300		" 376. 15.6.18. 5 Bn	3 57			2000	4405		
					803						
July	✓	3410		C.A.P.				2000			
				" 127. 25.7.18. 20 Inf Bde	3 57			2000	5458		
		3410			3 57						
Aug	✓	3410		C.A.P.				2000	6868		
		3410						20			
Sep	✓	3300		C.A.P.				2000	8168		
		33						20			
Oct	✓	3410		AP				20	9578		
				AR. 376. 29/10/18 Mitchell & Co	2 43				9335		
		3410			2 43			20			
Nov	✓	33		AP.				20			
	S.F 27/10/18 14/12/18 12 days 75¢ 10/12/19 25/1/20 876			4122 10/11/18 ✓	2 43						
				6068 22/11 2nd C.C.O	24 33						
				6565 10/12 ✓	14 84						
Dec.	✓	3410		AP.				20			
		7586			41 60			40			



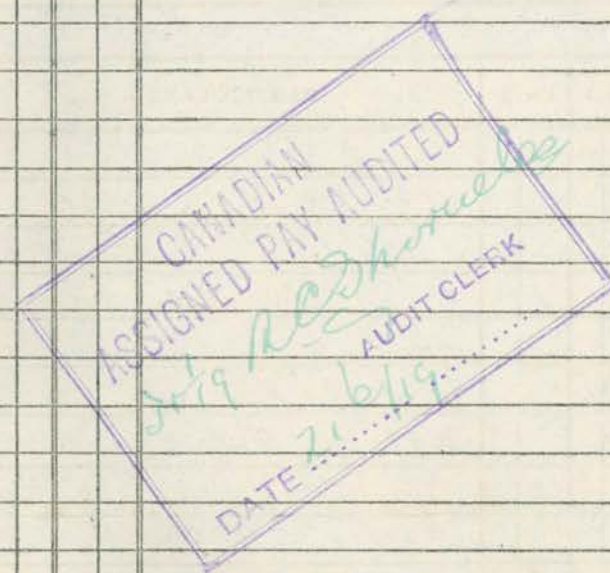
NUMBER **625237** RANK **Pte** NAME **STOUFFER** **Flavius Jacob**

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	<i>Best food</i>	7586			4160			40	9335		
				<i>AR 3125 21/12 12<sup>th</sup> Re</i>	4867						
<i>Jan</i>	<i>PP</i>	3410		<i>AR</i>	9061			20	5304		
		10976			9037			60			
				<i>SOS Canada 15/19 SL 715<sup>th</sup> Re MD13</i>							





SOS Canada 15/19 SL 712 Re M 13





470 27(6)



MARRIED OR SINGLE

Married.

PLACE OF BIRTH

Altora, Ont., Can.

NAME AND ADDRESS OF NEXT OF KIN

Rachel E. Monffer

Greenshields, Alta. Canada.

RELATIONSHIP OF NEXT OF KIN

hrife.

NAME AND ADDRESS OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY

\$ 20 00

EFFECTIVE (DATE) 23/3/1916

PAYABLE TO

Mrs. Rachel E. Stonffer,  
Eenshields, Alta, Canada.

RELATIONSHIP OF DEPENDANT

krife.

## CASUALTIES, PROMOTIONS, &amp;c.

[illegible]

## ADMISSIONS TO HOSPITAL, &amp;c.

[illegible][illegible]



[illegible]

REG'L. NO. 625237 RANK Private

NAME \_\_\_\_\_

Stouffer, Flavius Jacob.

IF IN PERMT. CORPS }  
WHAT UNIT }

UNIT 151st. Bn.

TRANSFERRED TO

DATE \_\_\_\_\_

AUTHORITY *D. 2446*

## PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE \_\_\_\_\_

AUTHORITY *B.O. 272*

PLACE OF ATTESTATION

TRANSFERRED TO

DATE \_\_\_\_\_

### AUTHORITY

DATE OF ATTESTATION

23-3-1916.

TRANSFERRED TO

DATE \_\_\_\_\_

#### AUTHORITY

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

## RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

[illegible]

CANADIAN  
ASSIGNED PAY AUDITED  
31 1/2 R. C. Shovel  
AUDIT CLERK  
DATE 21 6/19



625237<sup>th</sup> Stouffer T. J.

[illegible]



PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			
		15		15	131.91				
8		15		29	27.13564				





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Canada

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Ottawa, ON K1A 0N4

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Ottawa, ON K1A 0N4

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DATE OCTOBER 2012