

NAME *ALLISON KENNETH*

REGT. NO. *931053*

UNIT *Res. Co. 1st Inf.* H. Q. FILE NO.

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TO WHOM FORWARDED

DATE FORWARDED

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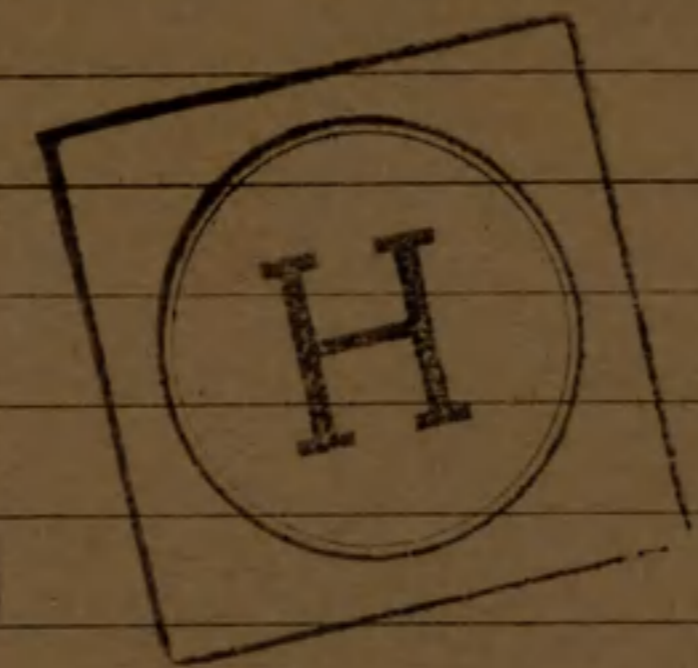
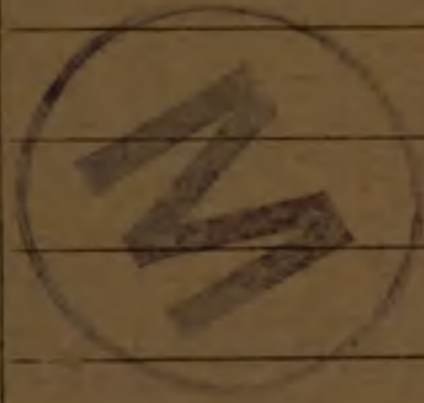
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paychecks

*Deceased
21-4-60*



DEATH

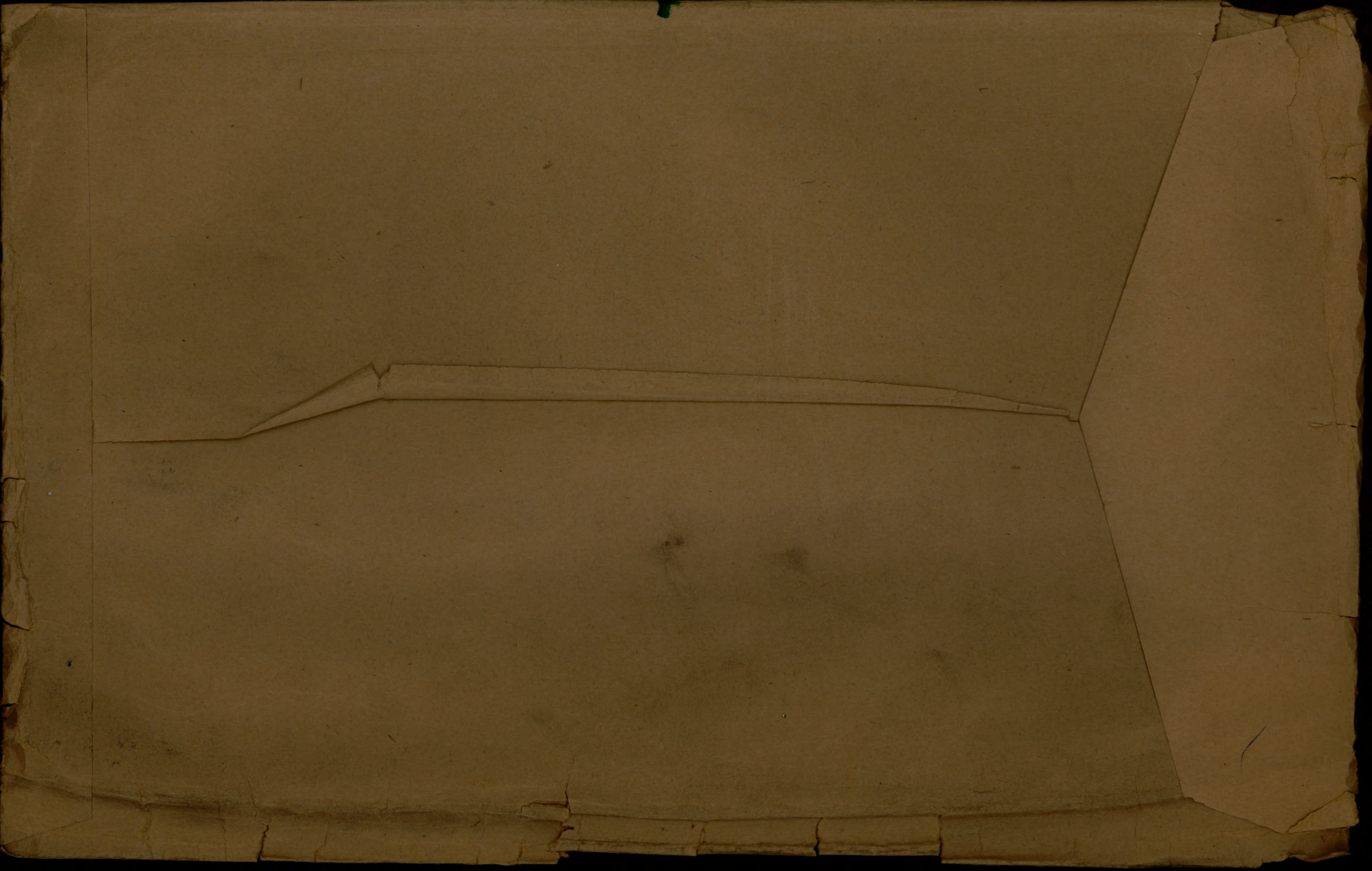
Category

DISCHARGE

Category

Hensob
DESERTION

*9-26
20-26
28-26*



ATTESTATION PAPER.

No.

No. 2 CONSTRUCTION, B.N. C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Allison*
- 1a. What are your Christian names? *Kenneth*
- 1b. What is your present address? *Newport Station, Hants Co. H.S.*
- 2. In what Town, Township or Parish, and in what Country were you born? *Newport Station " " NS*
- 3. What is the name of your next-of-kin? *Albert Allison Hants Co*
- 4. What is the address of your next-of-kin? *Newport Station, NS*
- 4a. What is the relationship of your next-of-kin? *Father*
- 5. What is the date of your birth? *March 29th 1895*
- 6. What is your Trade or Calling? *Quarryman*
- 7. Are you married? *single*
- 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*
- 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*
No 2 Construction Corps

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Kenneth Allison*, 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.

Kenneth Allison (Signature of Recruit)

Date *July 26* - 191*6*. *P. M. Fielding* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Kenneth Allison*, 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.

Kenneth Allison (Signature of Recruit)

Date *July 26* - 191*6*. *P. M. Fielding* (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 *Newport* this *27th* day of *July* 191*6*

John Parker (Signature of Justice)

Description of Kenneth Allison on Enlistment.

Apparent Age 21 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 10 ins.

weight 160 lbs

Chest measurement { Girth when fully expanded 35 - 38 ins.
 Range of expansion 3 ins.

Complexion Black

Eyes Brown

Hair DK Brown

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

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 July 31st 1916

S. Murray

Place Pretoria

S. Murray

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.

..... Kenneth Allison 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.

D. H. Sutherland

(Signature of Officer)

Date AUG 1 0 1916 1916

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931053 (Rank) Private
Name (in full) Kenneth Allison enlisted in
the No 2 Construction Battalion
CANADIAN EXPEDITIONARY FORCE at Windsor on the 26th
day of July 1914
HE served in France
and is now discharged from the service by reason of Demobilization

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 24 yrs
Height 5ft 10in
Complexion Black
Eyes Brown
Hair Brown

Marks or Scars

Nil

Signature of Soldier

C W Macaloney CAPTAIN.
O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

Rank

Date of Discharge K Allison

Appointment

Signed at Halifax N.S. this 19th day of March 1919

in Military District No. six

File Reference No. _____

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

On demobilization the particulars called for on this certificate will not be completed.

Uniform not to be worn after Discharge, unless authorized by first been obtained from G.O. District

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names *Kenneth* 2. Surname *Allison*
3. Rank *Pte* 4. Original Unit *No 2. Con Bn* 5. Reg. No. *931053*
6. Address, in full, to which future payments of gratuity are to be forwarded
Three Mile Plains, Halifax Co. N.S.
7. Date of enlistment in the C.E.F. *July 26th 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Not applicable*
9. Relationship of such dependent *do*
10. Address, in full, of such dependent *do*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
Yes. 14th Co. C.2. C. 2 from 1-1-18 to 15-1-19.
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? *No*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *No*
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 *2 from July 26th 1916*
No. 2 Con. Bn (Can Eng) 17th Res (Eng) No. 20 (Eng) 26th Res (Eng)
C.2. C. (Eng) 141 Co. C.2. C. (Eng) 19th Co. C.2. C. (France) C.2. C. A (Eng) to
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.*

123

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

No.

~~509~~

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?

A 23389

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

No.

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled

No.

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

Yes.

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

No.

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

No

21-3-19

(b) Reason for discharge

Demobilization

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

No.

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

Yes. 14th Co C.E.F. 2 Nov 1-11-18 to 15-1-19.

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

No.

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

Not applicable

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

Signature of Applicant: *H. Allison*

Place of Residence: *Three Miles Plains, Hants Co. N.S.*

Declared before me at: *Halifax, N.S.*

This *19th* day of *March* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

R.L. Hunter
A Commissioner of the Supreme Court in and for the Province of Nova Scotia.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>a/c clear</i>			<i>153 days</i>	<i>350.00</i>
<i>8/10 nil</i>			<i>less W.S.G.</i>	<i>70.00</i>
<i>7/10 W.S.G. Paid</i>				<i>280.00</i>

Certified Correct.

W.D. [Signature]
District Paymaster.

MAR 20 1919

[Signature]

2nd original cert. ~~15/11/17~~

931053

MEDICAL HISTORY SHEET.

Surname ALLISON Christian Name KENNETH

Examined { on 31 day of JULY 1916
 at PICTOU
 Birthplace { City or Town Newport Station
 County Hants. Co. N.S.

Approved by (Sgd) D. MURRAY.
 Rank Lt. CAMC. M.O.

Apparent age 21
 Trade or occupation Quarryman
 Height 5 Feet 10 Inches.
 Weight 160 Lbs.
 Chest measurement { Minimum 32 inches.
 Maximum expansion 3 inches.
 Physical development Good
 Small-Pox Marks No

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.	M.O.
<u>20/4/18</u>	<u>A.</u>	<u>Lt. Roberts Capt.</u>	<u>R.W.</u>
<u>28.9.18</u>	<u>A</u>	<u>J. Sutherland Capt</u>	<u>M.O.</u>
			<u>M.O.</u>
			<u>M.O.</u>
			<u>M.O.</u>
			<u>M.O.</u>

Vaccination Marks { Arm Right Left
 Number

Date.	Result.	VACCINATIONS.	M.O.
<u>Sept 1 1916</u>	<u>Good</u>	<u>MM</u>	<u>M.O.</u>
			<u>M.O.</u>
			<u>M.O.</u>

When Vaccinated last
 (a) Marks indicating congenital peculiarities or previous disease No

(b) Slight defects but not sufficient to cause rejection
No

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>18.8.17</u>	<u>TAB 2</u>	<u>OK</u>	<u>M.O.</u>
<u>30.9.18</u>	<u>TAB 7</u>	<u>J. Sutherland</u>	<u>M.O.</u>
			<u>M.O.</u>

Enlisted on 26 day of July 1916 at Windsor

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>2 Const. Bn</u>	<u>931053</u>		<u>26/7/16</u>
	<u>N.S.R.D.</u>			<u>22-5-17</u>
Transferred to	<u>26 Reg. Bn</u>			<u>1/10/17</u>
	<u>17th Rec. Bn</u>			<u>15-10-17</u>
	<u>C7C</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Summersdale</u>	<u>24.1.19</u>		<u>Asst. Surgeon Major</u>

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.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <u>1888</u> Year <u>1918</u>	Regimental No.	Rank.	Surname.	Christian Name.
	<u>931053</u>	<u>Pte</u>	<u>Allison</u>	<u>R.</u>
	Unit.	Age.	Service.	
	<u>17th Reg.</u>	<u>23</u>	<u>20/12</u>	

Station and Date. <u>Northolt</u> <u>Bramshott</u>	Disease
	<u>Boils</u>

14.3.18 Eruption of Boils - First started on thigh (right) about a week ago. Have since appeared on neck, hands, face & knee. Never had boils before. Never seriously ill. Denies venereal disease.

J.H. negative. Had scabies treatment just before admission. and the present trouble is probably a sequel.

Appear as small ~~for~~ papules which become pustular. surrounded by small area of infiltration.

R Bucknolds Compresses.

26.3.18. Complaining of new boil on rt knee. Practically healed - iodine, Calc. Sulphide $\frac{1}{2}$ i.d.

1.4.18. New eruption left knee moist dressing.

5.4.18. New boil rt thigh. Moist dressing.

14.4.18. Disch to knee.
J.D. DeBury
Lt. Col.

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

Station
and Date.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank PTIE Name KENNETH Surname HALLISON
Unit or Corps C. F. C. (If a soldier) Regtl. No. 931053
Born at WINDSOR, NOVA SCOTIA on date 29 MARCH, 1894,
Signature (for identification) [Signature]

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight 145 lbs.
Height 5 ft. 10 ins.

none

2. **NUTRITION AND DIATHESIS?**

nil

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?**

nil

4. **RESPIRATORY SYSTEM.**

nil

5. **HEART?**

Abnormal Sounds? nil

Abnormal Size? nil

Pulse Rate? 70

Intermittence or irregularity? nil

6. **ARTERIES.**—Any hardening?

nil

7. **DIGESTIVE SYSTEM?**

nil.

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g.? no report Reaction? Albumen? Sugar?

9. **SKIN, MIDDLE EAR, EYE**
or any other part?

nil

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

nil

11. Opinion as to the health and physical condition of the one examined?

good as on enlistment

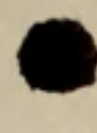
Examined at Sandydal

Signed [Signature] M.O.

Date 24/1/19

Signed [Signature] M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.



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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. 931053 Rank Pte Surname Allison
(Give name in full)
Kenneth
 Unit or Corps DD#6 Birthplace Three mile Plains N.S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 175 lbs. Height 5 ft 10 in. Colour of Eyes Brown
 Nutrition Good
 Pulse Normal
 Condition of arteries Normal
 Vision Rt. 20 Left 20
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

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

nil

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary 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.

History of fourniculosis while in service.

Three mile Plains, Windsor N.S.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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 SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date SignedM.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]

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

DIRECTIONS TO DENTAL OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ALLISON K
REGIMENT C.F.C. RANK Pte. No. 931053

Date of Examination in England 25-1-19 Date of Examination in France _____



1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 2. 16.

2. EXTRACTIONS 3. 14. 15.

3. CROWNS none

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

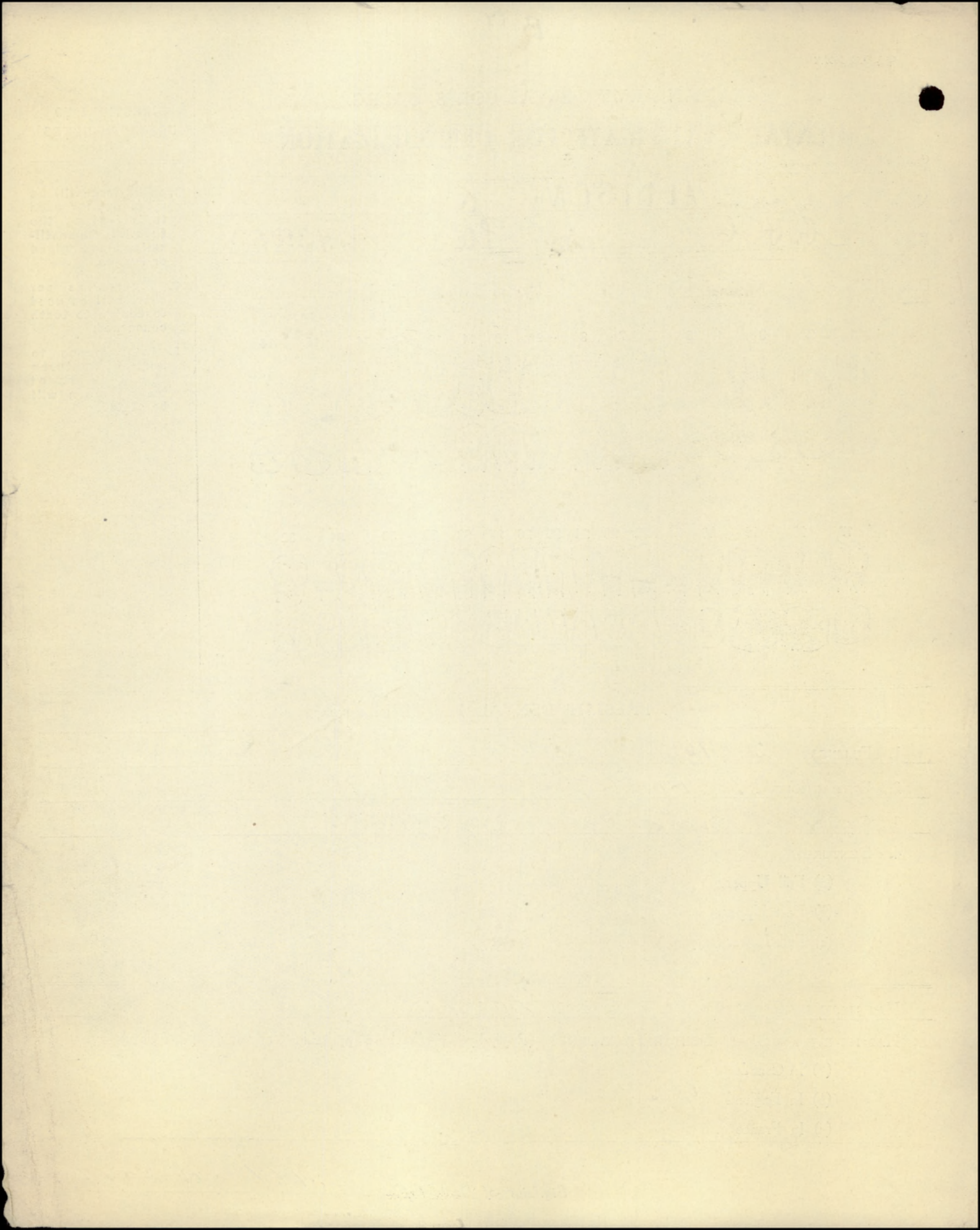
none.

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 Yes.
- (c) In France

Signature of Dental Officer J. H. Reid capt.



Casualty Form—Active Service.

AA IO MPA
Regimental Number 931053

Regiment or Corps.....

Rank *Pte* Surname *Alison* Christian Name *Kenneth*

Religion..... Age on Enlistment..... years months

Enlisted (a) *26/7/16* Terms of Service (a) *DofW* Service reckons from (a) *26/7/16*

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

Extended { } Re-engaged { } Qualification (b) *Quarryman*
or Corps Trade and rate.....

Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
	<i>G.F.C. Depot</i>	<i>O.C. C.F.C. TOR Base Depot</i>	<i>C.F.C. Sunningdale</i>	<i>28.9.18</i>	<i>Pt. II D.O. 236</i>
		<i>from 56 Dist 141 Co</i>			
<i>31.10.18</i>	<i>B.D. C.F.C.</i>	<i>S.O.S.</i>	<i>BASE DEPOT C.F.C. SUNNINGDALE</i>	<i>30.11.18</i>	<i>PT. II. D.O. NO. 260</i>
		<i>on transfer to 141 Co France</i>			
<i>18/6/17</i>	<i>V.S.B.D.</i>	<i>Reports to Perm Grade Pte</i>	<i>Branshott.</i>	<i>18/6/17</i>	<i>Pt. 0. 101</i>
<i>29/8/17</i>	<i>2nd C.C. Coy.</i>	<i>S.O.S. to V.S.B.D.</i>	<i>"</i>	<i>22/5/17</i>	<i>" 125 M</i>
<i>1-11-18</i>	<i>G.F.C. D.</i>	<i>T.O.S. 19th Coy. C.F.C. on arrival in France</i>		<i>1-11-18</i>	<i>B. 213 d/10-11-18 " n.r.a. 808 Pt. II D.O. 27 Nov 1918</i>

W. H. Chant
LIEUT.
FOR LT. COL. W/C RECORDS, G.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) Signaller, Shoeing-Smith, &c.
W. 5527—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms E./103 E/1555. I.P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 86, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.86, or other official documents.
Date	From whom received				
15/1/19	Ob 1/6 Records LeHarve	Transfer Reg 8. posted to C.F.C. Depot Sunningdale Perford		15/1/19	NR K 4-1. P.T. 2 No 2 of pay
			Ed Hewett		Lant for Col Ad. G.
18-1-19		O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale		16-1-19	Pt. 11 D.O. 18
		From 19 Coy. France			Allocated to Lt. & A
8.2.19	B.D.C.F.G.	S.O.S. BASE DEPOT C.F.C. trans to m 10. 6 on posting to C.C. Regt.	SUNNINGDALE	8.2.19	Pt. 11 D.O. 39 M. F. Stewart Lt. for O.C. B.D.C.F.G.
		S.O.S. - O.M.F.C. - ON-TRANS. C.E.F.			R. P. Camp

20 FEB 1919

Raymond Hammond

LIEUT.
OFFICER I/c RECORDS M.D. 6

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *D 26*
 Regimental No. *931053* Rank *Pvt* Name *Allison, Kenneth*
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				
<i>20/2/19</i>	<i>Sea</i>	<i>Pos. W.D. & posted to C.A. Coy.</i>	<i>10 ft</i>	<i>1/3/19</i>	<i>W.D. 63 B. G. Jackson Record D.W.B.</i>
<i>21/3/19</i>		<i>DISCHARGED at Halifax, N.S.</i>	<i>Do 78</i>		<i>W. Fisher M.C. O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.</i>

(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.

OFFICE OF THE SECRETARY OF DEFENSE
OFFICE OF THE ASSISTANT SECRETARY FOR
PERSONNEL AND MILITARY AFFAIRS
REPORT OF 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				

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				
1/10/14	N.P.R.D	Cease to be on comd. to 19th Reg. Pm. & S.O.P. of N.P.R.D on posting to 26th Reg. Pm.	Quamshott Mickson RN	1/10/14	Pt. II 203 CAPTAIN & ADJUTANT, FOR OF NOVA SCOTIA REGIMENTAL DEPOT.
1/10/17	O.C. 26th Res. Bn.	Taken on Strength.	Bramshott	1/10/17	D.O. PART II No. 232
15-10-17	O.C. 26TH RES.	BN. STRUCK OFF STRENGTH on transfer to 17th Can Res Bn.	Bramshott	15-10-17	D.O. Part II No. 244 Wounded in copy
15 OCT 1917	O.C. th Res. Bn.	Taken on Strength.	Bramshott	15 OCT 1917	D.O. Part II No 245
18.	O.C. 17th.	SOS on transfer to Can. For. Corps. Sunningdale.	Bramshott.	19-4-18.	Pt. 11. Order. 93. Lieut., Asst. Adjt., 17th Canadian Res. Bn.
20-4-18.	C.F.C. 13 D	O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale		14/4/18	Pt. 11. D.O. 95
16.9.18	Ob. to 56th	SOS - BASE DEPOT C.F.C. SUNNINGDALE on posting to 60/41 Dist 56		16.9.18	PT II DO. NO 221 C.F.C.
26-9-18	O.C. Base depot	T.O.S. 56 Dist C.F.C. 141 Coy	East Green	17/9/18	Pt II S.O. 2 56 Dist
30/9/18	O.C. 60/41 Dist	S.O.S. 56 Dist C.F.C. 141 Coy transfer to Base Depot	East Green	28/9/18	Pt II S.O. 3 56 Dist Captain & Adjt. District

WAR SERVICE BADGE.

CLASS "A" No.....

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

AA MKA Lo
For O.C. BASE DEPOT
CANADIAN FORESTRY CORPS

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps No 2 Construction Batt 65th

Regimental No. 931053 Rank pts. Name Kenneth Allison

Enlisted (a) 26-7-16 Terms of Service (a) period of War Service reckons from (a) 26-7-16

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) Quarrymen

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 from Canada</u>	<u>Haifa, N.S.</u>	<u>25/3/17</u>	
		<u>Disembarked England</u>	<u>Liverpool</u>	<u>4/4/17</u>	
<u>17/5/17</u>	<u>O.C. 2</u>	<u>Proceeded Overseas</u>	<u>Seaford</u>	<u>17/4/17</u>	<u>#2 L.O.#</u> <u>Ship Capt</u> <u>plus rank</u>
<u>22-5-17.</u>	<u>N.S.R.D.</u>	<u>D.O.S. re-engage as 2/Lt/Col</u>	<u>Bramshott.</u>	<u>22-5-17</u>	<u>Pl. 2. D.O. 74.</u>
<u>12-7-17.</u>	<u>"</u>	<u>On Comm to 17th Res.</u>	<u>"</u>	<u>12-7-17.</u>	<u>" - 125</u>
<u>13-7-17</u>	<u>O.C. 17th</u>	<u>Attachment taken on.</u>	<u>Bramshott.</u>	<u>12-7-17</u>	<u>Part 11 Order 165.</u>
<u>2-10-17</u>	<u>O.C. 17th</u>	<u>Cease to be attached on returning to N.S.Reg.Depot.</u>	<u>Bramshott</u>	<u>21-10-17</u>	<u>Part 11 Order 234. 233.</u> <u>Lieut., Asst. Adjt.,</u> <u>17th Canadian Res. Bn.</u>

Embarked.....
Name of Ship.....
FEB 20 1919

LAPLAND

(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.]

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

ALLISON.

K.

931053.

RANK

UNIT

Co.

TROOP

BATTY

Pte.

N.S. 17R.

HOSPITAL

DATE OF ADMISSION

12. Can. Gen. B'shott.

14-3-18.

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Boils. *leg*

1.

2.

3.

DISPOSITION

DATE

C.L. 19-3-18. C162.

dis. 16. 4. 18.

18. 4. 18. C185.

REMARKS

A.M.D. 2 Dept.
Beh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.	
2.	
3.	
4.	
5.	
6.	
7.	

*Name ALLISON, K. Rank PTE. Regtl. No. 931053

Original unit C.C.D. Present unit #6 D.D. M. or S. Age 23 Religion Bapt. Fyle Depot 74-A-320 Ref. H.Q. _____

Port, ship, and date of arrival Halifax, N.S. "Lapland" 1-3-19

Next of kin Mr. Labert Allison (Father)

Address on leave Windsor, N.S.

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation Quarryman Date and place of enlistment 27-7-16 Windsor, N.S.

Diagnosis _____ Date of Medical Boards _____

Date.	Remarks	Pt. 2 Order No.
<u>20-2-19</u>	<u>T.O.S. #6 D.D. Posted to Gas. Coy. 1-3-19</u>	<u>D.O. 63</u>
<u>21/3/19</u>	<u>DISCHARGED at Halifax, N.S.</u>	<u>78</u>

*—Name will be given in full; surname first.

Date.

Remarks.

Pt. 2 Order No.

Date.	Remarks.	Pt. 2 Order No.

No. 931053. RANK Cte.

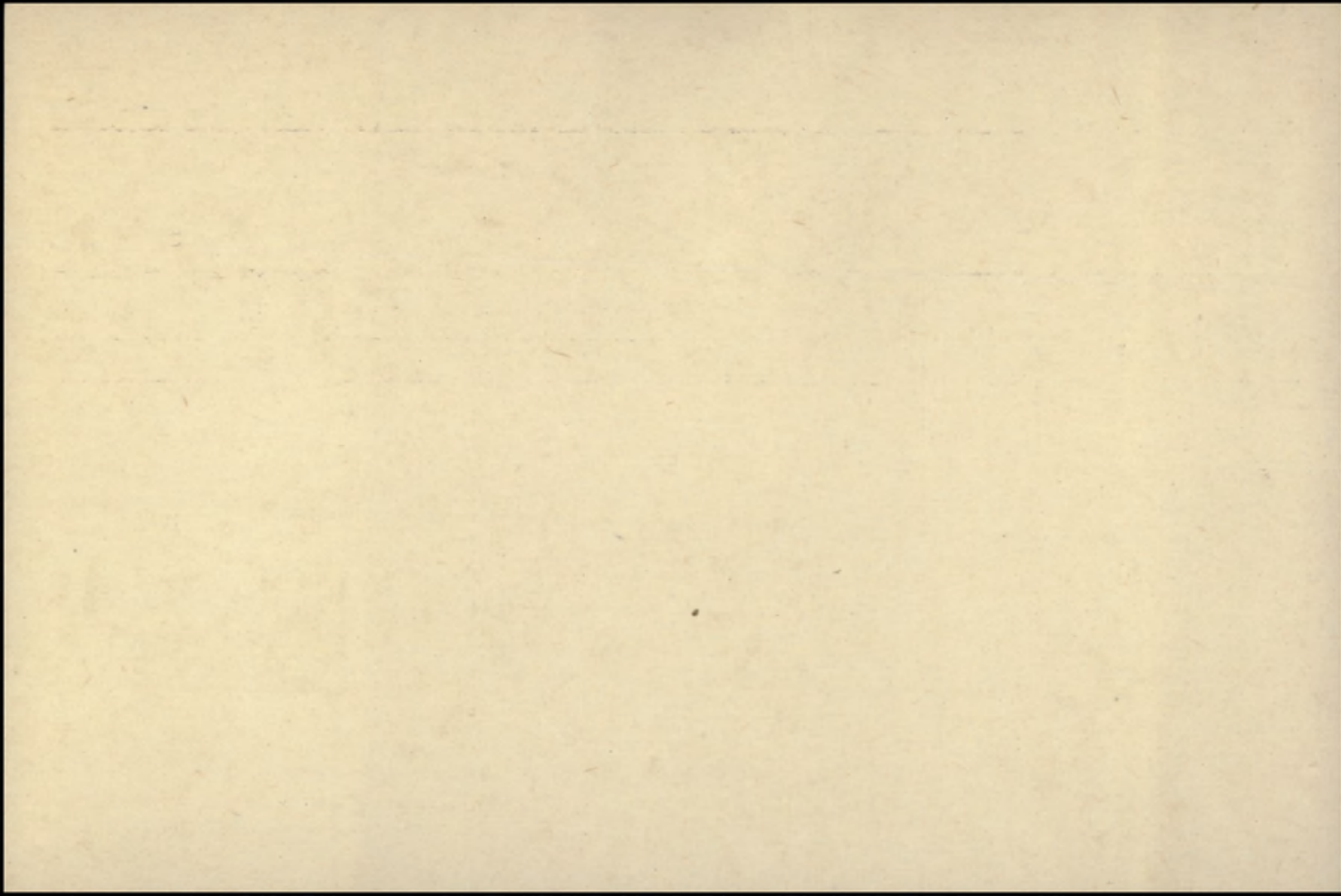
NAME Allison Kenneth.

T. O. S. 26-7-16
D. O. 5-31-7-16

UNIT No 2 Construction Battalion

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 July 26	1916 Aug 16	n.	Temporarily S.O.S. det. course	D.O. 13 17-8-16
Aug 17	Sept. 30	n.		
Oct.		n.	Forfeit 3 days pay. abs. from tent Insp.	D.O. 45 7-10-16
Nov.		✓		
Dec.		✓		
1917 Jan 1917		✓		
Feb.		n.	Shown as S/Cpl.	Feb. payroll.
Mar.		n.		



REGT'L. No. 931053
H. Q. FILE NO. 649

NAME Allison, K.

RANK AND CORPS

Pvt. (17R) M.S. Reg.

FOLLOWS
No. _____
FOLLOWS

CABLE

No. DATE

NATURE OF CASUALTY

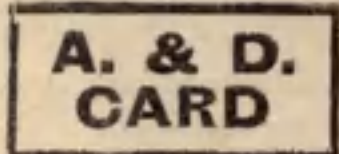
LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C 162.	No 12 Can Gen: Bramschott.	14-3-18.	Boils
C 185.	" " " " Disc	16-4-18	"



12th Can Gen HOSPITAL.

AT.....

A. & D. No. 1858 PL. OF ACTION.....

RANK Pte. REG. No. 931053 UNIT 17th Res. Bn. H. Coy. SICK OR WOUNDED

NAME Allison, K. AGE 23 RELIGION Bapt.

PLACE IN HOSPITAL Ward 9

DIAGNOSIS Boils

ADMITTED 14-3-18 FROM.....

DISCHARGED 16 APR 1918 To L

TRANSFERRED.....

SERVICE AT HOME 20/12 IN FIELD.....

RESULTS 9/12

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

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.				

ASSIGNED PAY

Mrs Albert Allison

OVERSEAS CONTINGENTS

Sheet No. 2.

PAYMENTS.

Name of Soldier

Allison K.

931053 Pte #2 Enst.

L. L. Job 4503. - Req. 6332.

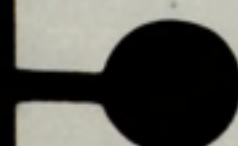
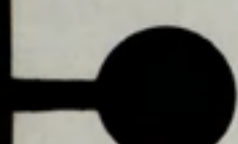
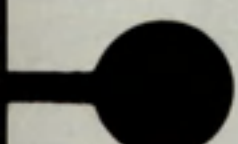
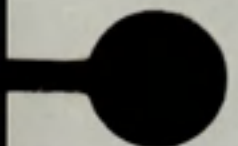
Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

15⁰⁰ Octo/17

A 38107 + 30 = Jh

A 38109 Cancelled

CANADIAN
 ASSIGNED PAY AUDITED
 AUDIT CLERK
 DATE



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Mrs

To Whom *Albert Allison*

By Whom Assigned *Allison K*

Address *Windsor, Three Mile Plain*

Regtl. No. *931053*

N. S.

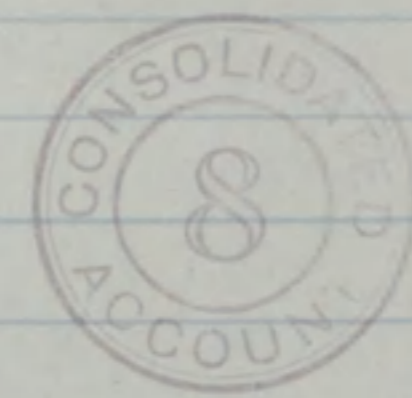
Rank *PLC*

Corps *2 Construction*

Rate *15. Oct-1/17*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>2.7m. 15/10/17 MK 20/10/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



103 CHECKED
NOV. 1918

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.				
30.9.18	56th Div. C.F.C.	S.O.S. to Base Dept.	H. E. Steen	28.9.18	Pt. II 3 (BDC.F.C. 2364/3178)
31.10.18	BDC.F.C.	S.O.S. to 19 C.C.F.C. Inance	Stale	30/10/18	1260.
3-12-18	19 Coy "	TOS from B.D.C.F.C.	field	1-11-18	" 52.
		SOS to BDCFC SDALE	TOS from 19 Coy CFC		
		15 I 19		16 I 19	
		19 Coy CFC Pt. II. C. 2 d: 18-1-19	*BDCFC	Pt. II. O. 18 d: 18-1-19	
10-2-19	6MAN	TOS from CFC	R hyl	8-2-19	- 41 (2839/18-2-14 BDCFC SOS)
22-2-19	-	S.O.S. on pro to con		20-2-19	- 53

J.P. Rank _____ Name **ALLISON, Kenneth.** Reg'l No. **931053.**
 Unit **No. 2 Construction Bn.** What Unit? **Windsor.** If in perm. Corps }
 Married or Single **Single.**
 Place and Date of Enlistment **Windsor. 26th July. 1916.** Place of Birth **Newport. Station.**
Hants Co. N.S.
 Name and Address, Next-of-Kin **Albert Allison.**
Newport Station. Hants Co. N.S. Relationship **Father.**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____

mdb
 H.E. R.S. No. **6769**
 File No. _____
Lawson

Discharge, Date and Place _____ Reason _____ Character _____
 H. W. V., Ld.—9546-16.

P/A _____
 Date _____

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 via G.S. Southland 7.4.17</i>				
<i>22.5.17</i>	<i>NSRD. T.O.S on pat from 2 Con. Cos. Cap.</i>	<i>Punchett.</i>	<i>22.5.17</i>	<i>Pt II O. 74 + Pt II 125 2/298</i>
<i>23.5.17</i>	<i>7. Res attch from 2 Cons. Coy from</i>	<i>"</i>	<i>17.5.17</i>	<i>2nd ECC.</i>
<i>18.6.17</i>	<i>h.S.R. v Reverts to Rem food of Rk</i>	<i>Hcpl "</i>	<i>18.6.17</i>	<i>Pt II 101.</i>
<i>13.7.17</i>	<i>17th Res att^d to 17th Res from NSRD</i>	<i>"</i>	<i>12.7.17</i>	<i>Pt II 165 NSRD. Pt II 125 2/298</i>
<i>1-10-17</i>	<i>ceases to be att^d on return</i>	<i>Pt II</i>	<i>1-10-17</i>	<i>— 233</i>
<i>1-10-17</i>	<i>26th Res. T.O.S from NSRD.</i>	<i>Pt II</i>	<i>1-10-17</i>	<i>— 232</i>
<i>15-10-17</i>	<i>17th Res T.O.S from 26th Res.</i>	<i>Pt II</i>	<i>15-10-17</i>	<i>Pt II 203 2/110/17 NSRD.</i>
<i>19.4.18</i>	<i>Colon travel to b. l. books.</i>	<i>"</i>	<i>19.4.18</i>	<i>Pt II 244 + Pt II 244 26 Res</i>
<i>16.9.18</i>	<i>BAC.F.C. S.O.S. to 56 Dist.</i>	<i>"</i>	<i>16.9.18</i>	<i>Pt II 95 20.4.18</i>
				<i>156 Dist. C.F.C.</i>
				<i>Pt II 2 26.9.18</i>

W

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

A

1935 *Oct-1-17*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15</i>			
-----------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *931053*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *V. Allison*
 Battalion *#2 Construction*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Albert Allison*
 Address *Amidon three mile Plains N.S.*
 Change of Address
 1 *183 Market St*
 2 *Halifax N.S.*
 3
 4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Nov</i>	<i>E50623</i>		<i>30</i>	<i>30</i>	<i>MB A 346</i>
<i>Dec</i>	<i>56979 F</i>		<i>15</i>	<i>15</i>	<i>A 36812 remailed to 183 Market ST N.S.</i>
<i>1918 Jan</i>	<i>70655 B</i>		<i>15</i>	<i>15</i>	<i>Tracer 7762- 25-10-18</i>
<i>Feb</i>	<i>91840 B</i>		<i>15</i>	<i>15</i>	<i>2.M.V. 15-10-17 r. MRO 18296. 29-10-18</i>
<i>March</i>	<i>99063 G</i>		<i>15</i>	<i>15</i>	
<i>April</i>	<i>8827 H</i>		<i>15</i>	<i>15</i>	
<i>May</i>	<i>11788 A</i>		<i>15</i>	<i>15</i>	
<i>June</i>	<i>14666 B</i>		<i>15</i>	<i>15</i>	
<i>July</i>	<i>27642 Y</i>		<i>15</i>	<i>15</i>	
<i>Aug</i>	<i>30153 a</i>		<i>15</i>	<i>15</i>	
<i>Sept.</i>	<i>36812 a</i>		<i>15</i>	<i>15</i>	
<i>Oct.</i>	<i>43451 a</i>		<i>15</i>	<i>15</i>	
<i>NOV</i>	<i>51547 a</i>		<i>15</i>	<i>15</i>	
<i>Dec</i>	<i>69412 B</i>		<i>15</i>	<i>15</i>	
<i>JAN 1919</i>	<i>70898 B</i>		<i>15</i>	<i>15</i>	
<i>FEB</i>	<i>77932 a</i>		<i>15</i>	<i>15</i>	
<i>March</i>	<i>83648 a</i>		<i>15</i>	<i>15</i>	
			<i>270</i>	<i>270</i>	

CANADIAN
 ASSIGNED PAY AUDITED
S. Mowbray
 AUDIT CLERK
 DATE *12/5/19*

AUDITED.

A/c Closed
 Ret'd per *L. opt on d.*
 Date *1-3-19* M.F.W. 187 *6-3-19*
 Clerk *B. one kg* *M.B. 6.*

M. F. W. 128
 400M-6-17-1772-38-1141
 L. L. 22520-M. & D. 7983.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps

17th Res.

No. 931053

Rank and Name

Pvt Allison

Age

23

Military Hospital #12

Service

20/12

Disease

Date of admission

14-3-18

Date of discharge

Result

Dates of Observation	Time																									
	Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time		Time	
Days of Disease	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
14	70	18																								
15	82	18																								
16	66	18																								
17	68	18																								
18	88	18																								
19	78	14																								
20	84	16																								
21	72	16																								
22	80	18																								
23	80	18																								
24	80	18																								
25	84	18																								
26	70	18																								
27	78	18																								
28	68	18																								
29	80	18																								
30		20																								
31		68																								
1		82																								
2		82																								
3		82																								
4		78																								
5		78																								

Admitted 11:30
 Cal. Sulfite
 Saline

H. A. DeBrisay
Lt. Col.

* Strike out whichever may be applicable.

ASSIGNED PAV.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-	1/ October 1918	EFFECTIVE DATE:-	
AMOUNT:-	15 ⁰⁰ .	AMOUNT:-	
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK.	
Mr Albert Allison Three Mile Plains. (Mother) Windsor Nova Scotia stopped 1-2-19		NAME, ADDRESS, RELATIONSHIP & AUTHORITY	
		PARTICULARS OF RANK OR APPOINTMENT	
		AUTHORITY	
		DATE EFFECTIVE	
		RANK OR APPOINTMENT	
		Bowate.	
		UNIT AND TRANSFERS	
		ORIGINAL UNIT:- 2 Const Bn	
		DATE ACCOUNT FIRST OPENED:- 1/4/19.	
		AUTHORITY	
		DATE EFFECTIVE	
		DATE LEDGER SHEET T'S'D	
		UNIT TRANSFERRED TO	
		NSRA.	
		1918 1/4/18 1/5/18 2/5/18 Recd Dept CEF England "H"	

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
28/12/18	5449	Field 20/100	373				
29/1/19	6533	BD \$2	973				
29/1/19	6984	✓ \$2	973				
			2319				

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	6		

DISCH to Canada 31/1/19 MR 2164 29/1/19 MR 6
Res. Pay. Indefinite eff 14/10/18 \$0257 75 BD Ex 31471

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918	March Balance forward.								112 88		
April	PP pay	33 -		base ad.				15			
				AR 242 #12 Can Gen Hosp. 10/4/18.	4 87						
				Q262 18/4/18 17 th Re	1 18						
				4/10 15 26/4/18 ...	12 17				113 66	90	
		33 -			18 22			15			
May	PP	34 10		cap				15			
				AR B582 BRD 14/5/18	973						
				AR B295 BD 24/4/18	487						
				AR B854 - 27/5/18	973				108 43	90	
		34 10			2433			15			
June	PP	33 -		cap				15			
				AR B1104 BRD 12/6/18	487						
				AR B1462 - 28/6/18	973				111 83		
		33 -			14 60			15			
July	PP	34 10		cap				15			
				AR B1568 BRD 20/7/18	973						
				AR B1922 ✓ 26/7/18	1460				106 60		
		34 10			2433			15			
Aug	✓	34 10		cap				15			
				AR B2250 BRD 14/8/18	2920				96 50	40	
		34 10			2920			15			
Sept		33 -		cap				15			
				AR B3358 141 Co 28-9-18	1947				95 03		
		33 -			1947			15			
Oct	✓	34 10		cap				15			
				16/10/18 28/10/18 ...							
				Total up on 21/10/18 ...							
				AR B3900 25. 28/10/18					72 10		
		34 10			2433			15			

NUMBER 931053 RANK

NAME ALLISON K.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/10				B7					7210		
Nov				CAP				15			
Dec	PP	6710		AR4648 19 Co 15/11/18	373						
Jan		3410		AR4911 ✓ 26/11/18	373						
				CAP				15			
				AR5089 ✓ 12/12/18	373						
				CAP				15	11711		
		10120			1119			45			
Feb	Int. on leaf Pay 1/1/19 to 31/1/19	62		AR5049 19 Co 28/12/18	373				11773		
				AR86533 P25 20/1/19	973						
				AR86984 ✓ 29/1/19	973						
				AR1473 Rhyd 13/2/19 LFC End	973				8481		
		62			3297						

CANADIAN
 ASSIGNED PAY AUDITED
Smorin
 AUDIT CLERK
 DATE 14/5/19

S of Canada 20/2/19 auth Lt. 17 CTC

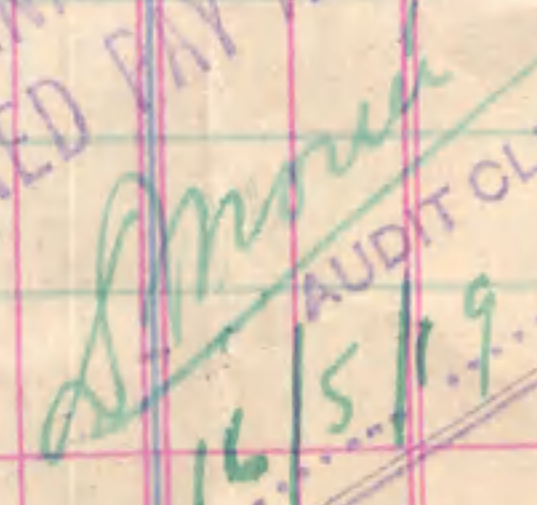
A 3 M. FORM REN' stopped EFFEC. 1/2/19
 DISCHARGED TO Canada DATE 31/1/19
 PAY BOOK VERIFIED 31-1-19
 AUTH'Y 9454 L.P.C. REN' 31-1-19
 AUTH'Y 266 29/1/19 md6

COMPILED BY: H. Baughman
 CHECKED BY: G. Tilley
AR1473 02.9.73 correct or 8481 LB

96 931053 Allison K

15 00 c

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 \$ c.	No. OF DAYS	RATE	AMOUNT \$ c.				No. OF DAYS	RATE	AMOUNT \$ c.	1	2	3	4	1				2	3			
MONTH	PARTICULARS		CR.1	DR.2	DR.3	DR.4	BALANCE			MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. SER. RED. ALICE. PAY ENG.					
Oct	Nw.P.P.	33 -					201 25																		
DEC		34 10																							
JAN 1918	PP	67 10 34 10																							
FEB		30 80 30 80																							
MAR 1918		34 10																							

CANADIAN
 ASSIGNED PAY AUDITED

 AUDIT CLERK
 DATE 16/5/19

Lakland 1.3.19
 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
 DAILY RATE OF PAY AND ALLOWANCES

REGT. NO. 931053 RANK Lt. NAME (IN FULL) Allison R
 b.f. b. 2013

M. OR S. Taken or Strength 63

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$ 15.00	DATE EFFECTIVE 1.4.19	
ADDRESS					PAYABLE TO Mrs. A. Allison	RELATIONSHIP Mother	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS Three Mile Plains Hyndford rd.		183 Market St Halifax ns.
					STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE	REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH	NO. OF DAYS	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	
		RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT		
		\$ C.	\$ C.			NO. DATE	NO. DATE	NO. DATE	\$ C.	\$ C.	\$ C.					\$ C.	\$ C.		
31.1.19	1.10			94 54															
1-2-19	10	53	90	35	100										99 60	5 06	100 10	506	Arrived on boat at Feb + March
21-3-19	49	1	53	90	35										70 -	170 -			
				W.A.G. da	350 00				War Service Gratuity	W.A.G. da					350				Widow dependent
				153	350 00					70 00					280 00				155022 18/4/19
					350 00					70 00					210 -				584892 17-5-19
										40					140				598926 16-6-19
										70					70				888434 21-7-19
										70					350				
					350 -					350 -					350 -				

BALANCE FROM PREVIOUS ACCOUNT

COMPILED BY
 CHECKED BY
 PASSED BY

All payments made
 At Allison St. 29/19

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	931053	
Rank	Pte	
Surname	Allison	
Christian name	Fennell	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	No 2 Coast Battalion	
Date of discharge	March 21. 1919	
Place of discharge	Halifax N.S.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age	24 years - 0 months	Descriptive marks Nil
Height	5 ft 10 inches	
Complexion	Black	
Eyes	Brown	
Hair	Dark brown	
Trade	Quarryman	
Intended place of residence (To be given as fully as practicable.)	Three Mile Plains Halifax N.S.	
2. The above-named man is discharged in consequence of		
Authority for discharge... <i>Demobilization</i>		
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.		
3. Conduct and character while in the service have been, according to the records, etc.		
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		

M. F. B. 218.
 200M.—5-18.
 H. Q. 1772-39-113.

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet,	or	
		" B. 263a	Particulars of Recruit
or		Proceedings on Discharge	" B. 218
Field Conduct Sheet	" W. 178	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465	(a) Proceedings on Discharge	
Last Pay Certificate	" W. 44	(b) Attestation.	
Duplicate Discharge Certificate	" W. 39A	(c) Medical History Sheet.	
‡Form of Will	" W. 82		

§Only if discharged "Medically unfit."
 ‡Only if man has not been overseas.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

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

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

6. Medals and Decorations

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).....

(Date)..... Commanding.....

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, and that I have received my permanent discharge certificate.

(Place) Halifax N.S. (Signature of Soldier.)

(Date) Mar 19th 1919 (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) Halifax N.S. (Signature) Samuel Pen

(Date) March 21, 1919LIEUT, COL

No. 6 DISTRICT DEPOT,

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.)

mt

List of Discharge Documents

Table with columns for document type and details. Includes entries like 'Medical Report for Invalidity', 'Medical History Sheet', 'Statement of Service', etc.

I hereby certify that the following documents are indispensible... (Signature of Commanding Officer)

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

WAR SERVICE BADGE. *Exp. No. 12*
 CLASS "A" No. *79319*
 9 FEB 1919
 SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)
 M. D. 6.
J.G. 25

1. No.	<i>931053</i>	
2. Rank.	<i>Pte</i>	
3. Name.	<i>Allison Kenneth</i>	
4. Unit.	<i>Res. Coy.</i>	<i>Orig 2 cen.</i>
5. Date of Discharge	<i>March 21st 1919</i>	Place <i>Halifax</i>
6. Reason for Discharge	<i>Went of him. Father</i> <i>Residence Halifax</i> <i>Occupation Farmer</i> <i>Category A²</i> <i>Stand on leave 3 mos.</i>	
7. Authority.		
8. Proposed Residence after Discharge		
Name of Ship LAPLAND Embarked FEB 20 1919 Disembarked		
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. ? Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Date Signature (O. C. Discharging Unit.)	