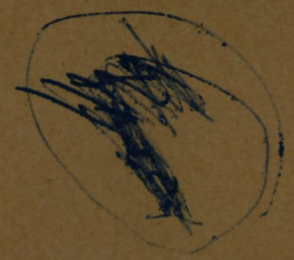
2 Enlistments

REGIMENTAL DOCUMENTS

NAME AGON. Albert Andrew. REGT. NO. 448857. 1st 1105092 - 2nd UNIT 11th Battn. H. Q. FILE NO. 26377

		CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1		~~TRAINING HISTORY SHEET (M.F.W. 113)~~ Record Sheet					
2		FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	1	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
1	1	COMPANY CONDUCT SHEET (M.F.B. 263A or A F.B. 121)					
2	2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
2		MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
4		MEDICAL EXAMINATION (M.F.W. 129)					
		TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
		PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
		DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
		LAST PAY CERTIFICATE (M.F.W. 44)					
1	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)					
	2	MFW 64.					
4	2	Misc Cards.					
		Pay Sheets					

W. 2589
100M-11-19
1772-39-1377



117 EASTERN TOWNSHIPS
OVERSEAS BATT., C. E. F.

ORIGINAL

ATTESTATION PAPER.

No. 748857

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Agon.
1a. What are your Christian names?	Albert Andrew.
1b. What is your present address?	Eustis. Que.
2. In what Town, Township or Parish, and in what Country were you born?	Eustis. Que.
3. What is the name of your next-of kin?	Matilda Agon.
4. What is the address of your next-of-kin?	St. Johnsbury. Vt. U. S. A.
4a. What is the relationship of your next-of-kin?	Mother.
5. What is the date of your birth?	9th Jan. 1875.
6. What is your Trade or Calling?	Miner.
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? If so, state particulars of former Service.	No.
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Albert A. Agon, 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.

albert andrew agon
.....(Signature of Recruit)

Date 20th March 191 6. Wm Whitehead .....(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert A. Agon, 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.

albert andrew agon
.....(Signature of Recruit)

Date 20th March 191 6. Wm Whitehead .....(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 Sherbrooke this twentieth day of March 191 6.

J E Smith
.....(Signature of Justice)

M. F. W. 23.
400M.—1 -15.
H. Q. 1772-39-841

Description of Albert Andrew Agar on Enlistment.

Apparent Age 40 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 3 ins.
Chest measurement. Girth when fully expanded	33½ ins.
Chest measurement. Range of expansion	3½ ins.
Complexion	Dark
Eyes	Gray
Hair	Gray & Dark
Religious denominations. Church of England	
Presbyterian	
Methodist	
Baptist or Congregationalist	
Roman Catholic	yes
Jewish	
Other denominations (Denomination to be stated.)	

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).

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 20th March 1916 L. S. Cook

Place Sherbrooke, P.Q. Capt. D.M.C.
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.

Albert Andrew Agar 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.

L. Lieut & Adjt (Signature of Officer)

MAR 20 1916

Date 191

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 1105092 (Rank) Private

Name (in full) Agow. Albert. enlisted in

the 258th Battalion

CANADIAN EXPEDITIONARY FORCE at Montreal P.Q. on the Sixth

day of June 1917

HE served in Canadian Army Medical Corps England

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

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

Age 45 yrs. 6 mo

Height 5' 2"

Complexion Reddish

Eyes Grey

Hair Grey

Marks or Scars Scar on dorsum of left arm

A Agow
Signature of Soldier

L. Lamoureux
Issuing Officer

Date of Discharge

Dispersal Station "E" JUL 30 1919 Military District No. 4

Commanding Dispersal Station "E" Major
Rank

Date July 30 1919

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.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

No. 748857. RANK Pte. NAME Agon, A. N.

T.O.S. 20-3-16. (D.O.67 of 20-3-16.) UNIT 117th Battalion

M. D. 4.

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916.	1916.			
Mar. 20.	Mar. 31.	✓		
Apr.		✓		
May		✓		
June		✓		
July 1	July 4	✓	Discharged 4-7-16	D.O. # 15-7-5-7-16.

UNIT SAILED
AUG 14 1916

a/c closed by payment a.

bsg-a-7270

Number 1105092 Rank Pte

Surname AGON

Christian Name Albert

Units 258th Bn. Can. Inf Theatre of War England

Date of Service 17-10-17.

Remarks

Latest Address North Devon,

Forks Co, N.B.

Roll No. "A" Page 5206

5m-1-22. M304.

DESP AUG 24 1923
REGN. NO. 6039

No. 1105092 RANK Pte NAME Agon. Albert

T. O. S. 6-6-17 UNIT 258 th Battalion C. E. F.
Do 43 of 6-6-17

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1917	1917			
June 6	June 30	✓		
July		re	forfeits 3 dys pay	0085.
Aug		✓		
Sept.		✓		

Reg. No.	Rank.	Surname	Category.	Dentally Unfit.
1105092	Pte	A GON Christian Names (1) Albert (2) ..... (3)	BI MAS Date 13-6-18	

Place of Enlistment:	Date of	Taken on from	Religion	Inoculations	Company
Montreal	6.6.17	G R D	JRC	25.8.17. (2)	1
Province: Que.	Age on 43	Date 5-11-18		Vaccination 29.9.17.	

On Command	Hospital	Permanent Cadre	Employed as
		Date taken on	
Date Proceeding	Date Admitted		

Record of Overseas Service: Nil

Reason for Return:

Profession or Trade (Civil) Cook.

Transferred or Posted to ..... Date .....

Married or Single Single

Address of Next of Kin Mother

Matilda Agon.

St. Johnsbury. Vt.

Country U. S. A.

LEAVE.

No. of Pass Issued.	From.	To.	Free Transportation.
	4-1-19	11-1-19	Yes

A.G. 10434.

Part 2 Order Entries.

No.	Date	Ref.	No	Date	Ref.
314	13-11-17	A.J.	166	15-6-18	A.J.
346	15-12-17	C.	189	8-7-18	C.
7	7-1-18	C.	215	3-8-18	C.
21	21-1-18	C.	246	3-9-18	P.C.
45	11-2-18	C.	310	CAMC-D 6-11-18	S.J.
57	25-2-18	C.	105	6-12-18	S.J.
73	14-3-18	C.	3	10-1-19	S.D.
85	26-3-18	C.	3	10-1-19	A.J.
105	15-4-18	C.	16	28-2-19	A.J.
111	29-4-18	C.	16	28-2-19	C.
140	20-5-18	C.T.	31	23-4-19	C.
149	29-5-18	C.T.	32	24-4-19	P.C.
158	7-6-18	C.T.	33	30-4-19	C.
165	14-6-18	Rec.	33	30-4-19	S.T.
166	15-6-18	C.D.	35	6-5-19	S.D.

TRAINING.

Weeks of Training.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 Over.

Nature of Training	Date passed test
Drill	
Musketry	
Bombing	
Rifle Bombing	
Bayonet Training	
Anti-Gas	28-5-18.
Lewis Gun	
Rapid Wiring	

Special Training Courses, etc.

649-a-1567

SURNAME. Agon

CHRISTIAN NAMES Albert Andrew

REGL. NO. 748827 RANK

UNIT ~~117th~~ Bn.

FORMER CORPS

CARD NO.

S.O.S. 4-7-16.

FOLL. 5.

NEXT OF KIN.

NAMES IN FULL Agon Mrs. Matilda

RELATIONSHIP TO SOLDIER Mother

ADDRESS St. Johnsbury, Vt. U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Eustis Que. DATE Jan. 9th 1875

PLACE OF ATTESTATION Sherbrooke P.Q. DATE Mar. 20th 1916

Trans from 117th Bn to 258th Bn. Auth 117 Bn R.R. 24-3-16

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

SURNAME. agon

CHRISTIAN NAMES albert.

REGL. No. 1105092. RANK Pte.

UNIT 258th.

FORMER CORPS Nil.

CARD No. 44

Lvs Des. -ob

FOLL. 38-7-19

DD 213 of 1-8-19

4 DD

Bn

Old No 748857.

NEXT OF KIN.

NAMES IN FULL agon, Mrs. Matilda

RELATIONSHIP TO SOLDIER mother.

ADDRESS St. Johnsbury Vt., U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Sherbrooke. DATE Jan. 9th 1874.

PLACE OF ATTESTATION Montreal. DATE June 6th 1917.

Prev. attested in 117th Bn. at Sherbrooke P.Q. 20-3-16 with No 748857.

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

O/O 6-10-17.

M/C 28-7-19 377/21 Pte

FROM HALIFAX PER

S.S. MEGANTIC 6/10/17

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Cook. RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 43 YEARS MONTHS

HEIGHT 5 FEET 2. INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 4. INCHES

COMPLEXION Reddish EYES grey HAIR grey.

DISTINGUISHING MARKS not stated.

MEDICAL EXAMINATION. PLACE Montreal. P.Q. DATE June 6th 1917.

Present address. 59 Parthenais St, Montreal.

FILE No. 110-092.1 VOL.

SUBJECT

Agan, Albert

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE
RDC	Ed	12-V-23			
VA		3/27/32			

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY.

FILE No. VOL.

SUBJECT

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY.

M. & D. FORM O.S.S.5.
12265—50M—11-22.

822

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names Albert 2. Surname AGON

3. Rank Pte 4. Original Unit 258th Batt 5. Reg. No. 1105097

6. Address, in full, to which future payments of gratuity are to be forwarded 67 Parthenais St Montreal

7. Date of enlistment in the C.E.F. 6th June 1917

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge No

9. Relationship of such dependent

10. Address, in full, of such dependent

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? ✓

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 2 years
258th Batt — 3rd Reserve —
Camp Lenham Stoop Lenham —
Forestry Base - Beechhill —

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No-1

5431. Wt. /30P. 50,0./3(8). 2.19. S.O.,F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. No!

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid No!

20. Have you been issued with a War Service Badge? If so what class? No!

21. Have you, during the present war, served in the Imperial Forces?

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled No!

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? No!

(b) If so, was such reversion in consequence of misconduct or inefficiency?

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge (b) Reason for discharge

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: Algon Albert

Place of Residence: 69 Parthenais St Montreal

Declared before me at: Witley Camp

This 2nd day of July 1919

"QUESTIONS 12-13-14-20-24-25 26 & 27 ARE UNANSWERED"

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

C. N Hart Major

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

Form R 122.
2353—100M—9-1?-16

LTR

Rank

Name AGON, Albert

Reg'l No. 1105092

Unit 258th Bn to 2nd Quebec, R D

If in perm. Corps, What Unit?

Married or Single Single.

Place and Date of Enlistment Montreal. 6th June, 1917.

Place of Birth Sherbrooke, Can.

Name and Address, Next-of-Kin Matilda Agon

St Johnsbury, Vt, U.S.A.

Relationship Mother

Assigned Pay Monthly $

Payable to

Relationship

Separation Allowance $

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—9546-16.

Came

Report. Date.	Report. From whom received.	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.
		Arrived in England		17-10-17	S/S Metagama
1-11-17	10th Res B.	T.O.Strength.	Witley	17-10-17	D.O. 271
12.11.17	—.—	S.O.S. to 23rd Res Bn	Pte —	12.11.17	Pt II D.O. 280 & 23 Res Pt II O 314 d/13.11.17
15-6-18	23 Res	S.O.S. to Q.R.D	" "	14-6-18	" 166. D.O. 148 d/18-6-18 Q.R.D.
5.11.18	Q.R.D.	S.O.S. to Came	Bshott	5.11.18	" 268 | came D Pt II D.O. 310 d/6/11/18
6.12.18	Can Sp Hsp	T.O.S from CAMC Depot	Pte Lenham	4-12-18	— 105. came Depot Pt II D.O. 339 d/5-12-18.
10.1-19.	"	S.O.S to CAMC Coy and att'd from CAMC Coy	" "	8.1-19.	-3. came C Coy Pt II D.O. 16 d/20-1-19
26-2-19	CAMCD	T.O.S and remains of Comm.	Sch'leffe	15-2-19	— 59 came C Coy Pt II D.O. 42 d/19-2-19 CSHsp Lenham Pt II D.O. 16 d/24/19
17-4-19	do	S.O.S. to C.S. Hsp Lenham	" "	15-4-19	— 107
6/5/19	CS Hosp.	S.O.S to C.F. Hosp Beech Hill	Lenham	6/5/19	— 35

Que

Report. Date.	Report. From whom received.	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.
7/5/19	Beech Hill Hp	T.O.S. from C.S. Hp Lenham	Pte Englefield	6/5/19	Pt. II D.O. 17
23-4-19	C.S. Hsp.	On Com to Wandsworth Det. Bar.	" Lenham.	17-4-19	— 31
24-4-19	"	Was on 17-4-19 awarded 14 days detention for, when on active service, wilfully allowing Government property under his charge to be stolen, in that he was in company with No 106026 Pte Johnson W. at 1745 hours 15-4-19, when he was taking away a sack containing coal and wood, the property of the Canadian Government.	" Lenham		— 32.
30-4-19.	— do —	Ceases o/com to Wandsworth	Lenham	30-4-19	— 33
30-4-19	— do —	Ceases o/com + T.O.S. from CAMCC	do	15-4-19	— 33
3-7-19	M. Wing	T.O.S. pending RTC	Witley Pte	2-7-19	— 84 ? Pt II 155 D/3.7.19 camccc
3.7.19	camccc	T.O.S. from	— — — "	30.6.19	— 155 & 27 D/30.6.19 B. Hill Hsp.

98-F-35 a/18/7/19

CAMC

3 IC 18 PERSNL SOS TO CANADA LD I A0.4

18 7 19

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 258th Battalion C.E.F.

(2) Regimental Number 110 5092

(3) Full Name of Soldier Albert Agon

(4) Place of Birth Sherbrooke Que. Can.

(5) Are you married, or not? not

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

(b) Present Postal Address 59 Parthenais St. Montreal Can

(7) Are you a widower?

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... No .....

If so, state name and address .....

(10) Is your Mother alive ?..... Yes .....

If so, state name and address..... mrs. agow. St Johnsbury Vt. U.S. .....

.....

(11) If your Mother is a widow.....

Are you her sole support, or not ?..... I am 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.

.....

(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.

.....

.....

Officer Commanding.

Date..... 7th June 1917

.....

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 258th Battalion C.E.F.

Regimental No. 1105092 Rank Pte. Name Albert Agon

Enlisted (a) 6-6-17 Terms of Service (a) C. E. F. D. of W. Service reckons from (a) 6-6-17

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

Extended ..... Re-engaged ..... Qualification (b) Cook

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Embarked Canada 4-10-17					
Disembarked England 17-10-17					
1.11.17	O/C 10th Res. Bn	T.O.S from 258th Bn	Witley	17.10.17	D.O.P.2.271
12.11.17	O/C 10th Res Bn	S.O.S on transfer to 23rd Can Res Bn	Witley	12.11.17	D.O.P.2.280
		auth D.O.4.a.G.10.3.1.d/10.11.17	J Balardeau		Lieut Asst Adj 10th Res Bn
13-11-17	23rd. CAN. RES. BN.	TAKEN ON STRENGTH	B. Shott	13-11-17	D.P. II. O. No. 314
15-6-18	23rd. CAN. RES. BN.	POSTED TO 1st. QUE. REG. DEPOT. and Attached	do	14-6-18	D.P. II. O. No. 166 Lieut. [signature] for O.C. 23rd. Can. Res. Bn.
10-10-18	do	Attachment Ceases on return to QRD	do	10-10-18	DPDO 283 [signature] for [illegible] Can Res. Bn.
12.10.18	E.R.D.	Ceases to be shewn on command to 23rd Res. Bn & will be attached to B.R.D.G. & posted to Depot Coy.		10.10.18	P.E.D.O. 247
4-11-18	Que. Regt'l. Depot.	TRANSFERRED To C.A.M.C. Shorncliffe			Pt. I. D.O. 268. 5-11-18 [signature] QUEBEC REGT'L DEPOT

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as 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				
6-11-18	O.C., C.A.M.C. R. & T. Depot, T.O.S. from 2 R.D. Bramshott		S'cliffe	5-11-18	P. Do. 310.
5-12-18	"	S.O.S. to C.S.H. Lenham	"	4-12-18	P. Do. 338 J. Hasgard Capt. Asst. Adjut For O.C. C.A.M.C. Reserve De
6-12-18	C.S.H. Lenham	T.O.S. from CAMC R & T.D.	Lenham	4-12-18	Pt II DO 105 of 6-12-18
13-1-19.	Do	S.O.S. to CAMC. Cas. Co & attached to C.S.H. Lenham	Lenham	8-1-19	Pt II DO 3. of 10-1-19.
3-3-19.	Do	Ceases to be attached from CAMC. Cas. Co & shewn on Command from R & T. Dep.	Lenham.	18-2-19.	Pt. II DO. 16 of 28-2-19.
24-4-19.	do.	On Command to Wandsworth Detention Barracks.	Lenham.	17-4-19.	DO Pt 2. # 31 of 23-4-19.
1-5-19.	do	Returned from On Command	Lenham	15-4-19.	DO Pt II 33 of 30 4/19.
1-5-19.	do	Ceases to be On Com: from CAMC R & T. Dep. & is T.O.S. from C.A.M.C. Cas. Co.	Lenham	15-4-19.	DO Pt II 33 of 30 4/19.

Army Form B. 103. Sheet 2. Regimental Number 1100092.

Casualty Form Active Service.

Regiment or Corps Cam.c

Rank Pte Surname Agon A Christian Name Albert

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) ..... or Corps Trade and rate .....

Occupation ..... Signature of Officer

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
		Embarked ...			
		Disembarked ...			
6-5-19	C.S.H. Lenham	S.O.S to Can: F. Hospital Beech Hill	Lenham	6-5-19	Pt II DO 35.
			C A Baragar Major C.A.M. for O.C. Canadian Special Hospital LENHAM, KENT		
30-6-19	B HH	T.O.S. from Can Spec Hos. Lenham with effect 6-5-19	Englefield Green	D.O. Pt II No. 17 d/ 7-5-19	
			G H Wilson Major O.C. Beech Hill Hos.		

(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) Signaller, Shoeing Smith, &c.

W. 8635 M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
30-6-19	BHH	S.O.S. to Camp Cas. Coy with effect 30-6-19	Englefield Green	30-6-19	D.O. Pt No. 26 - 30/6/19 G H Wilson Major O. C. Bach Hill Hos.
	16-7-19	S.O.S. OF O.M.F.C. ON PROCEEDING TO CANADA. for discharge	DO 87	16-7-19	J Melanson Lieut - for O.C. M. Wing C.C.C.
		H.M.T.S. WINIFREDIAN EMBARKED 18-7-19			
1-8-19	O-S	T.O.S D.D.#4 Dis.Sta. "F"	Montreal	18-7-19	D.O PT II-213
		S.O.S D.D.#4 Demob.	"	30-7-19	D.O Pt II-213
					R.O 1420

Lieutenant,
Assistant Adjutant,
District Depot No. 4.

"M" WING C.C.C.

C.A.D.C. 5009A

F 822

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

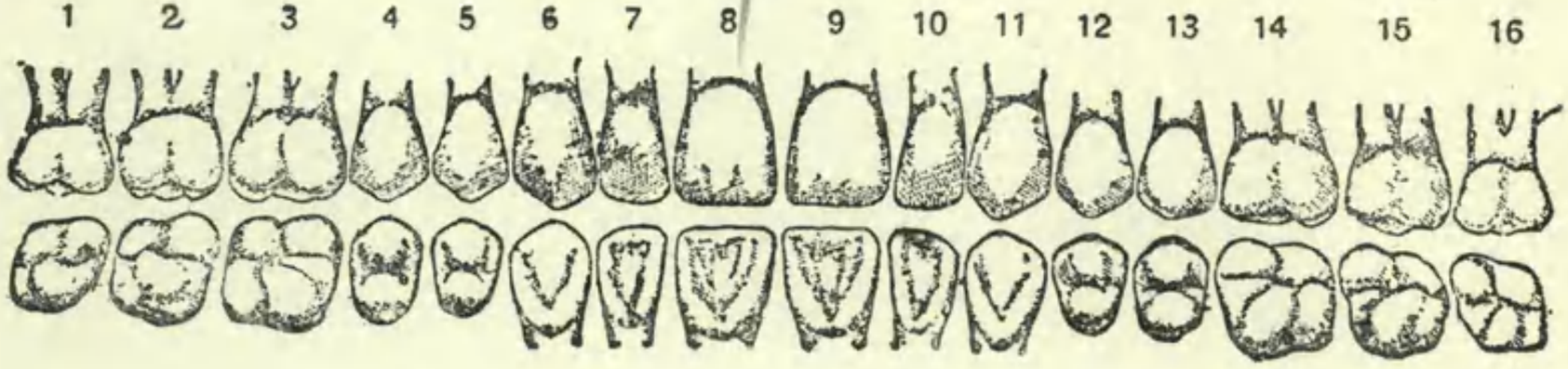
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) AGON. ALBERT.

REGIMENT C.A.M.C. RANK Pte - No. 1105092

Date of Examination in England 3-7-19 | Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

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 30.
2. EXTRACTIONS 2. 17.
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper 2. 3. 4. 5. 12 to 16
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

R Simpson Capt
A. D. D. S. M. D. No. 4

Signature of Dental Officer C C Graham Capt

M. F. B. 4[illegible]
160m.—7-[illegible]
1775-39-950

DENTAL HISTORY SHEET

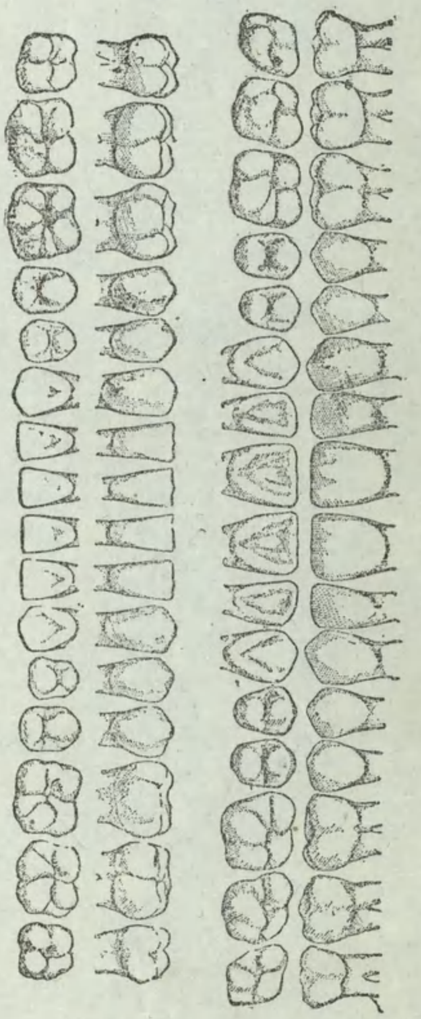
CANADIAN ARMY DENTAL CORPS

DIVISION.....

NAME OF SOLDIER.....Albert Agon.....

REGIMENT.....258th Bn. C.E.F.....RANK.....Pte.....No.....1105092

DATE	No.	FILLINGS: Amal.	FILLINGS: Phosp.	FILLINGS: G. Per.	FILLINGS: Cement	Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2° 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS



MEDICAL HISTORY SHEET

258th BN. CAN. INF.

ORIGINAL

Surname Agar Christian Name Albert

Examined on 6th day of June 1917 at Montreal, Can

Birthplace City or Town Sherbrooke Can. County Que.

Apparent age 43

Trade or occupation Cook

Height 5 feet 2 Inches

Weight 128½ lbs.

Chest measurement Minimum 34 inches Maximum expansion 36 inches

Physical development Good

Small-pox Marks None

Vaccination Marks Arm Right Left Number nine

When Vaccinated last Child

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by [signature]

Rank Capt. M.O.

MOBILIZATION CEN. M. D. No. 4 MONTREAL, P.Q. JUN 6 1917

Date	Fit or Unfit	Examined for Re-Engagement	
		Declared FIT by MEDICAL BOARD MOBILIZATION CENTRE, M. D. #4	M.O.
		[signature] President, S. M. B.	M.O.
		"A" Fit for General Service	M.O.
			M.O.
			M.O.
		CATEGORY "A" II	M.O.

Date	Result	Vaccinations	
25-9-17		Inoculating Capt.	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
4-8-17	Ford.	Robertson Inoculating Capt.	M.O.
18-8-17	"	"	M.O.
23-8-17	"	"	M.O.

Enlisted on 6th day of June 191 7 at Montreal

	Corps	Regt'l Numeer	Habits	Date
Joined on enlistment	258th Battalion			
		II05092		6/6/17
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Bramshall- Cst Lieutenant to Hosp	13/6/18 14/1/19 5-7-19	Myalgia Myalgia Def. Vision	B. Admn. C. Pyne Capt. PRESIDENT MEDICAL BOARD BRAMSHOTT. B" Cw Warrant Capn. A. Ward Blatchford Capt

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Agon Christian Name Albert

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				

Form D.M.S. 1394
5oM-[redacted]78-17-4-17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bramshott. June 13th 1917.

No 1105092 Rank Pte Name Agar A.

Local Unit 23rd Reg Overseas Unit [illegible] Age 44

Examination held at Bramshott.

DISABILITY.
Overseas-Local
(SCRATCH ONE OUT). Myalgia

PRESENT CONDITION.

This soldier complains of pain in back and legs - Can find no evidence of Myalgia Head and lungs normal

BOARD RECOMMENDS :-

1. Fit for Duty B.T. four months
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures :-

(Charles P. Fortescue Tees ..... President.
(
(
Members (.....
(
(D. McKenzie Capt. C.A.M.C. .....

APPROVED

Dated Bramshott. 13th June 1917. M. MacKay Capt. For A.D.M.S.

Examined and Returned

23 AUG 1918

Capt. C.A.M.C.
M.O. Can. Res. Battn.

Examined & Returned

10 SEP 1918

Capt. C.A.M.C.
M.O.

7 2

F N

EYE EAR NOSE AND THROAT CLINIC.

Witley Camp. Surrey. 3-7-1919

Reg.No. 405092 Rank Pte Name Agar M Wing

Unit.....

	WITHOUT GLASSES			WITH GLASSES (as per prescription below)		
		SPH	CYL	AXIS		
Visual Acuity Rt	6/18 with				6/9	
Visual Acuity Lt	6/24 with				6/9	

Category Recommended is:- A

Glasses not ordered.

Original Disease or Injury Hyperopia

Date of Origin. Adolescence

Place of Origin

Cause

Present disability Defective Vision

Remarks.

CONDITION WAS .....PRESENT PREVIOUS TO ENLISTMENT AND ..not..

BEEN CAUSED BY SERVICE. HAS..not.. BEEN AGGRAVATED BY SERVICE.

FOR LONG BOARD

~~FOR SHORT BOARD.~~

J.P. Brancker

Capt CAMC
Eye and Ear Specialist
Witley Camp. Surrey.

OTTAWA,

From;

The Adjutant-General,
Canadian Militia.

To; 1103092 Agon Albert
67 Parthenais St
Montreal

Sir:-

Enclosed herewith please find Military Will executed by you while in the C.E.F., and returned, the same being your own property:

H. Langman

for Colonel,
Director of Records,
for Adjutant-General.

D-1
MBM

258TH BN. CAN. INF.

ATTESTATION PAPER.

No. 1105092

ORIGINAL

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Agon
1a. What are your Christian names?	Albert
1b. What is your present address?	59 Parthenais, Montreal, Can.
2. In what Town, Township or Parish, and in what Country were you born?	Sherbrooke, Can.
3. What is the name of your next-of kin?	Matilda Agon
4. What is the address of your next-of-kin?	St. Johnsbury Vt. U.S. (staff address Jack 44)
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	9th January 1874
6 What is your Trade or Calling?	Cook
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? If so, state particulars of former Service.	Yes, 117th C.E.F. as cook
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, Albert Agon, 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.

A Agon (Signature of Recruit)

Date 6th June 1917. J Ellerbeck (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Agon, 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.

A Agon (Signature of Recruit)

Date 6th June 1917. J Ellerbeck (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 Montreal, Can. this 6th day of June 1917.

Gustave Monet (Signature of Justice)

M. F. W. 23
750M—3-16
H. Q. 1772-89-341

Description of Albert Agon on Enlistment.

Apparent Age 43 years ..... months.

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

Height		5 7½ ft ins.
Chest measurement. Girth when fully expanded		36 ins.
Chest measurement. Range of expansion		4 ins.
Complexion	Reddish	
Eyes	Grey	
Hair	Grey	
Religious denominations. Church of England		
Presbyterian		
Methodist		
Baptist or Congregationalist		
Roman Catholic	xx	
Jewish		
Other denominations (Denomination to be stated.)		

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).

Eyesight R. D. [illegible]
" L. D. [illegible]

Hearing R. Ear [illegible]
" L. " [illegible]

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* M. D. No. 4 for the Canadian Over-Seas Expeditionary Force.

Date 6th June 1917.

Place Montreal, Can.

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:—

.....

.....

.....

Declared FIT by MEDICAL BOARD MOBILIZATION CENTRE, M. D. #4

H. Anbury Evans
President, S. M. B.

CERTIFICATE OF OFFICER COMMANDING UNIT.

Albert Agon 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.

[illegible] Major (Signature of Officer)

Date 6th June 1917.

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 117th EASTERN TOWNSHIPS OVERSEAS BATT., C. E. F.

Regimental No. 748857 Rank Private Name Albert Andrew Agon'
C. E. F.

Enlisted (a) 20-3-16 Terms of Service (a) Service reckons from (a) 20·3·16

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

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				
5 7/16	117th Bn	S.O.S. Discharged ~~Within 3 months Service found. Med. unfit for further Service KR10 322 (2)(c) Can Mil 1910~~ KR&O 322 (9) med Unfit	Valcartier	4 7/16	F. " 00157 amended by after order 6 a/2·5·22 Issued by D of R

D. Mitchell
for D. of R

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as 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				

117th EASTERN TOWNSHIPS
OVERSEAS BATT. C.E.F.

ORIGINAL

no card
R486
748857

MEDICAL HISTORY SHEET.

Surname Agon *Christian Name* Albert Andrew

Examined { on 20th day of March 1916
at Sherbrooke P.Q.

Approved by
Lt-Col

Birthplace { City or Town Eustis
County Prov. Que.

Rank Capt. A.M.C. M.O.

Apparent age 40

Trade or occupation Miner

Height 5 Feet 3 Inches.

Weight 135 Lbs.

Chest measurement { Minimum 33½ inches.
Maximum expansion 2 inches.

Physical development Good

Small-Pox Marks

Vaccination Marks { Arm Right. Left.
Number None

When Vaccinated last

(*a*) Marks indicating congenital peculiarities or previous disease

None

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

None

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
4/26/16	1/2 B	Ery. M.O.
6/23/16	1 B	Ery M.O.
		M.O.

Enlisted on 20 *day of* March 191 6 *at* Aberdeen Camp

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	117TH EASTERN TOWNSHIPS O/S BATTALION C. E. F.	748857		20/3/16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Valcartier	Valcartier Camp 28/VI/16	Valvular Disease	Discharge medically unfit approved [signature] Lieut. Colonel A.D.M.S. Valcartier Camp, P.Q.

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.

400M.—1-16.
H. Q. 1772-39-439.

Christian Name.....

Surname.....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.

To Card.
CR. 484,

M.F B. 465
100m.—1-16
1772-39-950

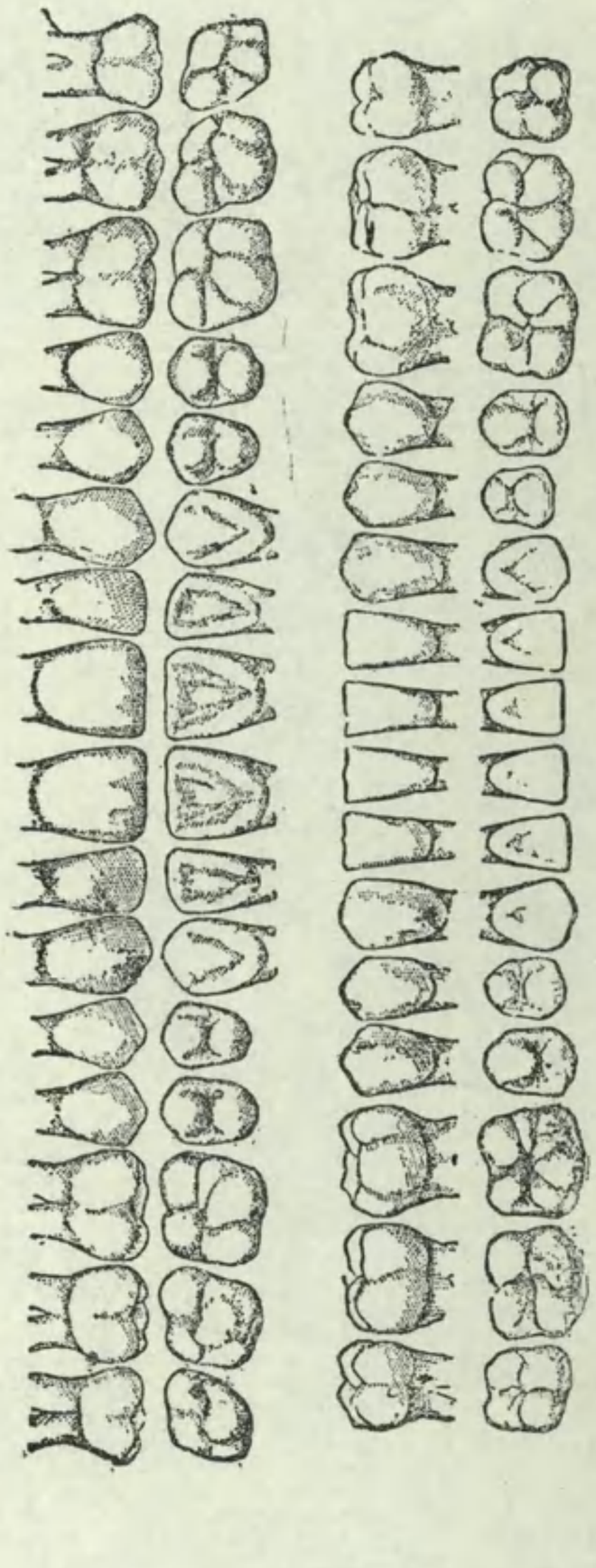
DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DIVISION 4

NAME OF SOLDIER Albert Andrew Agnew

REGIMENT 117th EASTERN TOWNSHIPS OVERSEAS BATT., C. E. F. RANK Pte No. 748857

DATE	No.	FILLINGS: Amal.	Phosp.	G. Per.	Cement	Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2° 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS



ORIGINAL

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 ..... 117th Reg't 0/s Battalion C.E.F.

(2) Regimental Number 748857

(3) Full Name of Soldier ..... Albert Andrew Agow

(4) Place of Birth ..... Capelton Que Canada

(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 ? ..... One.

If so, give number of boys and girls ..... boy.

Also their names and ages ..... William David Agow 18 years of age. at front.

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? No.

If so, state name and address .....

(10) Is your Mother alive ? Yes.

If so, state name and address Mrs Matilda agar
St Johnsbury, Vt. USA.

(11) If your Mother is a widow Yes.

Are you her sole support, or not ? No

(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.

Sister Miss Jessie Agar
St Johnsbury, ~~Que~~
Vt. USA

(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.

(15) Are you insured ? No

If so, in what Company ? No

Have you made arrangements for payment of your Insurance premium No

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

Officer Commanding.

Date.....

FORM OF WILL.

I, Agon Albert (Name in full)

Regimental Number 110509 2 serving in 258th Battalion C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

None

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Mary Bennett

59 Parthenais St Montreal Can.

Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 6th day of June A. D. 191 7

a agon Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness J. Ellerbeck

Address of Witness 258th Bn. Peel St. Bon.

Occupation of Witness Soldier

Signature of Second Witness Antonio Dufour

Address of Witness St Germain 380

Occupation of Witness Sgt 258 Batt

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

A 5311.

Date of Assignment Oct 1/17.

10-L-1 a-2 B.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20.			

PARTICULARS OF SEPARATION ALLOWANCE

No. 1105092.

Rank Pte. Promoted Reverted Discharge

Soldier's Name Albert Agon.

Battalion 258 Bn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Mary Bennett

Address ~~59~~ 67 Parthenais St. Montreal, Que.

2/5/18 JJB.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 121-a-5-
Oct 31. 17	E 48003		20	20		
Nov	E 50226		20	20	m	Mailed 15/11/17
Dec	F 56920		20	20	c	
1918 Jan	B 70538		20	20	BB	
Feb. ✓	B 90744		20	20		
Mar	G 97972		20	20 ✓	c	
apr	G 7746		20	20	c	
May	A 10675		20	20	c	MRO 1 B 2/5/18
June	B 13594		20	20	c	
July	Y 26553		20	20	c	
AUG	A 29032		20	20	c	
SEP	A 35642		20	20	c	
OCT	A 42279		20	20	c	
NOV	A 50381		20	20	c	
DEC	B 62644		20	20	c	
JAN	B 69810		20	20	c	
FEB	A 76945		20	20	c	
MAR	D 82728		20	20	c	
APR	C 505		20	20	c	
MAY	a 3645		20	20	c	
JUN	a 9100		20	20	c	
JUL	a 11368		20	20	c	
			440	440		

A/c Closed 31/7/19

Ret'd per Winifredian

Date 28/7/19 M.F.W. 187 5-8/19

Clerk MD 4 Collins MRO 107119

AUDITED. A.R.H. 5/8/19

CONSOLIDATED ACCT

M. F. W. 128.
400M.—6-17—1772 39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-89-1141
L. L. 22320—M. & D. 7993.

L. L. Joh[illegible].—M. & D. 683

ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 177-39-818.

SEPARATION ALLOWANCE

Name Mrs Mary Bennett

Address 59 Parthenais St.
Montreal
Que

Relation to Soldier
wife, child or mother } Wife

OCT 1 1917

Name of Soldier Agon Albert.

Regtl. No. 1105092.

Rank Pte

Corps 25th Btn

To what Corps belonging
when called out

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				

CONSOLIDATED ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs Mary Bennett PAYMENTS. Pte. 1105092 Name of Soldier Agon Albert. 258 Btn

L. L. Job 4503.—Req. 6832.

$20.00 OCT 1 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.		E 48003	20	B 20.00 ck ok in Consolidated L-M
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

30-7-19.

POST DISCHARGE BR. OFFICE
AUG 14 1919
Military District No. 4
MONTREAL

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

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

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 1105092. 2. Rank Pte. 3. Original C.E.F. Unit 258 Batt.
4. Christian Names Albert 5. Surname Agon.
6. Address, in full, to which future payments of gratuity are to be forwarded 67. Parthenais St. City.
7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
		CANADIAN SERVICE.	
1st Enl.	6.6.17.	Pte.	258th C.E.F
2nd Enl.			
3rd Enl.			
4th Enl.			
		IMPERIAL SERVICE.	
Imp. Enl.			

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
		CANADIAN SERVICE.				
1st Enl.	6.6.17.	30.7.19.	Pte.	Cadre	Winnipeg	Demobilized
2nd Enl.						
3rd Enl.						
4th Enl.						
		IMPERIAL SERVICE.				
Imp. Enl.						

M. F. W. 2595 (b)
494-D.P.-100M-6-19.
1772-39-1389.

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? No (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency No

9. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit: 23rd Reserve. Dec. 21. 17. England.

10. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? No.

11. Have you been issued with a War Service Badge? If so, give number and class No.

12. Are you at present a member of and in receipt of pay and allowances from any Canadian Naval or Land Forces? If so, give unit No.

13. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received, from where paid, and on what dates 70.00 1st Payment

14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service No.

16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? No.
(b) If so, are you in receipt of full pay and allowances from that Department?

17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not apt

18. Relationship of such dependent Not apt

19. Present address, in full, of such dependent Not apt

20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name No

REMARKS

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Signature of applicant: A. Agon

Place of Residence: 67 Parthenais St., City.

This 2nd day of August 1919. Declared before me at: Montreal

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Adminstration of Oaths.

Commissioner of the Superior Court for the Province of Quebec.

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.

REMARKS

Certified correct.

Assistant Director Pay Services, Mil. Dist. No.

Date

F 16

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

If admitted. Index No.	If under treatment. From	From	Disease.	How fully disposed of.	Date of Discharge, &c.
Date					
.....					
.....					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. }

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids

Militia Form B. 227.

100 m-2-16.
H. G. 1772—39—117.

MEDICAL HISTORY OF AN INVALID.

DEPT MILITIA & DEFENCE AUG 16 1916 H.Q. 649-A-1567 CANADA

1. Station. Valcartier Camp
2. Regiment or Corps. 117th E. J. Battalion
3. Regimental No. and Rank. 748857 Pte
4. Name. A A Ayon
5. Age last Birthday. 49
6. Enlisted on March 29/16 at Sherbrooke
7. Former Trade or Occupation. miner Date. June 27-/16

8. General remarks on his :—
   (a) Conduct. good
   (b) Habits. Temperate
   (c) Temperance. Moderate

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

9. Service. Years. 99 Days.

	PERIODS. From.	To.
117th E. J. Battalion	Mar 20/16	June 27/16

10. (a) Disease or disability. Mitral regurgitation
    (b) Date of origin. 1915
    (c) Place of origin. Danville
    (d) Cause. Unknown

11. Present Condition. (Most Important).
(To include full description of present disabling condition or conditions.)
Complain of weakness, shortness of breath dizziness, loss of appetite. Phys Ex. Systolic murmur at apex transmitte toward axilla

12. (a) Is the disability the result of service or climate? No
    (b) Has it been aggravated by intemperance, vice or misconduct? No

Carded 19-8-16 WB

M. F. B. 227,

100 M—2-16.
17:2-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Faint tattoo marks rt arm
Scar between index second finger rt hand

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held? not applicable

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise. not applicable

14. Treatment None

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? No

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes? Permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. 25%

18. State if for discharge on account of unfitness for Service.

Yes

E. E. Locke
Medical Officer by whom the case is brought forward.
Capt. Ame

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

19. Is he unfit for Military Service.

Yes

20. Recommendations:

The Board also finds that he is over age and recommends that he be discharged as medically unfit.

Signatures :— Fred Chicotte Capt. AMC President.

A. L. Delahaye Capt.
Members.

Station. Valcartier Camp
Date. June 28/16. R. T. Rutherford Capt.

Date. 30 6/16

R. Vatee
Asst. Director of Medical Services.

Approved.
Date. 17/8/16

Dean A. Cannon Capt.
Director-General of Medical Services.

PART III.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned..... have heard the description of my disability read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....

.....

.....

.....

Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C/I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except.....

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

PART I.

A.F.B. 179 Canada (Revised 1918). 40266 (L.10/8/18) D.343

Reserved for M.H.C.

Regt. No. 1105097 Rank Pte Surname Hagon Christian Name Albert Andrew

Unit or Corps—(*a*) Overseas from United Kingdom..... (*b*) in United Kingdom CAMC

Born at—Town Sherbrooke County or Province Que. Country Can.

Date of Birth—Day 9 Month January Year 1870 Age 49 yrs. — months.

Joined at Montreal Que. Date June 6 1917

Former trade or occupation Cook

Permanent Marks or any peculiarity that will serve for future identification :—

Scar. Left Index Finger.

Height—feet 5 inches 2 Colour of eyes Grey.

Signature of Soldier (*for identification purposes*) A. Hagon

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) Myalgia

Disabilities Group (*b*)

Disabilities Group (*c*)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Age. Climate etc	Canada	1917
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? Yes If yes, has Active Service aggravated it ? Yes

(*ii.*) As to Group (*b*) above ? If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? No

(*ii.*) As to Group (*b*) above ?

(*iii.*) As to Group (*c*) above ?

PART I. (continued).

5. MEDICAL HISTORY. Mother Led "Rheumatism"
Had Scarlet fever at age of 9 and Typhoid at age of 20. Came to Eng. Oct. 1914. Commissioned as Capt ever since. Wounded 12th July 1916 at Boesinghe. Injured 1918 at Bonnay. Invalided to Canada about two mos. ago.
Present trouble began about 1915 and pains have persisted at intervals ever since especially in wet weather.

6. PRESENT CONDITION. General appearance fair but is undersized, overage with grey hair. Complains of pain in shoulders, ankles & legs. aggravated by wet weather.
Osseous & Muscular Systems. No apparent disability. Movements of all limbs free. No pain on manipulation.
Cardio Vascular System. Blood pressure 120 Pulse strong, regular, no increased tension. Heart not enlarged. Valves normal. Nervous. Gen. Digestive, Resp. systems and Special senses appear normal.

7. OPERATION. (i.) Was one performed? Na (ii.) If so, state what. Na
(iii.) Was one advised and declined? Na

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? No
(ii.) If so, describe. Na.

9. DO YOU RECOMMEND:— (b) Invalid to Canada?
(a) Fit for duty? (state category) B II (c) Discharge from the Service as permanently unfit?

Date of Report Jan 8 1919 Signed E W Brunet
Officer in medical charge of case.
Station 6 S.H. Leatherhead Capt. Comdg.

I have satisfied myself of the general accuracy of the above Report,
and concur therein *except
(Officer i/c Hospital / S.M.O. Brigade) Strike out one of these
Dated at Station, on 191
*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? Yes
If not, describe it.

11. Is the cause of the disability fully described in Part I. (2)? Yes
If not, describe it.

12. From the medical information now adduced, was the disability caused or aggravated by:— (a) Negligence of the Soldier {Caused? No / Aggravated? No} (b) Misconduct of the Soldier {Caused? No / Aggravated? No}

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none, 5%, 10%, 15%, 20%, etc.*) Na

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(*Estimate at none, 1/10, 2/10, 3/10, etc., or all.*) Na

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? Na
(ii.) If not permanent, what is its probable minimum duration (*in months*)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Na

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

18. REMARKS:— Nil
Medical Board assembled at 9 a.m. on 14th Jan 1919 at 6 S.H. Leatherhead.

19. RECOMMENDATION:— (b) Invalid to Canada?
(a) Fit for duty? (state category) B II (c) Discharge from Service as permanently unfit?

Date of Board 14/1/19
Signatures of the Board: F.H. Brazier Major and Quarter. President. / E W Brunet Capt
Station 6 S.H. Leatherhead
Approved C. A. McDonnell A.D.M.S.
Major, O.A.M.C.
Dated at for A.D.M.S., Canadians, London Area. Station 191

ASSISTANT DIRECTOR OF MEDICAL SERVICES CANADIAN LONDON AREA JAN 24 1919 13, BERNERS ST. LONDON, W.1.

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.

Yes, We Concur

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.) yes
(*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.)

R.T.O. Toronto ag Tel 9083 ... 1-12-18

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.

President.

PLACE ... Members

DATE 5-7-19

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.

President

PLACE ... Members

DATE

APPROVED BY ..... *Assistant Director of Medical Services.*

APPROVED BY ..... *Director-General of Medical Services.*

DATE ...

A.D.M.S. HEADQUARTERS CANADIAN CORPS CAMP. 8 JUL 1919 WITLEY SECTION

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 Witley DATE July 5th 1919.

1. 1 (*a*) Unit C.A.M.C. (*b*) Regimental No. 405092 (*c*) Rank Private
(*d*) Surname Agon (*e*) Christian name Albert
(*f*) Home address 67 Parthenais St. Montreal
(*g*) Next of Kin Mrs. M. Young (*h*) Relationship brother
(*i*) Address of Next of Kin 16 Pine St. St Johns St Johns Vermont.
2. Age last birthday 49 Date of birth Jan 9th 1870
3. Enlistment, or Appointment (if an Officer) (*a*) Place Montreal (*b*) Date June 6, 1917
4. Personal description:
(*a*) Height 5-2 (*b*) Weight 140 (stripped) (*c*) Complexion Dark.
(*d*) Colour of hair Grey. (*e*) Colour of eyes Grey. (*f*) Identification marks, Scars, etc. ... documents left for exam.
5. Former trade or occupation Cook.

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).	Years	Days
	2	29.

	Periods	
	From	To
Canada	6/6/17	15/10/17
England	28/10/17	5/7/19
France or other theatres of War		

7. Original disease, or injury HYPERODIA.

(*a*) Date of origin Adolescence (*b*) Place of origin Canada.
(*c*) Cause unknown.

M. F. B. 227.
400M.—11-18.
3772-39-117.

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.)

Defective vision.

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.)

Visual acuity Rt 6/18 with glasses 6/9
Lt 6/24 6/9 Cat 4.
Original disease Hyperopia
Date of origin Adolescence.
Present disability Defective vision.
Condition was present previous to enlistment
& has not been aggravated by service.
Special Report Witty 3-7-19
J. P. Brannan Capt

(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 (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no (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).)

Has had defective vision since adolescence.

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).)

BI for myalgia 13.6.18 Typhoid 20 years ago
BII " " 14.1.19.

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

See sec 4-7

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.)

no

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

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

Nil.

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

J. E. Pritchard Capt Comc.
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 Albert Agon 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

Agon A Pte Rank.
Signature of invalid examined.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Regimental Co.	M. F. W. 129 or D. M. S. 1375
Company Conduct Sheet	Militia Form B. 263
	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). + Dup
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
Checked by No. 17 AHB
17 JUL 1919
Date

SHORT FORM. M

D.C. O.S. 3. - F 4

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

H. M. T. S. WINIFREDIAN EMBARKED 18-7-19

1. No. 1105092
2. Rank. Pte
3. Name. Agon Albert
4. Unit.
5. Date of Discharge 30-7-19 Place Montreal
6. Reason for Discharge Demobilization
7. Authority. R.O 1420, D.D.#4 D.O Pt II-213
8. Proposed Residence after Discharge 59 Panthenais St Montreal R.Q.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. B 39 Montreal July 30 1919

agona

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Montreal

Date July 30 1919

Signature J. Lauvreau Major Commanding Dispersal Station "E"

(O. C. Discharging Unit.)

M.F.B. 218a

(1184) Wt. /P53 5/19 25M (2) D.St.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.

EFFECTIVE DATE:- 1-10-17.

AMOUNT:- $20.

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

EFFECTIVE DATE:-

AMOUNT:-

NAME:- AGON Albert.

NUMBER:- 1105092.

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.

Sister
Mrs Mary Bennett
59 Parthenais St Montreal

Stopped effective 1-8-19.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 258th Draft

DATE ACCOUNT FIRST OPENED:- 1-10-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			10 R D.
310 Eff. 5-11-18.	1-11-18		CAMC R.T.D. G.

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
						Ledger Bal	30 80
						L.D.C. Bal	30 80

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 -	10	~~1/6~~	

PARTICULARS OF RENDERING NON-EFFECTIVE: Dis'd to Canada 31-7-19 Kit #11372 Wing M. N.D.2. Bram - Westley

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Apr	Bal Fwd								24 49		
				a.p.				20	4 49		
✓	1 Pay	33 00		a.R 44 23rd Res Bn 15/4/18	9 73				~~27 49~~ 27 76		
		33 -		" 143 - " 30.4.18	7 30				20 46		
					17 03			20			
May	pp.	34 10		a.p				20	- 46		
				a.R. 323 - " 15.5.18	4 87				29 69		
				- 531 " 31.5.18	4 87				24 82		
		34 10			9 74			20			
JUN	pp.	33		a.p.				20			
				a.R 719 " 15.6.18	4 87				32 95		
				" 889 " 29.6.18	21 90				11 05		
		33			26 77			20			
Jul	P.P.	34 10		a.p.				20	25 15		
		34 10						20			
Aug	p.p.	34 10		a.p.				20			
				a.R 1191 " 14.8.18	7 30				31 95		
				" 1275 " 30.8.18	7 30				24 65		
		34 10			14 60			20			
Sep.	pp.	33		a.p.				20			
				7 Pls 7 P.2 3.9.18 DO. 246-23 Res 3.9.18		7 70			29 95		
				a.R 1385 23 Res. 14.9.18	2 43				27 52		
				" 1503 " 30.9.18	2 43				25 09		
		33			4 86	7 70		20			

expires 9.9.18

1918 NUMBER 1105092 RANK Pte. NAME Agon A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bet Fwd								25 09	agnd	27/11/18
Oct	PP	34 10		a/c				20	39 19		
				19/8 GR 1632. 23 Res. 12.10.18.	4 87				34 32		
				H 11 2465. QRD 29-10-18	9 73				24 59		
		34 10			14 60			20			
Nov	PP	33		a/c				20	37 59		
				M 2528 13/11 camed 8	7 36				30 23		
				2661 29/11 do 32	4 89				25 36		
				R 4005 462 3/12 do 45	1 16				24 20		
	Dec	34 10						20	38 30		
				M 2845 20/12 Lonham 70	17 03				21 27		
	Jan 1919	34 10						20	35 37		
		10 12 0			30 42			60			
Feb	PP	30 80						20	46 17		
				R 868 3.1.19 do 10	9 73				36 44		
				924 30.1.19 " 49	4 87				31 57		
				956 13 2 19 " 78	4 87				26 70		
				992 27 2 19 " 106	4 87				21 83		
	Mar	34 10			24 34			20	35 93		
				1027 14/3 " 140	4 87				31 06		
				B 014 20/3 " 152	12				30 94		
				1058 24/3 " 159	7 30				23 64		
		64 90			36 63			40			
Apr		33						20	36 64		
				15 14/4 " 20	4 87				31 77		
				14 days Det. 17.4.19. 0032		15 40			16 37		
				Lonham 24.4.19							
	May	34 10						20	30 47		
				S 96. 5/5 " 67	4 87						
				B 3560 20/5 " 84	9 73				13 87		
		67 10			19 47	15 40		40			
June		33						20	28 87		
				1176 3/6 Det. 10	12 17				16 70		
July		34 10		Can.				20	30 80		
		67 10			12 17			40			
				T 6825. 11/7. mcc Lond	9 73				21 07		
					9 73						

to Thanedo 18/7 St. 98.

AUDITOR | PAYMASTER W

M. OR S.

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

REGT. No 1105092 RANK Pte NAME (IN FULL) AGON A (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
1.O.S.	18/7/19	Do 213 NR101 P1B

ORIGINAL UNIT C.E.F.: 6.A.M.C. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION: TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION: 6/6/17 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 20.00 DATE EFFECTIVE 1/8/19

PAYABLE TO Mrs Mary Bennett RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS: WSG

ADDRESS 67 Parthenais St Montreal | 67 Parthenais St Montreal

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Montreal DATE 30/7/19 REASON Demob AUTHORITY Do 213 P1B NR101 IF ENTITLED TO POST DISCHARGE PAY

MILITARY D. T. AUG 16 1919 DEMOBILIZATION PAY DIVISION

B 4831 H.A.

MONTH	NO. OF DAYS	RATE	AMOUNT $	c.	OTHER CREDITS $	c.	$	c.	TOTAL CREDITS $	c.	ACQUITTANCE ROLLS COL. NO. 1	COL. NO. 2	COL. NO. 3	CASH PAYMENTS COL. NO. 1 $	c.	COL. NO. 2 $	c.	COL. NO. 3 $	c.	ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES $	c.	$	c.	TOTAL DEBITS $	c.	BALANCE DEBIT $	c.	CREDIT $	c.	PARTICULARS OR REMARKS "MINIFREDIAN"
BALANCE FROM PREVIOUS ACCOUNT							30	80	30	80			2179068																	30	80	Bal lu Emg 2P6
1/8/19 to 2/8/19	2	1.10	2	20	35 / 70	00 / 00			107	20	Brit	Tran	chq 7/4	4	81	5	00	118	40			3	30	9	73	141	30	3	30	T.B.R.		66 35 [illegible] 97000 / Pay asg 3.30 31/7/19 to 2/8/19 / 9.73 Endurance Eq 2 ic
									138	00																						

War Service Gratuity

	Other Credits	W. S. G. S. A.	Total	Other Charges	W. S. G. S. A.	Total	Balance Soldier	Dependant	
		350	350		70	70	280		
				330		330	276 70		
30/8/19					70	70	206 70		1518018 2
30/9/19					66 70	66 70	140 00		1629383 3
30.10.19					70	70	70 00		1646492 4
30.11.19					70	70			1793459
						350			

200M-3-19.—L. L. 58786-H. & D. 9985.
M. F. W. 2596.
1772-39-1330.

T

P. 559
MARRIED OR SINGLE: Single

PLACE OF BIRTH: Sherbrooke, Can.

NAME AND ADDRESS OF NEXT OF KIN: Mathilda Agon
St. Johnsbury Vt. U. S.

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 1105092 RANK Pte NAME Agon, albert

IF IN PERMT. CORPS WHAT UNIT: Nil UNIT 258th Draft

PERMANENT FORCE ALLOWANCES Nil

PLACE OF ATTESTATION Montreal

DATE OF ATTESTATION 6-6-17

TRANSFERRED TO 10 Res DATE 1-10-17 AUTHORITY
TRANSFERRED TO 10 RD DATE 4-1-18 AUTHORITY D.O 314 13-11-17
TRANSFERRED TO DATE AUTHORITY
TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE October 1st 1917.

PAYABLE TO Mrs. Mary Bennett 59 Parthenais st. Montreal P.Q. Can. RELATIONSHIP Sister

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)

DATE	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO	1 DATE	2 NO	2 DATE	3 NO	3 DATE	4 NO	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917																																			
Balance from Canada																															1000				
Sept																																			
Nov.	P pay (10 days)		6	70									asp. Oct + Nov.											40											
Dec.	P pay.		34	10									AR 770	10 Res	31-10-17		+87							20	4633										
			101	20									"	"	"									60	437										
1918			101	20									"	"	"		487							20											
Jan													ap																						
	PP		34	10									AR 1463	26-11-17	23 Res.		973							20	5070										
			34	10													973																		
Feb	PP		30	80									ap											20											
													AR 1-4	23 Res.	27-1-18.		487																		
													"	1302	"	"	14-11-17.		487																		
			30	80													974							20	5176										
																									6586										
Mch													ap											20											
	PP		34	10									AR 1905	"	"		28-2-18.		487																	
													"	1979	23 Res		17-3-18.		1460																	
													"	1316	"	"	20-11-17		2190																	
			34	10													4137							20	2449										

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. REL. ALLCE.	ENG.

1105092 Pte Agon Albert

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. of Days	Rate	Amount $	No. of Days	Rate	Amount $	No. of Days	Rate	Amount $				1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				Credit	Debit			

R. B. 22-8-16.

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.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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 (in the event of such having been prepared.)

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 space to be for numbers.

C

Proceedings on Discharge.

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

No. 748857

Rank Private

Name Albert Andrew Agon

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 117th EASTERN TOWNSHIPS OVERSEAS BATT., C. E. F.

Date of Discharge 4-7-16

Place of Discharge VALCARTIER CAMP

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 40 years 5 months.
Height 5 feet 3 inches.
Complexion Dark
Eyes Grey
Hair Grey + Dark
Trade Miner
Intended place of residence (To be given as fully as practicable.) Curtis P. Q.

Descriptive Marks

None.

2. The above-named man is discharged in consequence of

K. R. & O., Para 332 (2) b. Can. Mil, 1910

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

None.

M. F. B. 218.
50m.—3-16.
H. Q. 1772-39-113.

(OVER)

Carded 23-8-16 M.B.

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

None

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

6. Medals and Decorations..... None

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) VALCARTIER CAMP

L. J. Gilbert LT. COL
O. C. 117th E. T. O/S BATT. C. E. F.

(Date) JUL 14 1916

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.

(Place) VALCARTIER CAMP A Agon (*Signature of Soldier.*)

(Date) JUL 14 1916 D E Stewart, Lieut. (*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.

A Agon (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years 106 days.

Total.....years 106 days.

11. **Confirmation of Discharge.**

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

(Place) VALCARTIER CAMP

(Date) JUL 14, 1916

(*Signature*) L. J. Gilbert LT. COL.
O. C. 117th E. T. O/S BATT. C. E. F.

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.)

Reservations nil.

A Agon

(OVER)