

REGIMENTAL DOCUMENTS

NAME ALLEN HARVEY ROBERT REGT. NO. 269660

UNIT 1st H. Q. FILE NO. 34522

3-7-19  
S

FBI

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

**DEATH**

Category

**DISCHARGE**

Category

*Removal*

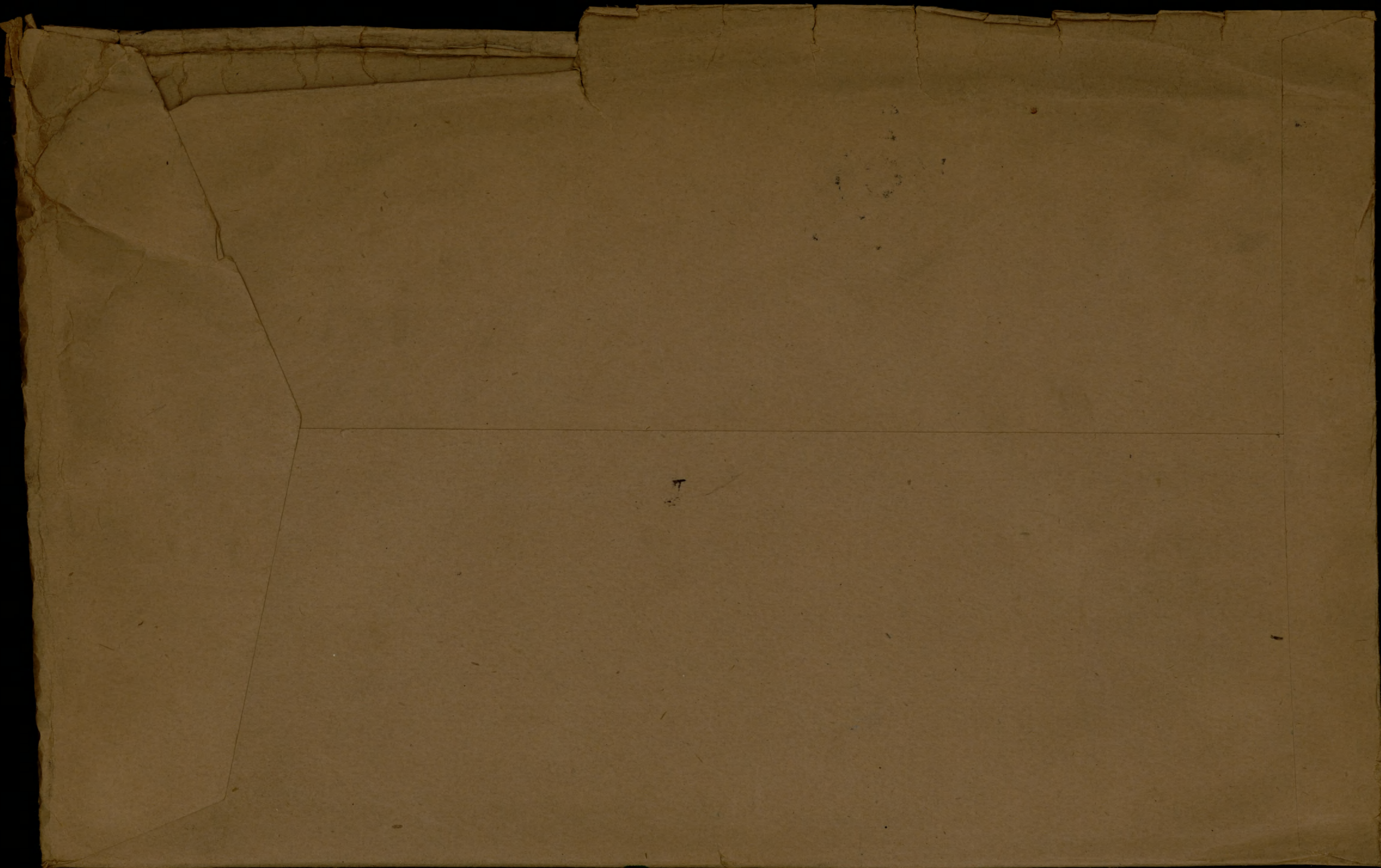
**DESERTION**

M

H

- 422 / ATTESTATION PAPER (M.F.W. 23, 133, or 51) 4
- / CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- / TRAINING HISTORY SHEET (M.F.W. 113) *Robert*
- / FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- / MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) 1
- DENTAL HISTORY SHEET (M.F.B. 465) 1
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- / MEDICAL EXAMINATION (M.F.W. 129) 1
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCFEDINGS, 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)
- LAST PAY CERTIFICATE (M.F.W. 44)
- / PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) 1
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- / COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*1 BANC 50091*  
*1 BANC pay sheets*





M. D. *First* Depot Battalion

*Company 6*  
1st Depot Batta. Sask. R. Regiment

Regtl. No. *269660*

# PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class *one*)

ORIGINAL

1. Surname..... *Allen*

2. Christian name..... *Harvey*

3. Present address..... *Lyvan P.O. Sask Boy 80*

4. Military Service Act letter and number..... *470060*

5. Date of birth..... *Sept. 13 th. 1897*

6. Place of birth..... *Grevelle Ontario*  
(town, township or county and country)

7. Married, widower or single..... *single*

8. Religion..... *Presbyterian*

9. Trade or calling..... *collegiate student*

10. Name of next-of-kin..... *Robert Allen*

11. Relationship of next-of-kin..... *Father*

12. Address of next-of-kin..... *Lyvan P.O. Sask Boy 80*

13. Whether at present a member of the Active Militia..... *no*

14. Particulars of previous military or naval service, if any..... *none*

15. Medical Examination under Military Service Act:—  
 (a) Place..... *Regina* (b) Date..... *Oct 5 = 1917* (c) Category..... *A2*

## DECLARATION OF RECRUIT

I, *Harvey Allen*, do solemnly declare that the above particulars refer to me, and are true.

*Harvey Allen* (Signature of Recruit)

## DESCRIPTION ON CALLING UP

Apparent age..... *20* yrs..... *8* mths.

Height..... *5* ft..... *3 1/4* ins.

Chest measurement } fully expanded..... *32* ins.  
 } range of expansion..... *4* ins.

Complexion..... *Fair*

Eyes..... *Grey*

Hair..... *Brown*

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

*Ben William Dwyer* / *Capt. & Adj. Gen.*  
for O. C. 1st Depot Batta. Sask. R. Btln.

Place..... *Regina Sask* Date..... *May 30 = 1918*

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 269660 (Rank) Pte  
Name (in full) Allen, Harvey enlisted in  
the 1st A.D. Bn.  
CANADIAN EXPEDITIONARY FORCE at Regina on the 30<sup>th</sup>  
day of May 1918  
HE served in England with O.M.F. of C.  
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 <u>21 <sup>8</sup>/<sub>12</sub></u>	Marks or Scars _____
Height <u>5ft 3 1/4</u>	_____
Complexion <u>Fair</u>	_____
Eyes <u>Grey</u>	_____
Hair <u>Brown</u>	_____

H.R. Allen  
Signature of Soldier

[Signature]  
Issuing Officer

Date of Discharge \_\_\_\_\_ Rank MAJOR

Date May 1<sup>st</sup> 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.

MILITARY SERVICE ACT, 1917.

LC 470060

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1: Surname Allen Christian name Harvey  
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 470060  
3. Consecutive number on schedule of men reporting for service (if he appears on it) 7621153  
4. Address (including street and number, if any) Tyvan, Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 5 day of October 1917, by the undersigned medical board sitting at Regina

5. Age as stated 20 Years 0000 Months. 6. Apparent age 20 Years 00 Months  
7. Height 5 Feet 3 1/2 Inches. 8. Weight 111 Pounds.  
9. Chest measurement { Minimum 28 Ins. 10. Complexion Fair { Eyes Grey  
Maximum 32 Ins. Hair Brown  
11. Physical development Fair { Good  
Fair 12. Smallpox marks Nil.  
Poor  
13. Number of vaccination marks { Right arm 00  
Left arm 00 14. When vaccinated last Never.  
15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection Slight undersize  
The man denies having had { Rheumatism We find no evidence of past { Rheumatism  
Tuberculosis Tuberculosis  
Syphilis Syphilis  
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A2

#668

W. Roberts Capt. President.  
Wm. Bruner Capt. Member. Wm. Bruner Capt. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
3/5/18	+	<u>W. Roberts</u> M.O.	3/5/18	+	<u>W. Roberts</u> M.O.
		M.O.	10/6/18	+	<u>W. Roberts</u> M.O.
		M.O.	27/9/18	+	<u>W. Roberts</u> M.O.

Joined 30 day of May 1918 at Regina

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st Depot</u> <u>Battn</u>	<u>269660</u>		<u>30/5/18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Regina</u>	<u>5/6/19</u>	<u>A</u>	<u>Discharged</u>

N. B.—This sheet is 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.

No. 6  
Not to Schedule by C. B. ...

Signature of Man Harvey Allen





DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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

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

- 1. Christian names *Harvey Robert* 2. Surname *Allen*
- 3. Rank *Lt. Col.* 4. Original Unit *1st D.B.S.* 5. Reg. No. *269660*
- 6. Address, in full, to which future payments of gratuity are to be forwarded  
*Tyrone, Security Coy.*  
*Tyrone, Bask.*
- 7. Date of enlistment in the C.E.F. *May 30/18*
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.
- 9. Relationship of such dependent
- 10. Address, in full, of such dependent
- 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*
- 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. *1st D.B.S. May 30/18 - Sept 25/18*  
*15th Res. Sept 26/18 - Feb. 3/19. M.D. 12. Feb 3 - 23/19.*  
*Perm. Cadre. M.D. 12. Feb 24/19 - Mar 3/19 +*
- 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*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *no*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *no*
20. Have you been issued with a War Service Badge? If so what class? *no*
21. Have you, during the present war, served in the Imperial Forces? *no*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*
- (b) If so, was such reversion in consequence of misconduct or inefficiency? *—*
24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge  
 (b) Reason for discharge

Demobilization

JUN 22 1919

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: *H. R. Allen*  
 Place of Residence: *Sylvan, Sask.*  
 Declared before me at: *Kimmel Park.*  
 This *17* day of *April* 19*19*

QUESTIONS 12, 13, 14, 24, 25, 26 & 27, ARE UNANSWERED.

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

*[Handwritten Signature]*

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.



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

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

No. 269660 Rank Cpl Surname Allen  
(Given name in full)  
Harvey  
 Unit or Corps 15<sup>th</sup> Res Bn Birthplace Stouffville, Ontario

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

1. GENERAL DESCRIPTION:

Physique Good Weight 125 lbs. Height 5-3/4 ft. Colour of Eyes Grey  
 Nutrition Good  
 Pulse 75  
 Condition of arteries Normal  
 Vision Rt. n Left n  
 Hearing (conversational voice) Rt. n ft. Left n ft.

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

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.

Nil  
No complaint

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at Kenil (Overseas)

Date 5/6/19

Signed D. Stewart 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 H. R. Allen

(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]

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

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

350M.—5-16\*

H. Q. 1772-89-920.

# Casualty Form—Active Service.

1st Depot Battn. Sask. Regt.

Unit, Regiment or Corps. ....

Regimental No. 269660 Rank Private Name Allen, Harvey

Enlisted (a) 30/5/18 Terms of Service (a) C. E. F. 6 & 7 Service reckons from (a) May 30-1918

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

Extended. .... Re-engaged. .... Qualification (b) mil-nil civilian & collegiate student

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked	Canada	10-9-18	H. M. I.
		Disembarked	England	25-9-18	Durham Castle
21/12/18		Attached C.C.C. Kinmel Park for return to Canada. Part II, Orders No. <u>7</u> . Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part II Order No: _____			
		for Commanding <u>M.D. 12</u> Wing, Kinmel Park Camp, Pt II. Orders No. <u>48</u> 26-2-19. Appointed advance. Spl. with pay and allowances, to complete establishment, with effect 26-2-19	<u>R. Boulton</u>	Kinmel Park 26/2/19	<u>R. Boulton</u> Capt
		Pt II. Orders No. <u>52</u> 3-3-19. Reverts to Perm. grade of Pte. upon being employed as Orderly Room Clerk, with effect 3/3/19		3/3/19	<u>R. Boulton</u> Captain

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		To be Orderly Room Clerk with Clerk's pay. Pt. II Orders No 52. Effective 3/3/19	Kimmel Park	3/3/19	<i>J. H. Hendry</i> Capt Adj. for O.C. No.....Wing M.D. 12.
		Pt II Orders No 53, 4/3/19 To be a Lance. Cpl. without Pay and allowances with effect. 4-3-19.	"	4/3/19	<i>J. H. Hendry</i> Capt Adj. for O.C. No.....Wing M.D. 12.
<p><b>TOS</b> C.C.S. Kimmel Park for return to Camp. Partial Orders No. 126. <b>SOS</b> C.C.S. on embark- ing for Camp. Part II Order No: 133</p> <p>Commanding <u>15</u> Wing Kimmel Park Camp.</p> <p>A. C. McKenna Lieut. O I/O DISPATCH OFFICE M. D. 13.</p> <p>SAILING NO. 82. S.S. ROYAL GEORGE L. L. E. L. L. L. L.</p> <p><i>Stewart</i> Adj. No. 14, C.T.O.S. Capt.</p> <p>REGINA DISPERSAL AREA "O" T.O.S. NO 1420 (D.D.O. 171 Para 1006) S.O.S. R.O. " (D.D.O. 171 Para 1007)</p> <p><i>J. P. Baefm</i> LIEUT.</p> <p>MEDICALLY UNFIT. DEMOBILIZATION.</p>					

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

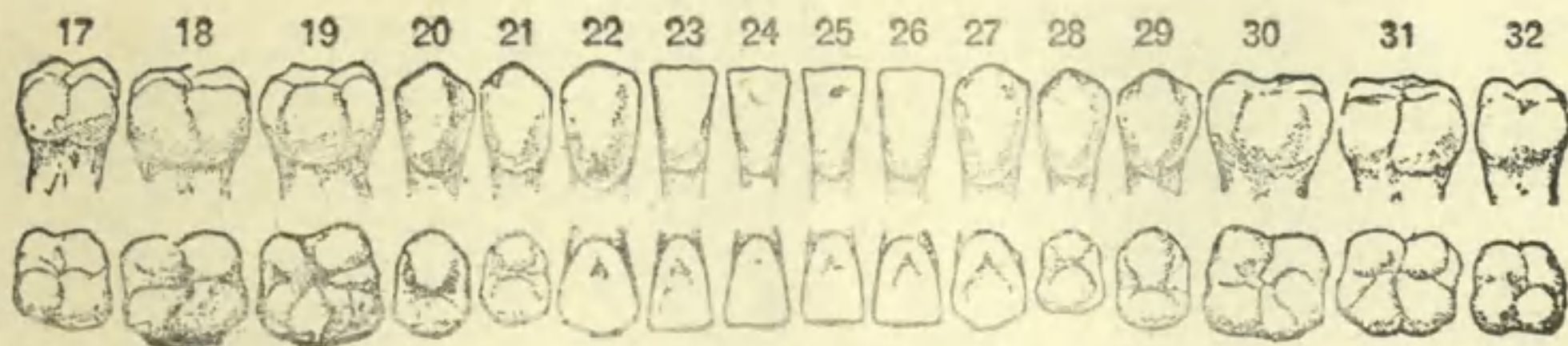
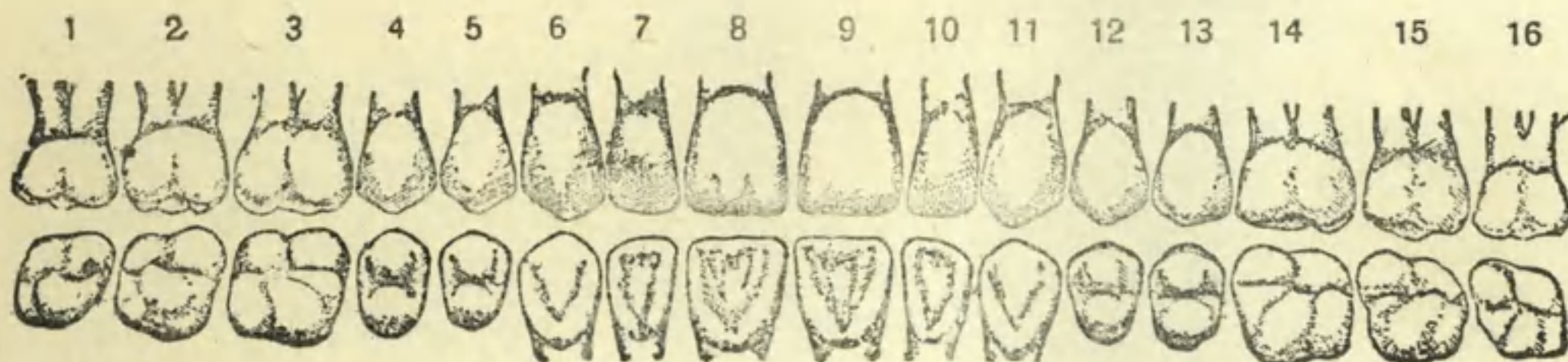
NAME OF SOLDIER (Block Letters) ALLEN, H. R.

REGIMENT 15th Reg RANK L/Plt No. 269660

Date of Examination in England 6/6/19 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

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

*Fit*

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 *no*

(c) In France

KINMEL PARK  
NORTH WALES

Signature of Dental Officer

*W. C. Meyer*  
*Capt.*

A. L. E. M. H. R.  
H. M. H. M. H. M.  
300000

7 2

Surname Allen H. Q.    
 Christian names Harvey M. D. No. 12   
 Regtl. No. 269660 Rank Pte T. O. S. May 30<sup>th</sup> 1918   
 Unit Sask. Regt, 1st Depo Bn D. O. Pt. II 149 of 29-518   
 (136<sup>th</sup> R.C.O.) Reason Drunk   
 Auth. DD 171 of 20-6-19   
1200

Next of kin Allen Robert Relationship Father   
 Address Box 80 Lyman Sask. Also notify:   
 \_\_\_\_\_   
 \_\_\_\_\_   
 \_\_\_\_\_

BORN—Place Banada, Farewell Out Date Sept. 13<sup>th</sup> 1897   
 ATTESTED—Place Regina Sask. Date May 30<sup>th</sup> 1918   
 O/S 8-9-18 1425 R/C 17-6-19 348 Mc   
57   
 W. 22-75M-5-18. 1772-39 830





Rank \_\_\_\_\_ Name **ALLEN Harvey**  
Unit **136 Dft Ist Bn SASK** If in perm. Corps, }  
What Unit? }

Reg'l No. **269660**

Married or Single **Single**

Place and Date of Enlistment **Regina, Sask. May 30th 1918** Place of Birth **Farewell, Ontario**

Name and Address, Next-of-Kin **Robert Allen,  
Tijvan P.O. Saskatchewan, Box 80** Relationship **Father**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

N/E. R.B. No. **13942**  
File R.L. \_\_\_\_\_  
Category **O.R. Can**

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

*Sask*

*misc*

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.				
8.10.18	15 <sup>th</sup> Res	T.O.S on arr from Canada	Pte Bsho H	25.9.18	P <sub>II</sub> 281
23.12.18	12 <sup>th</sup> M. Hand Bn	Att. pending return to Canada	" Rhye L	21.12.18	" 7
24/2/19.	12 M.D.C.W.	S.O.S. Transient Strength on Lp 6 Per. cadre.	" "	24/2/19	DO 46.
3/3/19	15 <sup>th</sup> Res	S.O.S. to M.D. 12. Rhye L	" Ripon	29/2/19	" 67.
24.2.19	12 Wing	T.O.S. off C from 15 Res	✓ Rhye C	24.2.19	DO 46
26-2-19	✓	App't'd as L/Cpl with Pay & Allow'	✓ ✓	26-2-19	DO 48
3-3-19	✓	Reverts to Perm Grade of Pte on being employed as O.R. Clerk	✓ ✓	3-3-19	DO 52.
✓	✓	To be O.R. clerk with clerks pay	✓ ✓	✓	✓
4-4-19	✓	To be a L/Cpl W.C.P	✓ ✓	4-3-19	DO 53.
23.5.19	✓	S.O.S to 13 M.D. (Wing)	✓ ✓	23.5.19	DO 121
7.6.19	13 M.D.C Wing	\$-0\$ on R.T.C S.L 82	✓ ✓	7-6-19	DO 133

*over*

269660 Allen #

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.				
26 5 19	MA 10 13	TS. M. O. Wing for Retires to Coast in transfer from No. 2 Camp		23 5 19	PH 10 121

SL 82-0-59 D/4-6-19

No. 12 DISTRICT DEPOT

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

File A-445 S.S. Royal George, 16.6.19

AUDITOR PAYMASTER

M. OR S.

REGT. No. 269660 RANK *h/cpl* NAME (IN FULL) ALLEN, H. R.

RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. <i>1st D.B.S.</i>	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS <i>Tywan Security Co., Tywan</i>				PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID? <i>NO</i>		DATE EFFECTIVE		DATE OF ATTESTATION <i>30.5.18</i>	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID		RELATIONSHIP		ASSIGNED PAY \$	DATE EFFECTIVE	
ADDRESS				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
				ADDRESS		
				STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
				DISCHARGED	PLACE <i>Regina</i>	DATE <i>22.6.19.</i>
					REASON <i>Demob.</i>	AUTHORITY <i>Reg. 171</i>
						IF ENTITLED TO POST DISCHARGE PAY <i>Yes</i>

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	Dr Bal.	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	Dr Bal.	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT	C.	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	C.	C.	C.	C.	C.	C.	C.		C.
						NO.	DATE	NO.	DATE	NO.	DATE									
<i>31.5.19</i>					<i>134.26</i>											<i>134.26</i>			<i>134.26</i>	<i>Dr. 3500 Co All.</i>
					<i>134.26</i>														<i>Dr. 850 PA. 23-27/19</i>	
<i>16-27/6</i>	<i>27</i>	<i>120</i>	<i>45 90</i>	<i>35</i>	<i>134.26</i>											<i>80 90</i>	<i>215 16</i>		<i>215 16</i>	<i>Phyl 9 73</i>
																			<i>Boat 4 87</i>	
																			<i>Train 5</i>	
																			<i>Cheque 265 56</i>	
																			<i>WAR SERVICE GRATUITY M.D. 12</i>	
																			<i>8 50</i>	
																			<i>293 66</i>	
																			<i>78 50</i>	
																			<i>CAPTAIN</i>	
																			<i>12 00</i>	
																			<i>78 50</i>	
	<i>122</i>																		<i>201 50</i>	
																			<i>14 8 50</i>	
																			<i>131 50</i>	
																			<i>627 74 50</i>	
																			<i>JUL 22 1919</i>	
																			<i>21 8 50</i>	
																			<i>61 50</i>	
																			<i>636 77</i>	
																			<i>AUG 23 1919</i>	
																			<i>280</i>	
																			<i>646 232</i>	
																			<i>SEP 22 1919</i>	
																			<i>280</i>	
																			<i>280</i>	

I certify that all payments due on this account have been completed

GENERAL AUDITORS REPORT  
AUG 4 1919

ASSIGNED PAY: ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA. NAME: ALLEN. - Harvey R.

EFFECTIVE DATE: EFFECTIVE DATE. NUMBER: 269660

AMOUNT: AMOUNT. PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		L.P.C. from Canada	1-9-18	Pte
		DO 52 3/3/19 12 Wing 15 Res	3/3/19	Orderly Room Clerk
		DO 48 24/2/19 ✓	26/2/19	L/Cpl.
		DO 52 3/3/19 ✓	3/3/19	Orderly Room Clerk
		DO 53 4/3/19 ✓	4/3/19	A/L Cpl (Orderly Room)

ORIGINAL UNIT: Draft No. 136 1<sup>st</sup> D. Br. Sack Regt  
DATE ACCOUNT FIRST OPENED: 1-9-18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			15 <sup>th</sup> Res.

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
24 4/19	641	K.P.	14 60	24 4/19	3017	K.P.	24 33
							38 93

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
L.P.C. from Canada	1	10		
	1	70		

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans to Can 1/6/19 Kennel 79818 28/5-1913 Kennel

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31-8-18	Bal. from Canada								10		
Sep	Re Pra	33							47		
Oct	✓	34 10		AK 48 - Det Kennel Pl. 1/10/18	487				723		
Nov	✓	33		2280 12/11	487						
Dec	✓	34 10		876 7/12 ✓	4879						
Jan	✓	34 10							11977 75		
Feb	✓	30 80		R 6.19 10/1 ✓	973						
Mar	✓	34 10		R 2948 28/1/19 Kennel Lpc En	973						
				596 14/12 ✓	1947					105	
				876 24/2/19 ✓	973				136 01		
	orderly Room Clerk. affect 3/3/19								15366		
	DO 52 3/3/19 12 Wing 15 Res 24/2/19	1740									
	appointer 2/12 which pay 26/2/19 15 days	25									
	DO 48 24/2/19 12 Wing K.P. 15 Res										
				1436 12/3 Kennel	1460				13906		
				1944 24/3 ✓	1460				12446		
		8255			7786						
Apr	Clerks Pay	51							17546		
May	✓	5270		875 30/4 ✓	4867				17949		
	✓	343		156 10/4 ✓	973				17319		
	✓			641 24/4/19 ✓	1460				15859		
					7300						
		10713									
				3017 24/5/19 K.P.	2433						
				265 6/6 ✓	973				12453		
					3406						

1917 Canada 101

NUMBER 269660

RANK

NAME ALLEN HR

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
<i>So Canada 7/6/19 List 821.</i>											

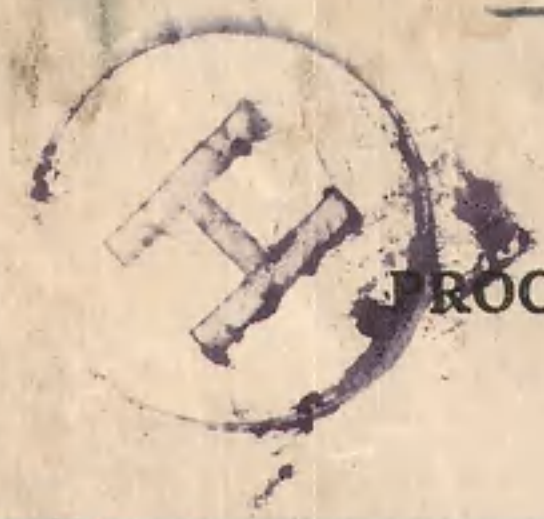
LIST OF DISCHARGE DOCUMENTS.

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.D.A. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 44) (enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 2).
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Clothing.
12. Last Pay Certificate (F. 851).
13. Pay Book (A.B.G. 1).
14. War Service Gratuity (Form M.F.W. 2595).
15. Summary Documents.

Group a  
 Checked by No. 28  
 Date 6/6/19

2/12  
 Med  
 [Handwritten notes and scribbles]



SAILING NO. 82,  
 S.S. ROYAL GEORGE  
 PROCEEDINGS ON DISCHARGE. (Demobilization.)



1. No. 269660

2. Rank. Plt

3. Name. ALLEN HARVEY ROBERT.

4. Unit. 15 Regt Ssgt Regt. 1st Sask Depot Btl

5. Date of Discharge REGINA, SASK, JUN 22 1919 Place

6. Reason for Discharge Demobilization

33 DEMobilIZATION AI 19 Father Fres

7. Authority. R.O. 1420 (D.D.O.) 171 Para 1007 Category a

8. Proposed Residence after Discharge..... Next of Kin Father  
 Intended Town of Residence Tyvan  
 Occupation Student Group 19  
 Service in France Nil

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 R Allen  
 Signature of Soldier.

10. CONFIRMATION.  
 The discharge of the above named man is hereby confirmed.  
 Place Dispersal Station  
 Date JUN 22 1919  
[Signature]  
 Signature..... (O. C. Discharging Unit.) **MAJOR**