

REGIMENTAL DOCUMENTS

NAME **ALLEN EDWARD**

M

REGT. NO. 1102053

UNIT 257th Bn

H. Q. FILE NO.

5599

BIB 293-19

S

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

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DEATH

Category

DISCHARGE

Category

Demob

DESERTION

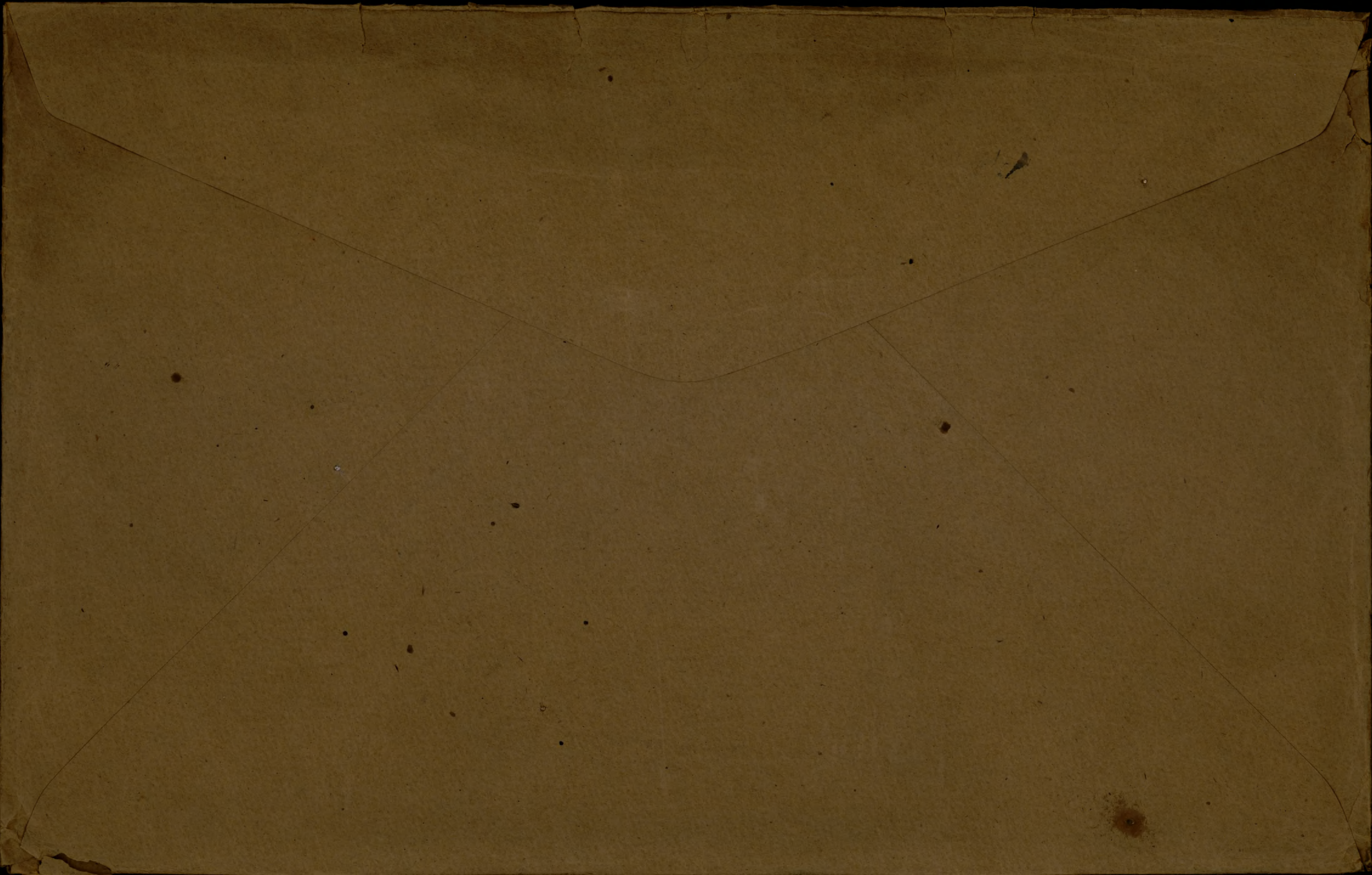
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Deceased

30-8-50

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6-23
17-25
26 25
1



ATTESTATION PAPER.

No. 1102053

257th Batt'n.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... A L L E N
- 1a. What are your Christian names?..... Edward
- 1b. What is your present address?..... 52 Pape Ave., Toronto, Canada
- 2. In what Town, Township or Parish, and in what Country were you born?..... Melbourne, Australia
- 3. What is the name of your next-of-kin?..... Jessie Allen *119 Rose Ave*
- 4. What is the address of your next-of-kin?..... ~~52 Pape Ave.~~ Toronto, Canada *Allen*
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... September 9th, 1891
- 6. What is your Trade or Calling?..... Steward
- 7. Are you married?..... Married
- 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.

Edward Allen

I,....., 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.

Edward Allen (Signature of Recruit)

Date January 15th, 1917 *W Moore* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

Edward Allen

I,....., 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.

Edward Allen (Signature of Recruit)

Date January 15th, 1917 *W Moore* (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 Toronto, Canada this 15th day of January, 1917.

W Moore (Signature of Justice)

Description of Edward Allen on Enlistment.

Apparent Age 25 years 4 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 4 ins.

Scar between eyes.

Chest measurement: Girth when fully expanded 36 1/2 ins. Range of expansion 3 1/2 ins.

Complexion Medium

Eyes Brown

Hair Brown

Religious denominations: Church of England C. of E. Presbyterian Methodist Baptist or Congregationalist 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 January 15th, 1917 191

Handwritten signature of H. E. Ferguson

Place Toronto, Canada.

Medical Officer. Toronto Recruiting Depot

*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.

Edward 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.

Handwritten signature of Lt. Col. (Signature of Officer) O. O. 267th Batt. C. E. F.

Date JAN 17 1917 191

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 1102053 (Rank) Spr.

Name (in full) ALLEN. EDWARD enlisted in
the 257th Bn.

CANADIAN EXPEDITIONARY FORCE at Toronto, Ont. on the 15th
day of January 19 17

HE served in England and 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 27 yrs.

Height 5' 4"

Complexion Medium

Eyes Brown

Hair Brown

Marks or Scars

Vacc. scars on left arm

Ed. Allen

Signature of Soldier

[Signature]
Issuing Officer

O.C. No. 2 District Depot.

Rank

Date of Discharge March 6th, 1919

Signed at Toronto, Ont. this 6th day of March 19 19

in Military District No. 2 No. 2

File Reference No. MAR 6 1919

DISTRICT DEPOT

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

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

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

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

MEDICAL HISTORY SHEET

110 2053

Surname Allen Christian Name Edward

Examined { on 15th day of January, 1917
at Toronto, Canada

Approved by H. E. Ferguson

Birthplace { City or Town Melbourne
County Australia

Rank Capt M.O.
Toronto Recruiting Depot

Apparent age 25 yrs 4 mos

Trade or occupation Steward

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

Height 5 feet 4 Inches

Weight 138 lbs.

Chest measurement { Minimum 33 inches
Maximum expansion 36 1/2 inches

Physical development Good

Small-pox Marks nil

Vaccination Marks { Arm Right Left 4
Number 4

Date	Result	VACCINATIONS
<u>6/11</u>		<u>No wound</u> M.O.
		M.O.
		M.O.

When Vaccinated last 1911

(a) Marks indicating congenital peculiarities or previous disease nil

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12/11</u>		} <u>No wound</u> M.O.
<u>23/11</u>		
<u>6/11</u>		

(b) Slight defects but not sufficient to cause rejection
Varicose veins right leg.

Enlisted on 15th day of January, 1917 at Toronto, Canada.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>257th Batt'n</u>	<u>1102053</u>		<u>15th Jan'y 1917</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Amelph</u>	<u>21-1-19</u>	<u>A</u>	<u>W. B. [Signature]</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.

Edward

Christian Name

Allen

Surname

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
No.10 Cas Clg Stn		14	4	17	5	5	17	Mumps.		To Duty.	Al6-A36 HH.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *2*

NAME OF SOLDIER

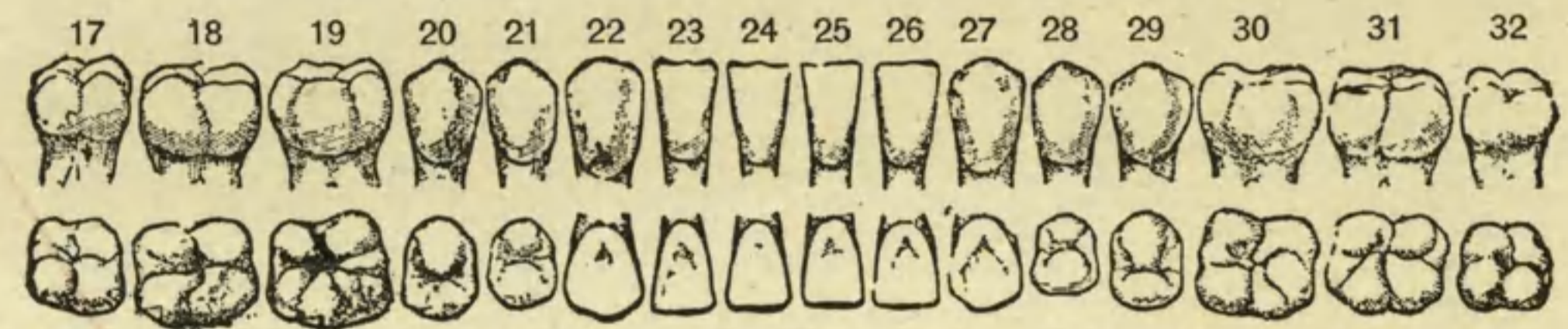
Allen

REGIMENT

Spv

RANK

No. *1102053*



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.

Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoza	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
<i>Discharge Exam. At Exhibition Camp Date. MAR - 1 1919</i>																					<i>Certificate issued for FILLING</i>
																					<i>No sample Major</i>

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

257th

BN. C.E.F.

(1) Name of Overseas Unit which Soldier joins. 257th Batt. C.E.F.

(2) Regimental Number 1102053

(3) Full Name of Soldier Edward Allen

(4) Place of Birth Melbourne Australia

(5) Are you married, or not? Yes

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

119 Rose Ave Toronto, Ont Canada

(b) Present Postal Address

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls Nil

Also their names and ages Nil

(9) Is your Father alive?.....No.....

If so, state name and address.....Nil.....

(10) Is your Mother alive?.....No.....

If so, state name and address.....Nil.....

(11) If your Mother is a widow.....Nil.....

Are you her sole support, or not?.....Nil.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

Nil

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

Nil

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

Nil

15) Are you insured?.....Nil.....

If so, in what Company?.....Nil.....

Have you made arrangements for payment of your Insurance premium.....Nil.....

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

Date.....Feb 9th 1917.....

.....Lt. Officer Commanding.
O. C. 257th Batt. C. E. F.

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 1102053 Rank Spr Name Allen E
(Surname first)
Unit No. 2 District Depot who was DISCHARGED
On MAR 6 - 1919 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from March 1 to MAR 6 - 1919 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....	9.33	
Regimental Pay..... 6 days at \$..... c.....		6.00
Field Allowance..... 6 days at \$..... c.....		6.00
Separation Allowance.....		5.80
Clothing Allowance.....		35.00
Post Discharge Pay.....		100.00
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No. <u>\$102635</u>	35.80	
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>\$102640</u>	102.27	
Total	<u>147.40</u>	<u>147.40</u>

*Give particulars.

A monthly stoppage of \$ 20.00 (†) has..... (‡) been paid on account of
Assigned Pay for the month of February 1919..... }
and Separation Allowance for month of March 1919..... } (to) Assignee wife Mrs Jessie Allen
(Address) Lake View Ave, Clarkson, Ont
(†) 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..... married or single.....
(2) Separation Allowance, entitled or not..... Yes (3) Reason for discharge.....
(4) Authority for discharge or transfer..... SO #63

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date MAR 5 - 1919
Place TORONTO, ONT.
Malcolm J. Adams CAPT.
PAYMASTER, No. 2 DISTRICT DEPT.
Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
- (B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
- (C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
- (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
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MEDICAL HISTORY SHEET

DUPLICATE

ORIGINAL

Surname Allen Christian Name Edward

Examined { on 15th day of January, 1917
 at Toronto, Canada

Approved by H. E. Ferguson

Birthplace { City or Town Melbourne
 County Australia

Rank Corpl. M.O.
Toronto Recruiting Depot

Apparent age 25 yrs 4 mos

Trade or occupation Steward

Height 5 feet 6 Inches

Weight 138 lbs.

Chest measurement { Minimum 33 inches
 Maximum expansion 36 1/2 inches

Physical development Good

Small-pox Marks nil

Vaccination Marks { Arm Right Left 4
 Number 4

When Vaccinated last 1911

(a) Marks indicating congenital peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection
Varicose veins right leg.

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

Date	Result	VACCINATIONS
<u>6 2/17</u>		<u>new man</u>
<u>2 3/17</u>		
<u>6 3/17</u>		

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12 3/17</u>		<u>new man</u>
<u>2 3/17</u>		
<u>6 3/17</u>		

Enlisted on 15th day of January, 1917 at Toronto, Canada.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>257th Batt'n</u>	<u>1102053</u>		<u>15/1/17</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Kumel Pt 4-1-17</u>		<u>A</u>	<u>11 B 6 mtd of</u>
<u>Exhibition Camp 3/3/19</u>		<u>nil</u>	<u>at W. W. Bennett Lt</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.

Edward

Christian Name

Allen

Surname

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
No.10 Cas Clg Stn		14	4	17	5	5	17	Mumps.	To Duty.	A16-A36 HH.	

DISCHARGED

DEPARTMENT OF MILITIA AND DEFENCE.

2

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 *Edward*..... 2. Surname *Allen*.....
3. Rank *Pvt. Gnr.* 4. Original Unit *257 Bn*..... 5. Reg. No. *1107053*.....
6. Address, in full, to which future payments of gratuity are to be forwarded
55 Mc. Pherson Ave
Toronto Ont.
7. Date of enlistment in the C.E.F. *Jan 15 1917*.....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Mrs. Jessie Allen*.....
9. Relationship of such dependent *Wife*.....
10. Address, in full, of such dependent *55 Mc. Pherson Ave*
Toronto Ont......
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*.....
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
Feb 13. 1917 *Dec 8. 1919*.....
257 Bn *Y & R.T.*
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
257 Bn.
Y & R.T.
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department
Yes
15/1/17 to 6/3/19 - 2 years - 19 months
No
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*.....

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units *no*
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? *no*
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? *no*
 (b) If so, was such reversion in consequence of misconduct or inefficiency?
24. Are you now serving in the C.E.F. *no* If not, give:—(a) Date of discharge *6/2/19*
 (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.
*March 28, 1917 Dec 25, 1918
 4th Can Ry Troops.*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

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: *Sgt. Allen*
 Place of Residence: *5-5 McPherson Ave Toronto*
 Declared before me at: *Toronto*
 This *3* 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. *[Signature]*

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....
Certified Correct.				
District Paymaster.				

Medical Examination upon leaving the Service of 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 Sapp^r Name Allen Surname Edward
Unit or Corps 257th Battln. C.R.T.D. (If a soldier) Regtl. No. 110,20,53.
Born at Melbourne, Australia on, date Sept 9th 1891.
Signature (for identification) E. Allen

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

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

Weight 150 lbs.
Height 5 ft. 7 ins.

no

2. NUTRITION AND DIATHESIS ?

Good

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 ?

no

4. RESPIRATORY SYSTEM.

no

5. HEART ?

Abnormal Sounds? no
Abnormal Size? no
Pulse Rate? 76 Intermittence or irregularity? no

6. ARTERIES.—Any hardening?

no

7. DIGESTIVE SYSTEM ?

no

8. GENITO-URINARY SYSTEM ?

Urinalysis—s.g.? 1.022 Reaction? ac Albumen? 0 Sugar? 0

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

no

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

no

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

Good

Examined at Kennel Park Signed [Signature] M.O.
Date 19-1-19 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.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty

This examination was held at the residence of the Officer on the 11th day of August 1891.

Signature

Signature

110, 20, 23

C. R. D.

27th Regt. Inf.

Sept 9th 1891

Medical Examination

to be made

1891

27



Handwritten notes and signatures at the bottom of the page, including a large signature that appears to be 'James P. ...'.

~~A2~~

7734

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. 1102053 Rank Spr Surname ALLEN
(Give name in full)
Edward
Unit or Corps 2nd D. R. Birthplace Melbourne Australia

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

1. GENERAL DESCRIPTION:

Physique Good Weight 137 lbs. Height 5 ft. 4 in. Colour of Eyes Brown
Nutrition normal
Pulse 80
Condition of arteries normal
Vision Rt. 20/20 Left 20/20
Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
5 Vacc Scars Off arm Oct 1917
Birth mark. Off heart

Opinion as to general health and physical condition A2

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.

Urine. Sugar and Albumin absent
No varicose, Varicose veins. Hemorrhoids or Gout
mumps 14/4/17. no complication. Complete recovery
Varicose Veins. Rt leg. before enlistment
no aggravation on service

APPROVED
MAR 8 1919
W. Lewis CAPT.
FOR A. D. M. S. M. D. 2

(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 *E. Allen*.....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at. *Toronto*.....(Canada)

Date *3/3/19* Signed *W.M. Smith*.....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *E. Allen*.....

(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]

JM. Rank **ALLEN, Edward.** Reg'l No. **1102053.**
 Unit **257th Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Married.**
 Place and Date of Enlistment **Toronto Canada. 15th Jan 1917.** Place of Birth **Melbourne, Australia**
 Name and Address, Next-of-Kin **Jessie Allen.**
119 Rose Ave., Toronto, Canada. Relationship **Wife.**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No. **6275**
 File R.L.
 Character **Can O R**

Discharge, Date and Place Reason

Character

H. W. V., Ltd.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England</i>	<i>St. Messinabi</i>	<i>27/2/17.</i>	
<i>13:3:17</i>	<i>257th Bn.</i>	<i>NOW KNOWN AS 7th. Bn. C.R.T.</i>	<i>Pt. II.</i>	<i>D.O. 56.</i>	
<i>28:4:17</i>	<i>7th C.R.T. Co.</i>	<i>Admt. No. 10 Gas clearing</i>	<i>St. Field</i>	<i>14:4:17</i>	<i>Co. A 16 Mumps.</i>
<i>22.5.17</i>	<i>do</i>	<i>To Duty</i>		<i>5.5.17</i>	<i>--- A 36. H. 40.</i>
<i>27.3.17</i>	<i>do</i>	<i>Proceeded of seas.</i>	<i>Purfleet.</i>	<i>27.3.17</i>	<i>Pt. II. D.O. 70</i>
<i>29.5.17</i>	<i>7th C.R.T.</i>	<i>Arrived in France</i>	<i>Field</i>	<i>29.3.17</i>	<i>Pt. II. D.O. 94</i>
<i>31.12.18</i>	<i>"</i>	<i>Transf. Engla posted to C.R.T.</i>	<i>"</i>	<i>23.12.18</i>	<i>Pt. II. D.O.</i>
<i>4.1.19</i>	<i>C.R.T.D</i>	<i>Posted from 7th C.R.T.</i>	<i>Witley</i>	<i>25.12.18</i>	<i>Pt. II. D.O. 3.</i>
<i>31-12-18</i>	<i>1st C.R.T.</i>	<i>Att from C.R.T.D</i>	<i>"</i>	<i>25-12-18</i>	<i>--- 362</i>

A.F.B. 103 CHECKED
16 JAN 1917

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.				
14-1-19	C.R.Y.D.	Cases on Com'd to 1st C.C.D. spr.	Witley	13-1-19	Ch II 013
18-1-19	"	On Com. Kimmel PKG. M.I. 2	"	17-1-19	-- 17
19-2-19	"	Cases on Com. M.D. 2.	" Knotley Ash	1-2-19	-- 45
		S.O.S. on trans from O.M.H. to the C.C. in Canada			
		RL 23-6- Vol-22/13			
		P. 173. 18219			
6-2-19	M.D. 2	S.O.S. to Canada	" Rhyf	1-2-19	~ 31

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.D.2

NAME OF SOLDIER (Block Letters) ALLEN E
REGIMENT 7TH C.R.T. RANK SPR No. 1102053

Date of Examination in England 20-1-19 Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

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

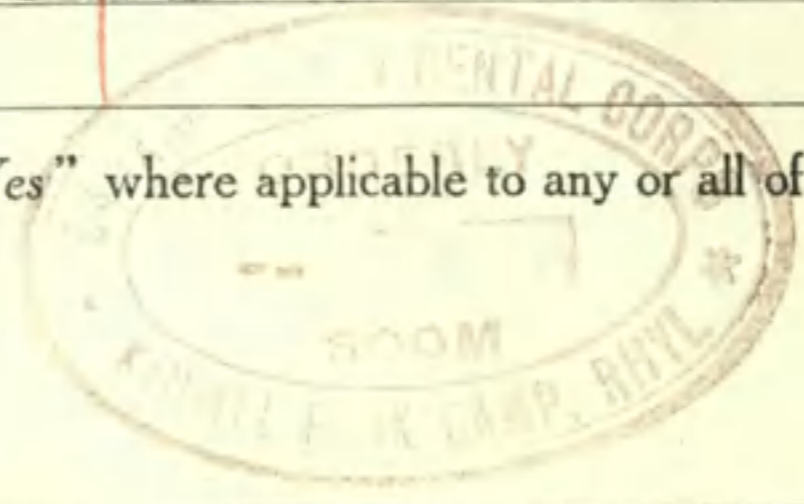
PRESENT DENTAL REQUIREMENTS

1. FILLINGS 1st 17.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England
- (c) In France Yes



Signature of Dental Officer W. Sinclair Capt

UNITED STATES DEPARTMENT OF JUSTICE

MOR

Allen F
C.R.T. SPR

NO-1-18

100-10-10

100-10-10

100-10-10

100-10-10

100-10-10

100-10-10

100-10-10

100-10-10

100-10-10

100-10-10

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100-10-10

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100-10-10

100-10-10

100-10-10

100-10-10

100-10-10

100-10-10

Casualty Form - Active Service.

Regiment or Corps *7th Bn C.P.Y.*

Rank *Spr* Surname *Allen* Christian Name *W. J. W.*

Religion Age on Enlistment years months

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

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

Extended { } Re-engaged { } Qualification (b) *7734*
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>14/4/17</i>	<i>10th C.C.S.</i>	<i>Trumpets</i>	<i>Adm. 10th C.C.S.</i>	<i>14/4/17</i>	<i>A36-E 3423</i> <i>DCS # 2 20/2/17</i>
<i>15/4/17</i>	<i>OC Unit</i>	<i>Trumpets</i>	<i>Adm. Hoop MS</i>	<i>14/4/17</i>	<i>B 213 DCS # 2</i>
<i>21/4/17</i>	<i>10th C.C.S.</i>	<i>Trumpets</i>	<i>Adm. 10th C.C.S.</i>	<i>14/4/17</i>	<i>A36-E 3549</i> <i>DCS # 3</i>
<i>20/4/17</i>	<i>134 FA</i>	<i>Trumpets</i>	<i>Adm. 134 FA</i>	<i>14/4/17</i>	<i>A36-X 1047</i>
			<i>Trans. 10th C.C.S.</i>	<i>14/4/17</i>	<i>DCS # 5 2/2/5/17</i>
<i>28/4/17</i>	<i>10th C.C.S.</i>	<i>Trumpets</i>	<i>Adm. 10th C.C.S.</i>	<i>14/4/17</i>	<i>A36-E 3695</i> <i>DCS # 7 0/7/2/17</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) Signaller, Shoeing-Smith, &c. (6228) W. 13863/M1477 2,400,000 1/17 McA & W Ltd Forms B./103/4 (E. 856) [P.T.O.]

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				
5/5/17	10th CES	Trumps	Adm 10th CES	14/4/17	A36-E 3523
			Go Duty	5/5/17	DCS #9 d/16/5/17
12/5/17	10th CES	Trumps	Adm 10th CES	14/5/17	A36-E 3957
			Go Duty	5/5/17	DCS #11 d/19/5/17
13/5/17	OC Unit	Rejoined Unit		5/5/17	B213 DCS #13 d/2/5/17
30/9/17	CPTB D	T.O.P "TB"	CPTB D	30/9/17	RVR 142 d/2/10/17
29/9/17	OC Unit	Proceeded to Base	Depot	29/9/17	B213
5/10/17	CPTB D	Class "TB"	CPTB D	8/10/17	W3339 RVR 167
15/10/17	CPTB D	Classified "PB"	CPTB D	15/10/17	W3339 RVR 170 d/17/10/17 Pg 10.163
20/10/17	CPTB D	Classified B'	CPTB D	20/10/17	W3339 RVR 181, Pg 20.163
NS	CPTB D	Shower absent	CPTB D	NS	W3339 RVR 199
2/11/17	CPTB D	Classified B' CRT	CPTB D	2/11/17	W3339 RVR 202
1/12/17	do	Left for	Unit	1/12/17	RVR 808
2/12/17	" "	Camp B1	CPTB D	2/11/17	KH.16/34078
13/12/17	OC Unit	Rejoined Unit	Field	13/12/17	B213
16/3/18	Head V Det	Classified B1	Head Det	16/3/18	RVR 384 d/26/18
22/6/18	OC Unit	Grant 10 days leave	Paris	22/6/18	B213 Pg 20.802 d/1/7/18
6/7/18	OC Unit	Rejoined from leave	Field	1/7/18	B213
24/9/18	A1 D Coms	Class B1 DASH		24/9/18	W5339 RVR 739 Pg 20.137 d/1/10/18
23/12/18	CPTB D	Trans to try & posted to CPT Dep Wilby		23/18	NA2

A. Hewell

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps

257th. BATT. C. E. F.

Regimental No. 1102053

Rank

Private

Name

Allen Edward

Enlisted (a)

January 15th 1917

Terms of Service (a)

C. E. F. duration of war and six months

Service reckons from (a)

January 15th 1917

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)

Steward

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				
		Embarked: Disembarked:	Canada England	16 ² / ₇ 27 ² / ₇	
13.3.17	257 Bn	257 Bn now the 4th C. R. Y.	Purfleet	8.3.17	DB part II No 66
29.5.17	C.R.Y.	Arrived in France	Field	29.3.17	Part II. 0.94

CERTIFIED CORRECT.
 12 6 JUN 1917
 CAN. RECORDS, LONDON.

[Signature]
 LIEUT.
 FOR LT: COL: I/C RECORDS, C.O.M.F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

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

* 4/1/19	CRTD	T O & Witley	25/12/18	Pt 2 DO 3.	
18/1/19	CRTD	O.C. Kimmel Park.	Witley	18/1/19	Do 17 Pt I. J.P. Bennett Lieut. for O.C. CRTD

Attached C.C.C. Kimmel Park for return to Canada. Part II Orders No. _____ Ceases to be attached C.C.C. Kimmel Park on embarking for Canada, Part II Order No: 31-32 6-7/2/19

19 JAN 1919

Commanding 2 Wing, Kimmel Park Camp.

W.G. Powers Lt.

Embarked S.S. Carmania
Liverpool
FEB 1 1919, S.
T.O.S.I. No. 2 DISTRICT DEPOT, TORONTO

1919 PART II D.O. 45

4/3/19 S.O.S. (Discharged) No. 2 District Depot
Part II, D.O. No. 63

[Handwritten signature]
District Depot
No. 2

[Handwritten signature]
Lieut.
For O.C. No. 2 District Depot

*Name L. ALLEN Edward Rank Spr Regtl. No. 1102053
 Fyle Depot 24-Al-151
 Original unit 257th Bn Present unit 257th Bn M. or S. M. Age 26 Religion C of E Ref. H.Q.
 Port, ship, and date of arrival Carmania Halifax 8-2-19
 Next of kin Wife Mrs. Jessie Allen 52 Pape Ave., Toronto
 Address on leave Same
 Address on discharge 55 McPherson Ave. Toronto, Ont
 Transportation issued No Date No Character on discharge
 Previous occupation Steward Date and place of enlistment Toronto Jan 15-17
 Diagnosis Demobilization Date of Medical Boards 3.319

Date.	Remarks	Pt. 2 Order No.
TOS 1-2-19	posted to Cas Co ExCamp 8-2-19	
	leave with subs from 12-2-19 to 26-2-19	45
6-3-19	SOS DISCHARGED "DEMOB 'N" ENTITLED TO W.S.G.	63

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

Date.

Remarks.

Pt. 2 Order No.

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

Surname **Allen.** Christian Name or Names **E.** Reg. No. **1102053.**
 Rank **Pte.** Unit **7th. CRT.** Co. Troop Batty.

Hospital **10 Cas. Clg. Sta.** Date of Admission **14-4-17.**
 Transferred Hosp.

Hosp.
Hosp.
Hosp.
Hosp.

Mumps.

Diagnosis

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

Yeddy. 5-5-17.

REMARKS

Regd. Unit. 5-5-17

C.L. 28-4-17. A.16.
22.5.17 A36.
26.5.17 al HO

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a 16	#10 C. C. S.	14-4-17	Mumps
a 36 To duty	5-5-17	Mumps
a 40.	Rep. from Base by Tech	6-5-17	" "

7734

REGT'L. No.

1102053

NAME

Allen E.

H. Q. FILE No. 649

RANK AND CORPS

Pte. 7th Can Railway Troop

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

No. 110253 RANK

Pvt

NAME

Allan Edward

T. O. S. 15-1-17

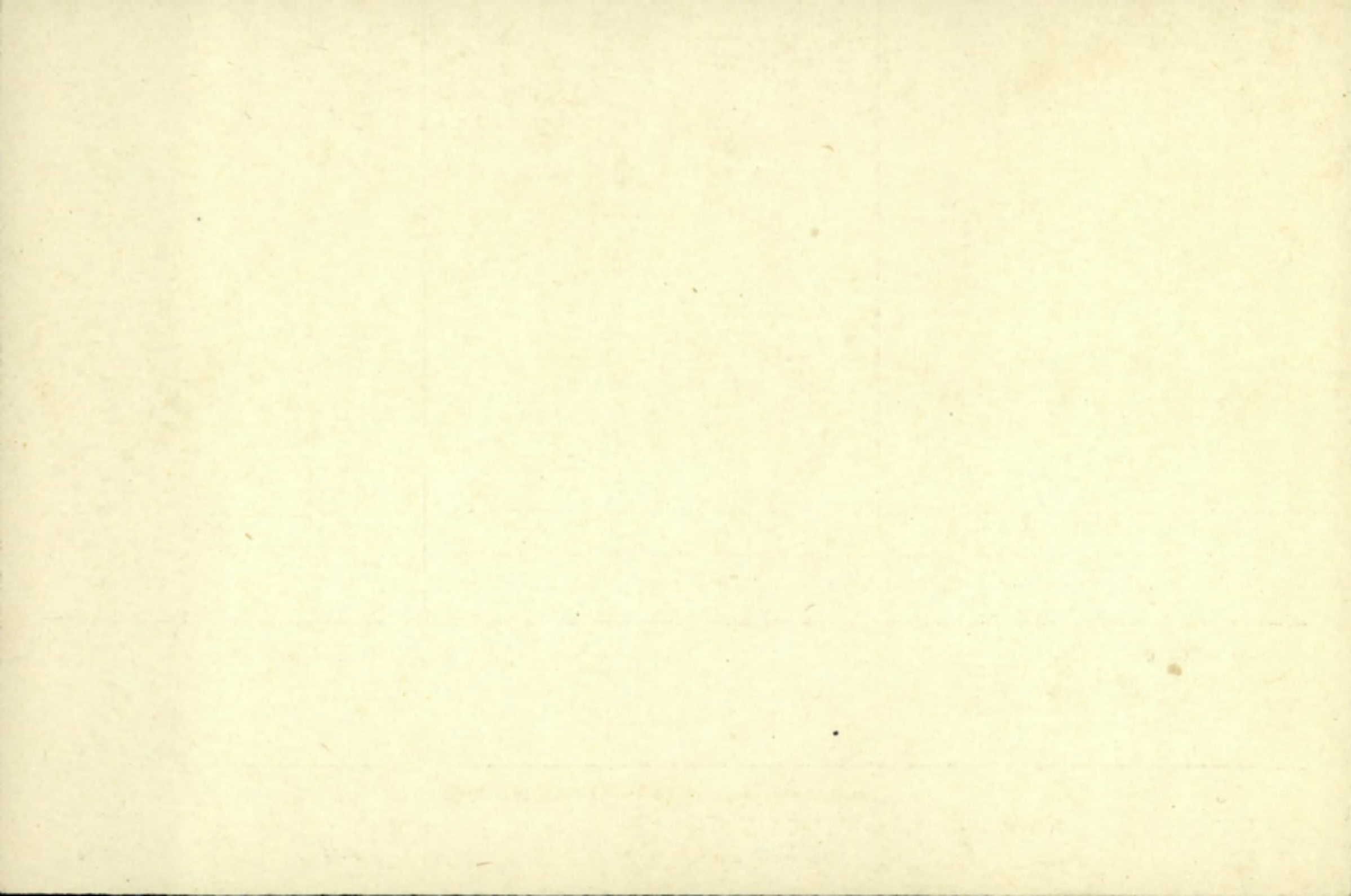
UNIT

257th Battalion Railway Construction

(N. O. 3. 18-1-17)

M. D. 3.

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1917</i> <i>Jan 15</i>	<i>1917</i> <i>Jan 31</i> <i>Feb</i>	<i>✓</i> <i>✓</i>		



LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
<i>mf</i> Number. 1102053	✓ Rank.	Spr.	B ✓
Surname. ALLEN ✓	✓	✓	✓
Christian Names. Edward ✓	✓	✓	✓
Unit. 7th C. R. T. ✓	✓	Theatre of War.	France ✓
Date of Service.	✓	29/3/17 ✓	✓
Remarks.	✓	✓	✓
Latest Address.	55 McPherson Ave., Toronto, Ont. ✓	✓	✓
Roll No.	B Page 3231	✓	✓

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

9 16286 *Reap*

APK 3 01 BFA

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

D. 20th / 17
new

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom *Mrs Jessie Allan*

By Whom Assigned *Allen Edward*

Address ~~*52 Pope Ave*~~

Regtl. No. *1102053*

Lake View Ave., Toronto Ont
Clarkson,

Rank *Plt*

Corps *257 Bn*

MAR 1917

Rate *20⁰⁰ Ontario.*

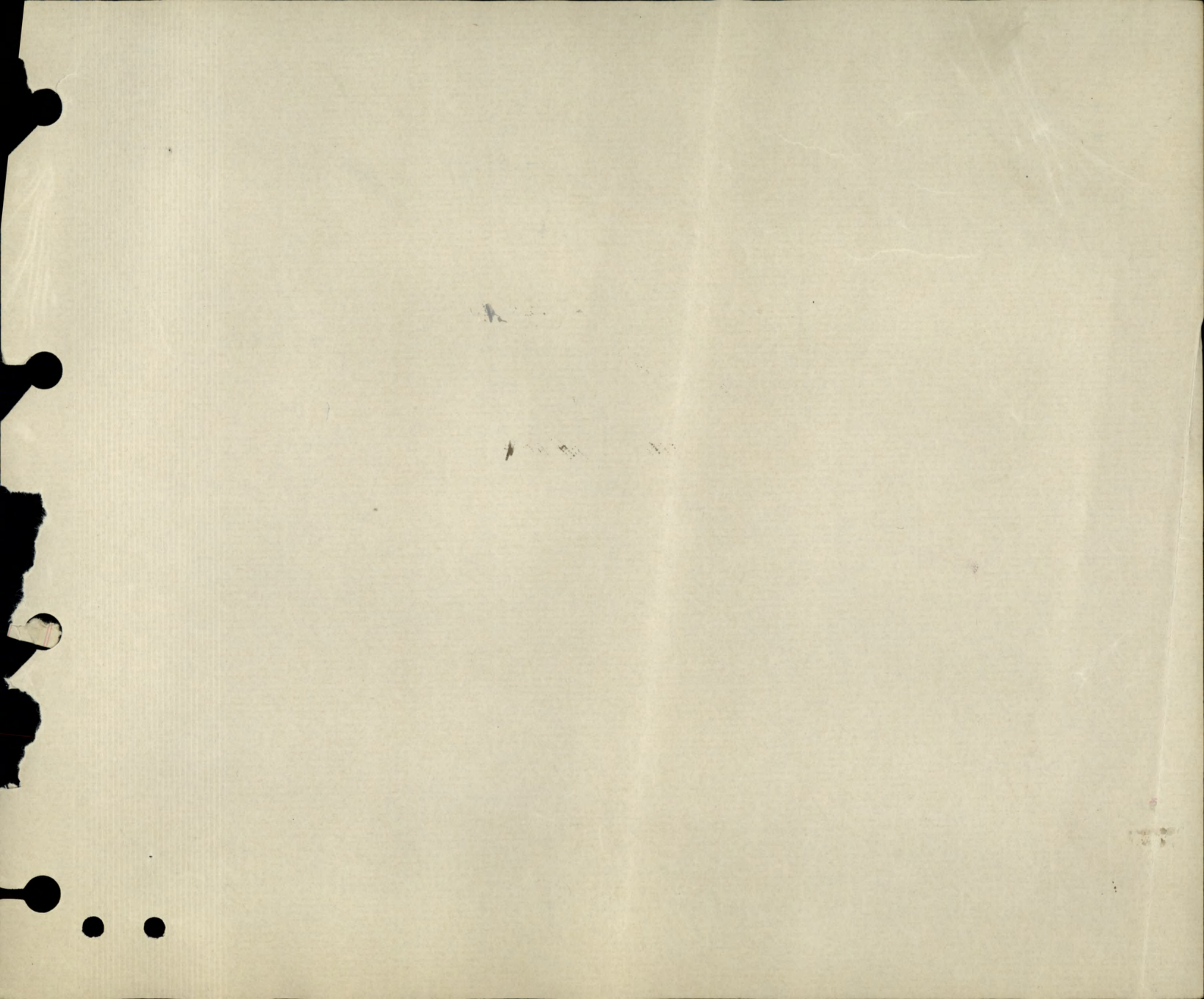
MAR 1917

PAYMENTS

(3/7/17.17)

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Consolidated Account.



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.—7-16
 1772—39—819.

Sheet No. 2.

Ms Jessie Allan
 (Assignee)

Name of Soldier

Allen Edward

PAYMENTS.

L. L. Job 5470—Req. 6888.

1102053

257

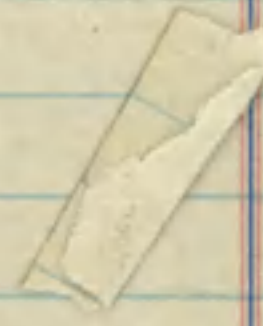
Plt

Month.	Year.	Cheque No.	Amnt.	Remarks.
			<i>20⁰⁰</i>	<i>20th</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>A 4765</i>	<i>40</i>	<i>40.6 mar. + Apr.</i>
May		<i>H 6173</i>	<i>20</i>	<i>20.</i>
June		<i>H 12743</i>	<i>20</i>	<i>20.00</i>
July		<i>H 19770</i>	<i>20</i>	<i>20</i>
Aug.		<i>J 26965</i>	<i>20</i>	<i>20</i>
Sept.		<i>J 33695</i>	<i>20</i>	<i>20</i>
Oct.				<i>140</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*Lake View Ave., Clarkson
 Ontario (3/8/17-10R)*

JH

20th
J. Allan



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.				

SEPARATION ALLOWANCE

15-1-17

P. 23⁴/₁₇
E. W.

192

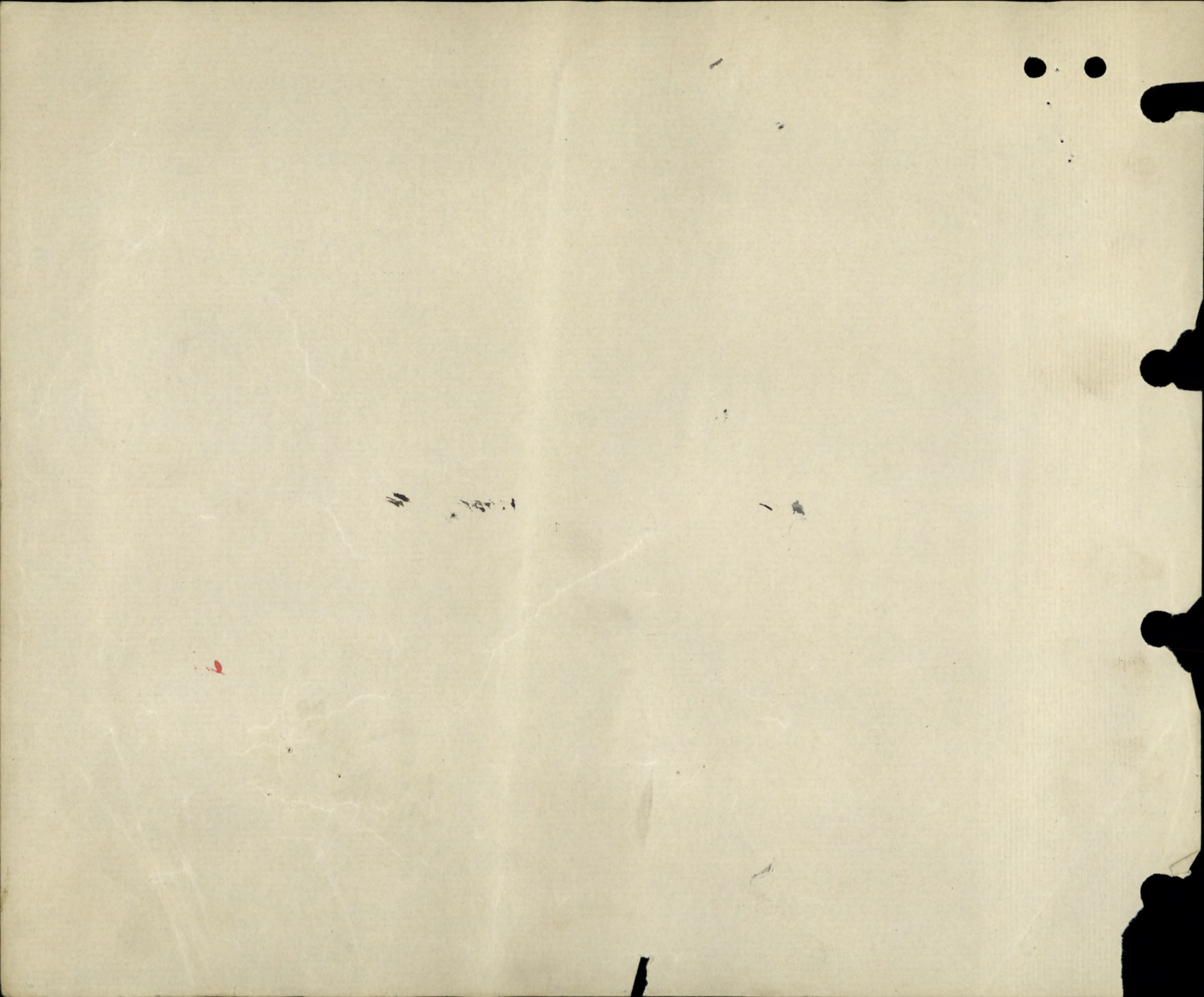
Name *Jessie Allen*
Address ~~119 Rose Ave~~
Lakeview Ave Toronto
Clarkson - Out
Relation to Soldier }
wife, child or mother } *Wife*

Name of Soldier *Allen. Edward*
Regtl. No. *1107053*
Rank *Pte*
Corps *257th Batt.*
To what Corps belonging }
when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				Send Cheques to Pat Soc Toronto. 10.3.17 & D
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





15-1-17

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.-6-16.
1772-39-818.

Sheet No. 2.

L. L. Job 4503.-Req. 6832.

Jessie Allen

Wife
PAYMENTS. *Pte*

Name of Soldier *Allen, Edward*

P. 23¹⁴ 17
6/25

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March		<i>P 36509</i>	<i>20</i>	<i>Mailed 13-5-17</i>
April		<i>S 1104</i> <i>A 35064</i>	<i>50</i> <i>20</i>	<i>Pay from 1.3.17. until original card is received. 10.3.17</i>
May		<i>D 3083</i>	<i>20</i>	<i>RE-WRITE</i> <i>21.2.17</i> <i>Card N.A.S.</i>
June		<i>F 7130</i>	<i>20</i>	<i>Original Recd. Pay from 15-1-17.</i>
July		<i>x D 11014</i>	<i>20</i> <i>190</i>	<i>D 11014 Cancelled as address 17.8.17</i>
Aug.	<i>23-07</i>	<i>F 14005</i>	<i>20</i>	<i>F 14005 cancelled as address 26.7.17</i>
Sept.			<i>20</i>	<i>No League wait letter address</i>
Oct.			<i>80</i>	<i>190</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Date of Enlistment

15/1/17

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

1622 Mar 1/17

A

RATE OF SEPARATION ALLOWANCE

20	1-12-17	30
25.00		418

P.C. 325⁴ P.C. 275³ MD 37603.

RATE OF ASSIGNMENT

20.			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 1102053.
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Edward Allen*
 Battalion *257 Bn*
 Beneficiary *Mrs Jessie Allen*
 Relationship *Wife*
 Address *Lake view on Clarkson Ont.*
M.F.W. 2054-15-8-18.

PARTICULARS OF ASSIGNMENT

Name *Mrs Jessie Allen*
 Address *Lake View Ave, Toronto, Ont*
 Change of Address *Clarkson*
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept 30, 17		182.00	140.00	250.00	
Oct.	D 50447	80	20	100	S.A. of last ck. sent out for month of June 1917.
Nov	B 52745	20	20	40	<i>m</i>
Dec	B 58829	20	20	40	<i>B.C.O.</i>
Jan.	O 65415	30	20	50	<i>P</i>
Feb	B 91537	25	20	45	
Mar	A 98762	25	20	45	<i>✓</i>
April	G 8529	25	20	45	<i>R</i>
May	A 11486	25	20	45	<i>✓ R</i>
June	B 14377	25	20	45	<i>B</i>
July	Y 27348	25	20	45	<i>D.</i>
Aug	a 29848	25	20	45	<i>D.</i>
Sept	A 36496	25	20	45	
Oct.	@ 43128	25	20	45	
NOV	O 51236	25	20	45	
DEC	G 62729	45	20	65	
JAN 1010	B 70606	30	20	50	
FEB	A 77671	30	20	50	<i>-e</i>
		615	480		

2554-22-11-18 *MC.* REMARKS 0233-E-24

(705'26)

A/c Closed 28/2/19
 Ret'd per... *Burmania*
 Date 8/3/19... M.F.W. 187
M.S.R. J. Hall

M. F. W. 128
 400M. - 6-17 - 1772-38-1141
 L. L. 22320 - M. & D. 7683.



1713 2

Regtl. No. 102053 Rank Sgt.

Name Edward Allen
(Christian Names in full) (Surname)

Unit C.R.T.D Regt. 257
or ~~257~~
Corps

CATEGORY _____ NEXT OF KIN Wife

Sa 1-2-19. Ar 8-2-19
S. S. CARMANIA

REASON FOR RETURN: -

Embarked S.S Carmania
Liverpool Feb, 1 1919

Steward 4

INTENDED PLACE OF RESIDENCE Toronto

De'barked S.S Carmania
Halifax Feb, 9 1919

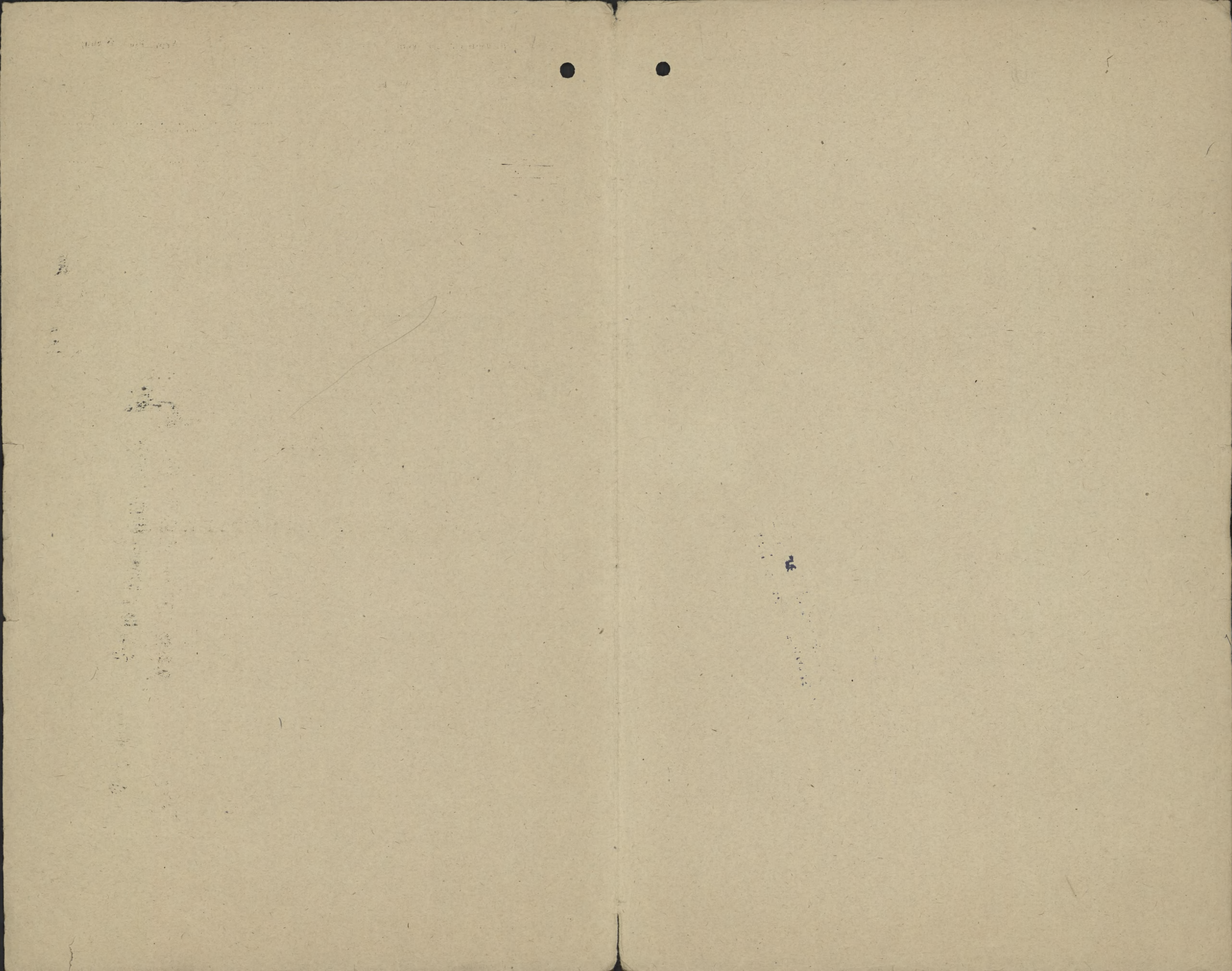
COVER

FOR

DISCHARGE DOCUMENTS.

CAMPAIGNS, MEDALS AND DECORATIONS _____

A
10



List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron Battery } Company }	Conduct Sheet, " B. 263a	or Particulars of Recruit	" W. 133
Field Conduct Sheet	" W. 178	Proceedings on Discharge	" B. 218
Copies of Convictions, by C. P.	in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54	(a) Proceedings on Discharge	
Medical Report for Invalid§	" B. 227	(b) Attestation.	
Dental History Sheet	" B. 465	(c) Medical History Sheet.	
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡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.



7734

War Service Badge

Class

No. 86819 issued

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.	1102053
Rank	Spr.
Surname	ALLEN. EDWARD
Christian name	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	257th Bn. (#2 D.D.)
Date of discharge	MAY 6 1918
Place of discharge	TORONTO, ONT.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....27.....years.....months.	Descriptive marks
Height.....5.....feet.....4.....inches.	
Complexion Medium	Vacc. scars on left arm
Eyes Brown	
Hair Brown	
Trade Steward	
Intended place of residence	55 McPherson Ave., Toronto, Ont.
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
ON GENERAL DEMOBILIZATION	
Authority for discharge.....E.O. D.D.#2 Pt.11 #63.....	
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.

LS.

(OVER)

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.....

Three horizontal dashed lines for listing 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)..... TORONTO, ONT. Edward Allen (Signature of Soldier.)

(Date)..... MAR 6 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)..... TORONTO, ONT.

(Date)..... MAR 6 1918 (Signature).....

For O.G. No. 2 Discharge Certificate

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.)

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

REGT. No. 1102053 RANK 3PT. NAME (IN FULL) ALLEN, E.

M. OR S. M

Form with fields for NEXT OF KIN, ADDRESS, RELATIONSHIP, PARTICULARS, EFFECTIVE DATE, AUTHORITY, ORIGINAL UNIT, PLACE OF ATTESTATION, DATE OF ATTESTATION, ASSIGNED PAY, PAYABLE TO, ADDRESS, STOP PAYMENT FORM, DISCHARGED, PLACE, DATE, REASON, AUTHORITY, IF ENTITLED TO POST DISCHARGE PAY.

Table with columns: MONTH, NO. OF DAYS, RATE, AMOUNT, OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS (COL. NO. 1, 2, 3), CASH PAYMENTS (COL. NO. 1, 2, 3), ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE (DEBIT, CREDIT), PARTICULARS OR REMARKS.

Balance from previous account

31-1-19

\$1.10

774

774

3-2-19

487

Boat

30.00

8-2-19

5.00

20.00

5987

52.13

52.13

933

147.40

147.40

163dys

w-s.g. 350

S.A. 150

500

AR 78

Handwritten initials "BPM"

Handwritten signature "Same"

Handwritten "yes" and "Same"

Handwritten "C.R.T."

Handwritten "15/1/17"

Handwritten "20.00"

Handwritten address: "Mrs. Jessie Allen, wife, Lake View Ave, Clarkson, 98 McPherson Ave Toronto Ont"

Handwritten "1-3-19"

Handwritten "wife"

Handwritten "Lake View Ave, Clarkson"

Handwritten "98 McPherson Ave Toronto Ont"

Handwritten "EFFECTIVE"

Handwritten "30-6-19"

Handwritten "PLACE"

Handwritten "DATE"

Handwritten "REASON"

Handwritten "TORONTO, ONT."

Handwritten "MAR 6 1919"

Handwritten "Demol"

Handwritten "D.O. 63"

Handwritten "IF ENTITLED TO POST DISCHARGE PAY"

Handwritten "yes"

Handwritten "a.p. Feb. 1919"

Handwritten "10/1/19... 45"

Handwritten "SUBS 12/2/19 26/2/19 11/5/19"

Handwritten "100 280 120"

Handwritten "200 210 90"

Handwritten "300 140 60"

Handwritten "400 70 30"

Handwritten "500 140 40" and "500 150"

Handwritten "1st W.S.G. Paid by #2 D.D. A 24172.12.722 mailed 4/14/19"

Handwritten "W.S.G. PAID IN FULL"

Handwritten signature "J. H. Allen" and "FOR PAYMASTER WAR SERVICE GRATUITY"

Handwritten "Man called 3/7/19"

P. 555
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY

PAYABLE TO

RELATIONSHIP OF DEPENDANT

MARRIED *Married*
 PLACE OF BIRTH *Melbourne, Australia,*
 NAME AND ADDRESS OF NEXT OF KIN *Jessie Allen
52 Pape Ave Toronto Ont*
 RELATIONSHIP OF NEXT OF KIN *wife*

SEPARATION ALLOWANCE MONTHLY \$*20.00* EFFECTIVE (DATE) *15/1/17*

PAYABLE TO *Same as above*

CASUALTIES, PROMOTIONS, &c.

PARTICULARE	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. *1102053* RANK *Pte* NAME *ALLEN, Edward*
 IF IN PERM. CORPS } UNIT *257th* TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 WHAT UNIT } *regt*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 PLACE OF ATTESTATION *Toronto Ont* TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 DATE OF ATTESTATION *15/1/17* TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE *1/3/17*
 PAYABLE TO *Jessie Allen 52 Pape Ave Toronto Ont* RELATIONSHIP *wife*
 ASSIGNED PAY MONTHLY \$ _____ DATE EFFECTIVE _____
 PAYABLE TO _____ RELATIONSHIP _____

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) _____ EFFECTIVE _____ REASON _____
 DISCHARGE DATE AND PLACE _____ REASON AND AUTHORITY _____
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) _____
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) _____

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT										
			\$	C.			\$	C.			\$	C.																				No.	DATE	No.	DATE	No.	DATE	No.
<i>1917</i>			<i>12</i>	<i>00</i>																																		
<i>Mar-31</i>	<i>31</i>	<i>1⁰⁰/₁₀</i>	<i>34</i>	<i>10</i>																																		
<i>April</i>	<i>30</i>	<i>1⁰⁰/₁₀</i>	<i>33</i>	<i>00</i>																																		
<i>May</i>	<i>31</i>	<i>1⁰⁰/₁₀</i>	<i>34</i>	<i>10</i>																																		
<i>June</i>	<i>30</i>	<i>1⁰⁰/₁₀</i>	<i>33</i>	<i>00</i>																																		
<i>July</i>	<i>31</i>	<i>1⁰⁰/₁₀</i>	<i>34</i>	<i>10</i>																																		
<i>Aug</i>	<i>31</i>	<i>1⁰⁰/₁₀</i>	<i>34</i>	<i>10</i>																																		
<i>Sept</i>	<i>30</i>	<i>1⁰⁰/₁₀</i>	<i>33</i>	<i>00</i>																																		
			<i>247</i>	<i>40</i>																																		
			<i>247</i>	<i>40</i>																																		

C.I.

6

* Strike out whichever applicable.

ASSIGNED PAY. EFFECTIVE DATE:- 1.3.17	ENGLAND OR CANADA. * CANADA.	SEPARATION ALLOWANCE. EFFECTIVE DATE:-	ENGLAND OR CANADA. * CANADA.	NAME:- ALLEN Edward.			
AMOUNT:- 20.00		AMOUNT:-		NUMBER:- 1102053.			
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				PARTICULARS OF RANK OR APPOINTMENT			
				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	
JESSIE ALLEN. 52 PAPE AVENUE. TORONTO. SHIPPED 1.2.19					Sapper.		
				UNIT AND TRANSFERS			
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK				ORIGINAL UNIT:-			
				DATE ACCOUNT FIRST OPENED:- 1st March 1917			
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
							7th CR-7.
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
9.2.19	1033	ICES	6.27	31.1.19	1033	G. Roe L.S.	6.27
11.1.19	9493	ICES	5.87			L.P.C.	7.14
			53.53				
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY				PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
				1		10	

Lab Canada 31.1.19 7th CR-7, 11.1.19 7th CR-7

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March 31	Bal Forward								75.07		
April	Apr Pay	33-		AP				20			
				AR 48. 7th CRT. 31/4/18.	3.57						
				73 v 15/4/18	3.57				80.93		
		33-			7.14			20.00			
May	✓	34/10		AP				20	95.03		
				189. 7th CRT. 7/5/18	2.68						
				259 v 16/5	2.68				89.67		
		34/10			5.36			20	122.67		
June	P.P.	33						20	104.27		
				AP 353 2/6/18 7th CRT	2.68						
				✓ 462 16/6/18 ✓	3.57						
				✓ 606 25/6/18 Paris	8.92						
				✓ 563 22/6 7th CRT	6.246						
				✓ 653 27/6 Paris	7.14				17.90		
		33			8.477			20			
				✓ 576 2/7 7th CRT ✓	3.57						
				✓ 695 16/7 ✓	3.57						
July	✓	34/10		AR	7.14			20			
		34/10						20	24.86		
Aug	✓	34/10		CAP				20			
				1932 2/8/18 ✓	3.57						
				✓ 818 16/8/18	3.57						
		34/10			7.14			20	31.82		
Sept		33-		CAP				20			
				✓ 958 2-9-18 ✓	3.57						
				✓ 1064 16-9-18 ✓	3.57						
		33-			7.14			20	37.68		

NUMBER 1102053

RANK *Spr*

NAME *ALLEN Edward*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
	<i>Balance Forward</i>			<i>Cap.</i>				<i>20</i>	<i>3768</i>	<i>agreed</i>	
<i>Oct</i>		<i>31</i>	<i>10</i>	<i>Cap</i>				<i>20</i>	<i>5178</i>		
				<i>ARubs @ 2-10 7 CRT.</i>	<i>373</i>				<i>4805</i>		
				<i>✓ 1279 20 16-10</i>	<i>373</i>				<i>4432</i>		
		<i>31</i>	<i>10</i>		<i>746</i>			<i>20</i>			
<i>Nov</i>		<i>33</i>		<i>Cap</i>				<i>20</i>	<i>5732</i>		
				<i>✓ 1388 15 3-11</i>	<i>373</i>				<i>5359</i>		
				<i>✓ 1485 16 16-11</i>	<i>373</i>				<i>4986</i>	<i>agreed</i>	
<i>Dec</i>		<i>31</i>	<i>10</i>	<i>Cap</i>				<i>20</i>	<i>6396</i>		
				<i>✓ 1620 43 2-12</i>	<i>933</i>				<i>5463</i>		
				<i>✓ 1717 53 15-12</i>	<i>373</i>				<i>5090</i>		
				<i>✓ 1817 59 19-12</i>	<i>373</i>				<i>4717</i>		
<i>Jan</i>		<i>31</i>	<i>10</i>	<i>Cap</i>				<i>20</i>	<i>6127</i>		
		<i>101</i>	<i>20</i>		<i>2425</i>			<i>60</i>			
				<i>✓ 9803 7 4-1 CPM</i>	<i>2433</i>				<i>3694</i>		
				<i>✓ 9274 5 28-12 ICCB</i>	<i>2433</i>				<i>1261</i>		
				<i>✓ 9093 9 9-1-19 CPM</i>	<i>487</i>				<i>774</i>		
					<i>5353</i>						
				<i>Ses. 1-2-19 SL 13.</i>							