REGIMENTAL DOCUMENTS

19337

NAME Dingaman LAUREN McKINLEY REGT. NO. 3208583 UNIT NBBaR H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
32	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Decrob
	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)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	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)					
1	MFW 160					

C

H

H

W. 2589
100M-11-18
1772-39-1377

DUPLICATE

13 M. D. First Depot Battalion Calgary, Alberta. Regiment

Regtl. No. 3208583.

D.M.R. 24.7.18

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1.)

1. Surname: Bingamen,
2. Christian name: Lauren McKinely
3. Present address: Cochrane, Alta.
4. Military Service Act letter and number: 337488 MC.
5. Date of birth: 11th Oct, 1897.
6. Place of birth (town, township or county and country): Michigan, U.S.A.
7. Married, widower or single: Single.
8. Religion: Presbyterian.
9. Trade or calling: Farmer.
10. Name of next-of-kin: Aaron Bingeman,
11. Relationship of next-of-kin: Father-- Cochrane, Alta.
12. Address of next-of-kin: Cochrane, Alta.
13. Whether at present a member of the Active Militia: No.
14. Particulars of previous military or naval service, if any: No.
15. Medical Examination under Military Service Act:—
    (a) Place: Calgary, Alta. (b) Date: 6/5/18 (c) Category: C3.

DECLARATION OF RECRUIT

I, Lauren McKinlay Bingamen, do solemnly declare that the above particulars refer to me, and are true.

Lauren McKinley Bingamen (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 21 yrs 5 mos.

Height: 5 ft 4 ins.

Chest measurement: fully expanded 33 ins.; range of expansion 2 " ins.

Complexion: Ruddy

Eyes: Blue

Hair: Brown

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

Nil

P. Amoore Lt. Col.
Commanding 1st Depot Batt'n, Alta. Reg't

O. C. Depot Btln.

Regt.

Place: Calgary, Alta. Date: 8/5/18.

LS.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

K.

M.F.B. 465.
200M —6-18.
1772-39-950.

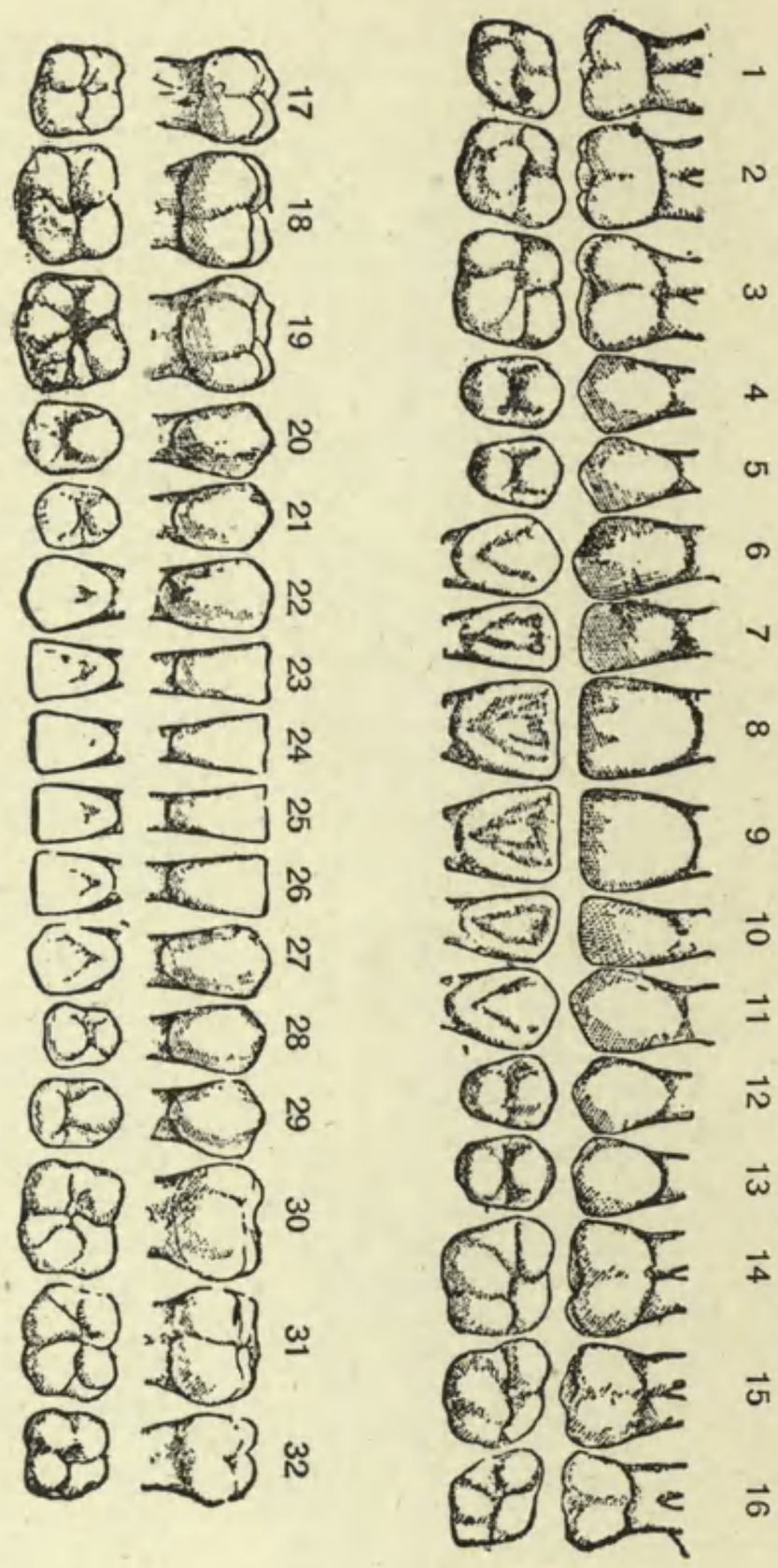
DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT.....

NAME OF SOLDIER Bingamen

1st DEPOT BATT.
REGIMENT ALBERTA REGT. RANK Pte No. 3208583



Condition on first Examination		
Date		
Amalgam		
Temporary Filling (a) G. P. (b) Cement		
Cement		
Treatment Putrescent Pulp		
Root Filling		
Pulp Cap		
Devitalization		
Pyrrhœa		
Synthetic Porcelain		
Extracting		
DENTURES U		
DENTURES L		
DENTURES P		
Gold Clasp		
Gold Filling		
CROWNS Gold		
CROWNS Porcelain		
Bridge Work		
OPERATOR		
Military District		
REMARKS		

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

AMENDED

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. 3208583 Rank Private Name L. McK. Bingamen

Corps 1ST DEPOT BATTALION, ALBERTA REGIMENT who was* Discharged

On May 8th 191 8, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named ~~from~~ ~~xxxx~~ on 8.5.18 191..., to 191..., 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 1 days at $ 1.00 c	1	.00
Advances by Cheques No.			Field Allow. 1 days at $ .10 c		.10
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances*		
Payment on transfer or discharge No. 370	1	.10	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	1	.10	Total	1	.10

*Give particulars.

A monthly stoppage of $ Nil (†) has (‡) been paid on account of Assigned Pay for the month of 191... and Sep'n Allce. for 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 8.5.18

(2) if married and if a Separation Allowance Card has been submitted No No

(3) cause of discharge Granted C.L. of A (Class C3) authority D.O. Part II No. 130

(4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date

Place Calgary Alta. MAY 10 1918

P E Briere Capt.
Paymaster First Depot Battalion, Paymaster.

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

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

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

300M—2-18.
H. Q. 1772-39-903.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

1. Surname BINGAMEN Christian name Lauron Mc Kinley

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule .....

3. Consecutive number on schedule of men reporting for service (if he appears on it) .....

4. Address (including street and number, if any) Cochrane Alta.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 6th day of May 1918 1917, by the undersigned medical board sitting at Calgary, Alta.

5. Age as stated 21 Years 5 Months. 6. Apparent age ..... Years ..... Months

7. Height 5 Feet 4 Inches. 8. Weight ..... Pounds.

9. Chest measurement { Minimum ..... Ins. Maximum 33 Ins. } 10. Complexion Ruddy { Eyes Blue Hair Brown }

11. Physical development ..... { Good Fair Poor } 12. Smallpox marks .....

13. Number of vaccination marks { Right arm ..... Left arm ..... } 14. When vaccinated last .....

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

Nil

16. Slight defects but not sufficient to cause rejection .....

The man denies having had { Rheumatism Tuberculosis Syphilis } We find no evidence of past { Rheumatism Tuberculosis Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category C3

17.
(a) Vision R. ..... L. .....
(b) Hearing. R. ..... L. .....

President.

Member. *Member.*

Signature of Man Lauron McK. BINGAMEN (Signed)

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

Certified a true and correct copy according to records
David Kennedy Capt.
Officer i/c Records 1st Depot Batt'n, Alberta Reg't

Joined 8th *day of* May *191* 8 *at* Calgary, Alta.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st D.B.A.R.	3208583		8 5 18
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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

M. F. B. 313.
300M.—10-17.
1772-39-439.

Surname..... Christian Name.....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

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 1st Depot Battn. A.R.

Regimental No. 3208583 Rank Pte. Name Bingaman, L.Mc. 6-5-18

Enlisted (a) ~~11/11/17~~ Calgary. 8.5.18. Terms of Service (a) C. E. F. Duration of War. Service reckons from (a) ~~11-11-18~~

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				
14-8-18	1/6 R	Struck off strength on return to Registras records.	Calgary.	14-8-18	Part 2. D.O.226.

Lieut.& Adjt.

1st Depot Battn. Alta. Reg.

(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				

N

H. Q. .....

M. D. No. 13

Surname Bingaman

T. O. S. May 8th 1918

Christian names Lauren McKinely

D. O. Pt. II 143 of 23-5-18

Regtl. No. 3208583 Rank Pte

S. O. S. 14/9/ 1918 R to R

Unit Alta Regt 1st Dpo Bn

Reason .....

Auth. 226 14/8/18 1/A.R.

Next of kin Bingeman Aaron

Relationship Father

Address Cochrane Alta

Also notify: .....

BORN—Place USA Michigan

Date Oct 11th 1897

ATTESTED—Place Calgary Alta

Date May 8th, 1918

O/S .....

R/C .....

W. 22—75M-5-18. 1772-39 839.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit 2 ✓	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form 1 ✓	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate 1 ✓	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet 1 ✓	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 1 ✓	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

C.L. of A. Certificate 1 ✓ - - - - - - - - - M.F.W. 160.

Formof Will - ✗ - - - - - - - - - - - - - -

Training History Sheet - - - - - - - - - - M.F.W. 113.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 3208583

2 Rank. Private.

3. Name. Bingaman, L.Mc.

4. Unit. 1st Depot Battn. Alta. Regt.

5 Date of Discharge 14.9.18 Place Calgary, Alta.

6 Reason for Discharge

Demobilization. Struck off strength on return to Registrars records. 14-9-18. Daily Order 226 of 14-8-18.

7. Authority. P.C. 3051 of 11-12-18.

8. Proposed Residence after Discharge

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 Calgary, Alta.

Date February 21, 1919.

Signature Capt. M.S.A. D.O.
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.