716025	ALLEN	CHARLES CHAPEL
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

(OPEN)

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 90

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC – 1048 (86/06)

REGIMENTAL DOCUMENTS

NAME ALLEN CHARLES. G. HAPEL REGT. NO. 716025 UNIT 106 Bn H. Q. FILE NO. 5514

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103) Record Sheet.					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
3	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129)					
1	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	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)					
4	C.D.3.					
1	M.F.W.67					
9	Cards					
9	Pay Sheets					

401963

BOX 90

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

106th BATTALION
NOVA SCOTIA RIFLES.

6102

7/6025.

ATTESTATION PAPER.

ORIGINAL

No.

Folio.

A

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? Allen
1a. What are your Christian names? Charles Cecil 6BM
1b. What is your present address? Brodova St. Amherst Cumb. Co. N.S.
2. In what Town, Township or Parish, and in what Country were you born? Baie Verte Westmoreland Co. N.B.
3. What is the name of your next-of-kin? Amy Allen
4. What is the address of your next-of-kin? Brodova St. Amherst Cumb. Co. N.S.
4a. What is the relationship of your next-of-kin? Wife 1915
5. What is the date of your birth? October 22nd 1874 41
6. What is your Trade or Calling? Fisherman
7. Are you married ? yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
9. Do you now belong to the Active Militia? no
10. Have you ever served in any Military Force? no
If so, state particulars of former service.
11. Do you understand the nature and terms of your engagement? yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Chas. C. Allen, 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.

March 21st. Allen C Charlie (Signature of Recruit)

Date Jan 5th 1916. Alfred Bourne (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles C. Allen, 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.

Allen C Charlie (Signature of Recruit)

Date Mar 21st 1916 A Bourne (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 Springhill NS this 21st day of March 1916.

J.G. Macpherson Capt. (Signature of Justice)

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

A

6102

Description of Allen, Chas C. on Enlistment.

Apparent Age... 41 ..years.... 3 .....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height..... 5 ft. 7½ ins.

Chest measurement.
- Girth when fully expanded..... 40½ ins.
- Range of expansion.. 2½ ins.

Complexion... Dark .....

Eyes..... Brown .....

Hair..... Black .....

Religious denominations
- Church of England.....
- Presbyterian.....
- Methodist.....
- Baptist or Congregationalist... Geo .....
- Roman Catholic.....
- 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.)

One Doccination mark Right Arm.

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 declares that he is not subject to fits of any description.

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

Date... June 27th ..... 191 6 ..... W. L. Muir CAPTAIN

Place... Amherst N.S. ..... MEDICAL OFFICER 106th Overseas Batn. C.E.F.

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.

Chas C. Allan .....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.

..... (Signature of Officer)

Major Comd'g. 106th. Overseas Batn. C.E.F. "Nova Scotia Rifles." A.D.C. Lieut. Col.

Date April 5th. 191 6

6102

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

M. D. 6.

War Service Badge Issued. 145702.

Class A ..... No. .....

H

THIS IS TO CERTIFY that No. 716025 (Rank) Pte.

Name (in full) Allen - Charles C enlisted in

the 106 Bn. N. S. R.

CANADIAN EXPEDITIONARY FORCE at Springhill N.S. on the 21st

day of March 1916

HE served in France and Belgium 25th Bn

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 44 5/12 yrs

Height 5 ft 7½ in

Complexion Dark

Eyes Brown

Hair Black

C. C. Allen

Signature of Soldier

Marks or Scars one rac. mark right arm. Small Cicatrice on left hand, dct.

W. Hunt Capt/ Major

O. C. Dispersal Station "B"

Issuing Officer

Rank

Date of Discharge

Dispersal Station "B" APR 11 1919 Military District No. 6

APR 5 1919

Date March 24th 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.

6102

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

G

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. 716025 Rank Pte Surname ALLEN
(Given name in full) Chas G.

Unit or Corps 17 Res. Birthplace Bayside Nest. N.S.

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

1. **GENERAL DESCRIPTION:**

Physique Good. Weight 160 lbs. Height 5 ft. 7½ in. Colour of Eyes Gray.

Nutrition Good.

Pulse 76

Condition of arteries Good.

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
Small cicatrix left hand after G.S.W. Hand

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.

(If space is insufficient, continue on back of form.)

[OVER]

6102

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Rijsen (Overseas)

Date 26/2/19 Signed L Hughes Lt Deputy 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 G. E. Gibbon

(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]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

1917

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 Charles 2. Surname Allen

3. Rank Pte. 4. Original Unit 106th. 5. Reg. No. 716025

6. Address, in full, to which future payments of gratuity are to be forwarded

Charles Allen

Bank of Commerce Amherst N.S.

7. ~~Date of enlistment~~ in the C.E.F. 17. 3. 16

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Amey

9. Relationship of such dependent Wife

10. Address, in full, of such dependent 64 Pleasant St

Amherst N.S.

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No.

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

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

5434. Wt. /30P. 250,000(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

20. Have you been issued with a War Service Badge? If so what class?

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

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? Not Applicable

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge April 11/19. (b) Reason for discharge DEMOBILIZATION

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: Chas C Allen

Place of Residence: Amherst N.S.

Declared before me at: M.D. 6

This 12th day of March 1919

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.

for MAJOR
Officer Commanding.
No. 6 Military District Canadians.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			183 days	$420.00
			6 Mo Sea	$180.00
			Less W.S.G.	$600.00
				70.00
				$530.00

Certified Correct.

District Paymaster.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
M 46969	~~340~~ 716025	Pte	Allen	C D

Year	Unit.	Age.	Service.
1918	25th Bn Can.	44	37 – 27 12

Station and Date.

15-1-19

Disease Boils L. Thigh & L. Hand F

OCCUPATION Labourer.

NEXT OF KIN Wife - Mrs. C. Allen Chatham, Ont. Canada.

ENLISTED 3/1/16.

ENGLAND 15/7/16.

FRANCE 22/12/16.

WOUNDED 3/1/19.

HOSPITALS 24th Gen Hosp Boulogne

OPERATIONS

3/1/19. Opened boils on hand.

ORDERED

SUMMARY OF I. C.A.M.H.S.

Boils L. hand & L. Thigh.

PRESENT CONDITION

Gen Condn good. Swelling on back

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	
	Right left thigh with softened area, fluctuation.
	Tunneled back left hand. Has been opened & almost healed.
31-1-19	Well healed - Ready for duty.
	H W Baker Capt

6102

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Allen *Christian Name* Chas. C

Examined { on 27th day of Jan 1916
at Amherst N.S.

Approved by W. K. Muir. Capt.

Birthplace { City or Town Bayside
County Westmoreland N.B.

Rank M.O.

Apparent age 38

Trade or occupation Fisherman

Height 5 Feet 7½ Inches.

Weight 160 Lbs.

Chest measurement { Minimum 38 inches.
Maximum expansion 2½ inches.

Physical development Good

Small-Pox Marks nil

Vaccination Marks { Arm Right. Left.
Number 1

When Vaccinated last In Childhood

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

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

Date	Fit or Unfit	Examined for Re-engagement,
FEB 1919	A	Discharged M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
30/7/16	+	W. K. Muir. Capt. M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
12/4/16	+	W. K. Muir. capt M.O.
22/4/16	+	W. K. Muir. Capt. M.O.
29/7/16	+	W. K. Muir. Capt. M.O.

4/2/19 + Ant. B.

Enlisted on 3rd *day of* January 1916 *at* Amherst, N.S.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	106th Bn.	716025		
Transferred to..	25th Bn			

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.

M. F. B. 313.

100M.—1-15.
H. Q. 1772-39-439.

Surname Allen B Christian Name Chas. C 6102

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	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.
No. 4 Canadian Gen. Hospital Basingstoke.		15	1	19.	10	2	19	Furuncles	26	Left thigh. left hand. Small furuncles opened. Now healed. Discharge duty	H W Baker Capt. Clear

R—122

CHS Rank Pte Name ALLEN Charles C. Reg'l No. 716025

Unit 106th. Bn. If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment Springhill N.S. March 21st. 1916 Place of Birth Bayside Westmoreland Co. N.S.

Name and Address, Next-of-Kin Amy Allen

Corodova St. Amherst Cu mb. Co N.S. Relationship Wife

M.D.6.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 7906.
File R.L.
Category OR. CAN

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

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.
C		Arr. in England S.S. Empress Of Britain 25th July 1916.			
9.8.16	Can. Arms Inspect & Repair Depot	Attd to C.A.I & R.D.	Greenwich	9.8.16	Pte A.O. 419
12-8-16	Do	Ceases to be attd from 106 Bn.	Do	12.8.16	A.O. 422
22.9.16	106th Bn.	S.A.S on trans to 25th Bn	L. Dibgate	21.9.16	Pte II A.O. 53
21.10.16	25th	T/S 25th Bn from 106th Bn	In Fld	22.9.16	" 65.
14.4.18	"	Awarded 1GC Badge	" "	21.3.18	Pte A.I.
25.1.19	NSRD.	Invs:- Sick TOS from 25th Bn.	Pte Ripon	16.1.19	A.O. 19.+9 C 4.2.19 25th Bn.
12.2.19	17th R	T/S from NSRD	— —	10.2.19	35 & 36 d/ 13.2.19 NSRD
28.2.19	17th Res	S.OS to M.D.6 Rhyl	—	28.2.19	49 + 66 d/ 5.3.19 M.D.6.

sailing Two HO of 27.3.19 Disp area B. Emb Roll 4

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.				
29.3.19	MDW6	S.OS to C E F Canada	pte Rhyl	27.3.19	88

M. F. B. 465
100m.—7-16.
1772-39-950

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DIVISION ....

NAME OF SOLDIER .... No. ....

REGIMENT .... RANK ....

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

C O P Y

CADC 5009A

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

DENTAK CERTIFICATE ON DEMOBILIZATION

Directions to Dental Officer.

NAME OF SOLDIER ALLEN C.

Regiment 25th Batt RANK Pte NO. 716025

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.

DATE EX IN ENGLAND. 2.2.19

C H A R T

Present Dental Requirements.

1. Fillings	2.20.
2. Extractions	12.
3. Crowns	
4. Dentures (a) Full Upper (b) Part Upper (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 Yes
(b) In England
(c) In France

Signature of Dental Officer H.L.Smith. Cpt.

M. F B. 465
100m.—7-16.
1772-39-950

DENTAL HISTORY SHEET

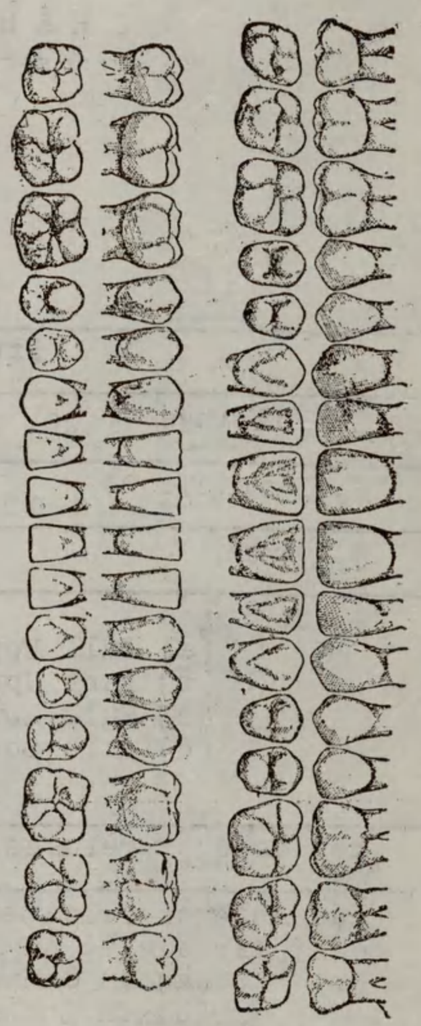
CANADIAN ARMY DENTAL CORPS

DIVISION.....

NAME OF SOLDIER.....

REGIMENT.....RANK.....No.....

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



C O P Y

CADC 5009A

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

DENTAK CERTIFICATE ON DEMOBILIZATION

Directions to Dental Officer.

NAME OF SOLDIER ALLEN C.C.

Regiment 17th Res Bn RANK Pte NO. 716025.

DATE EX IN ENGLAND. 20.2.19

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.

C H A R T

Ptesent Dental Requirements.

1. Fillings 20.

2. Extractions 12.

3. Crowns

4. Dentures
   (a) Full Upper
   (b) Part Upper
   (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

Signature of Dental Officer R.Ross. Capt

A-25

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 6

NAME OF SOLDIER Allen, Chas. C.

REGIMENT 25th Bn. RANK Pte. No. 716025

INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS
Condition on first Examination																							Cavities
																							Extractions

Examination 2.00 — 2.00
2 amalgam fillings 3.00 — 3.00
Cleaning Teeth 1.50 — 1.50
Sil-1 Tooth .50 — .50
$7.50 — 7.00

H R Mooney Dentist
Anchorage NS

M.F.B. 465
150M—10-18
1772-39-950

C.A.D.C. 5009A

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

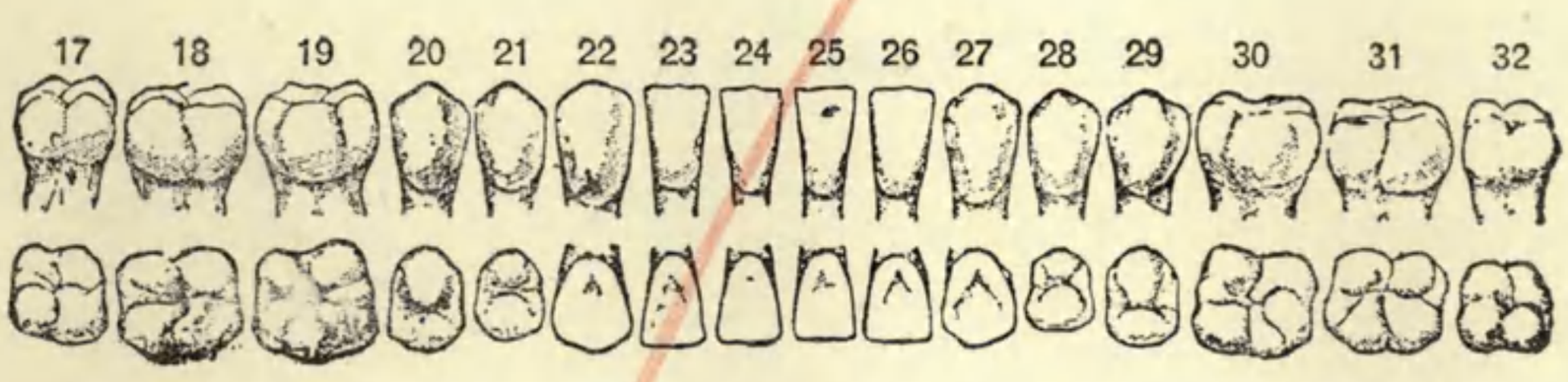
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ALLEN. C.C.

REGIMENT 17th. RES. BN. RANK PTE No. 716023

Date of Examination in England 20-2-19 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 20.
2. EXTRACTIONS 12.
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*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 Nil.
- (*c*) In France

A.D.D.S. BRAMSHOTT RIPON 1919 20-2-19 HEADQUARTERS

Signature of Dental Officer R Ross Capt

N ward

6102

F

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ALLEN. C.

REGIMENT 25 BATT. RANK P/E. No. 716025

Date of Examination in England 2-2-19. | 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 Two (2. 20)
2. EXTRACTIONS One (12)
3. CROWNS No
4. DENTURES
   - (a) Full Upper No
   - (b) Part Upper No
   - (c) Full Lower No
   - (d) Part Lower No

ASSISTANT DIRECTOR OF DENTAL SERVICES APR 5 M. B. NO. 6

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 Yes
- (b) In England No
- (c) In France No

No. 4 Canadian Gen. Hospl
Basingstoke.

Signature of Dental Officer H. L. Smith
Capt Can D

To be made out in duplicate.

H.Q. 54-21-23-53

ORIGINAL

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 106th. "Overseas" Battalion, C.E.F.

(2) Regimental Number 716025

(3) Full Name of Soldier Allen, Charles, Chapell

(4) Place of Birth Bayside, N. B.

(5) Are you married, or not ? Yes

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

(b) Present Postal Address Pleasant Street, Amherst, N. S.

(7) Are you a widower ?

(8) Have you any children ? Yes, nine

If so, give number of boys and girls Six girls, three boys.

Also their names and ages Beatrice 15 yrs. Dorothy 13 yrs. Gwen. 11 yrs. Mildred 9 yrs. Jean 7 yrs. Vienetta 5 yrs. Wilson 3yrs. Roland 1 yr. Gordon 6months.

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 ?.....No.....

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

.....

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

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

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....

.....

.....

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

.....

(15) Are you insured ?.....Yes.....

If so, in what Company ?.....Metropolitian.....

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.

.....

Officer Commanding.

Date....June 10th. 1916.....

O. Commanding 198th. "O/S" Bn. C. E. F.
"Nova Scotia Rifles".

DUPLICATE

MEDICAL HISTORY SHEET.

Surname Allen *Christian Name* Chas. C.

Examined { on 27th day of Jan. 1916.
at Amherst, N.S.

Approved by W. L. Muir

Rank CAPTAIN M.O.

Birthplace { City or Town Bayside
County Westmoreland, N.B.

Apparent age 38

Trade or occupation Fisherman

Height 5' Feet 7½ Inches.

Weight 160 Lbs.

Chest measurement { Minimum 38 inches.
Maximum expansion 2½ inches.

Physical development Good.

Small-Pox Marks nil.

Vaccination Marks { Arm Right. Left.
Number 1

When Vaccinated last In childhood.

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

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

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.
		M.O.
		M.O.
		M.O.

Enlisted on 3rd *day of* January 1916 *at* Amherst, N.S.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	104th Regt. Bn.	716025.		
Transferred to..	25th Bn.			

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.

M. F. B. 313.

100M.—1-15.
H. Q. 1772-39-439.

Surname Allen Christian Name Charles

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.

Army Form B. 103.

WAR SERVICE BADGE.
CLASS "A" No.

610-2 V.Bl.

Casualty Form—Active Service.

Regiment or Corps 106th "Overseas" B'n. C.E.F. Regimental Number 716025

Rank Pte. Surname Allen Christian Name Charles C.

Religion Baptist Age on Enlistment 41 years 3 months.

Enlisted (a) 21 3-3-16 Terms of Service (a) D. of War Service reckons from (a) 21 3-3-16

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

Extended { _____ } Re-engaged { _____ } Qualification (b) _____ or Corps Trade and Rate C

R. T. Marshall Sgt. Signature of Officer i/c Records.

CERTIFIED CORRECT. 28 SEP 1916 DAILY RECORDS, LONDON.

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 ...	Halifax, N.S.	15-7-16	
		Disembarked...	Liverpool, Eng.	25-7-16	
21-9-16	O.C. 106th Bn.	Transferred to 25th O/S B'n.	Lr. Dibgate	21-9-16	D.O. Part II # 53
					C. B. McMullen for
22-9-16	Can Base Dep	Taken on strength of	25th Bn	22-9-16	W.O. Ord 65-21 10/16
do	do	Proceeded to Join Unit	on Route	6-10-16	N Role
13-10-16	25th Bn	Joined Unit	Field	8-10-16	B213- Decs 240 21 10/16

(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.

(B99130) W 15012—5156 J. P. & Co., Ltd. Forms B103/3.

610

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
C	C. B. D.	ARRIVED C. B. D. FRANCE		N. R. D.	PART II ORDERS No D
	C. B. D.	LEFT C. B. D. FOR		N. R. D.	
	O. C. BN	ARRIVED BN. FIELD		B. 213 D	
3/11/17	25 Bn	Granted 10 days leave to	France	30/10/17	B213 - Pt II O-123-1917
10/11/17	do	Rejoined from Leave	Field	7/11/17	B213
11/4/18	do	Awarded G C Badge		21/3/18	Pt II O-41-1918
8/11/18	do	Granted 14 days leave to	U.K	6/11/18	B213 - Pt II O-139-1918
22/11/18	do	Rejoined from Leave	Field	20/11/18	B213
16/1/19	25 Bn	Sick to F Amb		3/1/19	B213
3/1/19	4 CFA	Furunculosis (3/1/19) to	2 Can CCS	3/1/19	N 3962
4/1/19	2 Can CCS	do (3/1/19) to	A Train 37	4/1/19	N 4408
6/1/19	8 Sta Mo	Boils Thigh Hand (6/1/19) to	England	15/1/19	N 4141 - N 4916
15/1/19	H/S	Invalided (Sick) & Posted to	Nova Scotia	15/1/19	W3073-6734
	Cambria	Regtl Depot, S. Ripon Yorkshire			Pt II O-9-1919
25.1.19	NSRD	TOS from 25th Bn	Ripon	16.1.19	Dt II.19

J2

Major for Lt. Col. A.A.G.
Canadian Section, G.H.Q. 3rd Echelon B.E.F.

LIEUT.
FOR LT. COL. I/C RECORDS, G.O.M.F.

6102

Army Form B. 103—II.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 106 Bn Regimental Number 716025

*Substantative Rank Pte Surname Allen Christian Names Chas. C.

*Acting Rank

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

C

(A) Report Date.	(A) Report From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
12/2/19	17 Rec Bn	D.O. 35	TOS from NSRD	Ripon	10/2/19	
28/2/19	Do	Do 49	SOS on Transfer to M.D. Wing 6 Kinmel Park	Ripon	28/2/19	[illegible]

Lieut., Asst. [illegible],
17th Canadian Res. Battle

27 MAR 1919

Attached C.C.C. Kinmel Park for return to Canada. Part 11 Orders No._____. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part 11 Orders No:_____

L. A. Rydberg
M. D.
Commanding No. 6 Wing,
Kinmel Park Camp.

H-M-T NORTHLAND
SAILED LIVERP'L MCH-27 1919
ARR'D HALIF'X APL.5 1919

To be folded on this line.

Nothing to be written in this margin.

A1834 W.6425—P1600 500,000 10/18 G.W.P.Co.3973.

C

6102

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
27/3/19	O/S.	DO. 98	TOS. 6 DD posted to Disp. Lt B.	Hfx	5/4/19	C B Elliot Lt
14/4/19		DO. 98	TOS on Discharge	"		O/C Records

Nothing to be written in this margin.

Name Allen Enl. 21-3-16

Date of Embarkation for England 15-7-16.

Proceeded to France 21-9-16 Returned to England 15-1-19 Sick.

Date returned to Canada 27-3-19

P.R.2855.

Chtd 5-11-29 (over)

Case Sheet.

3-1-19 - Furunculosis - Thigh & Hand

— To Eng. 15-1-19.

6102

Surname	Christian Name or Names.	Reg. No.
ALLEN.	C.C.	716025.
Rank	Unit	
Pte.	N.S. 25.	

Cas. List.	
	8. Staty. Wimereux. 6-1-19.
15-1-19. A420.	Boils Thigh & Hand. at
21-1-19 D425	4 Can P. Basingstoke 16-1-19
19.1-19. B448-1.	Disch 10-2-19.

D

A.M.D. 2 DEPT.

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

D M.S. 1300. 50M-30-8-18.

Cas. List.

Form R. 149. CHARLES. C.

Name ALLEN Rank Pte Reg. No. 716025

Unit 25th Bn

Next of Kin CANADA

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
6-1-19	8. Sly H Wimereux	Boils	Thigh Hand.	A. 420		6771-1
16-1-19	4. S.G. Basingstoke.		"	B 426		5143
10-2-19	Discharged.		-	B 448.		1641
Bas A	118 Leave 10-2-19 to 20-2-19. 17 Pas Ripon					

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

Form DMS 1401.

B-8-7 HOSPITAL.

A. & D. CARD

AT

A. & D. No. M.4.T.69.69 PL. OF ACTION France

RANK Pte REG. No. 716025 UNIT 25th Bn Cans SICK OR WOUNDED

NAME Allen C. AGE 44 RELIGION Bapt

PLACE IN HOSPITAL No.

DIAGNOSIS Boils L thigh & L hand

ADMITTED 15-1-19 FROM H.S. Cambria

DISCHARGED 10/2/19 TO 17th Res S. Ripon

TRANSFERRED

SERVICE AT HOME 10 moo IN FIELD 27 moo

RESULTS A

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

NAME Allen, C C. REGT. No. 716025

RANK AND UNIT Pte , 251 N S Regt

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

M. F. W. 42—100M.—8-18.
H.Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 420	8 Stat: Wimereux	6-1-19	Boils Thigh & Hand
B 426	4 Can Gen: Basingstoke	16-1-19	" " " "
B 448	[illegible]	10.2.19	[illegible] " " "

No 715025 Rank Pte. Name Allen Chas. C.

T.O.S. 4-1-16 Unit 106th Battalion C. E. O.
D.O. 3, 31-1-16.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan. 4	1916 Jan. 31	✓		
	Feb.	✓		
	March	✓		
	April	✓		
	May	✓	On Furlough	May Payliat.
	June	✓		
	July	✓		

UNIT SAILED
JUL 15 1916

Reg. No.	Rank.	Surname	Category.	Dentally Unfit.
416025	Pte	Allen Christian Names (1) Charles (2) C ✓ (3)	Date	

Place of Enlistment:	Date of	Taken on from	Religion	Inoculations	Company
Springhill	21 3/16	M3 RD		4-2-19	H/A
Province:	Age on	Date		Vaccination	
N.S.	41	10-2-19	Kept.	30.7.16	

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

Record of Overseas Service: 25th 21-9-16 – 15-1-19 – Sick

Profession or Trade (Civil) Fisherman

Transferred or Posted to

Date

Reason for Return:

Married or Single Married

Address of Next of Kin Wife

Amy Allen

Amherst

Country N.S.

LEAVE.

No. of Pass Issued.	From.	To.	Free Transportation.
SF	12.2.19	20.2.19	yes

A.G. 10434

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
35-1	12-2-19	31			
35-4	17-2-19	5			

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	
Lewis Gun	
Rapid Wiring	

Special Training Courses, etc.

L.L. 19226—M. & D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

1916

To Whom Mrs A. Allen

Address Amherst
54 Pleasant St. N. S.

SPECIAL REMITTANCE

Rate $ 76.00

Sched $ 397. 12.7.17

By Whom Assigned Allen. G. G

Regtl. No. 716025

Rank Pte.

Corps 25th Bn

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917 1915			
Feb.				
March				
April				
May				
June				
July				
Aug.		A 17307	75 -	Mailed 15/8/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT 7

1-3-16

184

L. L. Job 95618—M. & D. 6555.

MILITIA AND DEFENCE

M. F. W. 11.
15m.—3-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

P. 23 4/17 WSW

Name Annie Allen

Address 54 Pleasant St, Amherst N. R.

Relation to Soldier wife, child or mother } wife

Name of Soldier Allen Chas. C.

Regtl. No. 716025

Rank Pte

Corps 106th Battn

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 2 ACCOUNT

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

P. 45W 23 4/17

Sheet No. 2.

L. L. Job 89002.—Req. 6213

Name of Soldier Pte Allen Chas. L.

Annie Allen wife

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	P75	40	40
May	4	2080	20	20
June		C 1722	20	20
July		K 9584	20	20
Aug.		A 11461	20	20
Sept.		C 14920	20	20
Oct.		C 18421	20	20
Nov.		C 21646	20	20
Dec.		C 25213	20	20
Jan.	1917	6 28621	20	20
Feb.		C. 31507	20	20
March		C 34685	20	20
April		S1097 ~~0196~~	~~20~~ 300.	20 20196 Can N.A.S. RE-WRITE
May		A 34975	20	20
June		F 7126	20	20
July		D 11004	20	20
Aug.		F 13996	20	20
Sept.		E 17292	20	B
Oct.			20 1	T 380
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

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.				

L. L. 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

P 25/4/17 Rel

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-813.

M

To Whom Mrs. Amy Allen

Address ~~Cordova St.~~ 54 PLEASANT St.
Amherst
N. S.

Rate $17.00

JUL 1 1916

By Whom Assigned Allen & Chas. C

Regtl. No. 716025.

Rank Pte.

Corps "C" Coy. 106 Battn.

PAYMENTS

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

consolitated account.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Mrs. Amy Allen

Name of Soldier Allen Chas. C.

716025 "B" Coy. 106 Battn. Pte.

L. L. Job 310.—Req. 6574.

$14.00

JUL 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July		M14327	17.	= see blk book.
Aug.		A10345	17	
Sept.		D15037	17	
Oct.		D19395	17	
Nov.		D24503	17	
Dec.		D31794	17	
Jan.	1917	C35918	17	
Feb.		F41723	17	17 Jus.
March		F47786	17	17 L.
April		G230	17	17 L
May		G6326	17	
June		G12851	17	17 CL
July		G19636	17	
Aug.		I26689	17	
Sept.		H33763	17	
Oct.				255
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.				

Date of Enlistment

Mar. 1/16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

A

1595

Date of Assignment

July 1st 1916.

RATE OF SEPARATION ALLOWANCE

~~20~~	1-12-17 25 00	30 + 4-18	

PC-3254 PC 2753 MC 27243

RATE OF ASSIGNMENT

17			

PARTICULARS OF SEPARATION ALLOWANCE

No. 716025.

Rank Pte. Promoted Reverted Discharge

Soldier's Name Chas. C. Allen.

Battalion 106 Bn. C. Coy.

Beneficiary Mrs Amy Allen

Relationship wife

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Amy Allen. Wife

Address 54. Pleasant St. Amherst. N.S.

Change of Address

1

2

3

4

M.F.W. 2554-15-8-18.

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Sept 30-17		380 00	255 00	635 00		
Oct.	D 50422	20	17	37		
Nov.	B 52722	20	17	37		
Dec	B 58806	20	17	37	Br B	
~~Jan.~~	~~Q 65393~~	~~30~~	~~17~~	~~47~~	~~B~~	Q 65393 Canc J R
Jan	Q 65394	30	17	47	B	
Feb	B 91514	25	17	42		
Mch	G 98741	25	17	42		
April	G 8508	25	17	42	R	
May	A 11461	25	17	42	R	
June	B 14352	25	17	42	C	
July	Y 27323	25	17	42	D.	
Aug	a 29821	25	17	42	D.	
Sept	A 36468	25	17	42		
O.W.	A 43109	25	17	42		
NOV	a 51205	25	17	42		
DEC	a 62720	45	17	62		
JAN 1919	B 70515	30	17	47		
FEB	A 77643	30	17	47	C	
MAR	D 83383	30	17	47	C	
APR	C 1032	30	17	47	C	
		855	578			

rec'd 2554-29-10-18

0232-C-2

Note also Spcl Remitt Led. By 18

A/c Closed 30/4/19

Ret'd per Northland

Dt 5 4/19 M.F.W. 187 9 4/19

MD. 6 J Collins MRO 88371

AUDITED.

CONSOLIDATED ACCOUNT

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—1772-39-1141
L. L. 22320—M. & D. 7693.

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
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

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).
13. Pay Book (P. 64).
14. [illegible] Form M.F.W. 2595).
15. Stamp Documents.

Group "a"
Checked by No. [illegible]
Date 19-3-19

1 MAR 1919 15-10

M. D. 6.

WAR SERVICE BADGE CLASS "A" No 145700

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 716025
2. Rank. Pte.
3. Name. Allen. Charles C.
4. Unit. Res. 17. Orig 106th.
5. Date of Discharge 11-4-19 Place Halifax N.S.
6. Reason for Discharge Demob. Nest of Kin Wife Occup Labourer Catg. A.3. Service On France 27 Mos
7. Authority. R.O. 1420
8. Proposed Residence after Discharge Amherst N.S.

Dispersal Station B

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.?

H-M-T NORTHLAND
SAILED LIVERP'L MCH-27 1919
ARR'D HALIF'X APL 5 1919

C C Allen
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place HALIFAX, N.S. APR 5 1919

Date

Signature [illegible] Major
O. C. Dispersal Station (O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

P. 559.

MARRIED OR SINGLE Married

PLACE OF BIRTH Bayside, Westmoreland Co. N.B.

NAME AND ADDRESS OF NEXT OF KIN Mrs. Amy Allen, Cordova Steet, Amherst N.S.

RELATIONSHIP OF NEXT OF KIN Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ 20.00 EFFECTIVE (DATE)

PAYABLE TO Mrs. Amy Allen, Cordova Steet, Amherst N.S.

RELATIONSHIP OF DEPENDANT Wife

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 716025 RANK Private NAME Allen Charles Cecil

IF IN PERMT. CORPS WHAT UNIT UNIT 106th N.B. TRANSFERRED TO 25th Bn. DATE 16-10-16. AUTHORITY B053 23/9/16

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Springhill N.S. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION March 21st 16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 1.00 DATE EFFECTIVE July 1/16

PAYABLE TO Mrs Amy Allen, Cordova Steet, Amherst N.S. RELATIONSHIP Wife

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 1916	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
July														22 10	22 10									July balance from Cavalier							22 10				
Aug	31	31	1.00	31	00	31	10	3	10						34 10	17	15-8-16							2 43				17		21 86	34 33				
Sept	30	30	✓	30		30	✓	3							33	2	2-8-16							2 43				17		36 45	70 89				
Oct	15	15	.	15		15		1	50						16 50	201	19-9-16							4 86				17		3 49	38 39				
Nov	31	16	1.00	16		16	10	1	60						17 60	130	30-8-16							9 73				17		47 99					
	30			30				3							33	178	15-9-16							4 86											
Dec	31			31				3	10						34 10	1516	28/10							262		262		17		22 24	58 75				
				15	30			15	20							1560	12/11							2 61		436		17		23 97	68 88				
Jan	31			34	10										34 10	1724	30/10							2 61											
Feb	28			30	80										30 80	1662	29/10							13 95				17		33 56	69 42				
															25 5 30	1788	20/1	1850	30/1					2 62	2 61			17		22 23	37 99				
Mar	31			34	10										34 10	1916	10/2	3148	22/3											17 31					
																		2084	29/3					2 62	2 61			17		27 45	84 64				
Apr	30			33											28 9 40			2974	26/3						2 61										
															33 . .		1 3/4							2 62				17		19 62	98 02				
May	31			34	10										34 10													17		17 .	115 12				
				334	40									22 10	356 50									44 24	20 16	6 98		140		241 38	115 12				
				334	40									22 10	356 50									44 24	20 16	6 98		140		241 38	115 12				

Checked W Thompson

2nd 25th Bn. B053 23/9/16.

$17.00

716025 Pte. Allen C.C.

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.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
			334	40										22 10	356 50									44 24	20 16	6 98		170		241 38	115 12				
																90	28/4							2 67											
June	30		33												33.	67	28/4	165	9/5					2 61	2 67			17		24 95	123 17				
July	31		34	10											34 10	350	27/6					FR 124	30/6	2 68			45	17		94 68	62 59				
Aug	31		34	10											34 10	268	13/6							2 67				17		19 67	77 02				
																557	27/7	661	13/8					2 67	2 67										
Sept	30		33												33	468	13/7	722	27/8					2 68	5 36			17		30 38	79 64				
															490 70															411 06	79 64				

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.
1917 Oct.		$ ~~79 64~~							79 64		
✓	P. Pay.	34 10		Assigned Pay				17			
				AR 854. 13/9. 25 Bn.	2 67				94 07		
		34 10			2 67			17			
Nov	P.P.	33 ..		A.P.				17			
Dec	P.P.	34 10		1043. 14/10. "	3 57						
				949. 30/9 "	2 68						
				1206. 30/10 "	74 95						
				1130 30/10 "	4 46						
				1245 15/11 "	4 46						
Dec				A.P.				17	37 05		
		64 10			90 12			34			
Jan	"	34 10		A.P.				17			
				1286 30/11 "	12 49						
				5385 8/11 CBD	2 68						
				1399 31/12 25 Bn	8 03				30 95		
		34 10			23 20			17			
Feb.				A.P.				17			
	P.P.	30 80		1488 12/1 "	4 46						
				HF " "	7 78				38 51		
		30 80			6 24			17			
Mar	P.P.	34 10		A.P.				17			
				1666 4/3 "	8 92						
				1741 16/3 "	4 46						
				1842 22/3 "	3 57				38 66		
		34 10			16 95			17			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

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

EFFECTIVE DATE:- 1/8/16

AMOUNT:- 1/00

SEPARATION ALLOWANCE. * ~~ENGLAND OR~~ CANADA.

EFFECTIVE DATE:-

AMOUNT:- 20/00

NAME:- ALLEN Charles Cecil

NUMBER:- 716025.

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.

Mrs. Amy allen Corolova Stud
Amherst N.S. (wife)

Same

Stopped 1/3/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 106th Bn.

DATE ACCOUNT FIRST OPENED:- 1/8/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			25th Bn
Canada		Section	

DAILY RATES OF PAY AND ALLOWANCES

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

Ledger B 37.84

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
10/1/19	14354	Bstoke 10-0-0	~~10.04~~				

Discharge Canada 28/1/19 NRE 3435 Ripon 19/2/19 Mtl C.P.C. B 26.83

PARTICULARS OF RENDERING NON-EFFECTIVE:

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar	Bal for.								38 66		
Apr	PP	33 00		A.P.				17			
		33		AR 1 16/4 25 Bn	4 46						
MAY 1918	Do	34 10			4 46			17	50 20		
				Canada				17			
June		34 10		AR 274 30/5 25 Bn	3 57				63 73		
	Do	33		C a O	3 57			17			
JUL	Do	33		AR 363 4/6 25 Bn	3 57				76 16		
		34 10		C a O	3 57			17			
				AR 487 25 Bn 3/7	4 46			17			
				560 13/7 25 Bn	3 57						
				630 23/7 —							
AUG 1918	Do	34 10			4 46				80 77		
		34 10		C a O	12 49			17			
SEP		34 -		Cap				17	97 87		
		33 00		AR 30 1/9 5 C B	3 57			17	130 87		
		33			3 57				28 57		
Oct	Do	34 10		Cap				17	110 30	9/a	
				AR 1022/B 17-10-18 5 C B	7 46			17			
		34 10		AR 1276 25/10/18 —	3 73				116 21		
Nov	Do	33 =		Cap	11 19			17			
Dec	—	34 10		AR 1687 5/11/18 5 C B	4 66			17 -			
Jan	—	34 10		AR C P London 15/11/18	29 20						
				AR L C H I 3/11/18 5 Can B.	97 33						
				AR 2363 26/11/18	130 6						
				Cap	144 25			17 -			
				AR 2752 16-12-18 —	6 49						
				C a P	150 74			17	15.67		
		101 20			1			51 =			

NUMBER 716025 RANK Pte NAME Allen C C

MONTH	PARTICULARS	Cr. 1.	Cr. 2.	PARTICULARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	BALANCE	DEFERRED	SEPARATION
									15 67		
Feb.	S.J. Bs 35-12-2-19 S.J. 102-19-20-2-19 10 days at 73/-	7.30		Rlw 60 784 523 Vic to Folkstone	1 46						
	Pte Ray.	30 80		ab 2147 14/1/19. NSR	3 73						
				" 13137 22-1-19 Bas' clothe	4 87						
				" 13596 5-2-19 — " —	4 87						
				C & P.				17	27 84		
				ab 11354 10/3/19 NSR. H. 6821	4 87						
				" 2837 6.3.19 End on to P.C	4 87						
				" 3906 21.3.19 End on to S/C	4 87				36 57		
		38 10			73 34			17			

S.O.S – Canada – 27/3/19 – Sailing Trst 110

Northland 5/4/19

AUDITOR | PAYMASTER

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

M. OR S. | REGT. NO. 716025 | RANK Pte. | NAME (IN FULL) Allen C.C. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? 30.00 | DATE EFFECTIVE 1/5/19

TO WHOM PAID Same as at | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Con J.	29-3-19	Do. 98

ORIGINAL UNIT C.E.F. NSR | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

193

ASSIGNED PAY $ 17.00 | DATE EFFECTIVE 1/5/19

PAYABLE TO Mrs Amy Allen, wife | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 54 Pleasant St. Amherst Bank of Commerce NS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Halifax, N.S. | DATE 11-4-19 | REASON Demob | AUTHORITY Do. 98 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																				Cr. Bal. E.L.P.C.
Mar-Apr. 11	42	1.10	46 20	35 00 / 70 00		151 20				487	5 00	70 76	17 00 / 17 00		487 / 487	26 83	151 20			Cloth All 1 mo. WSG / Advance on boat / ~~[illegible]~~ #3 C.C. Chq. Bal. on dis Ass Pay Mar & Apr. / of Cert. Advance Summed
				N.S.G. S.A.						WAR SERVICE GRATUITY			WSG S.A.					Soldier Dept.		
183 days				420 00	180 00	600 00							70 00					350 00	180	First Payment WSG as above
					~~30~~	~~630~~							70 00		19 00			280 00	120 00	581280-81 6-5-19
													41 00							
													70	30				210	90	594193-4 6-6-19
													70	30				140	60	877977 / 78 5-7-19
													70	30				70	30	~~[illegible] cancelled~~
													70	30			600	Nil	Nil	898678/9 6/8/19
						600 -							461 00	120 -	19 -		600 -			1136710X1 6/9/19

All payments made.
H.A. Allum Lt. 28/10/19
Completed

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.