

20740  
**I.D. number**  
**No. d'identification**

ALLEN  
**Surname**  
**Nom de famille**

Percy Henry  
**Given names**  
**Prénoms**

KIA 22-05-15

**NATIONAL PERSONNEL RECORDS CENTRE**  
**CENTRE NATIONAL DES DOCUMENTS**  
**DU PERSONNEL**

**PERSONNEL RECORDS ENVELOPE**  
**ENVELOPPE DES DOSSIERS DU PERSONNEL**

**Location**  
**Lieu** Box: 106

**«CONTENTS CONFIDENTIAL»**  
**«CONTENU CONFIDENTIEL»**



REGIMENTAL DOCUMENTS

NAME

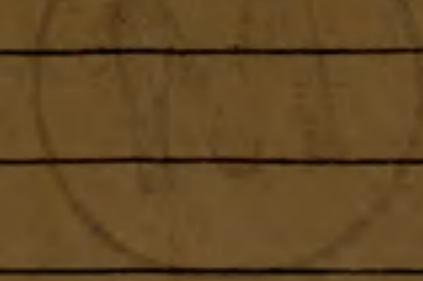
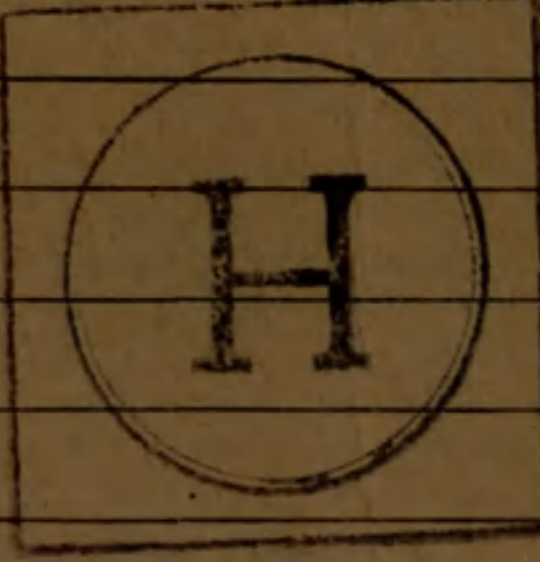
ALLEN Percy Henry

REGT. NO. 20740

UNIT 10<sup>th</sup> Balto

H. Q. FILE NO.

6126

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3 ATTESTATION PAPER (M.F.W. 23, 133, or 51)	<u>10</u>				<b>DEATH</b>
/ CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
/ TRAINING HISTORY SHEET (M.F.W. 113) <i>Record sheet</i>					<i>Killed in Action</i>
/ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					<i>22. 5. 15</i>
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					<b>DISCHARGE</b>
DENTAL HISTORY SHEET (M.F.B. 465)	Category				
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
Pay sheets					
6 Misc Cards					

Box # 106

ORIGINAL

Change of Address. N. of Kin. Authority N.L. 29. B.  
Gisborne  
Ewell No. H

# ATTESTATION PAPER.

Surburton  
No.

Folio. 17

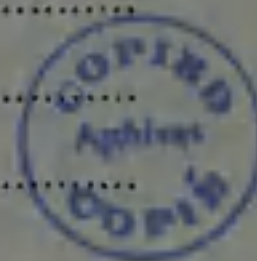
## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? *No 20740*
2. In what Town, Township or Parish, and in what Country were you born?
3. What is the name of your next-of-kin?
4. What is the address of your next-of-kin?
5. What is the date of your birth?
6. What is your Trade or Calling?
7. Are you married?
8. Are you willing to be vaccinated or re-vaccinated?
9. Do you now belong to the Active Militia?
10. Have you ever served in any Military Force?  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?

*Percy Henry Allen.*  
*Surburton, Eng.*  
*John Allen.*  
*Alendune Blakeney, Norfolk Eng.*  
*15th Aug 1885*  
*Master Engineer.*  
*No.*  
*Yes.*  
*No.*  
*No.*  
*Yes.*  
*Yes.*  
*Percy Henry Allen* (Signature of Man).  
*L. McLaughlan* (Signature of Witness).



### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *P. H. Allen*, 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.

Date *23rd Sept* 1914. *Percy Henry Allen* (Signature of Recruit)  
*L. McLaughlan* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *P. H. Allen*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *23rd Sept* 1914. *Percy Henry Allen* (Signature of Recruit)  
*L. McLaughlan* (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 *Volcartier* this *23rd* day of *Sept* 1914.

*J. McLaughlan* (Signature of Justice)

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

*R. J. Boyle* (Approving Officer)  
*Major*  
*Lieut. Col., Comdg. 10th Bu.*

103 Reg  
10 Bath

Description of P Allen on Enlistment

Apparent Age 29 years 7 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. 10 1/2 ins.

3 Vac left arm

Chest measurement { Girth when fully expanded 38 1/2 ins.  
Range of expansion 2 1/2 ins.

Complexion D

Eyes Blue

Hair Black

Religious denominations. { Church of England X  
Presbyterian  
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 Sept 5 1914.

[Signature]

Place Walsworth

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.

Percy Henry 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] (Signature of Officer)  
Major

Date 23rd Sept. 1914.

Rank and Name ALLEN Percy Henry  
 Regimental No. 20740  
 Unit 10th Battalion  
 Date of enlistment Sept. 23, 1914.  
 Place of birth England  
 Married (Yes or No) No  
 If in Permanent Force

Name and Address of Next-of-kin

John Allen  
 Allenderne Blakeney Norfolk,

Date and place of discharge

22.5.15.

Reason for discharge

Killed in action,

Character on discharge

N/E. R. B. 4

Promotions or appointments

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				
7-6-15	W.O.	Killed in action		22.5.15	Cas rpt 77 ONA. 11.
30-8-15	10 Bu	"		22.5.15	Part II O. 15 AFB 103 AFB 213.
23-11-15		A.F. B 107-93 sent to Estates Branch		23-11-15	



Change of Address  
 Gist  
 Ewell  
 Surbiton  
 R.L. 29. 77.  
 10348  
 Note dated 9.6.15 from J.W. Allen

# MEDICAL HISTORY SHEET.

17  
20740

Surname Allen Christian Name Percy A.

Examined { on 21 day of Sept 1914  
at Palcartier  
Birthplace { City or Town Surbiton  
County Surrey Eng.

Approved by GC Shelton  
Rank Capt M.O.

Apparent age 29  
Trade or occupation Motor Engineer  
Height 5 Feet 10 1/2 Inches.  
Weight 195 Lbs.  
Chest measurement { Minimum 39 inches.  
Maximum expansion 39 1/2 inches.  
Physical development Good  
Small-Pox Marks Nil

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left 2 3  
Number 2 3

Date	Result	VACCINATIONS.
	X	M.O.
	X	M.O.
		M.O.

When Vaccinated last 1907  
(a) Marks indicating congenital peculiarities or previous disease Nil

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Sept 17/14</u>	X	M.O.
		M.O.
		M.O.

Enlisted on ~~26~~<sup>29</sup> day of ~~Aug~~ Sept 1914 at ~~Medicine Hat~~ Palcartier

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>1<sup>st</sup> Overseas Med. Hat.</u>	<u>20740</u>	<u>Temperate</u>	<u>Aug 26/14</u>
Transferred to.....	<u>10<sup>th</sup> Batta. D. platoon</u>			

### 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.

Entries in Red Ink made from Attestation Sheets.  
MAY 25 1915 PM Shaw  
for D. D. M. S.





Casualty Form—Active Service.

Regiment or Corps 10<sup>th</sup> Battalion

Regimental No. 20740 Rank Pte. Name Allen, Percy Henry

Enlisted (a) 23/9/14 Terms of Service (a) one year Service reckons from (a) 23<sup>rd</sup> Sep. 1914

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B, 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
<u>30/5/15</u>	<u>O.C. 10<sup>th</sup> Batt.</u>	<u>Killed in action</u>	<u>Field</u>	<u>22/5/15</u>	<u>A.F. B 213.</u>  <u>W. B. Smith</u> CAPT. OFFICER IN CHARGE RECORDS CANADIAN SECTION G. H. Q.



(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, Shoemaking 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				

NAME ALLEN, Percy Henry

Regimental No. 20740.

Name and address of next-of-kin

Unit 10th Battalion

John Allen,

Date of enlistment Sept. 23rd, 1914.

Allenderne, Blakeney, Norfolk.

Place of birth England

Married (yes or no) No

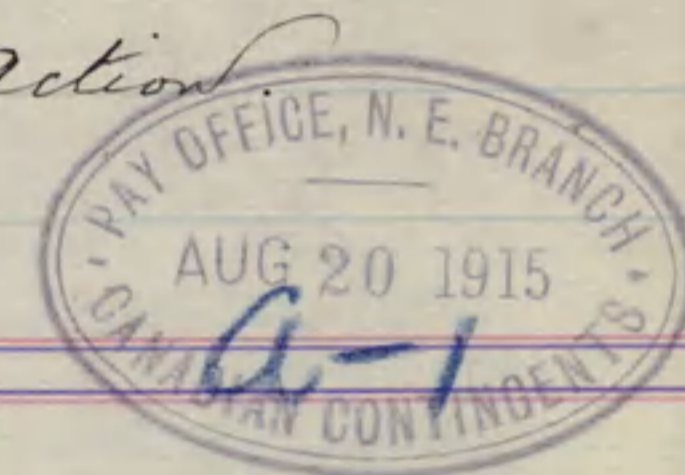
Date and place discharged May. 22. 1915

Amount of pay assigned monthly \$

Reason for discharge Killed in Action

To whom payable

Character on discharge



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																
Sep 22	Oct 31	40	1.00	40.00	40	1.00	40.00		44.00			35			35.00	
Nov 1	Nov 30	30	1.00	30.00	30	1.00	30.00	9.00	42.00			25			25.00	
1/12	31/12	31	1.00	31.00	31	1.00	31.00	17.00	51.00			30.00			30.00	
1/1	31/1	31	1.00	31.00			31.00	21.00	55.00			40.00		2.20	42.20	3.5 pay
1.2.15	28.2	28	1.00	28.00	28	1.00	28.00	13.00	43.80							
1.3.15	31.3	31	1.00	31.00	31	1.00	31.00	43.80	77.90			22			22.00	
1.4.15	30.4	30	1.00	30.00	30	1.00	30.00	55.90	88.90			6			6.00	
1.5.15	22.5	22	1.00	22.00	22	1.00	22.00	82.90	107.10			6			6.00	Killed in Action 22/5
								101.10								see Supp Pts
								adj of Exchg 4 57	105.47			164			105.47	
									105.47			105.47			105.47	Chq. No. 7436 (full) Aug 10/1916.

N.E. Aug-16.

Statement of  
MAY 30 1916  
Account rendered

Cash found in  
effects  
Mil

(60)



Surname

Christian Name or Names

Reg. No.

*Allen P.*

*A*

*20740*

Rank

Unit

Co.

Troop

Batty.

*Pte. 10 Battrn.*

Hospital

Date of Admission

Diagnosis

*Killed in action.*

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses, if more than one state present

DISPOSITION (underline which)

Date

Discharged to Duty.....

Transferred to..... Hosp.....

Hosp.

Hosp.

Hosp.

Discharged Invalid, England

**A.M.D. 2 DEPT.**

Returned to Canada

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

Died *21.5.15.*

REMARKS

*no. 77.*

*Killed in action.*

**C.L. 7 6. 15.**

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

Disch.

Diagnosis.

1.

2.

3.

4.

5.

6.

7.



No 20740 RANK Pte.

NAME Allen P. H.

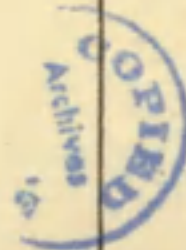
T. O. S.

UNIT

103rd Regt. Calgary Rifles.  
(10th Battalion)

M. D. Valcartier

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1914 Sept. 1.	1914 Sept. 21.	←		
Sept. 22	Oct. 31.	←		



UNIT SAILED  
OCT 3 1914





Name Allen, P.H. Rank Pte.

Reg. No. 20740.

Unit 10th Battn.

Next of Kin John Allen,  
Allenderene, Blakeney, Norfolk.

25.A.100

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
22-5-15. 22	Killed in Action		<i>JHR</i>	77	7/6/15	

COPI  
Archives

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

No.

RANK

Sgt.

NAME

Allen W. P

20740.

T. O. S.

UNIT

103rd. Regt. Calgary Rifles.  
(10th Battalion)

M. D. Valcartier

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Sept. 1.	1914 Sept. 21.	O.S.		

UNIT SAILED  
OCT 3 1914

X  
X



NAME Allen Percy Harry

H. Q. FILE No. 649- ✓

REGT'L. No. 20740

RANK AND CORPS Private 10th Battalion

NO. DATE

NATURE OF CASUALTY

NO.

356

FOLL.

@ 1994 6/6/15. Killed in action.

B 2090a Rowen. 6-8-15 • • • May 22nd 1915.

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

77

21/5/15.

killed in action.

*Draft*

ALLEN, *ency Larry* P. H. Pte. No. 20740, H.Q. 649-A-289.

*Elig for 14-15 Stars*

MEDAL, (Father) Mr. John Allen,  
*& Decorations* } ~~"Gisburne", Ewell Rd.~~  
39 Paternoster Row, Surbiton, Surrey, Eng.  
*London E.C. 4. Eng.*

PLAQUES, (Father) As above.

*(Ser # 801862)*

C. of S. (Mother) Mrs. Annie Laura Allen,  
As above.



*mem. cross placed  
in stock room  
20 7/22 AF*

APR 20 1922  
Desp. No. *37154*  
DESPATCHED *520*  
Plaque Desp. JUN 20 1922 No. *40484*

*OK*

NAME

REG. NO.

FILE NO.

DATE IN

DATE OUT

P.A. OR B.F.

DATE  
REQUIRED

REMARKS



(Rtd 6-3-20)  
(from add.)

M 2825



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

Date.	Brief details, and signature.

**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

**DUPLICATE**  
*Original*

20740

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

**MEDICAL HISTORY of**

Surname ALLEN Christian Name Percy H.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish \_\_\_\_\_ County \_\_\_\_\_

Examined ... { on \_\_\_\_\_ day of \_\_\_\_\_ 191  
at \_\_\_\_\_

Declared Age ... .. years .. days.

Trade or Occupation ... ..

Height ... .. feet, .. inches.

Weight ... .. lbs.

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

Physical Development ... ..

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

When Vaccinated ... ..

Vision ... .. { R.E.—V=  
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a)

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

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

Enlisted ... .. { at \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 191

Joined on Enlistment ... { Corps. .. .. Regtl. No.  
20740

Transferred to ... ..

Became non-effective by \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_  
(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_

This Medical History Sheet has been compared with the corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

[P.T.O.]  
Colonel in Charge of Records.  
Canadian Contingents.