

REGIMENTAL DOCUMENTS

NAME ALLAN JOHN

REGT. NO. ^{1 25554}
⁽²⁾ 298040

UNIT ^{12th Inf}
6-F-6

H. Q. FILE NO.

4898
E

1st Enlistment
3
1

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE

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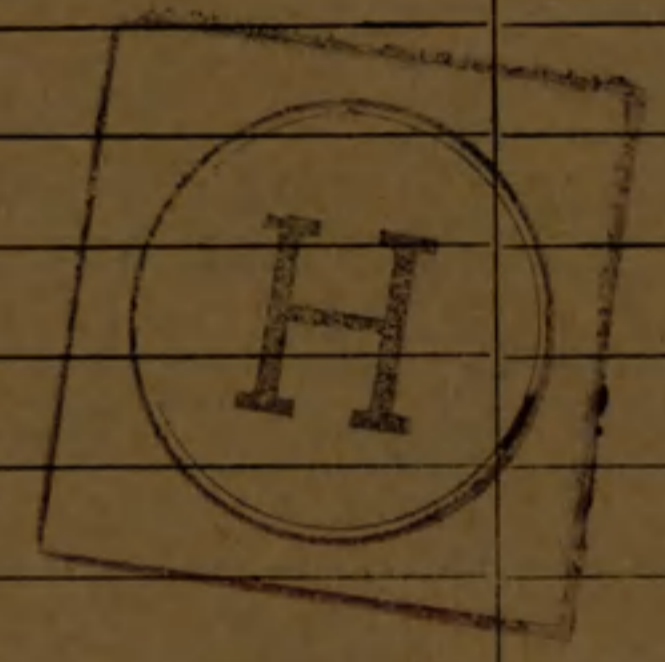
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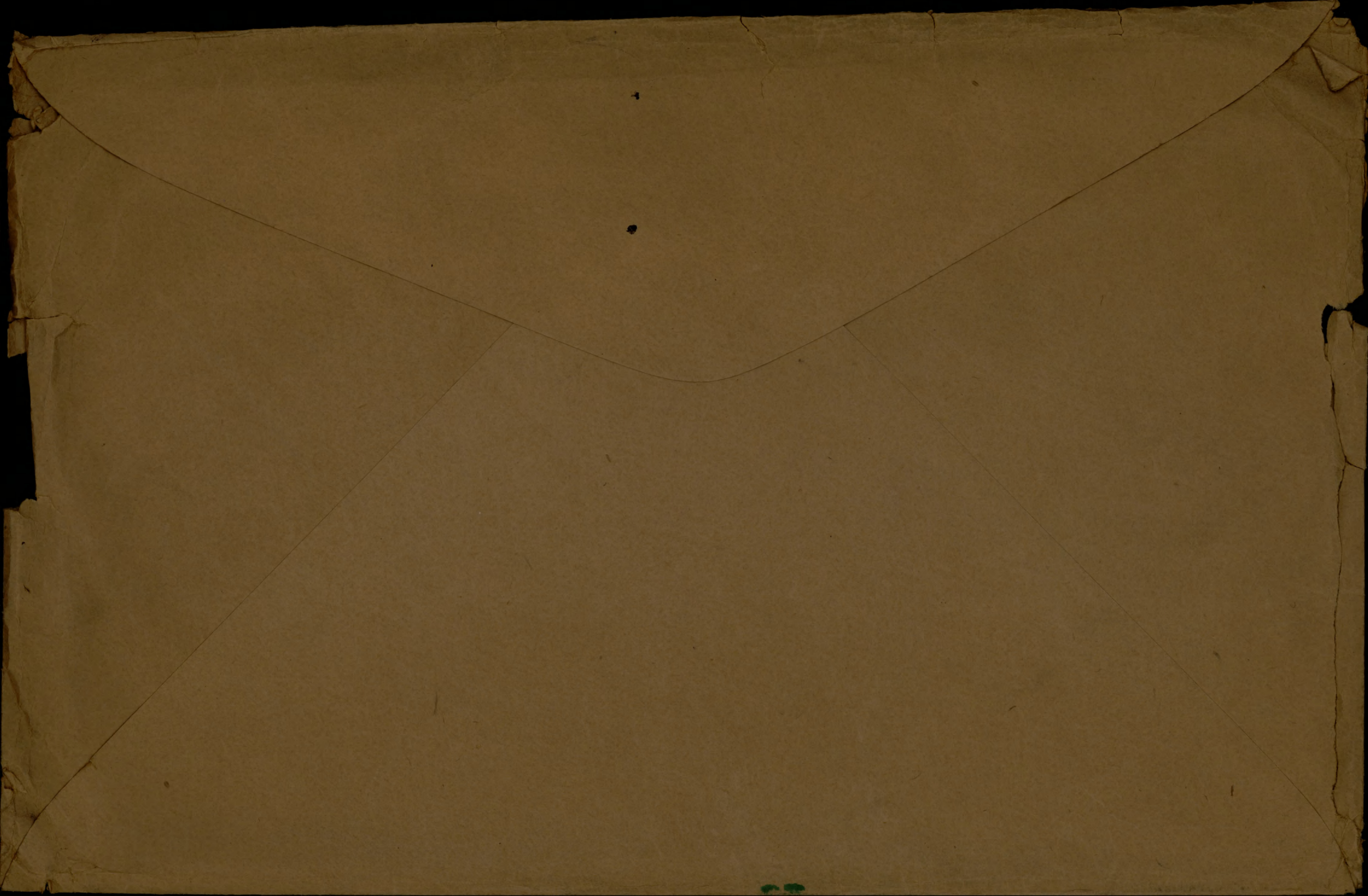
DEATH

Category

DISCHARGE

Category

DESERTION



ATTESTATION PAPER.

No. *25534*

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... *John Allan*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Edinburgh Scotland*
- 3. What is the name of your next-of-kin?..... *Mrs. John Allan (wife)*
- 4. What is the address of your next-of-kin?..... *410 Greene Ave. Montreal*
- 5. What is the date of your birth?..... *24 August 1877*
- 6. What is your Trade or Calling?..... *barber and cook*
- 7. Are you married?..... *yes*
- 8. Are you willing to be vaccinated or re-vaccinated?..... *yes*
- 9. Do you now belong to the Active Militia?..... *yes*
- 10. Have you ever served in any Military Force?.. *5 yrs Royal Scots Montreal*
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*

John Allan (Signature of Man).
[Signature] (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John Allan*, do solemnly declare that the above answers made by me to the above questions 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.

Sep 21 1914. *John Allan* (Signature of Recruit)
[Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Allan*, 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.

Date *Sep 21* 1914. *John Allan* (Signature of Recruit)
[Signature] (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 *Calcarton* this *23* day of *Sept* 1914.

[Signature] (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

[Signature] (Approving Officer)

2nd Bull

Description of John Allen on Enlistment

Apparent Age 37 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 ft. 4 1/2 ins.

Medal and star for
in left hand

Chest measurement { Girth when fully expanded 35 1/2 ins.
Range of expansion 3 ins.

Complexion Dark

Eyes Blue

Hair Black

Religious denominations. { Church of England
Presbyterian yes
Wesleyan
Baptist or Congregationalist
Other Protestants
(Denomination to be stated.)
Roman Catholic
Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date Aug 28 1914.

Place Valcartier

A. F. Mc Loren
Capt & on 6 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.

John Allen 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)

Date 22 Sep 1914.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 298040 (Rank) Sgt

Name (in full) Allan John enlisted in

the 224th Can Forestry Bn.

CANADIAN EXPEDITIONARY FORCE at Montreal on the 25th

day of March 1916

HE served in France

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 40 yrs 7 months

Height 5 ft 5 ins

Complexion Fresh

Eyes Brown

Hair Black

Marks or Scars Nil

J. Allan
Signature of Soldier

Date of Discharge



Issuing Officer

[Signature] Lieutenant
Officer i/c Discharge Section, Dispersal Station "B"

Rank

Date April 11 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.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	25554	Pte.	Allan.	John.
Year	Unit.	Age.	Service.	
1915.	14th Battalion.	36 years.	7 mos.	
Station and Date.	Disease <u>Myopia: $\frac{3}{4}$</u>			
Tidworth.				
2.3.15.	History:			
	(1). Discharged from British Army in South Africa for defective vision.			
	(2).			
	Present condition;			
	(1). Can only distinguish large print at 10 feet with either eye.			
	<i>E. S. Jeffrey Capt.</i>			

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

MEDICAL CASE SHEET

Station and Date.

Name: John
 Age: 45
 Sex: Male
 Date: 11/15/55
 (1) Discharged from clinic and
 advice for corrective vision.
 (2) Present condition:
 (3) One eye (right) large pupil
 lost with other eye.

MEDICAL CASE SHEET

No 25554 Pte Allen J. 14th Batt, Age 36 4/12

No in A & D
Book
359

Disease Defective vision

Year 1914

Vision began to fail 12 yrs ago and he was discharged from
Marshall's Horse on that account.

Was refused for C.E.F. on first examination, but was subsequently
passed, on pressure being brought to bear

Patient says eyesight has failed ~~more~~ more rapidly in
the last three months.

EXAMN:- Patient cannot make out top line of Snellens test
type.

*Referred
Munn 22/1/15*



..... 2

.....

.....

.....

.....

Medical Case Sheet.

DEPT MILITIA & DEFENCE

FEB - 6 1915

H.Q. CANADA

No. in A. & D. Book 359	Req. no. 25554.	Rank. Pte	Name Allen J.
Year. 1914	Unit. 14 th Bn.	Age. 36.	Service 4/12.
Disease Repetitive visions.			

Station & Date.
Bulford Manor.
22/1/15.

History - Vision began to fail twelve yrs. ago and he was discharged from Marshall's Horse in South Africa on that account.

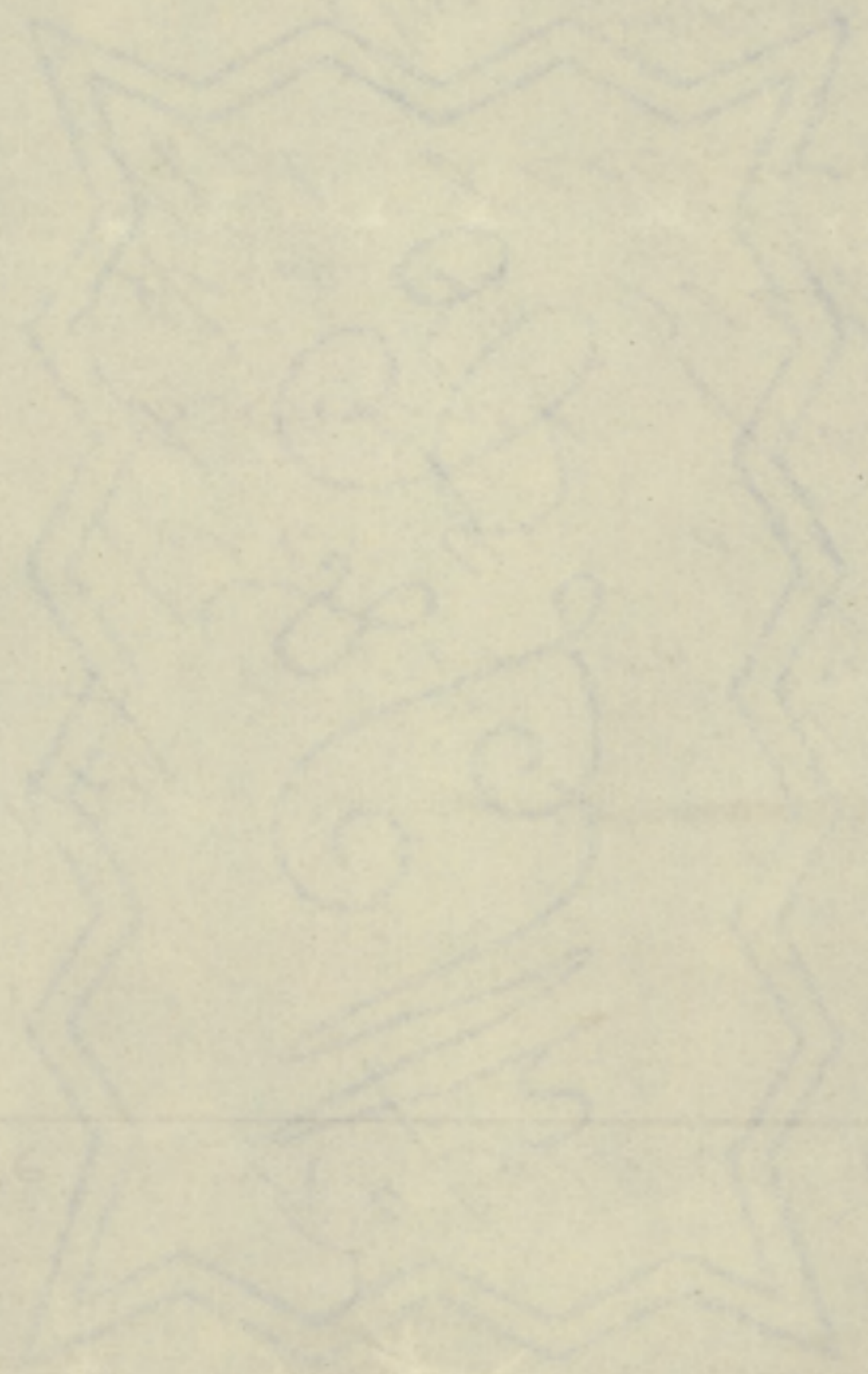
Was refused for C. E. F. on first examination, but subsequently passed, on pressure brought about a deal.

Patient says eyesight has failed more rapidly on the test than now.

Exam: - Patient cannot make out top line of Snellen's type.

R. P. Sutherland
Ch.D.C.

Handwritten notes on the left side of the page, including the word "TWO" and other illegible scribbles.



Handwritten text "22222" located below the central geometric pattern.

Handwritten text "18/10" on the left side of the page.

Handwritten text "THU" on the left side of the page.

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Handwritten text "20" on the right side of the page.

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Handwritten text "1000" in the middle of the page.

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Handwritten text "1000" on the right side of the page.

Handwritten text "1000" at the bottom of the page.

*no card
CR 480*

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	<u>25554</u>	<u>Pte.</u>	<u>Allan.</u>	<u>John.</u>
Year	Unit.	Age.	Service.	
<u>1915.</u>	<u>14th Battalion.</u>	<u>36 years.</u>	<u>7 mos.</u>	

Station and Date.	Disease
<u>Tidworth.</u>	<u>Myopia: $\frac{3}{4}$</u>
<u>2.3.15.</u>	History:
	(1). Discharged from British Army in South Africa for defective vision.
	(2).
	Present condition:
	(1). Can only distinguish large print at 10 feet with either eye.

E. S. Jeffrey Capt.

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

Station
and Date.

MEDICAL CASE SHEET

Regimental No. _____
Rank _____
Duty Station _____
Date _____
Name _____
Age _____
Sex _____
Race _____
Religion _____
Occupation _____
Present Illness: _____
History: _____
Physical Examination: _____
Laboratory: _____
X-ray: _____
Diagnosis: _____
Treatment: _____
Prognosis: _____
Disposition: _____

7

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

S.

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 ~~JOHN ALLAN~~ ^{WP} 2. Surname ~~JOHN~~ ALLAN ^{WP}
- 3. Rank ~~Sgt.~~ 4. Original Unit ~~14th. Batt~~ 5. Reg. No. 298040
- 6. Address, in full, to which future payments of gratuity are to be forwarded
Bank of Montreal. Cote-St. Paul
Montreal. Canada.
- 7. Date of enlistment in the C.E.F. ~~.....~~ Mar. 25-16.
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs. Helen John
- 9. Relationship of such dependent Wife
- 10. Address, in full, of such dependent 95. Drake Street. Cote St. Paul
Montreal. Can.
- 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

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.

1st. Batt. Royal Scots

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?

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.

Received £5. Gratuity South Africa 1900-2

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

no

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

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

(b) Reason for discharge

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

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

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

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

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

Signature of Applicant: John Allan

Place of Residence: Montreal, Canada.

Declared before me at: Smith Law

This 15th 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.

Wm. Brown
Major

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. 298040 Rank Sgt. Surname ALLAN
(Given name in full)
John
 Unit or Corps C.F.C. Birthplace Dimfermline Scot.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 150 lbs. Height 5'7 ft. Colour of Eyes Gray
 Nutrition Normal
 Pulse Normal
 Condition of arteries Normal
 Vision Rt. 20/20 Left 20/20
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
Tattoo on left 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 System 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.

✓

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Kimmel Park (Overseas)

Date 26/3/19

Signed W. W. Butler 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 John Allan

(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]

Mason

224TH OVERSEAS CANADIAN FORESTRY BATTALION

DUPLICATE **E**

MEDICAL HISTORY SHEET.

Surname *Allan* Christian Name *John*

Examined { on *25th* day of *March* 191*6*
at *Montreal P.Q.*

Approved by *J. DeFeny White*

Birthplace { City or Town *Edinburgh,*
County *Scotland.* Rank _____ M.O.

Apparent age *38 years*

Trade or occupation *Baker & Cook.* M.O.

Height *5* Feet *5* Inches. M.O.

Weight *138* Lbs. M.O.

Chest measurement { Minimum *35* inches. M.O.

{ Maximum expansion *38* inches. M.O.

Physical development *good* M.O.

Small-Pox Marks *None* M.O.

Vaccination Marks { Arm *Right* *Left*
Number *3*

When Vaccinated last *1 year ago* 13.5.16 *W. A. J. Sutton Capt. M.O.*

(a) Marks indicating congenital peculiarities or M.O.

previous disease M.O.

(b) Slight defects but not sufficient to cause rejection

1/4/16 *ok* *W. A. J. Sutton Lt. M.O.*

18.4.16 *OK* *W. A. J. Sutton Capt. M.O.*

5.5.17 *T.A.B. G.M. Ross, Capt. M.O.*
C.A.M.C.

Enlisted on *25th* day of *March* 191*6* at *Montreal P.Q.*

Joined on enlistment *274th Overseas Forestry Bn.*

Transferred to *Canadian Forestry Corps.*

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.

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..... 224th CANADIAN FORESTRY BATTN. C. E. F.

(2) Regimental Number..... 298040

(3) Full Name of Soldier..... John Allen

(4) Place of Birth..... Edinburgh Scotland

(5) Are you married, or not?..... Yes

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

(b) Present Postal Address..... 95 Drape St. Montreal Quebec

(7) Are you a widower?.....

(8) Have you any children?..... Yes

If so, give number of boys and girls..... 2 - 3 girls

Also their names and ages.....
Marguerite 6, Reginald 4,
Isabelle 12, Ellen 2,
Barocky 2

(9) Is your Father alive? *No*

If so, state name and address

(10) Is your Mother alive? *Yes Elizabeth Allen*

If so, state name and address

*#41 James
Bonfrenius Scotland*

(11) If your Mother is a widow

Are you her sole support, or not? *Yes*

(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? *No*

If so, in what Company?

Have you made arrangements for payment of your Insurance premium?

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

Date *May 8/16*

John H. Freese
for **LIEUT. & ASSISTANT ADJT.
Officer Commanding.
224th CANADIAN FORESTRY BATT'N, C, E, F.**

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

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ALLAN J.

REGIMENT C. F. C. RANK SGT. No. 298040

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 None

2. EXTRACTIONS 30

3. CROWNS None

4. DENTURES

(a) Full Upper

(b) Part Upper to 3, 12, 13, 14, 15

(c) Full Lower

(d) Part Lower 17, 18, 19, 20, 21, 32

Handwritten signature: Allan
A. D. D. S., M. D. 4
Handwritten: Dent. Col.

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

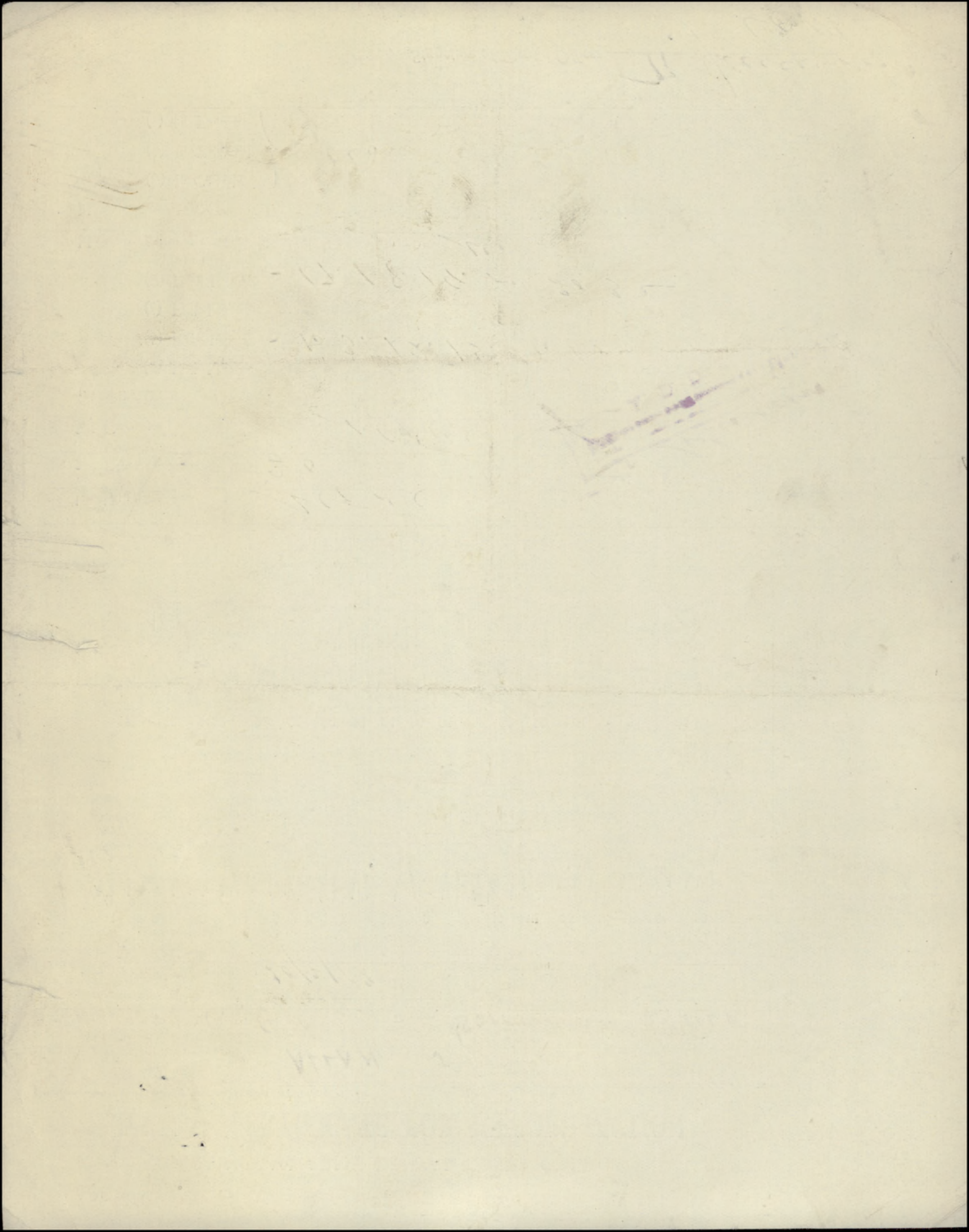
(b) In England

(c) In France

} no

Signature of Dental Officer

Handwritten signature: R. J. ...
Handwritten initials: R. J.



Certificate of Service

(Issued following loss of Permanent Discharge Certificate M. F. W. 39)

This is to Certify that No. 298040 (Rank) Sergt.

(Name in full) ALLAN, John

Enlisted in 224th Battalion, (Trans. 45th Coy. C.F.C.)

Canadian Expeditionary Force, on the Twenty-fifth day

of March 1916.

He served in CANADA, ENGLAND, and FRANCE

and was discharged at Montreal, P.Q. on

the Eleventh day of April 1919

by reason of Demobilization

~~His conduct and character while in the Service were~~

Description on Discharge: Age 40 years 7 months, Height 5' 5",

Complexion Fresh, Eyes Brown, Hair Black.

Address 139 Ross Street,
Verdun, P.Q.

[Signature]
Major, for Colonel,
Director of Records.

Ottawa 20th day of December 1919.

H. Q. 60-A-57.

<p>100-1000</p>	<p>100-1000</p>	<p>100-1000</p>
<p>100-1000</p>	<p>100-1000</p>	<p>100-1000</p>
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<p>100-1000</p>	<p>100-1000</p>	<p>100-1000</p>

100-1000

100-1000

Rank _____ Name **ALLAN, John** Reg'l No. **25554**
 Unit **14th. Battalion** If in perm. Corps, }
 What Unit? }
 Married or Single **Married**
 Place and Date of Enlistment **21st. Sept. 1915** Place of Birth **Scotland**
 Name and Address, Next-of-Kin **Mrs. John Allan (Wife) 410 Greene Avenue., Montreal**
 Relationship _____

Assigned Pay Monthly \$ _____ Payable to _____
 Relationship _____

Separation Allowance \$ _____ Payable to _____
 Relationship _____

M-UCANADA

Discharge, Date and Place _____ Reason _____ Character _____
COPY)---Original filed in Envelope _

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.				
26-3-15		Struck of. Medically Unfit and returned to Canada for Discharge. S.S. Melaçami			
8-4-15		Discharged in Halifax		8-4-15	A.F.B. 268.

A.G.R.

Rank Name ALLAN, John Reg'l No. 298040

Unit 224th Forestry Bn. If in perm. Corps, } Married or Single Married
What Unit? }

Place and Date of Enlistment Montreal, 25th March, 1916. Place of Birth Edinburgh, Scotland.

Name and Address, Next-of-Kin Mrs. Helen Allan, 95 Drake St., ^{Cote} St. Paul, Montreal, P.Q. CANADA Relationship Wife.

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

W/E. R.B. NO. 10258
File R.L.
Category O.I. Can

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England</i> ^{per.} P. P. Adriani.			
25/7/16	224th	Rank on arrival. A/Cpl.	London.	30/5/16	Pt. II. D.O. 50.
31.8.16.	"	Reverts to perm. grade. (P.Fe.); A.W.L. from 23/8/16 to 27.8.16. Forfeit 5 days pay. A.W.	"	29.8.16.	" 82
Now known as Can. Forestry Corps Auth, Pt. II DO. I, 22, 11, 16					
18.12.16.	C. F. C. Adm. J. G. M. H.		London.	15.12.16.	Pt. II. D.O. 23. D.P.G. 15
27.12.16	C. F. C. Adm. J. G. M. H. Lumbago		London	20.12.16	" " 30 D.P.G. -14
10.5.17	Dist. 1 CFC	On Strength	Edinburgh	15.7.17	Pt 2 9
31-5-17	"	Posted to B. Dep. CFC	"	26-5-17	" 27
19.6.17	B. Dep CFC	S.O.S. to 45 Coy. France	S'ade	16.6.17	" 45 (45 Co CFC) (14/1/18.17)
28/8/17	45 Co. C.F.C.	Appointed <u>Cpl</u>	Field	1.8/17	" 5.

298040

Alan John

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.				

25/18	458.C.F.C.	Appt'd Sgt with pay	Field	14/18	PK# 35
		SOS to BDCFC, 15 2.19			
		Co DO 7.d.27 2.19			
		TOS BDCFC S:dale			
		DO 52 d 21 2.19			
27.2.19	45626	<u>Confirmed Sergeant</u>	Field	2.2.19	407
20-3-19	4mDCW. CFC-	TOS. from CFC.	"	Rhyl	19-3-19 - 69
3-4-19	"	SOS. to Can.	"	"	30-2-19 - 82
				35 - J	30.3.19

(SOS from BDCFC
PT 078 d/19-3-19)

Casualty Form—Active Service.

Regiment or Corps 12th Battalion

Regimental No. 25554 Rank Pte Name Allen J.

Enlisted (a) 14th Aug 1914 Terms of Service (a) Period of War Service reckons from (a) 14th Aug 1914

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B, 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

(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.

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				

Rank and Name Allan John Pte.

Regimental No. 25554

Unit 14th Batt.

Date of enlistment Sept 21st. 1914.

Place of birth Scotland.

Yes.

Married (Yes or No)

If in Permanent Force

Name and Address of Next-of-kin

Mrs John Allan. (wife)

410 Greene Ave.
Montreal.

Date and place of discharge

Canada, Halifax 8/4/15

Reason for discharge

medically unfit

Character on discharge

"Good"

Promotions or appointments

TO BE FILED IN ENVELOPE

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				
26/3/15		Struck off as medically unfit and returned to Canada for discharge on S.S. "Mistagami" Dischd in Halifax			
8/4/15.				8/4/15.	A.F.B. #268.

Med. Can 1915

Rank and Name: Allen John Lee

Regimental No. 2888

Name and Address of Next of Kin

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				

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REGIMENTAL NO. 2888

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

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

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps 224th Can. Forestry Batty, C.E.F.

Regimental No. 298040 Rank Pte. Name Allan, John

Enlisted (a) 25-3-16 Terms of Service (a) Office War Service reckons from (a) 25-3-16

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

Extended _____ Re-engaged _____ Qualification (b) Baker Cook

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				
		<u>Embarked</u>	<u>Halifax Can</u>	<u>19-5-16</u>	
		<u>Disembarked</u>	<u>England</u>	<u>29-5-16</u> <u>30/5/16</u>	
<u>25-7-16</u>	<u>224th Bn.</u>	<u>Appointed A/Cpl</u>	<u>London</u>	<u>30-5-16</u>	<u>D.O.Pt. 11 50</u>
<u>31-8-16</u>	<u>224th Bn.</u>	<u>Reverts to Pte.</u>	<u>London</u>	<u>29-8-16</u>	<u>Pt. 11 D.O. #82</u>
<u>22.11.16</u>	<u>O.C. 224th.</u>	<u>S.O.S. 224th B n.</u>	<u>London</u>	<u>22.11.16.</u>	<u>Pt 11. D.O. # 153</u> <u>Lt & A/Adj. 224th Bn.</u>
<u>22.11.16</u>	<u>D of T.</u>	<u>T.O.S. Can. Forestry Corp.</u>	<u>London.</u>	<u>22.11.16.</u>	<u>Pt 11. D.O. #1.</u> <u>Lt & Asst. dj. C.F.C.</u>
<u>19-6-17.</u>	<u>C.F.C.</u>	<u>S.O.S. Base Depot, C.F.C.</u>	<u>Sunningdale.</u>	<u>16-6-17.</u>	<u>Pt. 11. D.O. No. 45.</u> <u>Lt. & A/Adj. C.F.C.</u>
<u>10/5/17</u>	<u>Dist I</u>	<u>On strength</u>	<u>Edinburgh</u>	<u>1/5/17</u>	<u>Pt. 11. D.O. 9</u>
<u>31/5/17</u>	<u>"</u>	<u>S.O.S. to Base Depot</u>	<u>"</u>	<u>26/5/17</u>	<u>" " 27</u>
<u>30/5/17</u>	<u>R2</u>	<u>T.O.S.</u>	<u>Sunningdale</u>	<u>26/5/17</u>	<u>" " 27</u>

CERTIFIED CORRECT
 10/5/17
 31/5/17
 30/5/17
 CAN. RECORDS DIV.

D. D. Larue
 LIEUT.
 FOR LT. COL. IN CHARGE RECORDS, C.O.M.F.

(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.

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				

Landed France 17th 17

RR 8467

18.8.17

45th Coy

App'd. A/Cpt with pay

Field

1.8.17

B213 Pt. 20. 20 S.

2.2.18

"

Granted L.O.A from 27.1.18 to 10.2.18

B213 9/8

16.2.18

"

Rejoined

Fla

14.2.18

B213

13.7.18

"

App'd A/Sgt with pay

17.4.18

B213 9/35

14-12-18

"

Granted 14 days leave to U.K.

3-12-18

B213 P2/60

28-12-18

"

Rejoined

24-12-18

B213 P2

8-2-19

80

Rejoined in rank of Sgt

2-2-19

B213 9/7

15/2/19

all

S.O.S. for demobilisation to C.F.C. Depot

Summary date

15/2/19

MR. P. 296-14
Pt. 2.0/S. 7 1919

B. Hewitt

Lieut. for Lt. Col A.A.G.
Cdn Sect. G.H.Q.

21-2-19

O.G. C.F.C. T.O.B. Base Depot, C.F.C. Sunningdale

18-2-19

L13.D.O. 53

from 45 Coy France.

S.O.S. BASE DEPOT C.F.C.

SUNNINGDALE

19-3-19

19-3-19

B.D.C.F.C.

Transfer M.P. 4
on posting to
Camp Rhyf.

M. H. Snow

19/3/19

G.C.C. Kinmel Park for return to Camp

gheach

Part II Order No.

30/3/19

G.C.C. Kinmel Park on

Embarking for Canada Part-II Order No.

Lieut.
Officer in Charge
No. 4 M.D. Concentration Wing

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

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

500M.—9-16

H. Q. 1772-39-9 0.

Casualty Form—Active Service.

Unit, Regiment or Corps. 224th Cdn Forestry Bn.

Regimental No. 298040 Rank Sgt. Name ALLAN, John.
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B 213, Army Form A. 36, or other official documents
Date	From whom received				
21-4-19	O/S	T.O.S. D.D.#4	Montreal.	30-3-19	D.O.Pt.II-111.
21-4-19		S.O.S. D.D.#4 Demob.	Montreal.	11-4-19	D.O.Pt.II-111.R.O.1420.

Chas W. Elley
 Lieutenant,
 Assistant Adjutant,
 District Depot No. 4

(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.]

Casualty Form - Active Service

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				

WARNING.— If you lose this Certificate a duplicate cannot be issued.

N.B.— Any person finding this Certificate is requested to forward it, in an unstamped envelope, to the Secretary, War Office, London, S.W.

Certificate of discharge of No. 25554 (Rank) Private
 (Name) J. Allen
 (Regiment) 12th Battalion 1st C. E. F.
 who was enlisted at Montreal
 on the 13th August 1914

He is discharged in consequence of being found
Medically unfit - by a Medical Board.

after serving _____ years _____ days with the Colours, and
 _____ years _____ days in the Army Reserve.

(Place) Halyon P.S. Signature of } W. B. [Signature] Capt.
 (Date) 8-4-15 Commanding } Off. Discharge Depot
 Officer

*Description of the above-named man on _____ when he
 left the colours.

Age <u>36</u> - <u>90 Days</u>	Marks or Scars, whether on face or other parts of body.
Height <u>5</u> - <u>6 3/4</u>	<u>Four Vaccin Marks.</u>
Complexion _____	_____
Eyes _____	<u>Left.</u>
Hair _____	_____

* Should agree with the description on Character Certificate, Army Form B. 2067.

Recruiting Agents.

The following is an extract from the Recruiting Regulations, 1912:—

“Any man, whether Soldier or Civilian, who brings a Recruit to
“a Recruiter, or to a Military Barrack, is a Recruiting Agent,
“and it is not necessary that he should have been formally
“appointed as such.”

The effect of this Regulation is that anyone, whether ex-Soldier or Civilian, bringing a Recruit under the above Regulations is entitled to the reward if the Recruit is passed into the Service.

Recruiting Rewards will not be paid for—

- (a) Boys under 17 years of age.
- (b) Re-enlisted Pensioners.
- (c) Recruits for the Armourer Section and the Machinery Artificer Section of the Army Ordnance Corps.
- (d) Any Non-Commissioned Officer or Man of the Special Reserve who enlists into the Regular Army.

Recruiting Rewards will be paid to *Recruiting Agents* for each Recruit raised and finally approved for the Regular Army or the Special Reserve, at the following rates, viz. :—

5s. to 2s. 6d. Regular Army.

1s. 6d. Special Reserve.

Leaflets showing the conditions and advantages of the Army or Special Reserve are supplied gratis at every Post Office.

Men wishing to enlist should apply personally or by letter to the Officer Commanding the Regimental Depot nearest to their homes, or to any Serjeant Instructor of the Territorial Force or other Recruiter.

Men who have served in the Regular Army for 3 years or more are eligible under certain conditions for enlistment into the Special Reserve up to the age of 40.

1871

1872

1873

1874

1875

1876

Name Allan Emel, 25-3-16.

Date of Embarkation for England 19-5-16.

Proceeded to France. 16-6-17 Returned to England. 15-2-19

demob

Date returned to Canada. 30-3-19

P.R. 2855.

checked 16-5-29. 2nd essential.

1875

1876

1877

1878

1879

1880

Name

Allan

Embl. 21-9-14

Date of Embarkation for England

20-9-14.

Proceeded to France.

No.

Returned to England.

Date returned to Canada.

26-3-15.

P.R. 2855.

No does on A. Q. file checked 16-5-29.

Surname: *Allen*
 Rank: *Plt*
 Hospital: *He*
 Christian Name or Names: *J.*
 Unit: *14th " Bn*
 Co.: *401 Gen.*
 Reg. No.: *25554*
 Troop:
 Batty.:
 Date of Admission: *12.12.14*
 Transferred: *To Tidworth*
 Hosp.: *16.2.15*
 Hosp.:
 Hosp.:

Diagnosis: *Def Vision*
 (1) *Myopia, bi-lateral.*
 (2)
 (3)

Additional Diagnoses: if more than one state present

DISPOSITION Date

AD. Plt. 401 Gen
Med Bd. Bullford, 22.1.15
Ret + dist. Tidworth 16.2.15 a.s.o
Med Board, Tidworth 1025
2.3.15
Dis. Canada.
Approved S'cliffe 30.3.15

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Surname
Allan.

Christian Name
J.

Reg. No.
~~2554~~. 25554

Rank Unit Co. Troop Batty.
Pte. 14th. Batallion.

MEDICAL BOARD held at Date Serial No.
(1) Bulford. 22. I. 15.

Other Medical Boards at Date Serial No.

(2)

(3)

(4)

(5)

Condition found by Board Defective Vision.

Disposition Recommended

(1) Discharge Canada.

(2)

(3)

(4)

(5)

CASUALTY BOARD held at

Date.....

Disposition

Remarks Approved. Bus. 24. I. 15.

.....



.....

.....

.....

.....

.....

Surname

Christian Name or Names

Reg. No.

Allen

J.

298040

Rank

Unit

Co.

Troop

Batty.

Pte

Can. Frsty. C.

Hospital

Date of Admission

Fort George ^{Al} il Scotl 19-12-16

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

Alcoholism

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L. 3-1-17 14

5-1-17 # 15

Dis 20.12.16
REMARKS

A.M.D. 2 DEPT.

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

Handwritten initials

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Surname

Christian Name

Reg. No.

Allan.

John.

25554.

Rank

Unit

Co.

Troop

Batty.

Pte.

14th Batt.

MEDICAL BOARD held at

Date

Serial No.

(1) Bulford.

22-1-15.

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Defective Vision.

Disposition Recommended

(1) Return and discharge to Tidworth. 16-2-15.
ASO.1025.

(2) Discharge Canada.

(3)

(4)

(5)

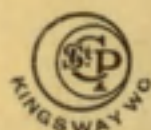
CASUALTY BOARD held at

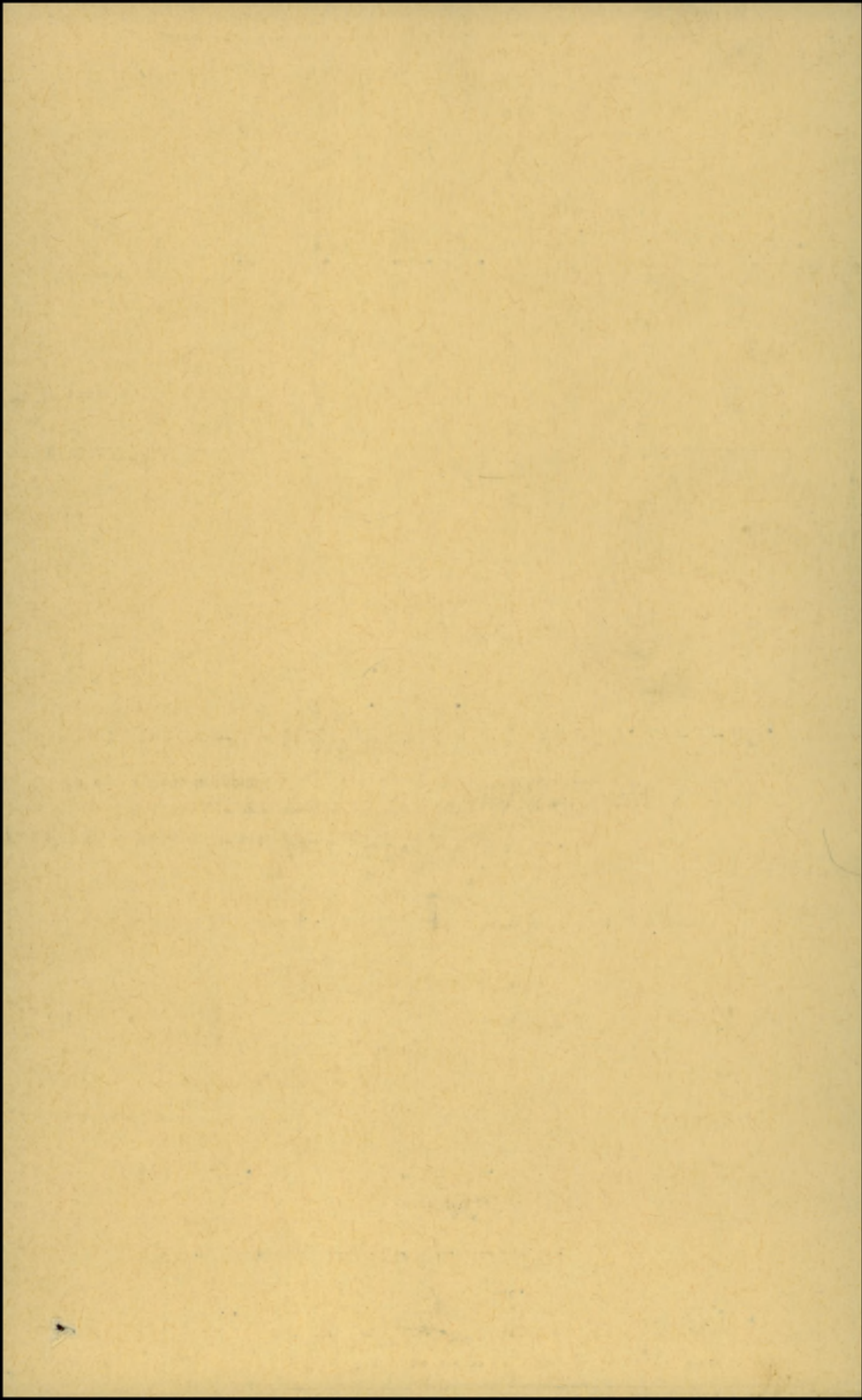
Date.....

Disposition

Remarks

Approved. Bus. 24.1.15.





LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

14.

Mil. Fort George Scotland

19-12-16

Alcoholism

15

Discharged

20-12-16

" " "

NAME *Allen J.*

REGT'L NO 298040

RANK AND CORPS *PA*

H. Q. FILE No. 649-

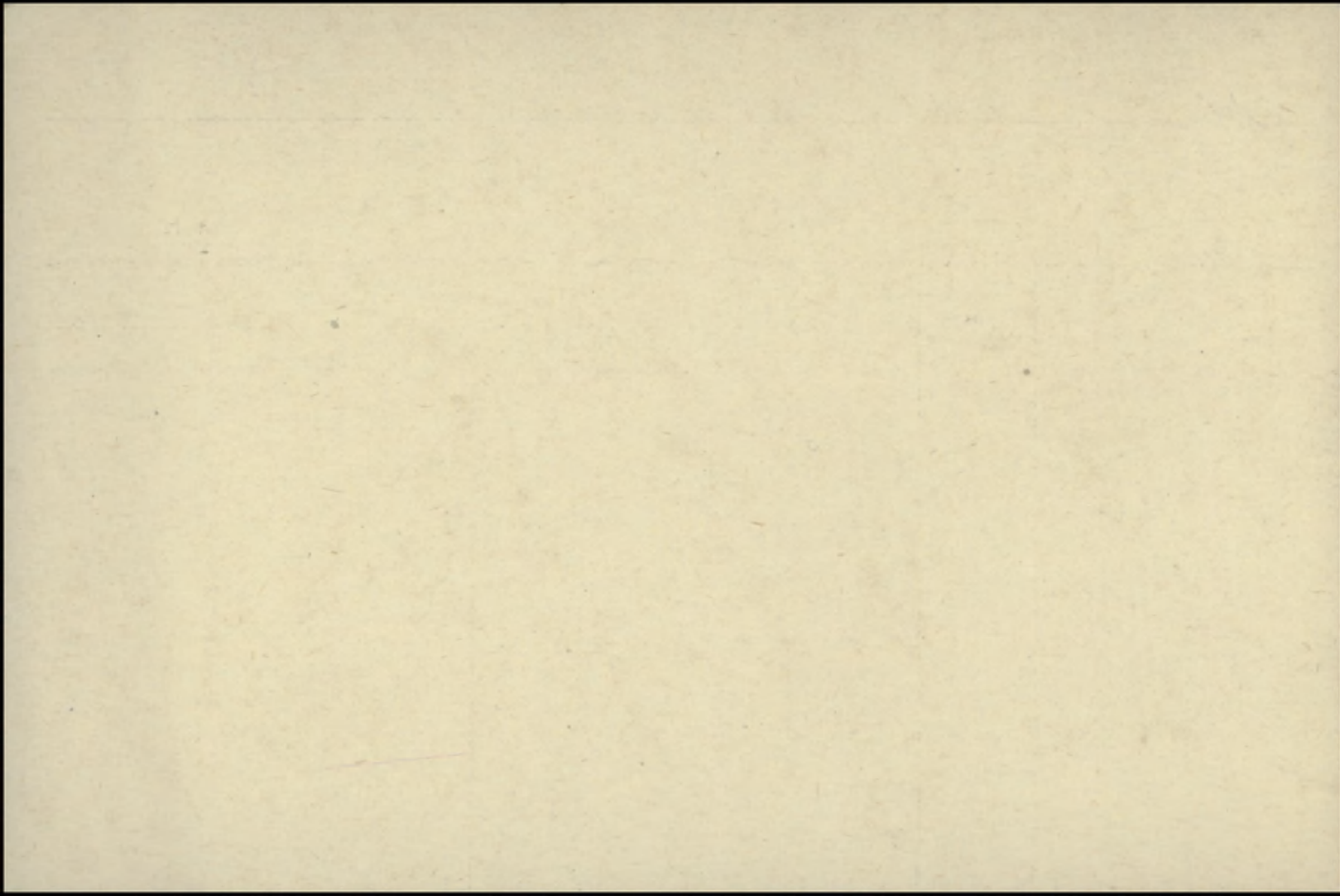
Can. Forestry Corps

FOLLOWS
No.
FOLLOWS

CABLE

NATURE OF CASUALTY

No. DATE



No 298040

RANK

Pte

NAME

Allan J

T. O. S. 25-3-16
W. O. 12 of 5-4-16

UNIT

224th Cav. Forestry Battalion C. E. F.

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar 25	1916 Apr 30	v	remains on strength	W. O. 34 of 28-4-16



No. 25554

RANK

Pte.

NAME

Allan, John

T. O. S.

UNIT

1st. Grenadier Guards of Canada
(No. 1 Co. Special Service Contingent)

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Aug. 20	1914 Aug. 24	✓		
" 25	Sept 21	✓		
Sept 22	Oct 31	✓	on 14 th Biv. payroll shown as "cook"	

UNIT SAILED

OCT 3 1914

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

NO.

DATE

Duple. Max engraved
29840 John Allan B 3144
for Capt-Frank H. H. Newburn A4719
auth a r

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

lis ~~S~~ *Sup. see B. 238*
Number..... 298040

Dr. [unclear]
Rank: *Sgt*

Surname..... ALLAN

Christian Names..... John

Unit..... *C. 76* Theatre of War..... *France*

Date of Service..... *1916-17*

Remarks..... *A Notation has been made on Roll Page*

3144. to Mr. [unclear] - These medals to be handed over to Capt Chadwick for return

Latest Address..... *95 Drake St.*

Roll No. *B* *Page 3144*
Gate St. Paul,
Montreal,
Que.

Dup. Blown li be

reengard fu

138930 James Francis

Nolan 18¹/₂₈

Number

298040

Rank

Sgt.

POW's

only

Surname

Allan

Christian Name

J.

Units

Theatre of War

Date of Service

Remarks

Temp card for reengraving

Latest Address

Roll No.

B 3144

5m-10-26. (M854).

9 5.750: Kemp TAB 2 1921

DESP. JUN 8 1924
REGN. NO 1599

134-1-186

DESR. FEB 16 40

REGN. NO 263

HQ. 60. A-57

~~12/4~~ ~~12~~

Number 298040 Rank Sgt

Surname A. H. H. A. N.

Christian Names John

Unit C. F. C. Theatre of War France

Dates of Service 17-10-16 17-6-17 30-3-19

Remarks

16/2/40 905 Barkling Ave Ottawa Ont

Latest Address 95 Draky St

Cote St Paul Montreal

Roll No. B file shows his latest address 304

Name

Allen Pte John

M. F. W. 41
100m-1-18.
1772-39-839.

(4)

Regimental No. 25554

Name and address of next-of-kin Mrs. J. G. Allan

Unit 12th Bn.

260 Waverley St

Date of enlistment

Montreal Que.

Place of

95 Drake St Cote St Paul Montreal Que
(1st address)

Married (yes or no)

Date and place discharged Halifax N. S.

Amount of pay assigned monthly \$ 20^{11/10/14} 28^{2/15} 100⁰⁰ closed

Reason for discharge

To whom payable SA ~~20~~ 20^{15/14} 30^{4/15} 170⁰⁰ closed.

Re-enlisted 298040- 224th Bn 25-3-16. 0/5 19/5/16
Character on discharge apparently still overseas 10-12-18.

Metagama

3-4-15

60-A-57

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
	20/3/15													Eng L P C
21/3/15	8/4/15	19	100	19 -	19	10	1 90	1 50					57 90	Subsistence Pd at 60. Hal.
8/4/15	7/7/15	91	100	91 -	subs @ 75f			68 25					159 25	} pm MIDY Pd These entries taken from Bonnie's Ledger. (L.C.)
8/7/15	7/8/15	31	100	31 -	" " "			23 25					54 25	
8/8/15	9/9/15	29	100	29 -	29	10	2 90	21 75					53 65	
8/4/15	7/8/15				122	10	12 20						12 20	ompd 1 day 8/4/15
													7 50	o'Pd w P see supp L P C attached L.E.S.P.C.
													2 95	Credit Balance
													12 20	
								2 95						Credit Carried Forward
								15 00						

B ledger checked 19-11-18
Bull's Pk " " " " " "
Trans books " " " " " "
Vouchers " " " " " "
Cash " " " " " "

minutes to Saarp 21/11/18 verification of SA.

Eup 15⁰⁰ 31/3/15

NAME *ALLAN, John*

Boydall Rte

Boydall

Regimental No. *25554*

Name and address of next-of-kin

Unit ~~11th Battalion~~ *12th Bn*

Mrs. John Allan (wife)

Date of enlistment Sept. 21st, 1914.

410, Greene Avenue,

Place of birth Scotland

OFFICE, N. E. BRANCH
JAN 24 1916
MONTREAL

Married (yes or no) Yes

Date and place discharged *Canada*

Amount of pay assigned monthly \$ *20.00*

Reason for discharge *Disc. 20/3/15 L.P.C.*

To whom payable *Next of kin*

Character on discharge *No more particulars*

W.P.S.F.

Date		PAY		Field Allowance		Other Credits		Total Credits		Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.		
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date							
1914																		
Sept 22	Oct 31	40	1.00	40.00	40	.10	4.00		44.00			15.00	20.00	-	35.00			
Nov 1	Nov 30	30	1.75	52.50	30	.10	3.00	9.00	64.50			35	20	-	55	Cook		
Dec 1	Dec 31	31	1.00	31.00	31	.10	3.10	9.50	43.60				20	-	20			
1/1/15	3/1/15	27		27.00	27		2.70	23.60	53.30				20	-	20.00	<i>Shimshu...</i>		
28/1/15	3/3	52		52	52		5.20	33.30	90.50			15	40	-	55	<i>L.P.C. 24/1/15</i>		
								35.50										
<i>11-8 Feb. 1917</i>								35.50	35.50						35.50	35.50	<i>Trans to "Canada Disc'ge a/c"</i>	
<i>Mc6/17</i>																		
<i>Sept. 1917</i>								7.50	7.50									<i>Trans to "Canada Disc'ge a/c"</i>

Certified correct,

*Capt.
For Chief Paymaster.*

*Old with 2nd class 1/1/17
Std. leave 3rd
of 30 days at 25c
A.O.H. 14/1/17
at P.O. 14/5/17
Br. 7.50 1/17
copy of L.P.C. 28/1/17
to Ottawa, 29/1/19.*

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

91

SMK

To Whom *Allen, Allen.*

By Whom Assigned *Allen, J.*

Address *410 Queen Ave
Montreal
Que*

Regtl. No. *25554.*

Rank *Pt*

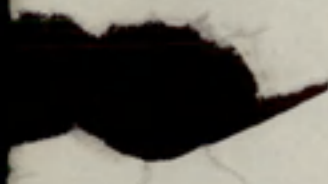
Corps *14 Bata a Coy.*

Rate *20⁰⁰ per m. Oct 1/14*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.		<i>2525</i>	<i>20.</i>	
Nov.		<i>22357</i>	<i>20.</i>	
Dec.		<i>33422</i>	<i>20</i>	
Jan.	1915	<i>24058</i>	<i>20</i>	
Feb.	<i>Cancelled.</i>	<i>35540</i>	<i>20</i>	<i>Cancelled in Error Discharged G. O. C. order No 1025. 60-A-57-Medically unfit</i>
March		<i>35540</i>	<i>20</i>	
Apl.				
May				
June		<i>510943</i>	<i>20</i>	
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

apd



REPRODUCED BY
THE NATIONAL ARCHIVES

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

23⁴/₁₇
M. F. W. 11a.
50m.-4-16.
1772-39-818.

Sheet No. 2.

L. L. Job 310.—Req. 6374.

Ella Allan

Wife

Name of Soldier

Allan John Pto

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		O 5275	44-	Wt from 25/3/16
June		C 1642	20	20
July		K 9505	20	20
Aug.		A 11385	20	20
Sept.		C 14835	20	20.
Oct.		<i>E</i> 18345	20	20
Nov.		C 21570	20	20
Dec.		C. 25139	20	20.
Jan.	1917	628541	20	20
Feb.		<i>C</i> 31429	20	20
March		C 34608	20	20 +
April		D 115	20	20
May		<i>A</i> 2894	20	20
June		<i>E</i> 7044	20	20
July		D 10924	20	20
Aug.		<i>F</i> 13914	20	20
Sept.		<i>E</i> 17217	20	20
Oct.			20	20
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

284
H
B
T

364/k

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.				

25-3-16

MILITIA AND DEFENCE

P. 42
23⁴⁴/₁₇ 108
 M. F. W. 11.
 50m.-4-16.
 H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name *Ella Allan*

Name of Soldier *Allan John*

Address *95 Drake St
 Gate St Paul
 Montreal, P.Q.*

Regtl. No.

Rank *Pte*

Corps *224th Battalion*

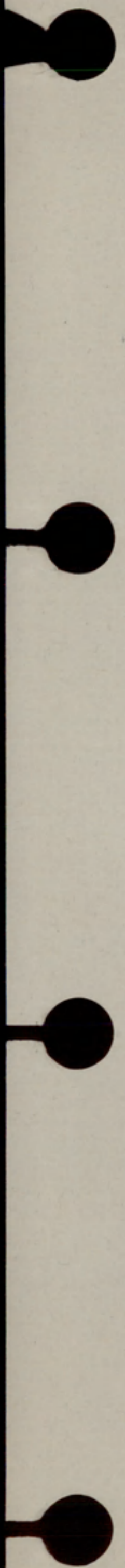
Relation to Soldier }
 wife, child or mother } *Wife*

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	1916			
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.				
Feb.				
March				





1940
1941
1942



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2

Ms Helen Allan

wife

Name of Soldier

Allan John

PAYMENTS.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
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.				

address changed
6/5/15

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

acct. closed.

Name *Allan, Mrs Helen*

Name of Soldier *Allan, John*

Address ~~Beauséjour~~ *Que*

Regtl. No.

~~1410 Green Avenue~~
~~St. Henry~~ *175 Canal St*
Montreal
95 Drake Ave - Cote St. Paul
Montreal

Rank

Corps *14 Prov Bn*

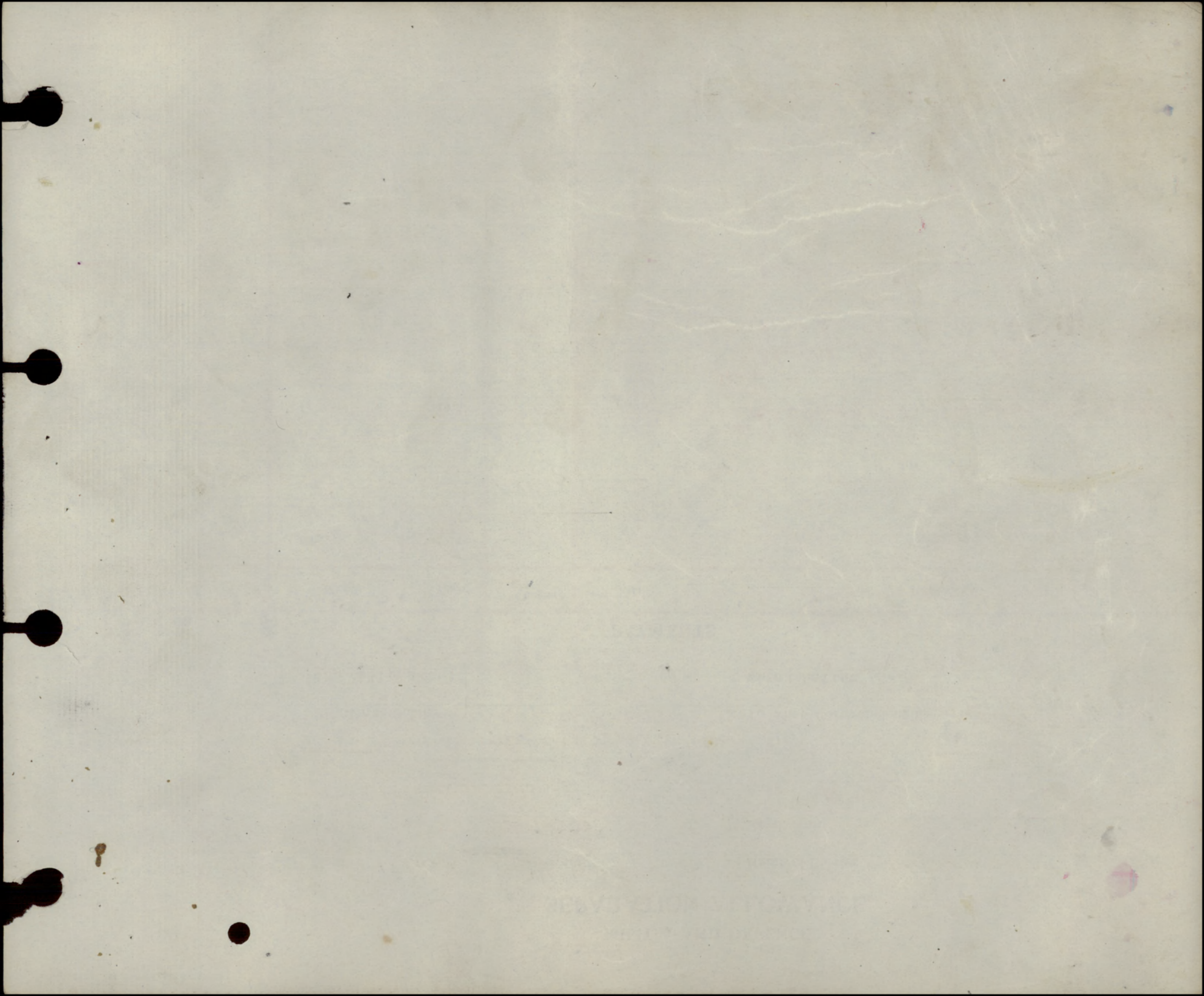
Relation to Soldier } *Wife*
wife, child or mother }

To what Corps belonging } *1st Lt. of C.*
when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.		<i>C 988</i>	<i>20 -</i>	
Oct.		<i>A 1042</i>	<i>20 -</i>	
Nov.		<i>A 2059</i>	<i>20 -</i>	
Dec. <i>1/2 Aug</i>		<i>B 3309</i>	<i>30 -</i>	
Jan.	1915	<i>A 3747</i>	<i>20 -</i>	<i>Discharged - medically unfit</i>
Feb.		<i>A 4933</i>	<i>20 -</i>	
March		<i>A 7309</i>	<i>20 -</i>	<i>Advice to O.C. at Halifax to discharge on arrival, dated Feb/15</i>
Apl. ✓		<i>A 8505</i>	<i>20 -</i>	
May				<i>File 60-A-57</i>
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNT CLOSED
DATE..... PER.....
W



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.-Req. 6374.

Mrs. Helen
Helen Allan

wife
PAYMENTS. 298040

Name of Soldier

Allan John
224th Bn.

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$20.00
				MAY 1 1916
April	1916			
May		M 6429	20	✓
June		N 9465	20	-
July		G 8198	20	
Aug.		A 11394	20	
Sept.		B 15248	20	
Oct.		C 14637	20	
Nov.		C 24730	20	
Dec.		B 32933	20	
Jan.	1917	F 35784	20	
Feb.		F 41589	20	20. ✓
March		F 47649	20	20. ✓
April		F 99	20	✓ 20. ✓
May		H 6141	20	
June		G 12712	20	20. ✓
July		G 19481	20	s
Aug.		F 26531	20	✓
Sept.		F 33613	20	✓ in 340/h
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

RHP

20. ✓

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.				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

P 23 1/2
Rob

M. F. W. 12.
 50m.-4-16.
 H. Q. 1772-39-819.

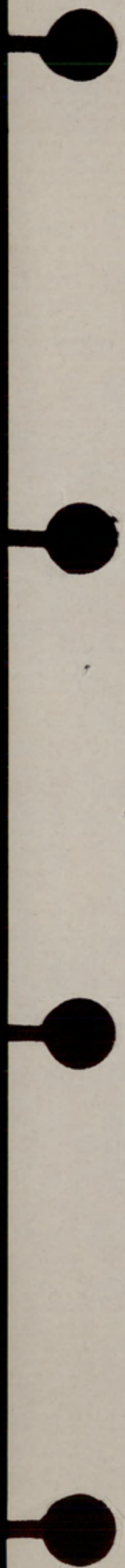
Helen *Wife*

To Whom *Mrs. ~~Helen~~ Allan* By Whom Assigned *Allan John*
 Address *95. Drake St.* Regtl. No. *298040*
Cote St. Paul Rank *Pte Cpl.*
Montreal Corps *224th Bn.*
 Rate *\$20⁰⁰*

MAY 1 1916

PAYMENTS

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



27

11

11

11



Date of Enlistment

25-3-16.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

1436

May 1/16

RATE OF SEPARATION ALLOWANCE

#	1-12-17	1918
20.	25 00	

P.C. 3157 100 2753 2722
M.V. 2722

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 298040
 Rank *Cpl* Promoted Reverted Discharge
 Soldier's Name *John Allan*
 Battalion *224th Bn.*
 Beneficiary *Helen Allan.*
 Relationship *wife.*
 Address *M.F. 2534 9/18*

PARTICULARS OF ASSIGNMENT

Name *Mrs Helen Allan*
 Address *95 Drake St Cote St. Paul Mont.*
 Change of Address *See.*
 1
 2
 3
 4

62503
VSN

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sep 30/17		364	340	704	
Oct.	D 50261	20	20	40	
Nov	B 52565	20	20	40	
Dec	B 58659	20	20	40	
Jan.	D 65247	30	20	50	
Feb.	B 91365	25	20	45	
Mar	G 98590	25	20	45	
April	H 8359	25	20	45	
May	A 11312	25	20	45	
June	B 14213	25	20	45	
July	Y 27178	25	20	45	
Aug	a 29670	25	20	45	
SEP	A 36113	25	20	45	
Oct.	b 42946	25	20	45	
NOV	o 51040	25	20	45	
DEC	u 62660	45	20	65	
JAN 1010	B 70417	30	20	50	
FEB	F 77502	30	20	50	
MAR	D 83255	30	20	50	
APR	b 925	30	20	50	
		<u>869</u>	<u>720</u>		

2 554 OK - 5-12-18 B

REMARKS 02369-154

90129

AUDITED.

A/c Closed 30/4/19
 Ret'd per. *Saturnia*
 Date 10/4/19 M.F.W. 187 6/19
J.H. 4. J. Hall

M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 2320-M. & D. 1503.



Date of Enlistment _____

MILITIA AND DEFENCE

Date of Assignment _____

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

20/12/62	40		20	20	20	

M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 22320-M. & D. 1963.

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 (F. 851).
- ✓ 13. Pay Book (A.B.64).
- ✓ 14. War Service Credibility (Form M.F.W. 2595).
- ✓ 15. Sundry Documents.

Group..... *a*
 Checked by..... *22*
 Date..... *19/3/19*



SHORT FORM
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

19 March 1919
4-4
Cap. A
S.G. 7

1. No. <i>298040</i>	
2. Rank. <i>Sgt</i>	
3. Name. <i>Allan John</i>	
4. Unit. <i>C.F.C. 14th Batt</i>	
5. Date of Discharge	Place
<i>11-4-19</i>	<i>Montreal</i>
6. Reason for Discharge..... <i>Demobilization</i>	
WAR SERVICE BADGE. CLASSIFIED <i>269573</i> No. <i>3019</i> Glasgow	
7. Authority. <i>R.O. 1420. D.D.#4 D.O.Pt. II-III.</i>	
8. Proposed Residence after Discharge..... <i>Montreal</i>	
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. <i>39</i> <i>Montreal P.Q.</i> <i>April 11, 1919.</i> <i>J. Allan</i> Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... <i>Montreal, P.Q.</i> Date..... <i>April 11, 1919.</i> Signature..... (O. C. Discharging Unit.)	

Lieutenant
 Officer in Charge Section, Dispersal Station

(On leaving Corps or Station where invalided.)

Transfer { Date _____
 Station _____ } Name of { Conveyance _____
 or { Date _____
 Embark- { Port _____ } Vessel _____
 ation { } Officer in }
 { } medical charge { } _____

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
 Hospital or } _____ Officer in medical charge.
 Station } _____

(At Station or Hospital where finally disposed of.)

Station and Hospital } _____
 Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	From	To			
Date					

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } _____

 Administrative Medical Officer.

MEDICAL REPORT ON AN
INVALID.

Army Form B. 179.

Station _____
 Corps _____
 Regimental No. _____
 Rank _____
 Name _____
 Disability _____
 Date _____

Hospital or Station }
 transferred to for }
 final disposal }
 Date of final }
 disposal }
 How finally }
 disposed of { } _____

The original Report is invariably to accompany the discharge documents of Invalids.

(S) (88534) Wt. 10047/1884 2:0:000 1-15 W B & L
 Forms B. 179 35.

Army Form B. 179.

Medical Report on an Invalid.

DEPT MILITIA & DEFENCE
 MAR 11 1916
 H. C. ... 57
 CANADA

Station Tidworth.

Date March 2nd, 1915.

- 1. Unit **14th Battalion.**
- 2. Regimental No. **25554.**
- 3. Rank **Pte.**
- 4. Name **Allan, John.**
- 5. Age last birthday **36 years.**
- 6. Enlisted { on **13.8.14**
at **Montreal**
- 7. Former Trade { **Baker.**
or Occupation {

8. Disability.

Myopia, bi-lateral.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. **Before enlistment.**
- 10. Place of origin of disability. **Congenital affection.**
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
(1). Discharged in British Army in South Africa for defective vision.

- 12. (a) Give your opinion as to the causation of the disability. **(a). Congenital condition**
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3). **(b). Not applicable.**

35

Carded
25.3.15
H.C.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Can only distinguish large print at 10 feet.

14. If the disability is an injury, was it caused

Not applicable.

(a) In action?

(b) On field service?

(c) On duty?

(d) Off duty?

15. Was a Court of Inquiry held on the injury?

Not applicable.

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

Not applicable.

17. If not, was an operation advised and declined?

Not applicable.

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

Not applicable.

19. Do you recommend

(a) Discharged as permanently unfit, or

(a). Yes.

(b) Change to England?

E. S. Jeffrey Capt. C.A.M.C.
Officer in medical charge of case.

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

Station _____

Date _____

Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

i. No. ii. No. iii. No.

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

21. Has the disability been aggravated by

(a) Intemperance?

No.

(b) Misconduct?

No.

22. Is the disability permanent?

Yes.

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Not at all.

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Health Insurance Act?

No.

25. If an operation was advised and declined, was the refusal unreasonable?

Not applicable.

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(a). Yes, in Canada.

(b) Change to England?

Signatures:—

Station Tidworth,

Date 3/3/15.

Approved.

Station Shoreham

Date 30-3-15

J. W. Currier Capt. President.
James C. Fyfe Capt. Members.
A. L. Jones Capt.

F. L. Hunt Lt. Col.

Administrative Medical Officer.

(On leaving Corps or Station where invalided.)

Transfer	Date _____	Name of _____	Conveyance _____
	Station _____		Vessel _____
or Embarkation	Date _____	Name of _____	Officer in medical charge _____
	Port _____		

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
Hospital or Station _____ } Officer in medical charge _____

(At Station or Hospital where finally disposed of.)

Station and Hospital { _____
Arrived from _____ Date _____

If admitted Date	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	From	To			

Detailed statement as to condition on discharge, and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision _____

Administrative Medical Officer. _____

Medical Report on an Invalid.

Station Not Sealed Hospital Balford
Date Jan 22nd, 1915

- 1. Unit 14th Bn
- 2. Regimental No. 2554
- 3. Rank PT
- 4. Name Allen J.
- 5. Age last birthday 36
- 6. Enlisted { on Aug 3rd
at Montreal
- 7. Former Trade or Occupation { Landscape Gardener

8. Disability.

Defective Vision.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. Twelve to eight years ago.
- 10. Place of origin of disability. Cape Colony.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Twelve yrs. ago eyesight began to fail and he was discharged from the Army on that account. Eyesight has been failing steadily ever since. At present he can not read the 1st. line of Snellen's type.

- 12. (a) Give your opinion as to the causation of the disability. Not applicable.
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3). Not applicable.

Army Form B. 179.

MEDICAL REPORT ON AN INVALID.

Station _____
Corps _____
Regimental No. _____
Rank _____
Name _____
Disability _____
Date _____

Hospital or Station transferred to for final disposal _____
Date of final disposal _____
How finally disposed of _____

FEB -6 1915

H.Q. CANADA

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913.)

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service (ii.) climate, or (iii.) ordinary military service.
i. No
ii. No
iii. No

(b) If due to one of these causes, to what specific conditions do the Board attribute it? —

21. Has the disability been aggravated by

(a) Intemperance? no

(b) Misconduct? no

22. Is the disability permanent? yes

23. If not permanent, what is its probable minimum duration?
To be stated in months. —

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?
In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity. nil

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Health Insurance Act? —

25. If an operation was advised and declined, was the refusal unreasonable? —

26. Do the Board recommend Return to Canada?
(a) Discharge as permanently unfit, or
(b) Change to England? Yes

Signatures:—

Dr. Maynard Bupp C.A.M.C. President.

Station Bulford G. J. Dowsley Capt. C.A.M.C. Members.
Date 22/1/15 J. H. Bell Lt. C.A.M.C.

Approved.

Station Buxton, Eng. G. H. Foster, Lt. Colonel. Administrative Medical Officer.

Date 24-1-15

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Man of good physical development.

cannot read top line of Sullivan's type with either or both eyes.

14. If the disability is an injury, was it caused

(a) In action?

(b) On field service?

(c) On duty?

(d) Off duty?

} not applicable

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

} not applicable

16. Was an operation performed? If so, what?

not applicable

17. If not, was an operation advised and declined?

not applicable

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

—

19. Do you recommend

Return to Canada

(a) Discharge as permanently unfit,

or

(b) Change to England?

Yes

Edmund Kenney Capt. C.A.M.C. Officer in medical charge of the case.

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

Station Bulford

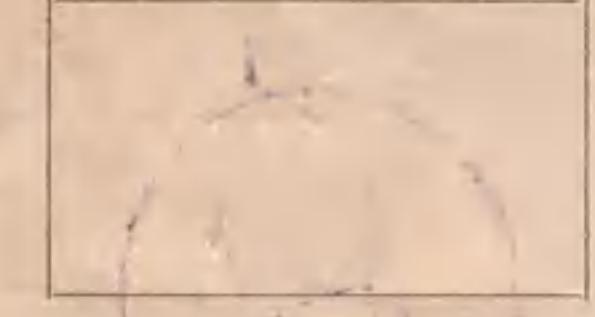
Date 22/1/15

Edmund Kenney Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.
† Delete this word if no exceptions are to be made.

a. 850

This space to be left blank for the Chelsea Number.



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>25554</u>	Army Rank <u>Private</u>
Name <u>J. Allan</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st Canadian Expeditionary Force</u> Battalion, Battery, Company, Depot, &c. <u>13th Battalion</u> <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>8-4-15</u>	
Place of discharge <u>Italy, N.S.</u>	
1. Description at the time of discharge.	
Age <u>36</u> years <u>90</u> Days	Descriptive marks. <u>Four (4) Vaccin Marks</u> <u>Left.</u>
Height <u>5</u> feet <u>6 3/4</u> inches	
Chest measurement { girth when fully expanded <u>35</u> ins. range of expansion _____ ins.	
Complexion _____	
Eyes _____	
Hair _____	
Trade <u>Baker</u>	
Intended place of residence <u>Montreal</u> <u>Que</u> <u>Canada.</u> <small>(To be given as fully as practicable)</small>	
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	
2. The above-named man is discharged in consequence of <u>Being Medically Unfit by a Medical Board.</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:— <u>Good</u>	
4. Character awarded in accordance with King's Regulations:—	
To be filled in on the soldier quitting the Colours.	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer. <u>[Signature]</u>	
Army Form B. 2088 has been issued to*	

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge (Army Form B. 268)
2. Proceedings on transfer to reserve (if any) (Army Form B. 2056)
3. Duplicate attestation
4. Army Form B. 97 (if any)
5. Declaration of change of name (if any)
6. Re-engagement paper (if any) (Army Form B. 136)
7. Authority for continuance, or extension, of service (if any) (Army Form B. 221)
8. Court of Inquiry on an injury (if any) (Army Form A. 2)
9. Regimental conduct sheet (Army Form B. 120)
10. Company conduct sheet (Army Form B. 121)
11. Copies of convictions by Civil Power (if any)
12. Medical history sheet (Army Form B. 178)
13. Medical report on invalid (if any) (Army Form B. 179)
14. Copy of receipt for purchase money (if any)
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any)
16. Detailed statement of former service allowed to reckon towards pension (if any)
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge)
18. Descriptive return (Army Form D. 400), where required
See section 11 on second page
19. Active service casualty form (Army Form B. 103)
20. Employment sheet (Army Form B. 2066)

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority)
2. Medical history sheet (if any) (Army Form B. 178)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The Officer in charge of records will then extract from the original attestation, any documents, required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) Tidworth.

(Date) 26/3/15.

To my knowledge and belief
H. S. Macleod
Commanding 12th Battn. 1st CEF Regiment.

8. Certificate to be signed by the soldier on discharge.

hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ (Signature of Soldier.)

(Date) _____ (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " "

Total " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) Halyon R.S.

(Date) 8-4-15.

Signature *M. S. ...* Capt
V.C. Discharge Dept

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
2/ 3/15	Lidworth: Examined by Medical Board & has been declared permanently unfit through defective vision & recommended to be discharged in Canada Proceedings of G.S. Jeffrey Lieut C4MC Board Approved for adms

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Allen Christian Name J. W. [unclear] CR48

TABLE I.—GENERAL TABLE.

Birthplace .. Parish Dumfries County Fife

Examined on .. day of .. 191 ..
at

Declared Age 36 years 90 days.

Trade or Occupation .. Baker

Height 5 feet, 6 3/4 inches.

Weight 170 lbs.

Chest Measurement { Girth when fully Expanded .. 35 inches.
Range of Expansion .. inches.

Physical Development ..

Vaccination Marks { Arm .. Right .. Left 4
Number ..

When Vaccinated 1900.

Vision { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease (a) Original Med. Hist. Sheet not available

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

Approved by .. (Signature) ..
(Rank) ..
Medical Officer.

Enlisted at Montreal
on 13th day of August 191 4

Joined on Enlistment <u>14th Bn</u>	Corps.	Regtl. No.
Transferred to <u>12th Battalion</u>		<u>25554</u>

Became non-effective by
on .. day of .. 191 ..
(Signature) ..
(Rank) ..

*N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a Standing Medical Board
assembled at Newstead Pa.
on the 7th July 1915
by order of O.C. 4th Div.
for the purpose of Examining #25554
pte. John Allan 14th Btn. C.E.D.
according to instructions 4D. 22. R. 11.
R/A.S.M.S. -

PRESIDENT.

Major C.A. Peters A.M.C.

MEMBERS.

Lieut R.E. Powell A.M.C.
Lieut E.M. von Berke A.M.C.

The Board having assembled pursuant to order, proceed to
examine #25554 pte John Allan
14th Btn. C.E.D. and find that
he has marked myopia of
both eyes which has evidently
existed for many years and
is permanent. He is incapacitated
to the extent of 20% from this
visual defect. Although the man
states that his eyesight has
become worse since enlistment
the Board cannot concur in
this contention.
He is also suffering from
lumbago contracted while on
service at Salisbury Plain -
a disability of 20% for six months.
This is in addition to 20% permanent
disability stated above.

W. H. M. M. M. M.
W. H. M. M. M. M.
P. M. von Berke Lieut. A.M.C.

2.

A.A.G.

4th.Division.

I concur.

[Signature] Major.

A/A.D.M.S. 4th.Division.

DEPT
MILITIA & DEFENCE
JUL 16 1915
H.C.
CANADA

3.

Secretary, Militia Council.

Ottawa.Ont.

FORWARDED.

[Signature] Colonel.
O.C., 4th.Division.

Montreal.P.Q.

14-7-15.

Approved

29-7-15

[Signature] Major
adgcm

MARRIED OR SINGLE *Married*
 PLACE OF BIRTH *Edinburgh Scotland*
 NAME AND ADDRESS OF NEXT OF KIN *Mr Helen Allan*
95 Drake St, Levee St Paul, Montreal.
 RELATIONSHIP OF NEXT OF KIN *Wife*
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &C.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Reverts to Pk 29/8/16.</i>	<i>29/8/16</i>	<i>30 82 31/16</i>

REG'L No. *298040* RANK *Private* NAME *Allan, John*
 IF IN PERM. CORPS
 WHAT UNIT *224th Forestry Battalion* TRANSFERRED TO *676 Naves* DATE *11/1/17* AUTHORITY
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Montreal* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *25/3/16* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *20* DATE EFFECTIVE *May/16*
 PAYABLE TO *Mr Helen Allan, 95 Drake St, Levee St Paul, Montreal.* RELATIONSHIP *Wife*

ADMISSIONS TO HOSPITAL, &c.

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

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY						FIELD ALLOWANCE						WORKING OR SPECIAL PAY						ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS																	
	NO. OF DAYS		RATE		AMOUNT		NO. OF DAYS		RATE		AMOUNT		NO. OF DAYS		RATE		AMOUNT					1		2		3		4		1	2	3	4	CREDIT	DEBIT																				
	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	No.	DATE	No.	DATE				No.	DATE	No.	DATE	1	2	3	4	6.	OTHER CHARGES	TOTAL DEBITS																							
<i>June</i>	<i>30</i>	<i>110</i>	<i>33 00</i>	<i>30</i>	<i>10</i>	<i>3 00</i>																																																	
<i>July</i>	<i>31</i>	<i>110</i>	<i>34 10</i>	<i>30</i>	<i>10</i>	<i>3 10</i>												<i>101</i>	<i>12/6/16</i>					<i>4 87</i>				<i>20 00</i>				<i>24 87</i>	<i>27 43</i>																						
<i>Aug</i>	<i>31</i>	<i>110</i>	<i>30 80</i>	<i>30</i>	<i>10</i>	<i>3 10</i>											<i>154</i>	<i>29/7</i>	<i>258</i>	<i>13/10</i>			<i>4 87</i>	<i>4 87</i>			<i>20 00</i>				<i>29 74</i>	<i>34 89</i>																							
<i>Sept</i>	<i>30</i>	<i>110</i>	<i>3 00</i>	<i>30</i>	<i>10</i>	<i>3 10</i>											<i>390</i>	<i>20/8</i>					<i>9 73</i>				<i>20 00</i>	<i>6 00</i>			<i>40 60</i>	<i>31 19</i>																							
<i>Oct</i>	<i>31</i>	<i>110</i>	<i>3 00</i>	<i>30</i>	<i>10</i>	<i>3 10</i>											<i>441</i>	<i>18/6</i>	<i>552</i>	<i>15/10</i>			<i>9 74</i>	<i>2 43</i>			<i>20</i>				<i>32 14</i>	<i>32 02</i>																							
<i>Nov</i>	<i>30</i>	<i>110</i>	<i>3 10</i>	<i>31</i>	<i>10</i>	<i>3 10</i>											<i>615</i>	<i>10/7</i>					<i>9 74</i>				<i>20</i>				<i>29 74</i>	<i>36 38</i>																							
<i>Dec</i>	<i>31</i>	<i>110</i>	<i>3 10</i>	<i>31</i>	<i>10</i>	<i>3 10</i>											<i>701</i>	<i>1/10</i>					<i>12 17</i>				<i>20</i>				<i>32 17</i>	<i>37 21</i>		<i>20</i>																					
<i>1917</i>	<i>Jan</i>	<i>31</i>	<i>110</i>	<i>21 40</i>																							<i>20</i>				<i>20</i>	<i>51 31</i>																							
	<i>Feb</i>	<i>28</i>	<i>110</i>	<i>34 10</i>													<i>86</i>	<i>1/19</i>					<i>12 17</i>				<i>20</i>	<i>7 70</i>			<i>39 87</i>	<i>45 54</i>																							
	<i>Mar</i>	<i>31</i>	<i>110</i>	<i>30 80</i>																							<i>20</i>				<i>20</i>	<i>56 34</i>																							
	<i>Apr</i>	<i>30</i>	<i>110</i>	<i>34 10</i>													<i>1400</i>	<i>3/2</i>	<i>1974</i>	<i>22/3</i>			<i>12 17</i>	<i>12 17</i>			<i>20</i>	<i>16 50</i>			<i>60 84</i>	<i>29 60</i>																							
	<i>May</i>	<i>31</i>	<i>110</i>	<i>35 90</i>																			<i>41 38</i>	<i>58 42</i>			<i>200</i>	<i>30 20</i>			<i>330 00</i>	<i>29 60</i>																							
	<i>June</i>	<i>30</i>	<i>110</i>	<i>35 90</i>																			<i>41 38</i>	<i>58 42</i>			<i>200</i>	<i>30 20</i>			<i>330 00</i>	<i>29 60</i>																							

As at 1/6/15.
Reverts to Pk 29/8/16 Pk 152 13/1/16
5 days pay by R.O. 43 11/1/17
Paid 7 days pay by R.O. 43 12/1/17
Paid 15 days pay by R.O. 43 11/1/17

298040. In Allan John a/c pay # 20 Canada

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS				
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT							
			\$	C.			\$	C.																				No.	DATE	No.	DATE
1917										359 60					41 38	58 42			200	30 20	330 00	29 60									
Apl	30	1 st	33							33									20	32	20 32	42 28								Doc 4005 37/9-17 16-3-17	
May	31		34 10							34 10					12 17			20		32 17	44 21										
June	30		33 00							33 00								30		20	57 21										
July	31		34 10							34 10								20		20	41 31										
Aug	31		34 10							34 10	247 15/6				9 74			20 -		41 91	63 50										
Sept	30	1 st	33 -							33	192 25/5			12 17				20 -		22 67	73 83 ✓										

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. RED. PAY ENG.	SEP. ALLGE. PAY ENG.
		7383							7383		
Oct	P Pay	34 10		AP Can					20		
				197 21/17 45th boy 27th France	357						
				263 19/17 45 boy 6th France	357						
				126 9/17 45 boy 7C France	357						
				74 20/17 45 boy 7C France	267				74 55		
Nov	P Pay	34 10		ban a pay	13 18				20		
		33 00		AR 420 450 C.F.E.R 11-10-17	892						
				329 .. . 27 9.17	357						
Dec	P Pay	34 10		ban a pay					20		
				AR 580 450 C.F.E.R 12-11-17	892				80 24		
1918		67 10			21 41				40		
Jan	P Pay	34 10		ban a pay					20		
				AR 703 450 .. 30 11-17	892						
Feb	P Pay	34 10		ban a pay	892				20		
		30 80		AR 1036 450 .. 19-1-18 ✓	17 84				20		
				" 474 No 12 Dis 28 1-18	58 40						
				" 1090 .. . 28 1-18	7 14				12 84		
Mar	P Pay	30 80		ban a pay	83 38				20		
		34 10		AR 11459 - 10.12.18 ✓	892				20		
				" 1849 .. . 19.3.18	892				9 10 2/1		
		34 10			17 84				20		

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: <i>ALLAN John</i>		
EFFECTIVE DATE: <i>1-8-16</i>		EFFECTIVE DATE: -		NUMBER: <i>298040</i>		
AMOUNT: <i>20⁰⁰</i>		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 <i>45</i>	DATE EFFECTIVE <i>1.8.17</i>	RANK OR APPOINTMENT <i>1st Lt</i>
				<i>B.O. 5, 26.6.17, Coy.</i>		
<i>Mrs Helen Allan - Wife</i> <i>95 Drake St. Cole St. Paul Montreal</i> <i>Stopped SA. 1.4.19</i>				<i>B.O. 35 Sub 2 25/7/18 45</i>	<i>17.4.18</i>	<i>Pte</i>
				<i>007 27/2/19 45 Co</i>	<i>2/2/19</i>	<i>1st Sgt. with confirmed SA</i>
				UNIT AND TRANSFERS		
				ORIGINAL UNIT: <i>-224 Forestry Bn.</i>		
				DATE ACCOUNT FIRST OPENED: <i>-1-6-16</i>		
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D
						<i>676 France</i>

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
<i>7.3.19</i>	<i>9510</i>	<i>B.D.</i>	<i>14 60</i>				
				<i>also agreed 309/18 P850</i>			
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE			
<i>B.O. 35 Sub 2 25/7/18 45 Coy.</i>	<i>1 35</i>	<i>15</i>					

PARTICULARS OF RENDERING NON-EFFECTIVE: <i>B/Can 31/3/19. NR. 4354 7/3/19. Space made up by W 7.</i>												
MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION	
<i>1918</i>												
<i>March</i>	<i>Bal forward</i>								<i>9 10 21</i>			
<i>April</i>	<i>RD</i>	<i>33</i>		<i>Can ap</i>				<i>20</i>				
				<i>AR 167 12 dis 20-4-18.</i>	<i>8 92</i>				<i>13 18</i>			<i>✓</i>
<i>May</i>	<i>✓</i>	<i>33</i>		<i>AP</i>	<i>8 92</i>			<i>20</i>				
		<i>34 10</i>		<i>AR 518 ✓ 17.5.18.</i>	<i>8 92</i>			<i>20</i>	<i>18 36</i>			<i>✓</i>
<i>June</i>	<i>✓</i>	<i>33</i>		<i>AP</i>	<i>8 92</i>			<i>20</i>				
		<i>34 10</i>		<i>AR 806 ✓ 12.6.18</i>	<i>8 92</i>			<i>20</i>	<i>22 44</i>			<i>✓</i>
<i>July</i>	<i>under diff. of 2yts & P's pay 17.4.18 to 30.6.18. 75 days @ 40c.</i>	<i>33</i>		<i>AP</i>	<i>8 92</i>			<i>20</i>				
	<i>Sgt to P.</i>	<i>46 50</i>		<i>✓ 110 ✓ 10.7.18</i>	<i>8 92</i>				<i>95 92</i>			<i>✓</i>
	<i>under diff. of 2yts & P's pay 1.8.17 to 16.4.18. 259 days @ 10c.</i>	<i>25 90</i>		<i>AP</i>	<i>8 92</i>			<i>20</i>				
<i>Aug</i>	<i>Sgt to P.</i>	<i>102 40</i>		<i>✓ 1494 ✓ 16.8.18</i>	<i>12 49</i>			<i>20</i>	<i>109 93</i>			
		<i>46 50</i>			<i>12 49</i>							
<i>Sept</i>		<i>45</i>		<i>Can</i>				<i>20</i>				
		<i>45</i>		<i>AR 1899 12 dis 18-9-18</i>	<i>10 71</i>			<i>20</i>	<i>124 22</i>			
		<i>45</i>			<i>10 71</i>							
<i>Oct</i>		<i>46 50</i>		<i>Can</i>				<i>20</i>				
		<i>46 50</i>		<i>AR 2165 12 dis 12/10/18.</i>	<i>11 19</i>			<i>20</i>	<i>139 53</i>			
		<i>46 50</i>			<i>11 19</i>							
<i>Nov</i>		<i>41 50</i>		<i>Can</i>				<i>20</i>				
<i>Dec</i>		<i>46 50</i>		<i>AR 2166 12 dis 8/11/18</i>	<i>11 19</i>			<i>20</i>				
<i>Jan</i>		<i>46 50</i>		<i>Can</i>				<i>20</i>				
				<i>AR 2050 ✓ 3/12/18</i>	<i>9 73</i>							
				<i>AR 2072 ✓ 8/12/18</i>	<i>20 53</i>							
				<i>Can</i>				<i>20</i>	<i>88 19</i>			
								<i>60</i>				
					<i>12 90</i>							

NUMBER

298040

RANK

NAME

ALLAN J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/1/19	Jan								8848		
Feb	SP	4200		AR 3153 120is 9/1/19	1119						
Mar		4650		AR 3391 ✓ 4/2/19	1119						
				cap				20			
				AR 88612 AD 22/2	16813						
				cap				20	4647		
				AR 89510 ✓ 7/3/19	1460				3187		
		8850			10511			40			
Apr.				AR 6331. 27/19. Hummel End.	973				22 14		
					973						

14 60
31 87

A 3 M. FORM RE *Checked* EFFEC. 1-4-19
 DISCHARGED TO *Canada* DATE 31-8-19
 PAY BOOK VERIFIED 10-3-19
 BAL. 3187 L.P.C. REN. 10-3-19
 AUTH. *TWA-4354* 7/3/19

SOS to Canada 28/19 \$ 35

COMPILED BY *Wood*
 CHECKED BY *Wood*

AR 6331. 27/19 Endors. CP/Ral. \$ 22.14

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

REGT. No. *2980 to* RANK *Sgt* NAME (IN FULL) *ALLAN JOHN* AUDITOR *[Signature]* PAYMASTER *[Signature]*

M. OR S. *[Blank]*

NEXT OF KIN: *[Blank]* RELATIONSHIP: *[Blank]*

ADDRESS: *[Blank]*

PARTICULARS: *Jos* EFFECTIVE DATE: *30/3/14* AUTHORITY: *Roll Supp. 2 P 13*

ORIGINAL UNIT C.E.F.: *C 76* IF IN P.F. WHAT UNIT? *[Blank]* (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION: *[Blank]* TRANSFERRED TO: *[Blank]* DATE: *[Blank]* AUTHORITY: *[Blank]*

DATE OF ATTESTATION: *25/3/16* TRANSFERRED TO: *[Blank]* DATE: *[Blank]* AUTHORITY: *[Blank]*

ASSIGNED PAY \$ *20.00* DATE EFFECTIVE: *1/5/19*

IS SEPARATION ALLOWANCE PAID? *Yes* DATE EFFECTIVE: *1/5/19*

TO WHOM PAID: *Mrs Helen Allan* RELATIONSHIP: *Wife* ANY CHANGE IN ASSIGNEE OR ADDRESS: *[Blank]*

ADDRESS: *95 Drake St Montreal*

STOP PAYMENT FORM RENDERED, DATE: *11/4/19* EFFECTIVE: *[Blank]*

DISCHARGED: *Montreal* PLACE: *[Blank]* DATE: *11/4/19* REASON: *Remob Roll. Supp. 2 P 13* AUTHORITY: *[Blank]* IF ENTITLED TO POST DISCHARGE PAY: *[Blank]*



MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE		AMOUNT	CREDITS	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				PAY	DEBITS	DEBIT	CREDIT		
																				\$
<i>14/1/19</i>		<i>150</i>	<i>21.00</i>	<i>11.00</i>	<i>32.14</i>														<i>32.14</i>	<i>Balance</i>
<i>14/4/19</i>		<i>144</i>	<i>21.00</i>	<i>70.00</i>	<i>136.00</i>														<i>136.00</i>	<i>AP. Supp. 2 P 13</i>
				<i>11.00</i>	<i>11.00</i>														<i>11.00</i>	<i>SA</i>
					<i>159.14</i>														<i>159.14</i>	<i>SA</i>
			<i>Other Credits</i>	<i>W. S. C. S. A. Total</i>	<i>War Service Gratuity</i>															<i>Balance</i>
			<i>420</i>	<i>180</i>	<i>600</i>															<i>180</i>
<i>11.5.19</i>													<i>70</i>	<i>350</i>	<i>180</i>					<i>300834</i>
<i>11.5.19</i>													<i>19</i>	<i>280</i>	<i>120</i>					<i>300835</i>
<i>11.6.19</i>													<i>70</i>	<i>210</i>	<i>90</i>					<i>904213</i>
<i>11.7.19</i>													<i>70</i>	<i>140</i>	<i>60</i>					<i>1062934</i>
<i>11.8.19</i>													<i>70</i>	<i>70</i>	<i>30</i>					<i>1272984</i>
<i>11.9.19</i>													<i>70.00</i>	<i>100.00</i>	<i>30.00</i>					<i>1528477</i>
																				<i>600.00</i>