REGIMENTAL DOCUMENTS

NAME ALLEN. William Jackson REGT. NO. 853177. UNIT 177 Battn H. Q. FILE NO.

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2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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W. 2589
100M-11-19
1772-39-1377

177th OVERSEAS BN.

ORIGINAL

ATTESTATION PAPER.

No. 853177

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Allen
1a. What are your Christian names? William Jackson
1b. What is your present address? Glencairn
2. In what Town, Township or Parish, and in what Country were you born? Sunnidale township Canada
3. What is the name of your next-of kin? Mrs Henry Morrison
4. What is the address of your next-of-kin? Glencairn
4a. What is the relationship of your next-of-kin? mother
5. What is the date of your birth? October 13th 1888
6. What is your Trade or Calling? Farmer
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Jackson Allen, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

W Jackson Allen (Signature of Recruit)

Date April 28th 1916. Chas H. Mitchell, Lieut (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Jackson 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.

W Jackson Allen (Signature of Recruit)

Date April 28th 1916. Chas. H. Mitchell, Lieut (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 Creemore this 28th day of April 1916.

John Mackay (Signature of Justice)

Apr 28th

M. F. W. 23.
100M.—1 -15.
H. Q. 1772-39-841.

Description of William Jackson Allen on Enlistment.

Apparent Age 27 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5' ft 7½ ins.

Chest measurement.
- Girth when fully expanded 38 ins.
- Range of expansion 2½ ins.

Complexion dark

Eyes blue

Hair dark

Religious denominations.
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other denominations Disciple
  (Denomination to be stated.)

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

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

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 April 28th 1916.

Place Creemore

W. D. Scott
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.

William Jackson 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.

Lt.-Col. (Signature of Officer)
Com'dg 177th Batt'n C.E.F., Barrie

Date May 1st 1916.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Allen *Christian Name* William Jackson

Examined { on 28 day of Apr 1916
at Creemore Ont.

Approved by W. D. Smith

Birthplace { City or Town Newmarket
County Simcoe

Rank ..... M.O.

Apparent age 27 yrs

Trade or occupation Labourer

Height 5 Feet 7 1/2 Inches.

Weight 150 Lbs.

Chest measurement { Minimum 35 1/2 inches.
Maximum expansion 2 1 inches.

Physical development Normal

Small-Pox Marks None

Vaccination Marks { Arm Right Left.
Number Vaccinated

When Vaccinated last —

(*a*) Marks indicating congenital peculiarities or previous disease None

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

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 28th *day of* Apr. 1916 *at* Creemore

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	177th O.S. Bn	953177	good	Apr 28th/16.
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Apr 28th

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Allen Christian Name Mr. Jackson

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Base Hospl Toronto		30	11	1916	22	12	16	Rheumatism	23	Improved.	H. MacDonald Capt
"		29	12	1916	24	1	17	"	26		W. G. Jameson Lieut

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122. 130 and 141, Financial Instructions, 25715c, C.E.F.,1916).

Regimental No. 853177 Rank Pte. Name Allen W.J.

Corps 177th O.S.Battalion C.E.F. who was* Discharged

On Feby. 20th.1917., 191..., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feby. 1st.1917. 191..., to Feby.20th. 191 7., the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No.			Regt'l Pay 20 days at $ 1 c	20	
Advances by Cheques } No.			Field Allow. 20 days at $ c 10	2	
Assigned Pay No.			Other Allowances* Civilian Cloth.	13	
Other Charges*					
Payment on transfer or discharge No.	35		Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	35	00	Total	35	00

*Give Particulars.

A monthly stoppage of $.....(†) has .....(‡) been paid on account of Assigned Pay for the month of .....191.... to (Assignee).....

(Address) .....

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of $..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment May.28th.1916.,

(2) if married and if a Separation Allowance Card has been submitted .....

(3) cause of discharge and authority Medically Unfit.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date .....

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date Feby. 20th 1917.,

Place Barrie, Ont.,

J. J. Hartt
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

200M.—6-16.
H. Q. 1772-39-903

85317 Pte. Allen W.J.

177th C.S.Battalion C.E.F. Discharged

Feby. 20th.1917..

Feby.20th. 7.

Feby. 1st.1917.

20 1 20
20 10 2

William Cloth. 13

35

35 00 35 00

.....

May. 28th.1916..

.....

Medically Unfit.

Feby. 20th 1917..

Barrie, Ont..

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

M. F. W. 54. (A. F. B. 103.
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 177th.Q.SBn.C.E.F.

Regimental No. 853177 Rank Private Name William Jackson Allen

Enlisted (a) Apr.28th.-16 Terms of Service (a) For at least 1 yr. or to end of present war or 6 mths after if necessary. Service reckons from (a) April 28th.1916.

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) Farmer

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.

[P.T.O.

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

Reg. No. 853177 Name Allen. W. J.

Rank Pte Corps 177 Age 27 Service 4/12

Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
Base. Toronto	30.11.16	Rheumatism
To Duty	22.12.16	
ad. Base Toronto	29-12-16	Rheumatism C
Dis-to Duty	24-1-17	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

No. 853177 RANK pte NAME Allen W. J.

T. O. S. 28-4-16 UNIT 177th Battalion
D.O. # 12-29-4-16 (Greenmore Detch.)

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Apr. 28	May 31	✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		
Nov.		✓		
Dec.		✓		
1917	1917			
Jan.		✓		
Feb. 1	Feb. 20	✓	Discharged 20-2-17	D.O. # 36-12-2-17,

a/c Closed by payment c.

5. He is in possession of the following number of G. C. Badges:

None

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations..... None

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Barrie, Ont. ..... Geo R Rodgers Lt. Col. Com'ng 177th Bat'n C.E.F.

(Date) Feb. 20th. 1917. ..... H L Scott Major

Commanding "D" Co'y. 177th. O's. Bn. CEF.

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Barrie, Ont. W J Allen ..... (*Signature of Soldier.*)

(Date) Feb. 20th. 1917. E H Olver L/Sgt. (*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 on 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 toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Barrie, Ont.

(Date) Feb. 20th. 1917.

(*Signature*) Geo R Rodgers Major

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.)

None

Signature of soldier W J Allen

Signature of witness E. H. Olver L/Sgt.

(OVER)

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.) None.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held? Off duty.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise. ---

14. Treatment Rest, light duty & salicylates.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? No.

16. What is the probable durati n of the disability or of each disabling condition, if more than one contributes? Probably permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. Not any more than before enlistment

18. State if for discharge on account of unfitness for Service. Yes.

J Halling Capt.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

18 Is he unfit for Military Service. Yes

Recommendations: That he be immediately discharged

Signatures :— J Halling Capt. President.

W. G. Lewis

Station. Members.

Date.

ASST. DIRECTOR MEDICAL SERVICES No 8 1917

Date.

Approved.

Date. 8/3/17

G. S. Fowers Capt.

Asst. Director of Medical Services.

W Arnold Capt.

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. }

Administrative Medical Officer.

Militia Form B. 227.
150 m—5-16.
H. Q. 1772—39—117.

DETAILED MEDICAL HISTORY OF 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 }

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

Next of kin.....Mrs Henry Morrison. (mother).

Address of next of kin.....Glencairn.

MEDICAL HISTORY OF AN INVALID.

Examiner. W.D.Smith. M.D.

1. Station. Barrie.
2. Regiment or Corps. 177 O.S.Bn.C.E.F.
3. Regimental No. and Rank. 853177 Pte.
4. Name. Allen Wm.Jackson.
5. Age last Birthday. 27.
6. Enlisted on April 28/16. at Creemore.
7. Former Trade or Occupation.

8. General remarks on his :—
   (a) Conduct. Good.
   (b) Habits. Good.
   (c) Temperance. Temperate.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. Jan.26/17.

NO. 2 MILITARY DISTRICT FEB 15 1917 34-AL-59
MILITIA DEPARTMENT FEB 23 1917 H.Q. 649-A-3384 CANADA

9. Service. Years. 273. Days.

	PERIODS.	
	FROM.	TO.
177 O.S.Bn.C.E.F.	April.28/16	Jan.26/17,

10. (a) Disease or disability. Rheumatism.
    (b) Date of origin. 1912.
    (c) Place of origin. Creemore.
    (d) Cause. Wet & exposure.

11. Present Condition. (Most Important).
    (To include full description of present disabling condition or conditions.)

Joints give pain on drilling or walking. It has been worse since the cold weather set in.

12. (a) Is the disability the result of service or climate? No.
    (b) Has it been aggravated by intemperance, vice or misconduct? No.

M. F. B. 227.
150 M—5-16.
1772-39-117.

Noted 10-3-17. POB.