

REGIMENTAL DOCUMENTS

NAME *ALLAN ALEXANDER WYHIE*

REGT. NO. *A/Capt*, UNIT *105th Bn* H. Q. FILE NO. *4687*

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

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1	<i>m.f.w. 2591</i>
	<i>Case</i>
	<i>R 1119</i>
	<i>...</i>
	<i>...</i>
	<i>...</i>

		<i>Pers 3/3/19</i>	<i>119</i>	<i>Pers-911</i>	
		<i>best</i>	<i>17-6-19</i>		
		<i>R 15 72 '19</i>			
		<i>[Boxed 'H']</i>	<i>Ret 26 4 30</i>		
		<i>...</i>			
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DEATH Category

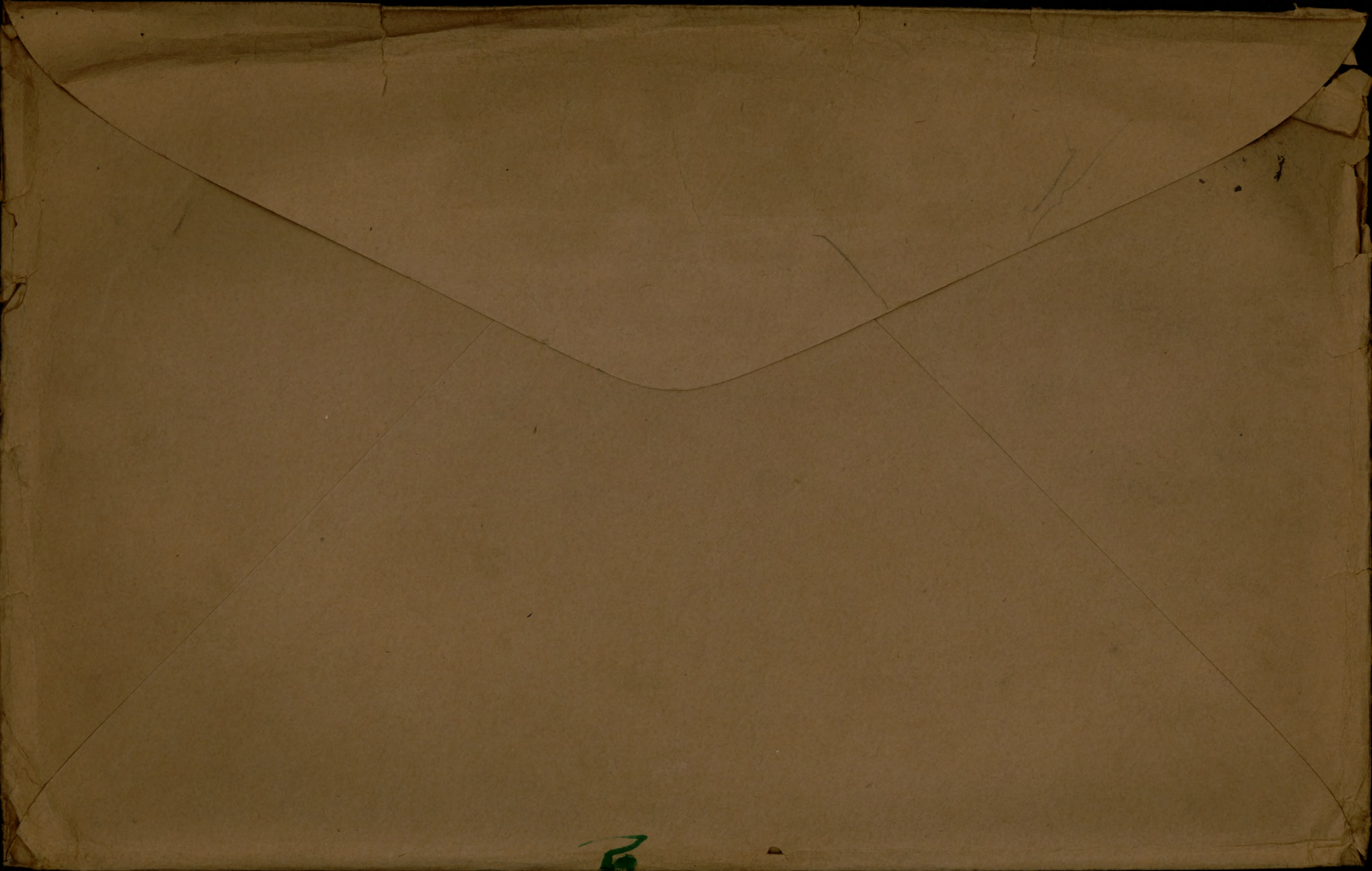
DISCHARGE Category

Remot

DESERTION

401961

Ref. S. Adriatic d. 31/5/19



Casualty Form—Active Service


CERTIFIED COPY
 17 APR 1919
 CASUALTY SECTION

Regiment or Corps 105th Inf
 Rank Lieut Surname Allan (MC) Christian Name Alexander Wylie
 Religion..... Age on Enlistment..... years..... months.
 Enlisted (a)..... Terms of Service (a) Duration Service reckons from (a).....
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b) Gun Officer
 or Corps Trade and Rate Class A
 Signature of Officer.

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				
6/4/18	Com. Transferred to C.M.G.D.	C.M.G. Pool O'Seara	Embarked... Disembarked... A/Adjutant, C.M.G. Depot.	5/4/18	Order Pt. II No. 96 Lieut.
6/4/18	Ob. Pouch	Arrived in France.	baniers	5/4/18	R.R. 562 K.R. 26615
8/4/18	✓	T.O.S. ban. m.g. corps (m.g. Pool) Left for b.b. & b.	Fields	8/4/18	R.R. 564
23-5-18	ban. corps	S.O.S. m.g. Pool on transfer to 4 th Bn m.g.		22/5/18	R102-10-4 pay file K.R. 26604
23-5-18	so	T.O.S. 4 th Bn. C.M.G.C.		24-5-18	R.R. 26615
1-6-18	OC.	Joined unit	Field	25-5-18	B213
26.10.18	unit	Granted leave of absence U.K.		25.10.18	B213 Pt II 19. d/8.11.18

(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.

[P.T.O.]

Date	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
16-11-18 11-1-19	Unit	Joined Unit from leave Awarded "Military Cross" Proceeded to England	Fleet	9-11-18	B 213 31158 No. 24/1919
16/12/18	Promoted to Capt.	and 4 th Div. letter 14/5/19 S.O.S. M.A.C.	4-MAY 19 N.B.		Theatrical
31-3-19	M.H.Q. Ottawa	on proceedings to Canada Part II 22			Ottawa Lt
13 ⁶ / ₁₉	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 6	31/5/19	C.E.F. R.O. No. 20019
18-6-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization	M.D. No. 6	15-6-19	C.E.F. R.O. No. 2034-19

W. Hunter, Capt.
for Director Personal Services

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

M.A. 6-33

ISSUED TO OFFICERS AND NURSING SISTERS

D.M.

This is to Certify that (Rank)..... Captain

(Name in full)..... Alexander Wyllie ATAN, M.C.

Enlisted in..... The 105th Battalion

CANADIAN EXPEDITIONARY FORCE, on the.....

day of..... 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... The 105th Battalion

CANADIAN EXPEDITIONARY FORCE on the..... day

of..... 191.....

He SERVED in CANADA,..... England and France with the 105th battn.
Canadian Machine Gun Depot., 16th Canadian Machine Gun Coy., 4th
Battalion, Canadian Machine Gun Corps.

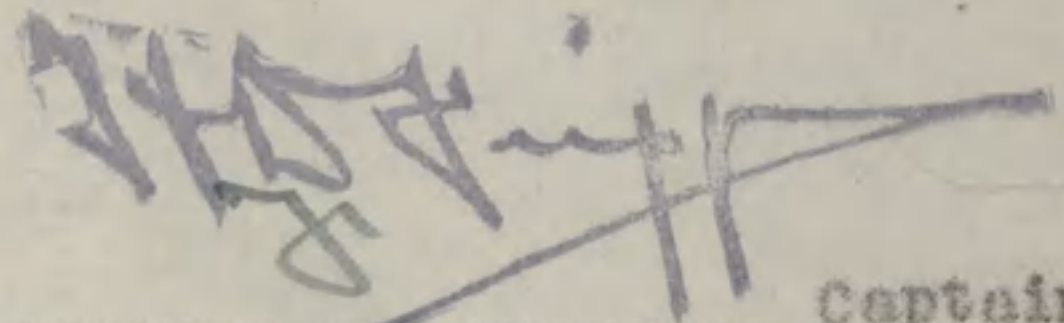
and was STRUCK OFF THE STRENGTH on the..... day

of..... 191..... by reason of..... General Demobilization

Dated at Ottawa, this..... day

of..... 191.....

Awarded the Military Cross, T.G. #37758.



POI

Director of Personal Services.

Captain

CANADIAN EXPEDITIONARY FORCE

Certificate of Merit

ISSUED TO OFFICERS AND NON-COMMISSIONED OFFICERS

Name			
Rank			
Service No.			
Branch			
Date of Issue			
Place of Issue			
Signature of Issuing Officer			
Name			
Rank			
Service No.			
Branch			
Date of Issue			
Place of Issue			
Signature of Issuing Officer			

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.

105th. OVERSEAS BATTAL 'N C. E. F.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number.....

(3) Full Name of Soldier..... *Alton Alexander Wiley*

(4) Place of Birth..... *West Covehead*

(5) Are you married, or not? *No*

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

(b) Present Postal Address..... *Nil*

(7) Are you a widower? *No*

(8) Have you any children? *No*

If so, give number of boys and girls..... *Nil*

Also their names and ages..... *Nil*

(9) Is your Father alive? Yes
If so, state name and address St. Col. Allan, West Covehead P.O. Island

(10) Is your Mother alive? Yes
If so, state name and address Janie Isabella Allan
West Covehead P.O. Island

(11) If your Mother is a widow? No
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.
Nil

(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.
Nil

(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.
Nil

(15) Are you insured? Yes
If so, in what Company? Sun Life Insurance Co
Have you made arrangements for payment of your Insurance premium? Yes
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date June 30/1916

Almont, Duggs
Officer Commanding.

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Allan Christian Name Alexander Wylie

Examined (on 10th day of Oct 1915
(at Charlottetown P.E.I.
(City or Town West Coast Head
Birthplace (County Queen's Co P.E.I.

Apparent age 21

Trade or Occupation Bank Clerk

Height 5 Feet 6¹/₂ Inches

Weight 145 Lbs.

Chest Measurement (Minimum 34¹/₂ Ins.
(Maximum 38³/₄
(Expansion 3³/₄ Ins.

Physical Development Good

Small Pox Marks nil

Vaccination Marks (Arm right left.
(number One

When vaccinated last June 5, 1916

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Approved by J W Dorsey
28 AUG 1917
Rank _____ M.O.

date	fit or unfit	Examined for re-engagem ^{ent} .
_____	_____	M.O.
_____	_____	M.O.
_____	_____	M.O.
_____	_____	M.O.
_____	_____	M.O.
_____	_____	M.O.
_____	_____	M.O.

date	Result	Vaccinations
_____	_____	<u>J W Dorsey</u> M.O.
_____	_____	M.O.
<u>10-6-16</u>	<u>fit</u>	M.O.

Date	Result	Anti-Typhoid Inoculations, etc.
<u>30-5-16</u>	<u>good</u>	<u>J W Dorsey</u> M.O.
<u>8-6-16</u>	<u>good</u>	<u>J W Dorsey</u> M.O.
<u>8-7-16</u>	<u>good</u>	<u>J W Dorsey</u> M.O.

Enlisted on 22 day of September 1915 at Charlottetown P.E.I.
Corps _____ Reg'tl Number _____ Habits _____ date.

Joined Enlistment Infantry Re Enforcements C.E.F. P.E.I.
Transferred to 105th OS. Batt. Lieut C. W. G. D.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result.

CANADIAN

Alexander Wyllie

Allan

Name of Hosp.	Admitted to Hosp.	Discharged from Hosp.	Disease	Discharged
10. C. F. A.	15. 8. 17	24. 8. 17	S. W. N. Kace	
20. Gen. H. Cameron	24. 8. 17	30. 8. 17	do	Discharged

758
763 774

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) A J A M A W.
REGIMENT 4 Cmgd. 85th Inf. Div. RANK Private No. _____

Date of Examination in England 7/5/49 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

12 B
A.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? _____

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

- (a) In Canada _____
- (b) In England _____
- (c) In France _____

Signature of Dental Officer R. H. Jones

BRAMSHOTT

ALLA A 77A

W. C. ...

5/1/13

12/1/13
A

...

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

(12) *F. W. W.*

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. Rank *1st Capt* Surname *Allan, Alexander*
(Given name in full)
 Unit or Corps *4th M.G. Bn* Birthplace *West Cowhead, P.E.I.*

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

1. GENERAL DESCRIPTION:

Physique *good* Weight *157* lbs. Height *5.6* ft. Colour of Eyes *hazel*
 Nutrition *good*
 Pulse *78 regular*
 Condition of arteries *good*
 Vision Rt. *6/12* Left *6/12*
 Hearing (conversational voice) Rt. *20* ft.
 Left *20* ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
Wacc. left arm
S. scar at knee cap
15.8.17

Opinion as to general health and physical condition *good*

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

Nervous System *no* Genito Urinary Sytem *no* Cardio-Vascular System *no*
 Special Senses *no* Integumentary System *no* Respiratory System *no*
 Disturbance of mentality *no* Muscular System *no* Digestive System *no*
 Osseous and Joint System *no* Any other general condition *no*

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

15.8.17 - 31.8.17 S.W. Rt. Knee
Measles in childhood

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Beanshott (Overseas)

Date 20-5-19

Signed R.P. Muntagh Esq M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature R.P. Muntagh

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature

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

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

[OVER]

pa/Capt
Lieut

MEDICAL HISTORY SHEET. *nd Original*

Surname Allan Christian Name A. W.

Examined { on 20 day of April 1916
 at Charlotteville
 Birthplace { City or Town Westhope Rank Capt A.M.C. M.O.
 County P.E.I.

Approved by A. B. Lay
 Rank Capt A.M.C. M.O.

Apparent age _____ M.O.
 Trade or occupation Bank Clerk M.O.
 Height _____ Feet _____ Inches M.O.
 Weight _____ Lbs. M.O.
 Chest measurement { Minimum _____ inches M.O.
 Maximum expansion _____ inches M.O.
 Physical development _____ M.O.
 Small-Pox Marks _____ M.O.

Vaccination Marks { Arm Right Left
 Number _____
 When Vaccinated last _____ M.O.
 (a) Marks indicating congenital peculiarities or previous disease _____ M.O.

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

Enlisted on 20 day of April 1916 at Charlotteville

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>105 Bw</u>	<u>Lieut.</u>		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

Unit 105th O.S. Batt. Rank Lieut Name AW Allan

OFFICERS' DECLARATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE ANSWERED BY OFFICER.

(ANSWERS.)

- 1. (a) What is your Surname? Allan
- (b) What are your Christian Names? Alexander ~~Wylie~~ Wylie
- 2. (a) Where were you born? (State place and country) Western Covehead West Coubeas P.S.A.
- (b) What is your present address? Western Covehead West Coubeas P.S.A.
- 3. What is the date of your birth? August 17, 1894
- 4. What is (a) the name of your next-of-kin? Lt. Col. Allan Western Covehead.
- (b) the address of your next-of-kin? Western Covehead West Coubeas P.S.A.
- (c) the relationship of your next-of-kin? Father
- 5. What is your profession or occupation? Bank Clerk
- 6. What is your religion? Presbyterian
- 7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- 8. To what Unit of the Active Militia do you belong? 82nd Regt.
- 9. State particulars of any former Military Service.....
- 10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

Wylie Allan (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date April 20 1916

Place Charlottetown P.S.A.

[Signature]
Medical Officer.

*Insert here "fit" or "unfit."

1871
1000

REPORT ON THE
RESULTS OF THE
EXPERIMENTAL INVESTIGATION
CONDUCTED BY THE
COMMISSIONERS OF THE
GENERAL LAND OFFICE
IN CONNECTION WITH THE
PROPOSED IMPROVEMENTS
IN THE SYSTEM OF
LAND SURVEYING
IN GREAT BRITAIN
AND IRELAND
BY
JAMES CLAPHAM
ESQ.
OF THE GENERAL LAND OFFICE
LONDON
PRINTED BY
HARRISON AND SONS
ST. MARTIN'S LANE
1871

THE
GENERAL LAND OFFICE
LONDON

PRINTED BY
HARRISON AND SONS
ST. MARTIN'S LANE
LONDON

1871

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1871

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1871

Name: Allan, Alexander Lyell

Lieut.

Unit: 4th. Bu. C.M.G.C.

Awarded: M.C.

Auth: L.G. # 31158.

Pres noted
Ely

1-2-19.

No. _____ Rank *Capt*

Name *Alexander H. Allan*

Original unit _____ Present unit *4 Batt 10th M. Inf.*

Age _____ Religion _____

Port, Ship and date of arrival *Adriatic*

Next of kin _____

Address on discharge _____

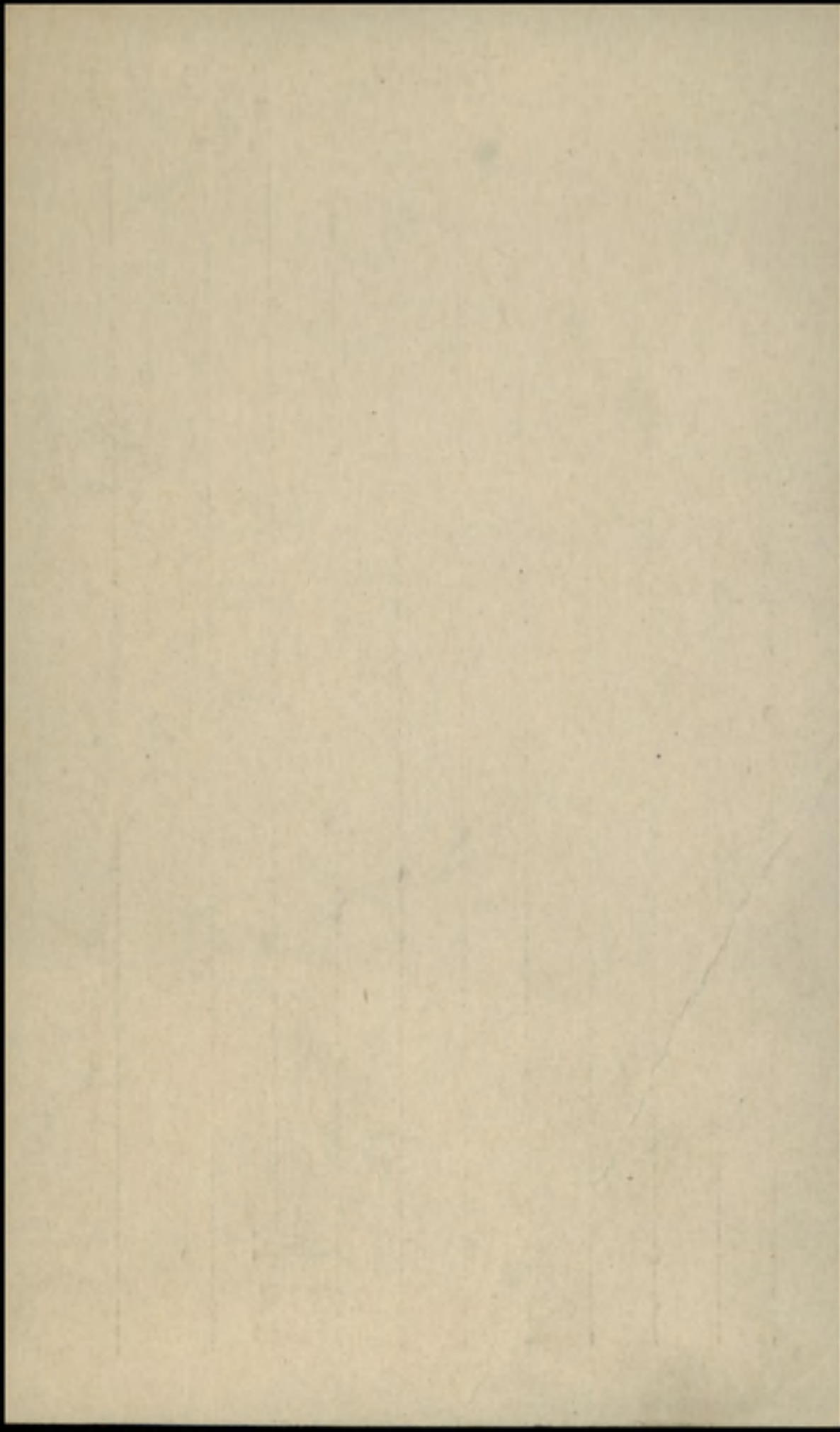
Transportation issued Yes No Date _____

Previous Occupation _____

Date and place of enlistment _____

T. O. S. *31-5-19* S. O. S. *15-6-19* REASON *Demor*

Do 169



No.

RANK

Lieut

NAME

Allan A. W.

T. O. S. 15-9-15.

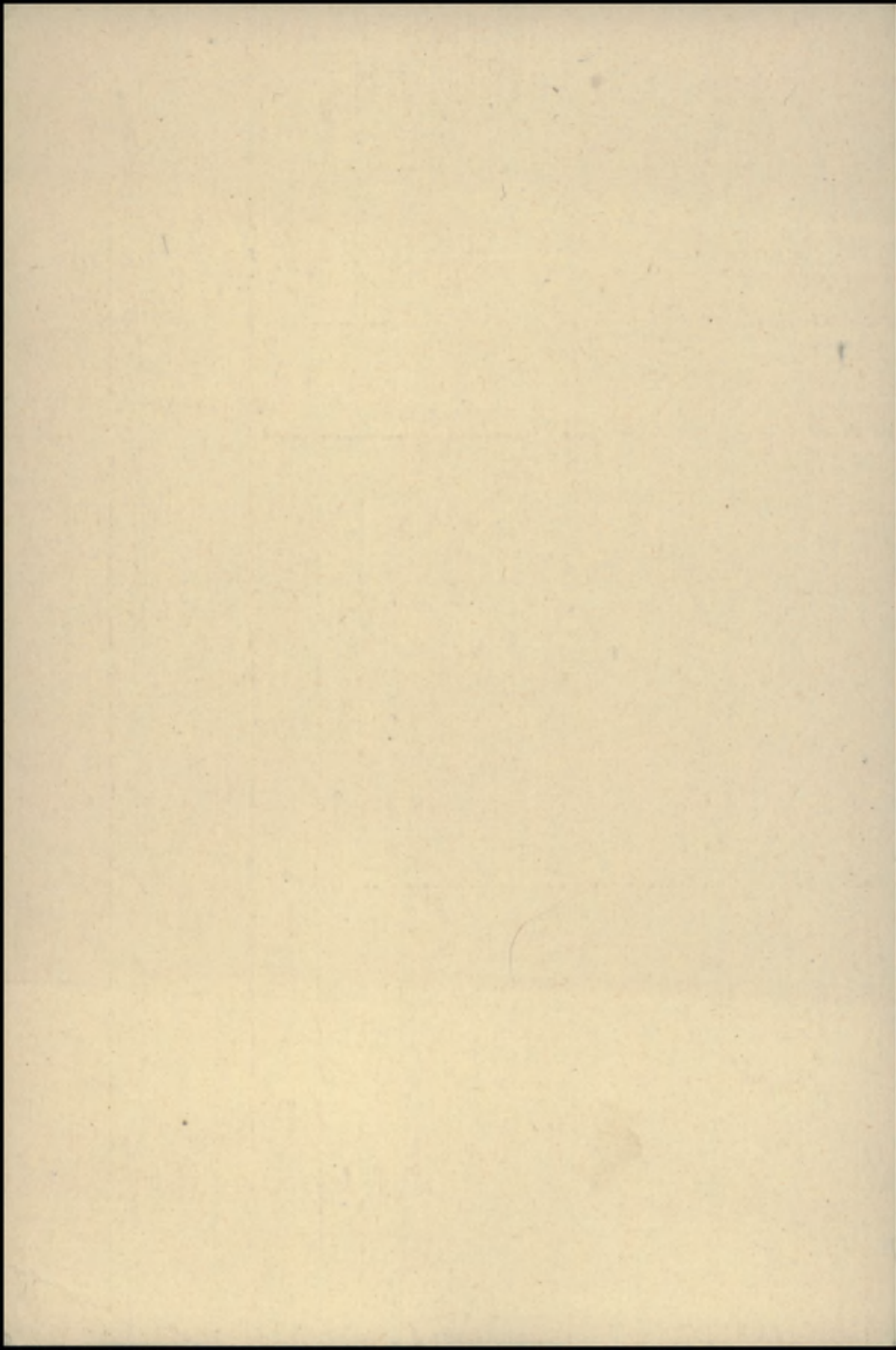
UNIT

Infantry Reinforcements C. P. F. S.
(D.O. No 18) 30-9-15.)

M. D.

6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Sept 15	1915 Sept 30	✓		
Oct.		✓		
Nov.		✓		



No.

RANK

Lieut.

NAME

Allan, A. W.

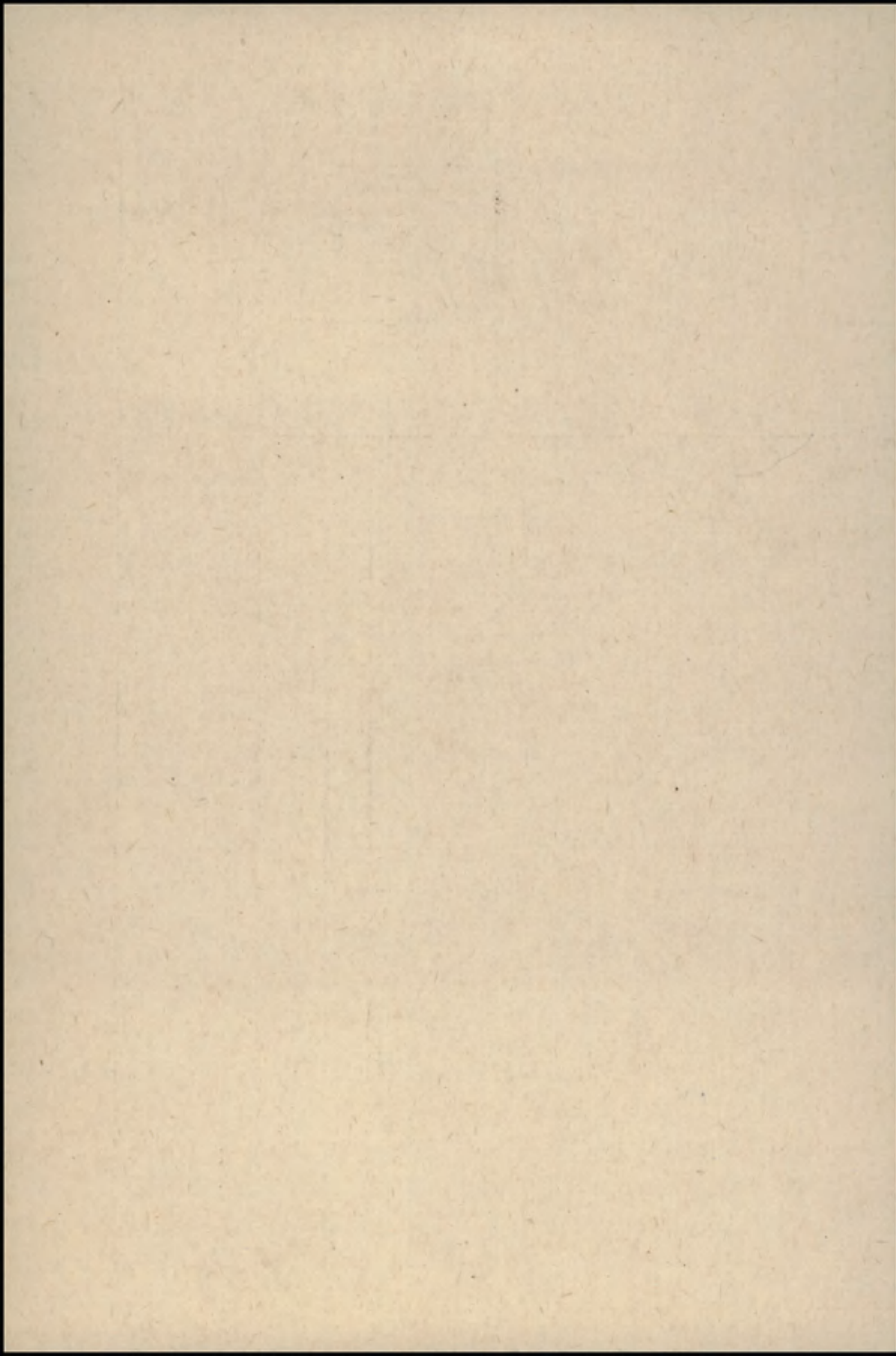
T. O. S.

UNIT

*105th Battalion**Transfd. from Inf. Reinf. C. E. F. 14-15.
D.O. 20 of 14-12-15.*M. D. *6*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1916</i>			
<i>Dec. 1</i>	<i>Dec. 31</i>	<i>O.S.</i>		
<i>1916</i>				
<i>Jan.</i>		<i>O.S.</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>Apr.</i>		<i>n.</i>		
<i>May.</i>		<i>✓</i>		
<i>June.</i>		<i>✓</i>		
<i>July payroll not available</i>				

UNIT SAILED
JUL 15 1916



Number Rank *A/CAPT*

Surname *ALLAN*

Christian Name *ALEXANDER WYLLIE*

Units Theatre of War *FRANCE*

Date of Service *15-7-16* *6-3-17* *31-5-19*

Remarks

C.M.F.

Latest Address *West Lane Head P.C.D.*

Roll No. *"B" Page 6595.*

Ya 44674 I fish OCT 4 1921

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
758 ^{R1}	No. 10. C. 7. A.	15-8-17	S.W. R. Kneel
763 ⁽²⁾	No. 20 Gen Carriers.	24-8-17	S.W. R. Kneel ²²⁻⁹⁻¹⁷ S.W.
763 ⁽⁴⁾	3rd London Gen Wandsworth	24-8-17	" " " "
	Common S.W. E. H.S.		
774 ⁽³⁾	3rd Lon-Gen. Wandsworth	31-8-17	S.W. R. Kneel
	Common S.W.		

NAME Allan Alexander Wylie REGT'L No. _____
H. Q. FILE NO. 649.

RANK AND CORPS Lieut. 16th. Mac. Gun. Co.

FOLLOWS
No. _____
FOLLOWS

CABLE		NATURE OF CASUALTY
NO.	DATE	
<u>m. 593 / 4-2</u>	<u>22-8-17</u>	<u>Adm. to No. 10 Fld. Amb. Aug. 15th. 1917 (G. S. W. Rt. Knee.) ✓</u>

Surname

Christian Name

Reg. No.

ALLEN

A. W.

Rank

Unit

Lieut.

16th.C.M.G.C.

MEDICAL BOARD held at

Date

Serial No:

(1) London Area

31-8-17.

Other Medical Boards at

do. 22-9-17.

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

G.S.W.rt.Knee.

Disposition Recommended

(1) Unfit any service 3 weeks.

Fit General service.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

Surname. Christian Name.
ALLAN A. W.
Rank. Unit.

Lieut. 16th.C.M.G.C.

Date of admission.
No. 10 Can. Field Ambulance 15-8-17
Hospital
NO. 20 General Hospital Camiers. 24-8-17.
H.S. to 3rd. London General Hospital 24-8-17
Transferred Hosp.

..... Hosp.
..... Hosp.
..... Hosp.

Diagnosis. S.W.rt. Knee. *R,*

Later diagnosis.
.....
.....
.....

Disposition. Date.
Discharged: -31-8-17.

22-8-17 758-2.
28-8-17 763-2.&4..
10-9-17 774-3.

C.L. Remarks.
C.L.
C.L.
C.L.
C.L.
C.L.
C.L.

A.M.D. 2 DEPT.
Beh. of D.G.M.S. O.M.F.C. London

9a336

Name, **ALLAN** Rank **Lieut.**

Reg. No.

Unit **Alexander Wyllie
16th. CMGC**

Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
15.8.17.	10 Can. Fld. Amb.	SW R	Knee	758	M5931	22-8
24-8-17	20 Gen Hos Barnes	_____	_____	768		
24-8-17	3rd Hon Gen Hos SW	_____	_____	763		
31-8-17	Discharged			774	R# 18-9-17	C 24.9.17

Bank Account.

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

*f 20th 17
 Rot*

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

To Whom Can. Bank of Commerce,
 Address To Credit of A.W. Allan
Charlottetown P. E. I.

By Whom Assigned Allan, A.W.

Regtl. No.

Rank Lieut.

Corps A Coy. 105th Batt.

Rate \$ 30

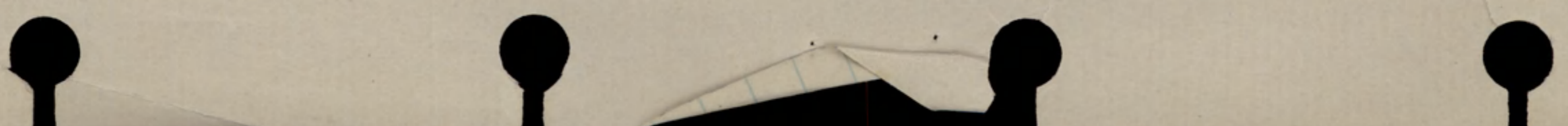
JUL 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			<i>Consolidated Account</i>
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

1
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MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.—4-16.
 1772-39-819.

P 20/17 Ret

Sheet No. 2. Con. Bank of Commerce
 L. L. Job 310.—Req. 6574. Credit

Credit
PAYMENTS.

Name of Soldier Allan, A.W.
Lieut. A. Coy, 10th Batt.

Month.	Year.	Cheque No.	Amt.	Remarks.
			\$30	
April	1916			
May				
June				
July				
Aug.		<i>M 14323</i>	30	= see blk book.
Sept.		<i>Q 10341</i>	30	
Oct.		<i>6 15022</i>	30	
Nov.		<i>C 19601</i>	30	
Dec.		<i>C 24697</i>	30	
Jan.	1917	<i>6 32901</i>	30	
Feb.		<i>7 35729</i>	30	
March		<i>7 41534</i>	30	30 Jan.
April		<i>7 47590</i>	30	30-h.
May		<i>9 38</i>	30	✓ 30-L
June		<i>Y 6127</i>	30	
July		<i>Y 12652</i>	30	30-cl
Aug.		<i>Y 19414</i>	30	s
Sept.		<i>I 26468</i>	30	OB
Oct.		<i>A 33548</i>	30	lu 450/h
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

JUL 1 1916

HAD

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.				

D. 11-8-16
 OK ✓
 J. W.

July & Aug chgd Aug.

* Assignment as at
 1st JULY, 1916 *

Allan, Lieut. A. W. 105 Bn 30

Credit of Lt. Col. A. W. Allan
 Canadian Bank of Commerce
 Charlottetown
 P. E. I.
 Canada

RETURNED TO ADJ.
 L.P.C. TO 30-6-19
 TRANSFER LEDGER

Date	From	To	PAY		Field Allowance			Other Credits	Total Credits	Voucher No.	Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
			Rate	Amount	No. of Days	Rate	Amount										

Date of Enlistment

MILITIA AND DEFENCE

1387

Date of Assignment

Separation and Assigned Pay Branch

A

July 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

30			
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Bank Account
Bank account

PARTICULARS OF SEPARATION ALLOWANCE

No. *Lieut*
 Rank *Promoted* Reverted Discharge
 Soldier's Name *d W. Allan*
 Battalion *105th Bn "a Co"*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

For Credit
 Name *Can Bank of Commerce*
 Address *Charlottetown P.E.I.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Sep. 30/17</i>			<i>450</i>	<i>450</i>	
<i>Oct.</i>	<i>D 50209</i>		<i>30</i>	<i>30</i>	
<i>Nov</i>	<i>B 52508</i>		<i>30</i>	<i>30</i>	<i>m</i>
<i>Dec.</i>	<i>B 58602</i>		<i>30</i>	<i>30</i>	<i>Pr</i>
<i>Jan</i>	<i>O 65193</i>		<i>30</i>	<i>30</i>	<i>m</i>
<i>Feb.</i>	<i>B 91318</i>		<i>30</i>	<i>30</i>	
<i>March</i>	<i>G 98543</i>		<i>30</i>	<i>30</i>	<i>✓</i>
<i>April</i>	<i>G 8309</i>		<i>30</i>	<i>30</i>	<i>R</i>
<i>May</i>	<i>A 11261</i>		<i>30</i>	<i>30</i>	<i>b</i>
<i>June</i>	<i>B 14163</i>		<i>30</i>	<i>30</i>	<i>b</i>
<i>July</i>	<i>V 27128</i>		<i>30</i>	<i>30</i>	<i>✓ b</i>
<i>Aug</i>	<i>a 26620</i>		<i>30</i>	<i>30</i>	<i>D</i>
<i>Sept</i>	<i>a 36064</i>		<i>30</i>	<i>30</i>	<i>b</i>
<i>Oct.</i>	<i>a 42898</i>		<i>30</i>	<i>30</i>	
<i>NOV</i>	<i>a 50492</i>		<i>30</i>	<i>30</i>	
DEC	<i>a 3063</i>		<i>30</i>	<i>30</i>	
JAN 1919	<i>B 70876</i>		<i>30</i>	<i>30</i>	
FEB	<i>F 77463</i>		<i>30</i>	<i>30</i>	<i>b</i>
MAR	<i>D 83218</i>		<i>30</i>	<i>30</i>	<i>b</i>
APR	<i>b 897</i>		<i>30</i>	<i>30</i>	<i>b</i>
MAY	<i>a 5921</i>		<i>30</i>	<i>30</i>	<i>L</i>
JUN	<i>a 9294</i>		<i>30</i>	<i>30</i>	<i>b</i>
			<i>1080</i>	<i>1080</i>	

REMARKS *0231-a-170*

30/6/14
 A/c Closed
 Ret'd per *Adriatic*
86/19
Mr B. Hollis (MRO 1235-86)

AUDITED.

M. F. W. 128
 400M-6-17-1772-89-141
 L. L. 22320-M. & D. 7383.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion _____
 Beneficiary _____
 Relationship _____
 Address _____

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. 2320-M. & D. 7963.

Confidential.

To be used in cases of wounds or injuries received in action.
(For instructions for preparing this report see back of form.)

PROCEEDINGS OF A MEDICAL BOARD assembled by order of _____

Adms London

for the purpose of examining and reporting on the present state of a wound or injury sustained

by *LT. A. W. ALLEN*

16th C.M. G. Co.

at (Place of injury) *Leino*

on the (Date of injury) *15-8-17*

The Board find *This officer sustained a wound above place on above date.*

Hospital - 13 J.A. 15-8-17, 73 CCS 21-8-17, 98 Gen 23-8-17, 3 Lond Gen. 24-8-17.

1. A superficial wound over outer anterior surface R. patella now well healed. He fell on the knee soon after the wound & bruised the inner anterior surface of R. patella. There is slight tenderness over the right patella, no swelling.

The opinion of the Board upon the questions below is as follows:—

- 1.—Has the officer lost an eye or a limb; or has he permanently lost the use of an eye or a limb; or is the injury equivalent to the loss of a limb, and permanent, or likely to be permanent? (Articles 639 to 644 of the Royal Warrant for Pay, &c.)
- 2.—If the case does not come under the category 1:—
 - (a) Was the injury, in the first instance, very severe in character?
 - (b) Are its effects still very severe?
- 3.—If the case is classified under category 2, are the effects of the injury permanent, or likely to be permanent? (Article 646.)
- 4.—Injuries that do not come under the above categories should be classified here, making use of the following terms:—*severe* or *slight* and *permanent* or *not permanent*, as the case may be.
- 5.—For what period, calculated from the date of the wound or injury, is it probable that the officer will be incapacitated for military duty by such wound or injury?

Replies		
As to first wound	As to second wound (if any)	As to third wound (if any)
✓		
✓		
✓	<i>slight not permanent</i>	
	<i>5 weeks</i>	

I concur in the findings of the Board of Medical Officers here recorded.
977
Captain, D.A.D.M.S. for D.M.S. Canadians

Signatures

[Handwritten signatures]

Station

London

Date

24-8-17

[P.T.O.]

**INSTRUCTIONS to be observed by the Medical Board
preparing the Report.**

1. On the occasion of an officer's first appearance before a medical board, the circumstances under which the wound or injury was sustained will be fully detailed.
2. If the injuries be more than one, they should be numbered and described separately; and should it be considered that, though only "severe" or "slight" in themselves, they represent together the equivalent of a single "very severe" injury, such an opinion may be expressed in the columns provided for that purpose.
3. The board will not express any opinion, either to the Officer examined, or in their report, as to whether he is entitled to compensation, or as to the amount of it, nor will it inform the Officer how the wound or injury has been classified.
4. If an Officer makes any enquiry as to wound gratuity he should be told by the board that he should make application in writing to the Secretary of the War Office.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.

Regimental No.

Rank.

Surname.

Christian Name.

Lieut.

Allen

A.W.

Year

25.8.17

Canadian Unit.

16th Machine Gun Co

Age.

23

Service.

2 yrs

Station and Date.

Disease

Injury to rt. knee
Wounded at France

Reported sick

on 15.8.17. while on duty

Tipped up one some wire & fell on to an iron stake.

26.8.17

P.S.

Some tenderness on inner side

No fluid

Xtg. - nil

30.8.17

Rec for board L.W.

30/8/17
M.A.S.

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

Station
and Date.

100 100

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

PROCEEDINGS OF A MEDICAL BOARD

90-A-9
8A 450

assembled at 13 Berners St W on 22-9-17
 by order of A.D.M.S. L.A.
 for the purpose of examining and reporting upon the present state of health of
 (Rank and Name) Lieut. A.W. ALLEN (Corps) 16th Cdn. Inf. Coy.
 Age 23 Service 2 years Disability S.W. Knee R.
 Date of commencement of leave granted for present disability 31-8-17
 Date on which placed on half-pay for present disability

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

this officer reports after 3 wks leave.
There is now no disability from knee or otherwise.

The Board recommend:-

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

- 1. Fit for General Service Yes
- 2. Fit for service in a Garrison or Labour Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category
- 3. Fit for Home Service
- 4. Fit for Light Duty at Home
- 5. Requiring indoor hospital treatment—
 - (a.) In an Officers' Hospital
 - (b.) In an Officers' Convalescent Hospital
- 6. (a.) Fit for light duty at a Command Depot
- (b.) Fit for treatment only at a Command Depot
- 7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation
- 8. Was the disability contracted in the service? Yes
- 9. Was it contracted under circumstances over which he had no control? Yes
- 10. Was it caused by military service? Yes
- 11. If caused by military service, to what specific military conditions is it attributed? Shrapnel
- 12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions?

I concur in the findings of the Board of Medical Officers here recorded.
 J.F. [Signature]
 Captain, D.A.D.M.S. for Canadians, D.M.S.

Officer's Address { C.M.G. Depot
Seaford.

Signatures { [Signature] President.
[Signature] Members.
J.H. Bell - Capt. Can. C.

at Capt
Lead Aug. Alexander Myllie

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				
24.3.17	O.C. Unit	Joined Unit	Filed	22.3.17	B213 DCS 59 of 3/4/17
7.7.17	do	Att'd to M.G. School	Larniers	6.7.17	460.5-18-3- B213 + PEO 94 of 17/7/17
21.7.17	do	Returned to duty	Filed	7.7.17	B213-PEO 94 of 30/7/17
25-8-17	do	Evac sick to F Amb.	Not Made	25-8-17	B213-PCS 128- of 5/9/17
15-8-17	1067a	Spr. Ankle adm	1067a	15-8-17	A36-3768
23-8-17	20 Gene	Spr. Ankle R. adm	20 Gene	23-8-17	W3034-W8269
23-8-17	23 bbt	Spr. Ankle R. adm (accidentally) Trans to 6 train	23 bbt	23-8-17	A36-26635
26-8-17	20 Gene	Invalided (Rtd) and detached to Can Machine Gun Depot Seaford. "45" "W. Brighton"		26-8-17	W3083-W03806 PEO 114 of E-9-17
<i>H. Johnston</i>					
30-8-17	CMGCD	TOS CMG Corps Depot	Seaford	24-8-17	Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. F. F. Pt. 11 DO 174/30-8-17
6-9-17	CMGCD	Granted 3 weeks leave by Medical Board	Seaford	31-8-17	Pt. 11 DO 181/6-9-17.
29-9-17	CMGCD	Boarded FGS SOS CMGCD on reposting to the CMGD	Seaford	22-9-17	Pt. 11 DO 204/29-9-17.

20/9/17

Com. Taken on Strength, *Seaford*

Paul Colton LIEUT.
 ASSISTANT ADJUTANT C.M.G.D.
 Lt. & Adj. CMGC Depot.
 Auth. Depot Order Pt. II No. *273*

CERTIFIED CORRECT
20 MAR 1917
CANADIAN RECORD OFFICE

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-30-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 105th OVERSEAS BATTAL 'N.C.E.F.

Regimental No. _____ Rank Lieutenant Name Alexander Wylie Allan
C. E. F.

Enlisted (a) 11-9-15 Terms of Service (a) Duration of War Service reckons from (a) 11-9-15

Date of promotion to present rank. } 11-9-15 Date of appointment to lance rank } N/A Numerical position on roll of N. C. Os. } N/A

Extended _____ Re-engaged _____ Qualification (b) Machine Gun Officer

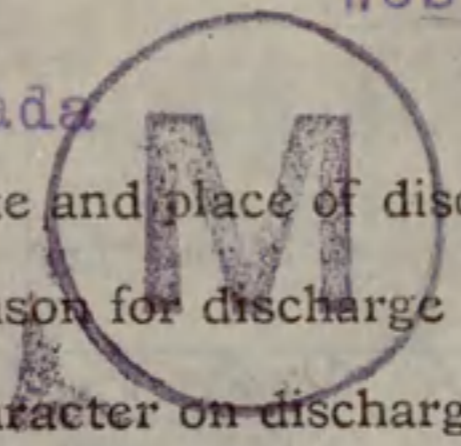
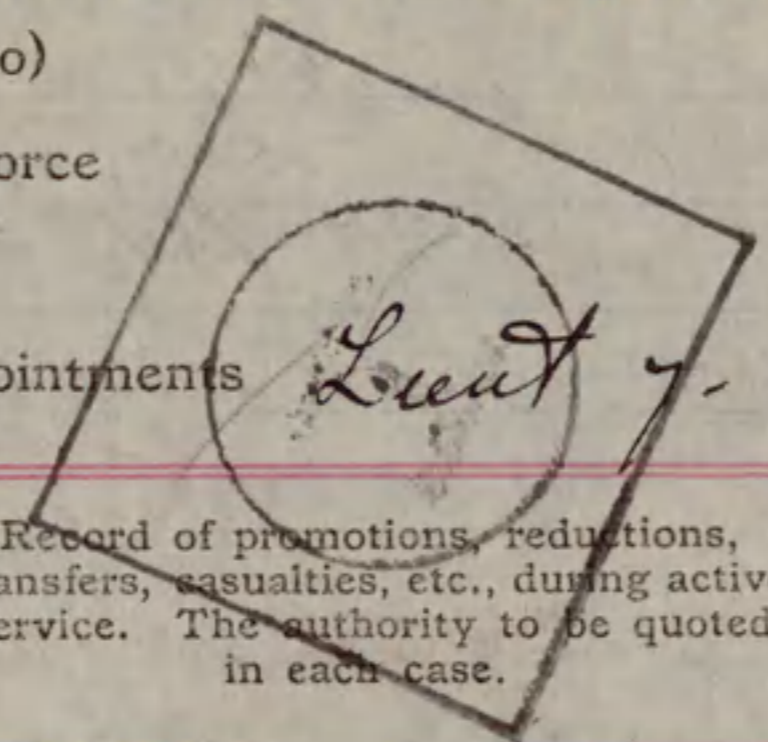
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
			Embarked <u>Habers</u> Disembarked <u>Kenwick</u>		<u>S E of Britain 15-7-16</u> " " <u>25-7-16</u>
<u>19-10-16</u>	<u>O.C. 105th</u>	<u>Struck off strength 105th Lower Dibrigate. Transferred to M.G. Dept.</u>		<u>19-10-16</u>	<u>B.D.O. 11.269.</u>
<u>19-10-16</u>	<u>O.C. 105th</u>	<u>Taken on Strength, C.M.G.D.</u>	<u>Crowborough</u>	<u>19-10-16</u>	<u>Auth. Depot Order Pt. II No. 144</u>
<u>6-3-17</u>	<u>C.M.G.D.</u>	<u>Transferred to</u>	<u>16th CMG Coy Crowborough</u>	<u>6-3-17</u>	<u>Depot Order Pt. II No. 65</u> <u>F. J. Carpenter</u> <u>C.M.G. Depot</u>
<u>9.3.17</u>	<u>C.B.D.</u>	<u>Taken on Strength</u>	<u>C.B.D.</u>	<u>7.3.17</u>	<u>N.R. 69 of 9/3/17. N.O.</u> <u>121/Drafts/5186. a 9.4 a</u> <u>27/2/17. Ref N.R. 5/501.</u> <u>P.T.O. 22. of 19/3/17.</u>
<u>15.3.17</u>	<u>C.B.D.</u>	<u>Class "A"</u>	<u>do</u>	<u>15.3.17</u>	<u>N.R. 74.</u>
<u>20.3.17</u>	<u>C.B.D.</u>	<u>Left join Unit</u>	<u>Filed</u>	<u>20.3.17</u>	<u>N.R. of officers No 80</u>

(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.]

WGB Rank and Name **ALLAN, Alexander Wyllie** *M.C.* Lieut. *of paper*
 Regimental No. Name and Address of Next-of-Kin
 Unit **105th Bn.** **LT-Col. Allan, (Father)**
 Date of enlistment **Western Covehead, P.E.I. Canada**
 Place of birth **Western Covehead, P.E.I. Canada**
 Married (Yes or No) Date and place of discharge
 If in Permanent Force Reason for discharge
 Character on discharge
 Promotions or appointments **Lieut 7-4-13 C.M.** **LEFT CANADA 15-7-16**

105. 100
 16 M.G. Coy. 17

105th Bn. 1st Regt. 24th Div.



Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
21-10-16	G.O.C. 10	ceases to be attached 105 but att C.M. 9de.		19-10-16	D.O. 5491. Part II order 269, (105) A.F.B. 103
6-3-17	O.C. Crowbow	Proceeded of seas to 16th M.G. Coy.		6-3-17	R.O. 902
19-3-17	4 Div M.G. Coy	L.O.S. of 16th M.G. Coy on arrival in France. ceases to be attached		7-3-17	Pt II order 31
17-7-17	do	Attached to M.G. School Camiers for instruction		7-7-17	Pt II of 94
22-8-17	C.R.O	adm. No. 10 Can. Hld. Amb.		6-7-17	Pt II of 88
28-8-17	do	adm No. 20 Gen. Hosp. Camiers		15-8-17	C. d. 758 <i>See R. fence</i>
30-8-17	C.M.G.C.D.	Having been adm. to Hosp. from of seas. is L.O.S. on re-posting from 16th M.G. Coy.		24-8-17	C. d. 763
28-8-17	C.R.O	adm. 3rd London Gen Hosp Wandsworth		24-8-17	Pt II of 174 Pt II of 174 <i>Div. M.G. Coy</i>
27-9-17	Leaford	on reporting is L.O.S. of this Command		24-8-17	C. d. 763; G.S.W. R. Hall
3-1-18	4 Div. M.G. Coy	Previously detached, now L.O.S. & posted to C.M.G.D.		24-9-17	R.O. 4344
		Transferred to CMG Corps		20-12-17	Pt II of 1
6-4-18	C.M.G.D.	L.O.S. proceeded of seas. to C.M.G. Pool.		19/10/16	HQ OMFC RO 3270 d/11 1 18
				5-4-18	Pt II of 96

Ret 0. 145
 20 MAR. 1917

A.F.B. 103
 12 SEP. 1917

A.F.B. 103
 17 APR. 1918

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
15.4.18	C.M.G. Pool	J.O.S. on arrival as reinforcement		5.4.18	Pt. II of 29. S.O.S. C.M.G.R. Pool. Pt. II of 44.
3-6-18	4 th M.G. Bn.	J.O.S. on trans: fr. C.M.G.R. Pool.		23-5-18	Pt. II of 62.
8.11.18	do	Granted 14 days leave of abs.		25.10.18	P. Pool 131.
1.2.19	W.O.	Awarded the Military Cross.			Low. Gaz. 31158 Pt. II of 24 11.3.19
9.5.19	W.O.	To be Actg. Capt. C.M.G. P.		26-12-18	Low. Gaz. 31333.
5-5-19	4 M.G. Bn	Proceeded to England		4-5-19	Pt. II of 39.
15-5-19	7 th Wg Bramshott	J.O.S. pending R.F.C.		5-5-19	Pt. II of 200.
10-6-19	"	S.O.S. to Canada		31-5-19	Pt. II of 23
4-7-19	6 M.G. Bn	S.O.S. to Canada		31-5-19	Pt. II of 185
27.8.19	W.O.	Rel a Rank of Capt. Sailed for Canada		31.5.19	L.G. 31524
				31-5-19	L.H. 78.

2088

CONFIDENTIAL.

PROCEEDINGS OF A MEDICAL BOARD

450
Army Form A. 45.

assembled at 13 Bemiss on 31-8-17
 by order of Dr. M. S. Landon
 for the purpose of examining and reporting upon the present state of health of
 (Rank and Name) Lt. A. WALLAN (Corps) 16th CMB
 Age 22 Service M/V Disability G.S.W. R. KNEE
 Date of commencement of leave granted for present disability 31-8-17
 Date on which placed on half-pay for present disability

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

He sustained shrapnel wound vis in condition described in R. F. A. 45 A this date

He would recommend

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service No, 3 mths
2. Fit for service in a Garrison or Labour Battalion abroad. No officer likely to be fit for general service within six months should be classed in this category
3. Fit for Home Service No, 3 mths
4. Fit for Light Duty at Home No, 3 mths
5. Requiring indoor hospital treatment—
 - (a.) In an Officers' Hospital
 - (b.) In an Officers' Convalescent Hospital
6. (a.) Fit for light duty at a Command Depot
- (b.) Fit for treatment only at a Command Depot
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation
8. Was the disability contracted in the service? Yes
9. Was it contracted under circumstances over which he had no control? Yes
10. Was it caused by military service? Yes
11. If caused by military service, to what specific military conditions is it attributed? Shrapnel
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions?

I concur in the findings of the Board of Medical Officers here recorded
H. W. Kennerly
 Captain, D.A.D.M.S. for D.M.S. Canadians

Officer's Address C. M. G. Depot
Shrapnel

Signatures H. W. Kennerly President
Dr. M. S. Landon Member
Dr. J. H. [unclear] Member

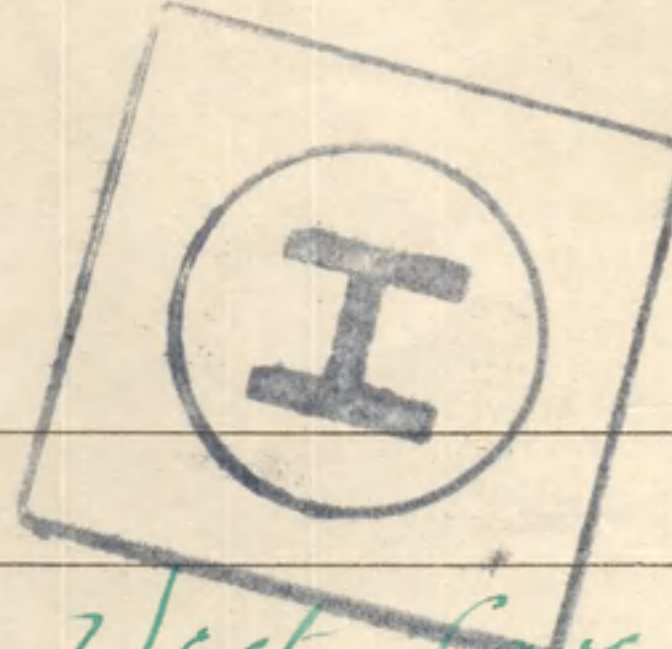
INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

PROCEEDINGS OF AN OFFICER OR NURSING SISTER
STRUCK OFF STRENGTH
OF THE
CANADIAN EXPEDITIONARY FORCE

1. RANK	<i>Lieut. / Capt</i>	
2. NAME	<i>Allan Alexander Wyllie</i>	
3. UNIT	<i>4th C M Co</i>	
4. DATE STRUCK OFF STRENGTH		PLACE <i>Halifax B.</i>
5. REASON	<i>SOS 15-6-19 RO 2034-19</i>	
6. AUTHORITY		
7. PROPOSED RESIDENCE		
	<i>West Cove Head.</i>	

SLE-1118 P. 8 31/19
AFF. FIX. LUNE 7
K. M. I. ADRIATIC

This folder should contain the following documents:

- 1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
- 2. Casualty Form, A. F. B. 103 or M. F. W. 54.
- 3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
- 4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
- 5. Medical Report M. F. W. 129.
- 6. Dental History Sheet, M. F. B. 465.
- 7. Last Pay Certificate, M. F. W. 44.
- 8. Certificate as to Missing Documents.

- 1. Triplicate Declaration Paper (M.F.W. 51), or Triplicate Attestation Paper (M.F.W. 23).
- 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. Proceedings on Striking off Strength (M.F.W. 2591).
- 7. Last Pay Certificate (P. 41) *dup*
- 8. War Service Gratuity Form (M.F.W. 2595).
- 9. Sundry Documents.

Disposal certificate

Group
Checked by No. *11*
Date *30 MAY 1919*

E. R. J.

Adriatic 8.6.19
 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
 DAILY RATE OF PAY AND ALLOWANCES

AUDITOR *[Signature]* PAYMASTER *[Signature]*

M. OR S. _____ REGT. NO. _____ RANK *Lieut.* NAME (IN FULL) *Allan A.W.*
 NEXT OF KIN _____ IF IN P.F. WHAT UNIT? _____
 ADDRESS _____ PLACE OF ATTESTATION *1 Lt. B.M. B.B.* TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 IS SEPARATION ALLOWANCE PAID? *Yes* DATE EFFECTIVE _____ DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 TO WHOM PAID _____ ASSIGNED PAY \$ *3000* DATE EFFECTIVE _____
 ADDRESS _____ PAYABLE TO *Canadian Dept of Commerce* RELATIONSHIP *511* ANY CHANGE IN ASSIGNEE OR ADDRESS *as given*
 ADDRESS _____
 STOP PAYMENT FORM ASSIGNED PAY RENDERED. DATE _____ EFFECTIVE _____
 DISCHARGED _____ PLACE *62020* DATE *15/6/19* REASON *Demob* AUTHORITY *20202* IF ENTITLED TO POST DISCHARGE PAY _____

BALANCE FROM PREVIOUS ACCOUNT	ADJUSTED MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS		
		NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3					\$	C.		\$	C.
	<i>30.6.19</i>	<i>400</i>																				
				<i>560</i>		<i>560</i>									<i>9 00</i>			<i>150 00</i>			<i>150 00</i>	<i>When on boat 31/6/19 to 8/6/19</i>
				<i>2009</i>														<i>275 00</i>	<i>129 00</i>	<i>204 00</i>	<i>198 40</i>	<i>Allowance while on boat</i>
	<i>183 days</i>			<i>549</i>		<i>549</i>									<i>120 00</i>						<i>Diff in Subs & Messing 3/6/19 to 15/6/19</i>	
				<i>549</i>		<i>549</i>									<i>165 60</i>	<i>78 10</i>					<i>Pre a from 16/6/19 to 30/6/19</i>	
				<i>549</i>		<i>549</i>									<i>90</i>						<i>1st payment of 1st as above</i>	
															<i>80</i>						<i>Amount overpaid 1120550 12-8-19</i>	
																					<i>Pmt. a-587</i>	
																					<i>Diff. Capt to Lieut. pay.</i>	
																					<i>1156700 9/9/19</i>	
																					<i>1208043 9-10-19</i>	

*Completed
 All Payments Made
 A.A. Allan*



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF RATE OF P. AND A.

DATE AUTHORITY

Beneficiary

Address

Amount.

Separation Allowance issued. Yes or No.....

C.M.G.D.

Pay 2.

F.A. 0.60

Messing 1.

Lieut.

27/70

F. Can.

20. 2970 C.M.

29/7/10.

Name

Allan

Initials

A.W.

Bank

Union of Can. Bank
Stambridge

100⁰⁰ - Add. Outfit all. 18/18

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Apr 18	Apr Pay R. A.P. Can.		108		30			
23		Bank 996		78				
May 13	May Pay R. A.P. Can.		111 60		30			
23		Bank 2495		81 60				
June 12	June Pay R. A.P. Can.		108		30			
21		Bank 4089		78				
July 12	A.P. Can July Pay R.		111 60		30			
23		Bank 5421		81 60				
Aug 9	Aug Pay R. A.P. Can.		111 60		30			
21		Bank 6961		81 60				
Sep 10	A.P. Can. Sep. Pay R.		108		30			
25		Bank down		78				
Oct 12	A.P. Can. Oct Pay R.		111 60		30			
19	I.O. R. C.G. 11 2/18	Bank 10276		19 63				
27		Bank 10671		61 97				
31	Add. Outfit all 18/18.	Bank 11004	100	100				

Over.

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF RATE OF P. AND A.

DATE AUTHORITY

Beneficiary

Address

Amount.

Separation Allowance issued. Yes or No.....

6 W.G.D.

Pay $\$3.00$
F.A. 1
Messing 1

Lieut
of Capt.

26th J.D. 332-279 J.D. 1.1

Name
Initials
Bank

Allan
A.W.
Union of Bank
Haymarket

\$ 30.00

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1919								
Nov 22	A.P. ban.				30			
	Pay R + A of A. 12 th 19		140					
	Bank 12443			110				
Dec 11	A.P. ban				30			
	Pay R.		124					
	Bank 13472			94				
1919	Pay R.		124					
Jan 21	A.P. ban				30			
	Bank 15499			94				
Feb 8	Reduction fr. Add. O.F. allow 1/2 fr. loss of kit. 15-8-17	623		7	30		Dr. 7.30	
	(7.10.2) Auth. Or. in Council 2232 9/12-90/18							
	Pay R.		112					
	A.P. ban				30			
	Bank 16754			74	70			
Mar 12	Pay R.		124					
	A.P. ban.				30			
	Bank 18265			94				
Apr 12	Pay (R).		120					
	A.P. ban				30			
	Bank 836			90				
23								
May 12	Adv. May & June P.A.			184				
	Pay May (R)		124					
	A.P. ban.				30			
20	Adjustment P.A. 16 th to Capt. rates \$5.00 fr. 26 th - 30 th 1919. vo. 1561		187					
	Bank			187			Dr. 90	

RETURNED TO CANADA
L.P.C. TO 30.6.19. B.S.W.
TRANSFER TO N.E. LEDGER

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount

Separation Allowance Issued. Yes or No

Pay

F.A.

Messing

Reeing. of rank of
Capt. 31¹⁹. D. 9565. / 22¹⁹
Lieut

No 11102

Name

Initials

Bank

Allen
A. W.
Union
Hayes

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS
1919						90		
June	M. Loan V.M.R.		150		30			
Aug. 23.	Diff. between Lieut. & Capt's rate 1-30 ¹⁹ . Credited twice No. 836			30	✓			
Sept. 22.	Opd. diff. bet. Capt's & Lt's rates 1-30 ¹⁹ . (Reeing. of rank of) No. 19.			30	✓			
Dec 31	Chgd to Com	No. 99	30					

In favor.

Transf for L.O. 12
14¹⁹ No 6365.
19¹⁹ Capt. P. C. No 30⁰⁰ 23¹²/₁₉

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address *Canada*

Amount. \$30

Separation Allowance issued. Yes or No.....

NAME OF DATE AUTHORITY

Can M. G. Dept

DATE AUTHORITY

7/7/16
Transfer
NO 3970 CFA.
7/7/16

Lieut

Name *Allan*

Initials *A.A.*

Bank *Bank of Montreal*

Union Bank of Canada
Haymarket

9-1-103

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>1917</i>								
	<i>at lean</i>		<i>108</i>					
<i>27</i>	<i>Bank</i>	<i>3809</i>		<i>78</i>		<i>30</i>		
<i>May 16</i>	<i>at lean</i>					<i>30</i>		
<i>19</i>	<i>Pay May (R)</i>		<i>111 60</i>					
<i>22</i>	<i>Bank</i>	<i>5932</i>		<i>81 60</i>				
<i>June 12</i>	<i>at lean</i>					<i>30</i>		
<i>21</i>	<i>June Pay (R)</i>		<i>108</i>					
	<i>Bank</i>	<i>7976</i>		<i>78</i>				
<i>July</i>	<i>July Pay (R)</i>		<i>111 60</i>					
<i>14</i>	<i>at lean</i>					<i>30</i>		
<i>24</i>	<i>Bank</i>	<i>12984</i>		<i>81 60</i>				
<i>Aug 13</i>	<i>at lean</i>					<i>30</i>		
<i>18</i>	<i>August Pay (R)</i>		<i>111 60</i>					
<i>24</i>	<i>Bank</i>	<i>17020</i>		<i>81 60</i>				
<i>Sept 19</i>	<i>Sept Pay (R)</i>		<i>108</i>					
<i>13</i>	<i>at lean</i>					<i>30</i>		
<i>22</i>	<i>Bank</i>	<i>21610</i>		<i>78</i>				
<i>Oct 12</i>	<i>at lean</i>					<i>30</i>		
<i>18</i>	<i>Oct Pay R.</i>		<i>111 60</i>					
<i>23</i>	<i>Bank</i>	<i>26282</i>		<i>81 60</i>				
<i>27</i>	<i>Sick leave 11-10-17.</i>	<i>7118</i>					<i>1-0-6 5.00</i>	
<i>Nov 16</i>	<i>Nov Pay R.</i>		<i>108</i>					
	<i>A. P. pay.</i>					<i>30</i>		
<i>22</i>	<i>Bank</i>	<i>30405</i>		<i>78</i>				
<i>26</i>	<i>Sick leave 21-8-17 - 10-9-17.</i>	<i>9444</i>					<i>6-2-7 5.00</i>	<i>FWH</i>

ASSIGNED PAY.

Beneficiary
Address
Amount. \$30.00
Separation Allowance issued. Yes or No.....

UNIT.
NAME OF
DATE
AUTHORITY

RANK.
DATE
AUTHORITY

NAME.
Name
Initials
Bank

Q. G. G.
Pay 2.00
F. a. 0.60
M. 1.00

Lieut.

Allan
A. A. W.
Union of Can.
Haymarket.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>1917</i>								
<i>Dec 10</i>	<i>d. P. pay.</i>		<i>111 60</i>		<i>30</i>			
<i>1918</i>	<i>Dec pay R.</i>	<i>Bank 34447</i>		<i>81 60</i>		<i>✓</i>		
<i>Jan 8</i>	<i>d. P. pay.</i>		<i>111 60</i>		<i>30</i>			
	<i>Jan pay R.</i>	<i>Bank 39284</i>		<i>81 60</i>		<i>✓</i>		
<i>22</i>	<i>Indem. for loss of kid.</i>	<i>11658</i> <i>4268</i>			<i>30</i>		<i>£3.00 \$14⁶⁰</i>	
<i>Feb 11</i>	<i>d. P. pay.</i>		<i>100 80</i>					
	<i>Feb. pay R.</i>	<i>Bank 40787</i>		<i>70 80</i>		<i>✓</i>		
<i>21</i>	<i>Mar pay R.</i>		<i>111 60</i>					
<i>Mar 9</i>	<i>d. P. pay.</i>	<i>Bank 42450</i>		<i>81 60</i>	<i>30</i>	<i>✓</i>		

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address Canada.

105th Bn.

DATE

AUTHORITY

Treas. DATE

AUTHORITY

Lieut

27-7-16 From Canada
D.O.# 3970 C.F.D.
d/29-7-16

Name Allan

Initials A.W.

Bank of Montreal

Amount. \$ 30.00 for 1-7-16.

Separation Allowance issued. Yes or No.....

1916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS.
1916								
Aug 11	Bank			55 60				
18	Pay Aug (R)		111 60					
	Pay July 27 th		85 60					
21	A.P. Can July & Aug.				30			
24	Bank	1408		81 60				
Apr 19	by Sp/lt R		108					
22	A.P. Can				30			
25	Bank			78				
Oct 20	by Sp/lt R		111 60					
23	A.P. Can.				30			
25	Bank			81 60				
Nov 23	A.P. Can				30			
	Pay Nov. R		108					
27	Bank			78				
Dec 12	by Sp/lt R		111 60					
15	A.P. Can.				30			
15	Bank			81 60				
1917								
Jan 19	A.P. Can				30			
24	Pay Jan. (R)		111 60					
27	Bank	19288		81 60				
Feb 20	Pay Feb. (R)		100 80					
21	A.P. Can.				30			
22 nd	Bank	21842		70 80				
Oct 13	by Sp/lt R		111 60					
17	A.P. Can.				30			
25	Bank	24818		81 60				