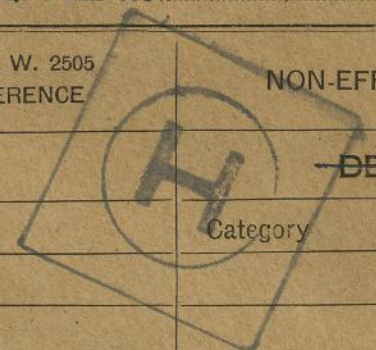


REGIMENTAL DOCUMENTS

NAME TRICE BEN Pte. REGT. NO. 931666 UNIT 2nd Cons. Bn. H. Q. FILE NO. _____

S	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	6. m. m 14-3-19.	M			DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	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)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M.F.W. 192					
1	R-122					



17832

42-14.
4-14
6-14

1.

ATTESTATION PAPER.

No.

No. 2 CONSTRUCTION, B. L. C. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Trice
- 1a. What are your Christian names? Ben
- 1b. What is your present address? 316 Macomb St. Detroit Mich. U.S.A.
2. In what Town, Township or Parish, and in what Country were you born? Hopkinsville Ky. U.S.A.
3. What is the name of your next-of-kin? Trice Buster
4. What is the address of your next-of-kin? Pembroke Ky. ^{Post Office} ~~Small Village~~ ^{street number}
- 4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? May 6th 1885
6. What is your Trade or Calling? Laborer
7. Are you married? No
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 } Yes.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Ben Trice, 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.

Ben Trice (Signature of Recruit)
Date 14th December 1916. J. C. Munton (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ben Trice, 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.

Ben Trice (Signature of Recruit)
Date 14th December 1916. J. C. Munton (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 Windsor Ont. this 14th day of December 1916.

J. C. Munton (Signature of Justice)

Description of Ben Trice on Enlistment.Apparent Age.....31.....years.....5.....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).

Height.....5.....ft. 9½.....ins.Chest
measure-
ment. { Girth when fully ex-
panded.....39.....ins.
Range of expansion.....3.....ins.Complexion.....Dark.....Eyes.....Black.....Hair.....Black.....Religious
denominations. { Church of England.....
Presbyterian.....
Methodist.....
Baptist or Congregationalist.....Yes.....
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.....December 14th.....191 6.Place.....Windsor, Ontario.....

*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:—

Medical Officer.

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Trice, Ben.....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.

C. H. Reis Capt for Lt-Col.....(Signature of Officer)

Date.....14th December.....191 6.

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

M. F. W. 54. (A. F. B. 1)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps #2 Construction Batt'n. C.E.F.

Regimental No. 931666 Rank Pte. Name Ben Trice
C. E. F.

Enlisted (a) 14/12/16 Terms of Service (a) Duration of war Service reckons from (a) 14/12/16

Date of promotion to } present rank } Date of appointment } Numerical position on }
to lance rank } roll of N. C. Os. }

Extended. Re-engaged. Qualification (b) Laborer

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, Canada Halifax N.S.		25/3/17	
		Disembarked, England Liverpool		7/4/17	
	OC #2 Const Bn	Proceeded overseas Seaford			#2 D.O.#
21.5.17	OC	Landed in France 17-5-17 N.P.			
		Forfeits 5 days pay for M. Ling away with Iron Rations	Sea.	21.5.17	Broda Brig. 25.7.17
5.1.18	OC	Att to 1 Dist @ DC	Alencon	30/1/17	B 213
14.9.18	OC H3 Coy 686	Granted 14 day leave	at	12.9.18	B 213 H.Q. 53 Sept 29/18
5.10.18	OC	Reps from leave	Sea	30.9.18	B 213

(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.

6 JUN 1917 1917

CAN. RECORDS LONDON.

H B Macleay
Adjutant, No. 2 Construction Battalion C.E.F.

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				

11 ¹² / ₁₈	MAJ	Trans to England posted to N.S. Reg Dep	Bramshott	14 ¹² / ₁₈	KR 344 Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, N.E.F.
17.12.18	MAJ S.R.D.	T.O.S and att'd 2nd L.C.D for Quarters & Rations	Bramshott	14.12.18	D.O 305
	NSRD	ON COMMAND TO CDD Kimmel Rhyll	BRAMSHOTT		PART II D.O. 313 27 ¹² / ₁₈ LIEUT. OFFICER i/c RECORDS. NOVA SCOTIA REGTL. DEPOT.
28/12/18	NSRD	JOS. MCD, Con. Camp	Rhyll		J.E. Overp Lieut. For O/C MCD 1 Wing
		Embarked for Canada.			
10-1-19	London	Taken on strength No. 1 District Depot	London	D.O. 21	F.G. Herman Lieut. Major
LONDON, ONT. JAN 25 1919					
DISCHARGED ON DEMOBILIZATION					
Discharge Section, No. 1 D.D.					

C.T. Rank Name **TRICE Ben** Reg'l No. **931666**
 Unit **No.2.Construction Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Windsor. Ont. 14th Dec. 1916** Place of Birth **Hopkinsville. Ky. USA.**
 Name and Address, Next-of-Kin **Buster Trice,**
Pembroke Ky, U.S.A. Relationship **Father**

Assigned Pay Monthly \$

Payable to

Separation Allowance \$

Payable to



Relationship

Relationship

N/E. R.B. No. **161**
 File R.L. **75**
 Category **OR CAN**

Discharge, Date and Place

Reason

Character

H. W. V., Ld.-9546-16.

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 per S.S. Southland		7.4.17	
14.6.17	1st Bn	Arrived in France	Field	17.6.17	115
16-12-18	NSRD	TOS from 2nd cc con	OTG	Bshott	14-12-18 + 305 + 71 d 19-12-18. 2nd cc con
27-12-18	NSRD	O/C to C.D.D. Rhyt	-	-	27-12-18 - 3103
19 JAN.1919	NSRD	SOS to CEF in CANADA	Bshott	9 JAN.1919	PT2DO 16

AF.B. 103 CHECKED
30 MAY 1917
Aw.W.W.

[illegible]

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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 No. 2 CONSTRUCTION, D'n. C.E.F.

(2) Regimental Number 931666

(3) Full Name of Soldier Ben Trice

(4) Place of Birth Hopkinsville Kentucky Usa

(5) Are you married, or not? No

(6) If married, state,
(a) Full name of your wife —

(b) Present Postal Address —

(7) Are you a widower? yes

(8) Have you any children? (1) one

If so, give number of boys and girls Boy

Also their names and ages Willie 3 years

(9) Is your Father alive? yes Buster Trice
If so, state name and address Pembroke Kentucky, USA

(10) Is your Mother alive? Dead
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

(15) Are you insured? No

If so, in what Company? -

Have you made arrangements for payment of your Insurance premium? -

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date FEB 24 1917

Lieut-Col.
No. 2 Construction Battalion, E. F.
Officer Commanding.

LAST PAY CERTIFICATE

Regt. No. *93166* Rank *Plt* Name *Tyde Ben*
 Corps *Inf.* who was *Discharged*
 on *25/19* to

The following is a statement of the account of the above named
 from *1/19* to *25/19*

Bal Dr from mon. of from L.P.C. —	11 06	Bal Cr from mon. of from L.P.C.	
ASSIGNED PAY;		Regt Pay <i>25</i> days at \$ <i>1.00</i>	<i>25</i>
		F'd All <i>25</i> days at \$ <i>1.00</i>	<i>25.00</i>
SEPARATION ALLOWANCE:		SEPARATION ALLOWANCE:	
OTHER CHARGES:		OTHER CREDITS:	
		Clothing Allowance	<i>35</i> —
PAYMENTS: <i>100.27</i>	<i>51.44</i>	Subsistence,	
Bal Cr (to be paid)		Bal Dr (to be deducted)	
<i>Overseas R.P.</i>	<i>62.50</i>	(from soldier \$)	<i>62.50</i>
		(" Dependant \$)	

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ per month has been to	at \$ <i>15.00</i> per month has been paid to <i>28/19</i> <i>closed</i>	Subscribed \$ Paid by Other Units \$ Paid by this Unit \$
Dependant or Beneficiary; Address; <i>Rembroke Kentucky U.S.A.</i>		<i>(Listed)</i>
REMARKS; <i>D.O. 23 Discharged Demobilization</i>		

Date of Enlistment *14-12-16*
 If married and if Separation Allowance card submitted *Red Ho*

I have carefully examined this statement of account and find it to
 be a correct extract from the Paylist of this Unit

date;
 London, Ont. *Mr. [Signature]* Captain,
 Paymaster, District Depot No. 1

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

COPY ONLY

This is to Certify that No. **931666** (Rank) **PRIVATE**

Name (in full) **TRICE, Ben.** enlisted in the **2nd Construction Battalion, C.O.M.F.**

CANADIAN EXPEDITIONARY FORCE at **WINDSOR, ONTARIO.** on the **FOURTEENTH** day of **DECEMBER** 19**16**

HE served in **FRANCE (With 2nd Construction Battalion.)** and is now discharged from the service by reason of **ON DEMOBILIZATION.**

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

Age **33 Years**
Height **5' 9 1/2"**
Complexion **DARK**
Eyes **BLACK**
Hair **BLACK.**

Marks or Scars **SCAR RIGHT SIDE OF NECK.**

Signature of Soldier

DISCHARGE SECTION

JAN 25 1919

No. 1 District Depot

Date of Discharge

J. H. Millard
Issuing Officer

Major

CAPT.

Rank

O. C. Discharge Section, No. 1 D. D.

Appointment

Signed at **LONDON, ONT.** this **TWENTY-FIFTH** day of **JANUARY** 19**19**

in Military District No. **-ONE-**

File Reference No. **IDD 10-T-190.**

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

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.

Proceedings on Discharge.

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

No.	931666
Rank	PRIVATE
Surname	TRICE,
Christian Name	Ben,
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2nd Construction Battalion, C.O.M.F.
Date of Discharge	JAN 25 1919 00.0 # 23. 2/23-1.19
Place of Discharge	LONDON, ONT.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....33..... years..... months.	Descriptive Marks SCAR RIGHT SIDE OF NECK.
Height.....5..... feet.....9½..... inches.	
Complexion.....DARK	
Eyes.....BLACK	
Hair.....BLACK	
Trade.....LABOURER	
Intended place of residence	PEMBROKE, KENTUCKY, U.S.A.
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of ON DEMOBILIZATION	
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.	
3. Conduct and character while in the service have been, according to the records, etc.	
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.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

100M.—1-17.

H. Q. 1772-39-113.

(OVER)

Prescribed
93/3/19.

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 to 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.

LONDON, ONT.

(Place)..... *B. Givens* (Signature of Soldier.)

(Date)..... *JAN 25 1919* (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.

LONDON, ONT.

(Place).....

(Date).....

(Signature).....

H. Millard

Major

W.C. Discharge Section, No. 1 D.D.

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.)

None

B. 218

Reg. Conduct Sheet, Minutes Form B. 203.	Attestation Paper, Minutes Form B. 235.
Squadron } Battery } Company }	Proceedings on Discharge, Minutes Form B. 218.
Copies of Convictions by C. E. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of:
Med. Hist. Sheet, Minutes Form B. 313.	(a) Proceedings on Discharge.
Medical Report for Invalid*, B. 237.	(b) Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, D. 877.	(c) Medical History Sheet (in the event of such having been prepared).
*Only if discharged "Medically unfit."	

W. R.—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.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron Battery Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.	<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>	
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Cer- tificate,	" D. 877.		
*Only if discharged "Medically unfit."			

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.

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. 951660 Rank 1st Lt. Surname Trice
(Given name in full)

Ben

Unit or Corps 1st D.D. Birthplace Pembroke Kentucky.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5 ft. 9 3/4 in. Colour of Eyes Brown.

Nutrition Good

Pulse 72

Condition of arteries Normal

Vision Rt. 20x20 Left 20x20

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)

Scar on right side of neck
from old abscess. origin
prior to enlistment.

Opinion as to general health and physical condition Fit for Category A2.

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System Yes Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System Yes Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

V.D.G. 20/12/16 - 2/1/17 cured.- no recurrence. No disability.
Complains of pain in left shoulder when joint is moved in certain directions.
Objective - there is no swelling but there is a slight crepitation in movement - no disability.
No disability due to or aggravated by service.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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 21/1/19 SignedM.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.

SignatureB. G. ...

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

NAME OF SOLDIER.

REGIMENT *2* OR *15* RANK

No. 93666

[illegible]

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

ORIGINAL 931666

MEDICAL HISTORY SHEET.

Surname Trice Christian Name Ben

Examined { on 14 day of December 1916
 at Windsor, Ont.
 Birthplace { City or Town Hopkinsville Ky.
 County _____

Approved by Dan Murray
 Rank Capt M.O.

Apparent age 31

Trade or occupation Laborer

Height 5 Feet 9½ Inches.

Weight _____ Lbs.

Chest measurement { Minimum 36 inches.
 Maximum expansion 39 inches.

Physical development fit

Small-Pox Marks none

Vaccination Marks { Arm Right Left 1
 Number 1

When Vaccinated last childhood

(a) Marks indicating congenital peculiarities or previous disease _____

(b) Slight defects but not sufficient to cause rejection _____

Both eyes 20/20

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

Date.	Result.	VACCINATIONS.
<u>11/1/17</u>	<u>288R</u>	<u>SS Shepley</u> M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/2/17</u>	<u>288R</u>	<u>At West - Hoyn</u> M.O.
<u>8/3/17</u>	<u>288R</u>	<u>Dan Murray</u> M.O.
<u>23/3/17</u>	<u>288R</u>	<u>Dan Murray</u> M.O.

Enlisted on 14th day of December 1916 at Windsor Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				
<u>No. 2 CONSTRUCTION, B. M. Co.</u>		<u>931666</u>		<u>12/14/16</u>
Transferred to _____				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Windsor, Ont.</u>	<u>14/12/16</u>	<u>on enlistment</u>	<u>Fit</u>
<u>S. R. Brice</u> Major, A. M. C.		<u>McBryen</u> Capt., A. M. C.	<u>Stewart Capt.</u>

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

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 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.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
London		20	12	16	2	1	17	Lymphocoe	14	^{MD} Cured J. M. Muldown	J. M. Muldown D

From Halifax per S.S.  "Southland" 28/3/17

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Lahauer.

RELIGION

Baptist.

DESCRIPTION.

APPARENT AGE

31.

YEARS

5.

MONTHS

HEIGHT

5.

FEET

9 1/2.

INCHES

CHEST MEASUREMENT

39.

INCHES

EXPANSION

3.

INCHES

COMPLEXION

Dark.

EYES

Black.

HAIR

Black.

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Dec. 14th 1916.

Present Address - 316 Macomb St. Detroit.
Mich. U.S.A.

SURNAME.

Trice,

CARD NO.

CHRISTIAN NAMES

Bern.

REGL. NO.

931666.

RANK

Pte.

UNIT

No. 2. Construction

FORMER CORPS

nil.

NEXT OF KIN.

NAMES IN FULL

Trice, Buster.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Dembroke, Ky. U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

USA. Hopkinsville, Ky.

DATE

May. 6th. 1885.

PLACE OF ATTESTATION

Windsor, Ont.

DATE

Dec. 14th. 1916.

1 CARD NO. *✓*

S.O.S. 25/1/19.

FOLL.

86.23/9-23/1/19.

Demol.

1/198.

Bu.

R/C. 17/1/19. 254

28.

No. 931666 RANK Pte.

NAME Trice Ben

T. O. S. 14-12-16 UNIT

D.O. 105. 18-12-16 No 2. Construction Battalion

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Dec 14	1916 Dec 31	✓		
1917 Jan	1917 Feb	✓		
	Mar	✓		

M Ham
Number *931666* Rank *Pte Spr B*
Surname *TRICE*
Christian Name *Ben.*
Units *C.O.R.C.C.* Theatre of War *France*
Date of Service *17-5-17*
Remarks
Latest Address *Pembroke*
640 Rivelle St Detroit Kentucky
Roll No. *Page 11833* *Mich. U.S.A.*
200m.-2-21.M.

15/9/58

DESP. SEP 19 38

REGN. NO. 377

Name **TRICE Ben.** Rank **Pte.** Regtl. No. **931666**

Fyle Depot **IDD 10-T-190**

Original unit **2nd Con. Bn.** Present unit **2nd Con. Bn.** or S. Age **34** Religion **Bapt.** Ref. H.Q. **1D-30-T-591**

Port, ship and date of arrival **Halifax, Olympic, 17-1-19.**

Next of kin **Buster Trice, Pembroke, Ky.**

Address on leave

Address on discharge **Pembroke, Kentucky, U.S.A.**

Transportation issued No **Yes** Date **Character on discharge**

Previous occupation **Laborer** Date and place of enlistment **Dec. 14th 1916, Windsor, Ont.**

Diagnosis **N.A.** Date of Medical Boards **Jan. 21st. 1919, London, On**

Date.	Remarks.	Pt. 2 Order No.
T.O.S.		
10-1-19	No. 1 D.D.	
20-1-19	Posted to Cas. Coy.	
25-1-19	Discharged from H.M.S. on Demobilization (P.D.P.)	21 23

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

(over)

Date.

Remarks

Pt. 2 Order No.

M. F. W. 192

150m.—5 '8

1772-39-1243

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

To Whom

Address

Isidro Trice
Pembroke
Kentucky
U.S.A.

By Whom Assigned

Regtl. No.

Rank

Corps

Trice Bon
931666
Pte.
No. 2. Gen. Bn

Rate

15⁰⁰

APR 1917

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				



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. *Susie Trico*
(Assignee)

PAYMENTS.

Name of Soldier

Trico Lew
Pte. 931666. No. 2. Co. Bn

I. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>15.00</i>	<i>APR 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>Z 5142</i>	<i>15</i>	
May		<i>R 12133</i>	<i>15</i>	
June		<i>Q 18650</i>	<i>15</i>	<i>Bn</i>
July		<i>F 25872</i>	<i>15</i>	
Aug.		<i>T 32975</i>	<i>15</i>	<i>20</i>
Sept.		<i>N 40056</i>	<i>15</i>	
Oct.		<i>146583</i>	<i>15</i>	
Nov.		<i>Q 52041</i>	<i>15</i>	
Dec.		<i>W 60585</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



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

T

5006
5305

Apr 1-17

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 931666

Rank Ple Promoted Reverted Discharge

Soldier's Name Ben Juice

Battalion No 2. Con. Battr.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Lucie Juice

Address Pembroke, Kentucky, U.S.A.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
31 ¹² / ₁₇			135 ⁰⁰	135 ⁰⁰	
Jan 18	T 66460		15	15	
Feb	N 73789		15	15	
Mar	W 91414		15	15	
April	Y 444		15	15	
May	T 18947		15	15	
June	Z 16439		15	15	
July	Z 27972		15	15	
Aug	Z 40667		15	15	
Sept	Z 54835		15	15	
Oct	Z 69850		15	15	
Nov	Z 84418		15	15	
Dec	Z 100604		15	15	
Jan	Z 114964		15	15	
			330	330	

CANADIAN
ASSIGNED PAY AUDITED

AUDIT CLERK

DATE 26/5/19

M. F. W. 128.
40m. 6 7-1172-38-1141
L. L. 22320-M. & D. 1993.

31/1/19

Ret'd per alg...

Date 17/1/19

Closed 18-11-19

no 51760 of 1/2/19

A STENCIL
HAS BEEN MADE
FOR THIS ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque
No.Amount
S/AAmount
A/P

Total

REMARKS

M. F. W. 128.
40M. 6-7-1772-39-1141
L. L. 23320-M. & D. 1993.

12474-375M-13-2-18

Strike out whichever inapplicable

ASSIGNED PAY ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

EFFECTIVE DATE: **1 APR 1917** EFFECTIVE DATE: -

AMOUNT: **15⁰⁰** AMOUNT: -

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.

Miss Susie Trice (sister)
Pembroke Kty & Sa.
Stopped off 1/1/18

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

PR

UNIT AND TRANSFERS

ORIGINAL UNIT: **2 Construction Bn**

DATE ACCOUNT FIRST OPENED: **1 APR 1917**

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T.S.P.O. UNIT TRANSFERRED TO

L.P.B. 27/2/19 Canada

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
9/12	6635		4 66				
18/12	3591		9 70				
			14 39				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Canada 1/1/18* *64734 New Brook signed from 1/1/18* *cf. 14. 1. 4/15. 11. 18* *L.P.B.* *57 50* *43. 81*

1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
MAR	Bal Ford								126 33		
	Apr P. Pay.	33 =		C. A. P.				15 -			
				AR 131 1/4 CFCU 9	3 57						
		33 -		✓ 313 20/4 -11-	3 57				137 19		
	May P. Pay	34 10		C. A. P.				15 -			
				AR 508 7/5 CFCI.	2 68						
				AR. 736 24/5. -11-	4 16				149 15		
	June P.P.	34 10			7 14			15 -			
		33 -		all Pay				15 -			
				AR 923 7/6 CFCI	3 57						
				✓ 1119 22/6	3 57				160 01		
					7 14			15			
	July PP	34 10		Ass Pay				15 -			
				AR 1309 6/7 CFCI	3 57						
				AR 1518 22/6	3 57						

CANADIAN ASSIGNED PAY AUDITED *Newell*

AUTHORITY

DATE EFFECTIVE

DATE LEDGER SHEET T'S'D

UNIT TRANSFERRED TO

L.P.B.

28/2/19 Canada

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
9/12	6635		4 66				
18/12	3591		2 00				
			14 39				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY

PAY

F.A.

P.F.A.

SUBS'CE ALL'CE

1

10

PARTICULARS OF RENDERING NON-EFFECTIVE:

1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
MAR	Bal Ford								126 33		
Apr	P. Pay.	33 =		C. A. P.				15 -			
				AR 131 6/4 CFCU 1	✓	3 57					
				✓ 313 20/4 -11-	✓	3 57			137 19		
		33 -				7 14		15 -			
May	P. Pay.	34 10		C. A. P.				15 -			
				AR 508 7/5 CFCI.	✓	2 68					
				AR 736 22/5 -11-	✓	4 16			149 15		
		34 10				7 14		15 -			
June	P. P.	33 -		Ass Pay				15 -			
				AR 923 7/6 CFCI	✓	3 57					
				✓ 1119 22/6	✓	3 57			160 01		
						7 14		15 -			
July	PP	34 10		Ass Pay				15 -			
				AR 1309 6/7 CFCI	✓	3 57					
				AR 1518 22/7	✓	3 57			171 97		
		34 10				7 14		15 -			
Aug	PP	34 10		Can AP				15 -			
				AR 1713 6/8 CFCI	✓	3 57					
				AR 1960 22/8	✓	3 57			183 93		
		34 10				7 14		15 -			
Sep	PP	33 -		Can AP				15 -			
				AR 2214 6/9 CFCI	✓	3 57					
				AR 2263 10/9 CFCI		1 78					
				CP 33988 14/9 London		48 67					
				AR 4195 10/9 CFCI		97 33					
				CP 36781 22/9 LN		24 33			26 25		
		33 -				175 68		15 -			

CANADIAN
ASSIGNED PAY AUDITED
EX. J. H. HILLMAN

DATE 22/5/19

6635 10/12 6/12 200
3591 18/12 200
600

466
9 1/2

31 1/2

6081 1/2 1/2
4381
30

67 10
1/2 1/2

Alban 7/19 1901 16 19/19 1901

RELATIONSHIP OF DEPENDANT

AUT

PLACE OF BIRTH	Hopkinsville Ky. U. S. A.
NAME AND ADDRESS OF NEXT OF KIN	Buster Price Pembroke Ky. U. S. A.
RELATIONSHIP OF NEXT OF KIN	Father

RELATIONSHIP OF DEPENDANT

NAME OF HOSPITAL _____

[illegible]

[illegible]

CANADIAN
ASSIGNED PAY AUDITED
OK. Hewell
AUDIT CLERK
DATE 7/5/9

1500

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS		
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE	No.	DATE	No.	DATE			
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEP. REC. PAY	SEP. ALLOC. ENG.															
	Oct Bal								90 56																	
Nov	7P.	33 .							15																	
				AR 831. 28 ² / ₁₇ . CTC.	3	57																				
				- 836. 12 ¹⁰ / ₁₇ -	3	57																				
				- 977. 25 ¹⁰ / ₁₇ -	3	57																				
				- 1095. 10 ¹¹ / ₁₂ -	3	57																				
DEC		34 10							15	11738																
JAN	1918	67 10							30																	
	PP.	34 10							15																	
				- 1264. 23 ¹¹ / ₁₇ . 2 month Pen	12	49																				
				- 1434. 21 ¹² / ₁₇ -	7	14				11285																
		34 10				19 63			15																	
FEB		20 80		Assigned Pay					15																	
				- 2036. 5 ¹⁸ / ₁₈ . 2 month at CTC	3	57																				
				- 2197. 21 ¹⁸ / ₁₈ -	3	57																				
		30 80		- 2389. 5 ¹⁸ / ₁₈ . #1 "	3	57			15	11794																
						10 71																				
MAR	1918	34 10		Ass Pay					15																	
				AR 2627. 20 ¹² / ₁₈ . #1 CTC	3	57																				
				- 2885. 7 ³ / ₁₈ .	3	57																				
		34 10		- 3081. 19 ³ / ₁₈ . "	3	57			15	12633																
						10 71																				

[illegible]

10 Jr-17

3786

M. OR S. *J.*

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

REGT. NO.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL C.E.F.
ADDRESS					PLACE OF ATTESTATION
					DATE OF ATTESTATION
IS SEPARATION ALLOWANCE PAID? <i>Mo.</i>	DATE EFFECTIVE				ASSIGNED
TO WHOM PAID	RELATIONSHIP				PAYABLE
ADDRESS					ADDRESS
					STOP PAY ASSIGN RENDER
					DISCHARGE

MONTH	PAY AND F. A. '10		OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED					
	NO. OF DAYS	RATE	AMOUNT						COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	PAY					
			\$	C.	\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.
Balance from previous account																				
E. L. P. C.								43 81											15 00	
31-12-18																				
1/9 25/9	25	10	27	50	35			62 50												
23/1/19			70	-				70 -	52 53	24/1/19										
			284																	
24/2/19			280					280												
25/3/19			210					210												
4.			140					140												
25/5/19			70					70												
			350	-				350												

WAR SERVICE GRATUITY

WAR SERVICE GRATUITY

[illegible]

[illegible]